

# Chapter 13. Trauma-Informed Scholarship in Digital Research and Design

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We begin this chapter with a short vignette to set the stage for our discussion about trauma-informed (TI) digital research and design in the context of rhetoric and writing. The vignette is about a transformational moment in a project that involved a collaboration between community members participating in a homelessness speakers bureau and faculty and students at an R1 institution in the Midwest. The goal of the collaboration was to help raise awareness about homelessness and housing insecurity by producing eight original audio compositions that combined spoken word stories about homelessness set to original music composed to accompany each story.<sup>1</sup> The narrator of the following vignette is Ben Lauren, who was one of the project organizers. In the vignette, Ben discusses a moment where he listened to one of the stories for the first time.

At one key moment, the storyteller's voice wavered when they talked about surviving homelessness. I could hear the storyteller swallow the weight of the memory as they took slow, full breaths. I suddenly realized this traumatic moment from this person's life was now documented by an audio recording and anyone could encounter the re-telling in multiple settings. How would other people respond to the story? How would the storyteller feel about others' responses?

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1. The MI Homeless Voice stories are available here: <https://soundcloud.com/mi-homeless-voice>. The site belongs to the community group, and the storytellers have the choice to take down their story if they change their mind about sharing online. As such, the site may not always exist.

We believe this vignette communicates a clear exigence for our chapter: digital projects can engage and/or amplify the trauma of people in sometimes unpredictable or unforeseen ways. In short, digital projects have the very real potential to retraumatize people. More, and perhaps more unnerving, we won't always realize that we've retraumatized someone we are working with. In this chapter, we don't specifically talk about trauma-informed work as a digital method, but as a philosophical grounding for developing, thinking through, and sustaining digital work in accountable, responsible, and caring ways. It is our contention that nearly all scholarly projects have digital elements today—from making activities with digital tools (e.g., phones, video camera, or screencasting software), to research projects that involve different kinds of software (e.g., Google Drive or NVIVO), to systems we use to communicate and coordinate with one another (e.g., Slack, Teams, email, etc.). We argue that a trauma-informed mindset can (and should) provide foundational guidance for how digital scholars and artists develop, sustain, and curate work, and how we approach our participants and collaborators in just and equitable ways. To help illustrate this argument, later in this chapter we provide accounts of how we used trauma-informed approaches for two different projects that included significant digital elements. We describe how a set of trauma-informed considerations helped us approach the digital work of these projects. As a result, we start this chapter by asking value-based questions such as these: What is our responsibility to respond to trauma and be aware of its impact as researchers and as collaborators? How can we design our projects anticipating the potential impacts of trauma and retraumatization? Our answers to these questions are, in part, what this chapter is about. It is likely clear to readers at this point that we believe that digital writing scholars need a better understanding of trauma and its pervasive impact on people who we collaborate with and invite to participate in our research projects.

In this chapter, we offer a rhetorically grounded methodology for incorporating TI approaches to digital writing scholarship. Importantly, we do not exclusively focus on providing a prescribed checklist of how to be TI in digital work. In our work together, we learned that developing a TI approach is more complicated than that. Instead, we offer readers a way to begin evaluating their own work through a TI lens to help guide project development, protocols, and (potential) responses to trauma. What follows, then, is a brief discussion of trauma, existing scholarship on trauma in writing studies, our approach to a rhetorically grounded TI methodology, a reflection on two TI digital projects, and the implications of our TI work for the field.

## The Complexity of Trauma

Given that much of the collaborative work of the projects we focus on in this chapter was completed with people whose training is in social work, we intentionally draw from scholarship in social work to help us understand and describe

trauma. The Institute on Trauma and Trauma-Informed Care (ITTIC) defines trauma as contingent upon a person's reaction to an event or circumstance (16). It is, to a significant extent, an individual's perception that determines whether an event or circumstance is traumatic. Trauma is thus "conceptualized by considering the events/circumstances that occur, the characteristics of those events/circumstances and the negative effect(s) they have on the individual's well-being" (SAMHSA, qtd. in ITTIC 16). Under this definition, there is a difference between adversity (the experience of negative events) and trauma (people's reactions to such experiences). Not only can trauma be the result of one event, but it can also be ongoing, as may be the case with physically or emotionally abusive relationships, homelessness, or racism.<sup>2</sup> However, even though trauma is contingent upon an individual's perception, it has a universal sense in that a particular adverse event would likely be traumatic for anyone who experienced it, as is recognized by the International Classification of Diseases (ICD-10, qtd. in Stein et al.). In acknowledging that trauma is based on perception to a significant degree, trauma is not an experience one can just "get over" by having a "better attitude."

Although there is no checkbox of criteria that definitively qualifies an experience as traumatic, clinicians point to a series of indicators of maladaptive responses to adverse events. Stein et al. note that a common response is avoidance of situations or circumstances. Vincent Felitti et al. demonstrate that trauma response has a direct impact on risky health behavior and negative health outcomes throughout one's life.<sup>3</sup> Rothschild and van der Kolk also describe the psychophysiological impacts of trauma, with van der Kolk particularly noting the physiological changes in the brain resulting from trauma. Recent research has also taught us that trauma might be passed down through generations of families or groups in their genes in ways that impact health outcomes over the long term (Costa, Yetter, and DeSomer).

Guidelines for trauma-informed (TI) care have been developed to improve clinical practice (Harris and Fallot) and have been adapted to implement TI organizational design (ITTIC) and TI pedagogy (Carello and Butler; Day). Trauma-informed care has two primary goals: to reduce the possibility of traumatization and/or retraumatization in how spaces, systems, studies, classrooms, etc. are designed and implemented; and, to provide care if someone experiences trauma. Regarding the first goal, universal precaution is an important element of TI

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2. For a helpful discussion of racial trauma, see Dara Winley's (2020) blog here: <https://www.psychologytoday.com/us/blog/take-care-black-women/202006/racial-trauma-is-public-health-emergency>.

3. We also wish to note, in addition to the 61% percent of adults who had experienced one Adverse Childhood Experience (ACE), nearly 1 in 6 respondents reported that they had experienced four or more types of ACEs (CDC "Vital Signs"). Regarding higher education, Carello and Butler provide similar numbers in explaining that by the time young people reach college, "66%–85% report lifetime traumatic event exposure and many report multiple event exposure" (157).

practice. Arising from medical practice, universal precaution refers to approaching individual with the same intention “to reduce the possibility of triggering or re-traumatizing” (ITTIC Manual 15). A practitioner who operationalizes universal precaution in medical practice refers to always using the same safety precautions for handling blood or bodily fluids (e.g., wearing gloves and personal-protective equipment). Extended to organizational or research design, TI universal precaution involves “putting on metaphorical gloves (changing our interactions, policies, etc.) to prevent the possibility of re-traumatization” (ITTIC Manual 10). We believe universal precaution calls our attention as writing scholars to the assumptions we make about our participants’ or collaborators’ background and positionality, including their response to project work and motivations for collaborating or participating. Universal precaution suggests that we approach each participant as if they have experienced trauma to ensure just and equitable forms of safety, choice, and empowerment to build trust when contributing to scholarly work. We also recognize our ability to support participants may be limited because of our own identity, positionality, and background or experiences as well.

The second goal of trauma-informed care acknowledges that trauma can be ongoing, which means that projects and classrooms should be designed in such a way that makes care available for survivors of trauma (Carello and Butler 156). This also means that designing a TI environment cannot be done in isolation. A researcher or teacher trained in rhetoric and writing cannot, indeed should not, expect to be able to care for someone experiencing trauma. Nor should a traumatized individual be made responsible for designing a less traumatizing space for them to navigate (because that can be particularly triggering). We believe, in the context of rhetoric and writing, TI care requires teams of people with complementary skill sets and different backgrounds.

## Discussions of Trauma in Writing Studies

While in the previous section we intentionally noted working from scholarship in social work, we also want to situate ourselves as rhetoric and writing scholars using TI approaches. Writing studies, as Michelle Day notes, has drawn its understanding of trauma largely from the humanities-based field of trauma studies, where the focus has been on writing about traumatic experiences and the use of difficult literary texts (4). Throughout the early 2000s, this humanities-based influence (as opposed to clinical research in social work and counseling) meant that trauma was approached through pedagogy intended to heal trauma with writing (Berman; Borrowman; Bishop and Hodges). Such a pedagogical focus on trauma is something that Janice Carello and Lisa Butler have named “potentially perilous pedagogies” that may teach trauma via assigned texts and assignments without being trauma-informed pedagogies (155). The pedagogies are perilous in part because they may retraumatize students by asking them to write about past events but also in part because most writing instructors are not prepared to

respond in such instances. A trauma-informed approach is very different from encouraging students to heal trauma through writing.<sup>4</sup> More recently in writing studies, though, Black feminist approaches, cultural rhetorics, and feminist care ethics have addressed trauma in storytelling methodologies, research design, and care-based practices.

Black feminist epistemology calls for reconceiving theory from the margins, for centering and protecting the most vulnerable, and valuing experiential and lived realities (Walton, Moore, and Jones). We also see important contributions to care-based, ethical research practices from Constance Haywood's and Cecilia Shelton's recent presentations during the Black Technical and Professional Communication panel hosted by Virginia Tech. During her talk, Shelton defined a "key criteria of 'good' work to be asking: does it enrich the lives of participants?" and Haywood forwarded a Black feminist methodology to avoid harm and work toward liberation, reminding viewers that research ethics—which are never neutral or objective—tell us how to work, and who and what are valued. Haywood also called for more care regarding consent practices, noting that for too long Black participants and communities were not able to consent to their own representations. Black feminist practices are central to continuing conversations on care-based, action oriented social justice work in the field.

Care-based research is another area in writing studies that overlaps with TI approaches. In their article "Research as Care," Maria Novotny and John Gagnon describe the unexpected challenges that surfaced doing research with participants who have experienced trauma. Based on their research experiences, Novotny and Gagnon offer a methodological toolkit that community-engaged scholars can adapt to their own projects. The concepts provided are not so much a checklist as a series of considerations: "1) mediating academic use, 2) responsiveness to reliving trauma, 3) recognizing participant motivations, 4) collaborative meaning-making, and 5) accounting for identity evolution" (71). Each of these considerations seeks to develop a collaborative, reciprocal relationship with research participants that works against the hierarchical roles that scholars and participants too often inhabit (intentionally or unintentionally).

In a subsequent article, "Revisiting Research as Care," Novotny and Gagnon call for adopting decolonial approaches to trauma work to better enact care-based research (487). While we do not necessarily describe our work as decolonial, our TI approach worked from care-based practices in terms of eschewing normative institutional practices regarding data collection and engaging in a methodology

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4. While important work has been done to expand TI care beyond a focus on harm to more healing-centered approaches (Ginwright), for our audience and purpose here, we have chosen to use TI practice. We find 'trauma-informed' important in that it specifically names trauma. In doing so, we aim to expand awareness about the pervasiveness of trauma across many different lived experiences, regardless of whether one is specifically studying trauma.

of visiting; one where our time as a research group was not entirely quantifiable. Metis scholar Dylan AT Miner describes this kind of “visiting” as being attuned to the doing, making, and being in the “quotidian spaces of teaching/learning” (Miner 132) where being in the presence of others is a necessary rejection of Western institutional norms about how time should be spent while doing research. While working as a research group on the MI Homeless Voice project, for example, sharing a meal together and prioritizing unstructured time for eating and visiting were integral aspects of every group session. These sorts of relationship building activities helped make our digital work together more trusting and collaborative. So, while our research still operates within Western paradigms of academic scholarship and institutions, Gagnon and Novotny’s approach to care-based methods is a means to working within and resisting harmful institutional expectations.

Here, it’s important for researchers to grapple more with the idea and practice of care: who is receiving care? Who is being asked to do the caring? What does care mean within a research project used for academic promotion or degree completion? While a researcher may be considered the primary beneficiary, Novotny and Gagnon’s work offers important considerations for constructing research protocols that represent a caring approach. One example of a caring approach is ongoing consent throughout a project. In our work with the MI Homeless Voice project, ongoing consent meant that participants could choose to remove their work at any time during and after the project. To implement caring approaches that respond to specific participant and project needs, it’s necessary to build relationships between everyone involved with the research that will lead to ongoing dialogue about a project and caring interactions.

Novotny and Gagnon’s article demonstrates how scholarship that works from trauma-informed practice simultaneously engages in cultural rhetorical practice. While cultural rhetorics (CR) does not have a monopoly on storytelling or “intersectional, community-engaged approach[es]” that are “ideal for promoting dissemination and implementation of contextually relevant research” (McCauley et al.), these methods have helped shape TI approaches in our field. Two central practices in CR that inform TI-care are empathy and accountability. In CR, these two practices shape its embodied, methodological orientation that requires scholars “be willing to build meaningful theoretical frames from inside the particular culture in which they are situating their work” (Bratta and Powell). Empathy, in CR, requires that boundaries and borders between beliefs and identities be deconstructed to situate oneself in a place of openness. As such, this means that scholars build knowledge *with* a community, understanding how research is a “constellative practice” which emphasizes that “knowledge is never built by individuals but is, instead, accumulated through collective practices within specific communities” (Bratta and Powell). This situatedness is about accountability to redefining ontological orientations between the researcher and “researched.” In other words, these practices forward research that is not extractive from a

community and acknowledges culture as a means of understanding rhetorical practice. While some CR and TI terminology differs, both traditions focus on creating an academic culture where scholars approach care-based research methods from a project's outset.

Care is also an important element of feminist scholarship, and since the 1980s in a variety of social science fields, feminist researchers have theorized care ethics (Noddings; Gilligan; Ruddick; Tronto). These oft-cited texts shaped ethics of care theories that argued for care beyond the private sphere to shape politics and culture, and to reject “us versus them” thinking and instead extend a wider network of caring relations (Held). More, in writing studies, feminist care ethics have been discussed in composition research in collaborating on research design and implementation with participants (Kirsch and Ritchie), care as a methodological approach in medical rhetorics (Novotny and Opel), and care as a praxis for developing feminist pedagogy around issues of surveillance (Hutchinson and Novotny). The range in how feminist care ethics have been taken up both within and outside writing studies attests to the need for care in our relations and research design. There are important echoes between feminist care ethics and how care-based methods have influenced our TI approach. Conversations regarding care and the need for care to look different depending on the project and research group were important in informing our TI approach given that our design must be flexible and responsive to participant, situation, positionality, and purpose. In this way, both care-based and TI practices are deeply rhetorical.

## Trauma-Informed Practice is Rhetorical Practice

As writing studies scholars, we see our contribution to developing TI methods as twofold in terms of communication and attending to emergence. In writing studies, we work in collaboration to shape, design, and create communication. At the same time, shifting to a focus on language and communication does not mean distancing from the material effects of trauma or attention to bodies. In addition to studying what language does in the world, as rhetoricians we are also invested in how language attunes us to being—or not—in relationships and in communities. In this way, we see our contribution to TI work as one with rhetorical and material implications for how we experience the world, and how we interpret and take up TI practice.

As we have stated, trauma is an ongoing experience. New and different circumstances can cause trauma responses that may be unexpected even for the person experiencing the event. Thus, a rhetorical orientation to trauma as an emergent experience is necessary. In this way, the concept of universal precaution suggests that scholars implement TI design from a project's outset and approach all participants as if they have experienced trauma in order to prepare for potential trauma response. Trauma responses can be unpredictable because triggers are not universal—they are unique to the individual and circumstance. For example,

something as mundane as a song or even a television show might elicit happiness in one person but might trigger a trauma response in another. Or someone may have been working through their traumatic experience for some time but sharing that story with a new audience can trigger a trauma response. Healing is not a linear process, and because of trauma's psychobiological (i.e., embodied) effects, reliving trauma can undoubtedly be felt by and communicated through the body. As such, TI practices need to be attentive to bodies, situation, audience, and circumstance.

Because trauma is an ongoing phenomenon, it is important to invite expertise into the room to have someone trained in observing trauma responses who can respond accordingly to need and circumstance. We are not suggesting that rhetoricians must also be trained social workers or clinical specialists, but we are calling for more collaboration between researchers and trained clinicians to practice TI care appropriately. This is a call to *stay in our lane*, while not allowing *our lane* to become a reason not to engage in TI methods. For example, one collaborative possibility is to consult with TI experts on interview protocols or survey questions before conducting research, or to invite an expert from counseling services or a trusted member of the community to attend focus groups or other research meetings and in certain circumstances to lead a debrief session for participants after the meeting. In other words, we believe that TI care must go beyond only providing a resource list for someone experiencing trauma to seek out on their own.

An important topic just under the surface in this conversation is agency. In TI practices, we cannot control whether someone has a trauma response, but we can control how we approach the possibility that such a response can occur during scholarly work, and we can plan to be responsive to it if it does<sup>5</sup>. One way to ensure participants can act with agency is to allow them to shape their participation, and to shape the research design when possible. As Day explains, "the power to make choices about what constitutes safety and empowerment must also include participants/audiences/students, not just researchers/teachers." Although we cannot control a situation to eliminate trauma responses, we can be part of creating relations and community within a research group to have TI conversations specific to the group that extend care to one another and enable every member to determine their involvement and contribution.

## Distinguishing between Research Ethics and TI Practice

Intending to avoid harm is not the same thing as actively building a trauma-informed process that offers support and care if harm occurs. From our work in creative community engaged projects, we've noticed important differences be-

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5. While not the focus of our chapter, we believe that researchers can also pay attention to secondary trauma response in themselves when engaging in a scholarly project.



tween what our Institutional Review Board (IRB) requires for ethical research with human subjects, and what has surfaced as ethical in trauma-informed, care-based methods.<sup>6</sup> Here we briefly sketch out differences between IRB requirements and what we have come to learn from working in a sometimes-interstitial space with arts-based or creative-community projects that do not always require IRB approval, yet still have the potential to cause harm to participants.

An IRB's purpose as a regulating authority and partner in doing "human subjects" research is to ensure research complies with university, state, and federal regulations to protect human subjects. IRBs are likely to require special review for human subjects research with vulnerable populations, but they do not necessarily require TI approaches.<sup>7</sup> Rather, IRBs focus on the consenting process, which appears to be TI, but does not necessarily require ongoing support structures. The 1979 Belmont Report describes the values undergirding IRB protocol: highlighting beneficence, respect for persons, and justice as core principles. Additionally, the report names necessary research design as informed consent, assessment of risks and benefits, and selection of subjects. The guiding principle of "do no harm" is especially salient for the legacy of abusive research the Belmont Report and university IRB offices were responding to in the 1970s. While these guiding principles can be aligned with TI practice, it is ultimately a researcher's decision to develop TI protocol. In other words, just because a research project is approved by the IRB does not automatically mean it qualifies as TI.

In rhetoric and writing, there are a range of projects that do not always require IRB review, even though the work includes participants and is sometimes participant driven. The very concept of human subjects research does not include work in oral history, documentary filmmaking, and some other arts-based projects. The MI Homeless Voice project, for instance, was a creative project more akin to documentary filmmaking than the systemic inquiry that defines "human subjects research." The gap between what counts as human subjects research according to regulating authorities and creative projects transfers a great deal of ethical decisions to scholars. Of course, oral historians, community-based researchers, and internet researchers working in sometimes ambiguous spaces have developed various ethical stances and practices to help create uniformity around ethical choices. For example, the Oral History Association's (OHA) Statement of Ethics describes a "web of mutual responsibility" made up of everyone involved in the research who work to "ensure that the narrator's perspective, dignity, privacy, and safety are respected." OHA ethics design includes informed consent, interviewee review and approval of recorded materials, and expressly calls for researcher care

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6. We wish to note that each Institutional Review Board has its own requirements, so our discussion is limited to the regulating authorities we've worked with over our scholarly careers.

7. Although, we wish to note the IRB for the Essential Needs project used a TI approach and was approved by the IRB without any issue.

not to make promises that cannot be kept regarding research use, circulation, or preserving participant anonymity.

Community Based Participatory Research (CBPR) emerged in the early aughts as a methodology that encouraged shared ownership of research to redress the vast disparities in resources between universities and community participants. CBPR works by first collaborating with a community on a topic or issue of concern to the community “with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities” (Minkler and Wallerstein 4). CBPR methods urge scholars to acknowledge “historic or current positions of power” with community partners to build relationships where “each person and stakeholder group feels valued” and to create research spaces that value lived experience (Wallerstein and Duran). And the Association of Internet Researchers (AoIR) produces current and developing guidelines for online research that might not be considered human subject specific but can still include research on and with internet users even if not institutionally considered human subject research. These approaches sketch out “a web” of ethical responses and methods that are specific and flexible to community-based and people-centered situations not always explicitly addressed through IRB review or exemption.

The differences in the previous approaches also exemplify how every project offers its own unique set of circumstances that ethical statements do not always cover or that are discovered along the way that require researcher action. One such practice that emerged during our work on MI Homeless Voice was building in ongoing moments of consent rather than a single consent form signed at the project’s beginning. These multiple moments of consent meant that participants always retained ownership over their story and could choose to withdraw their story or change their participation at any time during and after the project. Of course, this level of ongoing consent can conflict with research tied to the academic calendar and/or needed to fulfill requirements for degree completion or promotion. But for the MI Homeless Voice project, ongoing consent was a practice that surfaced in collaboration with speakers during the project and remained necessary throughout. As discussed in the previous section, TI as rhetorical practice requires modification to new situations, and so, what worked for MI Homeless Voice will not translate exactly to other communities and projects. TI methods require continually attending to specificity as an ongoing process.

## Toward a TI Heuristic for Writing Studies

The work of Patricia Sullivan offers a compelling argument for adapting research ethics *in situ*. (See, for example, Sullivan “Beckon, Encounter”; Lauer and Sullivan “Validity and Reliability”; Sullivan and Spilka “Qualitative Research”; and Sullivan “Beyond.”) Sullivan has long advocated an approach to methodology as a flexible heuristic that produces situated knowledge as opposed to generalizable

knowledge, which is more akin to how the IRB approaches research. In TI work, before a project even begins, the researcher needs to be in dialogue with their collaborators and participants determining whether, how, and to what extent their research needs to incorporate TI methods. This means that to be TI is best approached as a practice rather than as a goal to be accomplished.

Following the work of Sullivan, we offer a set of flexible, relational heuristics for TI approaches to scholarship in rhetoric and writing. We do so, however, all too aware of Euro-Western rhetoric's "impulse to taxonomize and collate, to force together various culturally distinct practices of communication or knowledge-making into a singular system or tradition" (Banks), which in turn emphasizes and reaffirms institutional barriers that complicate the building of relationships. In other words, we understand that heuristics are both useful and dangerous. They are useful because they provide scholars with a set of clear concepts and ideas that they can use for guidance in a general sense (e.g., the Belmont report describes the importance of respect, beneficence, and justice). Yet, heuristics are also dangerous because they can too easily categorize and conflate complexity in ways that diminishes critical thinking and reflection. To be effective, we believe heuristics must be positioned in conversation with other rhetorical considerations, such as institutional context, research group dynamics, inclusion of participants, collaborator needs, research topic, community, and project-specific exigencies, etc.

To caution readers, what we offer is a way of thinking about TI scholarship that should be carefully and critically utilized, and differently adapted based on a specific project and setting. Drawing from these ideas will not automatically qualify a scholarly project as TI given that trauma is incredibly complex and particular to the individual and context. That said, in our work we've found the concepts of Safety, Choice, Empowerment, Trustworthiness, Collaboration, and Cultural, Historical, and Gender/Sexuality Awareness have helped us to design, deploy, and evaluate TI practices within our research groups, and with participants. We modified the framework in Table 13.1 from the ITTIC's "Trauma Informed Organizational Change Manual" except for Inclusivity, which we added to their framework. The manual's express purpose is to help organizations adapt trauma-informed practices that may or may not involve medical care. The authors note that "similarly to how we worked with systems to adapt TIC (trauma-informed care) to TI-EP (trauma-informed educational practices) or TIM (trauma-informed medicine), the language in this manual can be adapted to your specific system" (14). The flexibility to develop and revise this TI heuristic accounts for specificity of situation and adaptation. For example, in a specific situation, one approach might be prioritized over another. These practices are meant to work in tandem, but also depend on the situation and are not hierarchically ordered. Our definitions are also intended to be developed for different contexts, depending on how, when, and for whom they're practiced. In Table 13.1, we offer a definition of each of these considerations.

In the next section of this chapter, we provide project examples to describe how our work made use of these heuristics in two very different settings. The goal is to provide readers with these descriptions to give further guidance in terms of developing and implementing rhetorically grounded and flexible methods. Each table demonstrates how we implemented our trauma-informed heuristic and provides a summary and overview of the two projects. In the paragraphs that follow the table, we expand on each of these considerations during the project’s lifecycle in more detail.

**Table 13.1. TI Heuristics**

Heuristic	Definition
Safety	Pertains to the physical and emotional well-being of all research participants (e.g., ensuring a sense of bodily safety in a space; being attentive to signs of discomfort during research; following up with participants).
Trustworthiness	Includes providing multiple sources of information to participants about what will take place during the data collection or collaboration, how the research or what is created will be used, why, when, and under what circumstances (e.g., developing clear, ongoing consent processes; prioritizing privacy and confidentiality; responding to feedback).
Choice	Involves how much agency participants have in terms of determining how their data and contributions will be used in the research, and how they participate in the research (e.g., how much control the project grants participants over their data, story, and how these are used).
Collaboration	Approaches doing scholarly work with rather than for or on participants and works toward reciprocity and away from extractive research (e.g., eliciting feedback from all participants, checking-in and debriefing throughout the research process, and following up with participants and providing any helpful resources depending on the context and response/feedback).
Empowerment	Recognizes and builds on individual strengths and skills and fosters a scholarly atmosphere that allows participants to feel validated and affirmed during collaboration (e.g., intentionally creates productive and caring relationships so participants can contribute and participate based on their strengths and desires).
Inclusivity	Avoids language and research design approaches that directly state or assume and/or harmfully generalize cultural, familial, historical, and gender/sexuality experiences, backgrounds, and/or identities (e.g., sharing and using specified gender pronouns, inclusive language, and anti-racist practices).

## Project I: MI Homeless Voice

Navigating the work of MI Homeless Voice was uniquely rewarding and challenging. The project involved creative collaboration and did not qualify as systematic

inquiry as defined by regulating authorities. In other words, we were not studying participant making practices, but instead were collaborating on creating original music compositions together to amplify the stories of people too often ignored in society. The scholarly outcome of the project was the audio composition itself, which was, in its simplest form, a digital artifact. The goal for our collaboration was to contribute to the mission of the speakers bureau by producing materials that would work to reduce the social stigma associated with experiencing homelessness and to raise awareness in our community. How we approached the project was similar to how songwriting circles or writing workshops function. That is, we were always collaborating and sharing ownership—perhaps a contested concept in this project—over what was made.<sup>8</sup> What was perhaps different about our collaboration is that the storytellers had ultimate creative control. They could approve or disapprove of story edits, accompanying music, artwork, and etc. (and many did exercise this choice to make sure their story was amplified in the way they wanted, particularly from a cultural perspective).

At the beginning of this chapter, Ben described listening to a story for the first time and realizing that an unforeseen exigence of the project emerged: the project was not just about recording audio stories—it was also about people who had experienced trauma, and who felt compelled to tell their stories even though doing so was sometimes difficult. What happened next in the project is that Ben brought this discovery back to the organizer of the speakers bureau to talk through a plan for working through how to keep people safe during the project work. The plan that emerged was also informed by a dialogue with colleagues who had previously done community-engaged work, and from readings about collaborating with survivors of trauma (especially impactful were Novotny and Gagnon; and Mathieu, Parks, and Rousculp).<sup>9</sup> The plan in some ways remained the same and in several ways its focus shifted to adopt a more TI approach moving forward. What follows isn't the entire story of the project, but a snapshot to detail how a TI approach was intentionally foundational to this digital project.

## Project Plan

The original plan was to move through recording and composing quickly so that the project would be complete within 3-6 months (to record, write music, and complete the eight tracks). We would have a few meetings on campus to host

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8. While we do not wish to muddy the waters with a more indepth discussion of ownership here, we do wish to point out that ownership has both legal and ethical conceptualizations, particularly in academic contexts and in songwriting circles.

9. Particularly, Ben would like to thank Trixie Smith for sharing experiences and resources that helped to reimagine the work of MI Homeless Voice. And Paul Feigenbaum, Mark Sullivan, and Jeff Grabill for debriefing about the project work in general.

recording activities. Then, individual music composers would reach out to storytellers via email to work on compositions. There were a few reasons for this more distributed approach. First, we committed to fund every trip the speakers would take to campus so that the project didn't cost them money (albeit it did cost each participant time). Second, many of the storytellers had jobs, and getting time off from work could be difficult. Third, modes of transportation were not always dependable or available for each participant, who lived in different parts of the state. As well, we believed moving quickly would be best for our collaborators who wanted to work on the project, as we knew they had busy schedules and lives. When we brought the project plan to our collaborators, everyone seemed to agree with the pace.

What changed, however, was the project plan slowed down so that the group could build relationships and support each other through the work outlined in the previous paragraph. We started a discussion about supporting each other, and we then asked the organizer of the speakers bureau to discuss what kind of support system they might need in place for members of the group who felt raw after telling their story or hearing someone else's. Importantly, this person was not an outsider to the community, but someone they felt could take on the role. As a result, the group selected a member of their community to run a debrief at the end of meetings and then to also check-in with people after meetings. Additionally, the group was asked if more meetings and time together would be of interest, and while some were worried about the time and cost (rightfully so), most everyone did want to come together and listen to the work as a group in support of each other more often. As a result, the budget of the project needed to change to accommodate paying for several trips to campus, in addition to paying for studio time for recording, mixing, and mastering the work.

### *Consent*

One thing promised at the beginning that stayed the same was the consent process, which mirrored the Oral History Association's ethics guidelines to ask for consent at each step of the project. Our consent process drew considerably from the heuristics of safety, choice, and trustworthiness. The consent process explained that each person could stop collaborating at any moment without penalty or choose to re-engage after a break. To illustrate, a storyteller could record their story and decide to stop collaborating at that moment. If so, they would still receive the recorded story and they would own the rights to those files, and no one would work on developing them anymore unless additional consent was given. This consent process was intentional from the beginning of the project, as our foundational approach to the work was that at no point would ownership of each story be transferred to others (this is contrast to research studies where once data is collected, even if it is incomplete, scholars may use it to inform their study, which we believe is an extractive approach that can quickly become harmful to people who have experienced trauma). Consent continues even now that

the project has ended. The storytellers choose where, when, and how to share their stories (i.e., digital files) with people. Some have made them public on a shared SoundCloud account, while others have chosen to share them in certain instances. Those who chose to make their stories public may choose to eventually make them private again.

**Table 13.2. TI Heuristics applied to MI Homeless Voice.**

Heuristic	Examples from MI Homeless Voice
Safety	debrief sessions at the end of meetings listening to story recordings together check-ins after particularly difficult collaboration sessions meeting in private spaces like conference rooms, rather than open spaces
Trustworthiness	on-going consent procedures that involve describing in detail how stories might be used at conferences, in publications, or other speaking events, and documenting these descriptions in writing honoring and soliciting participant feedback about the project
Choice	consent procedures that make it easy for participants to opt out of sharing their story during or after scholarly activity concludes creating structures that allow for artistic direction and depiction of their stories
Collaboration	giving and receiving feedback on artistic direction and/or consent procedures carefully invite expertise to engage in the project so that no one person fulfills too many or all the roles identify roles early in the project to help build community and clarify relationships honoring the norms that emerge from working together and name them in some way
Empowerment	asking for permission, not forgiveness editing out certain moments of the story that the participant later decided against including recomposing music if a participant felt it didn't amplify their story in a way conducive to the message
Inclusivity	spent a great deal of time listening, learning, and believing each other avoiding assumptions about editing out embodied sounds, including not editing stories for correctness (i.e., white supremacist language practices) intentionally schedule time for building relationships (such as eating together without an agenda) leveraging institutional resources and support to make space for people who are often ignored to tell their stories

To manage the consent and sharing process, we ended the project by writing an agreement about how stories could be used.<sup>10</sup> What we made were digital artifacts—original story and music compositions. Such artifacts travel all too easily in digital spaces, and so our agreement outlined appropriate ways for sharing each other’s stories, including describing the kind of risks involved with doing so. The goal was to outline a set of circumstances where how people encountered the stories would speak to the project’s original goals, and to preview the ways copyright holders might protect themselves in cases of abuse or misuse. The agreement attempted to help assure, in part, that we were not inadvertently objectifying homelessness as an issue.

### *Meetings*

Our meetings became co-working sessions, and we met nearly once a month during the project for between 2-4 hours. Often, we would eat together at the start of our meetings—just to make sure there were times for us to connect as people without necessarily focusing on our project goals (for more on this method, see Miner). During these meetings, we would also engage in activities like listening to story recordings and drafts of music. When we would do that work, our goal would be to offer feedback, but also to be together and offer support while listening and responding to each other’s impressions. In many ways, our meetings acted like a writing workshop in that people had opportunities to give and receive feedback. However, giving feedback was not a requirement of being together, and neither was sharing your story. In other words, people could choose not to share their stories. Or the group could choose to talk through a story, music, or another element of the project in more depth. As a result, it was important to have an agenda for our meetings that was flexible. To be clear, we would set an agenda of items to accomplish, but then we knew that we might adjust these goals depending on what emerged during our meetings. The goal was to be responsive to emergent needs and concerns, and in doing so, to build trusting relationships by making space for people to speak up when they felt comfortable doing so. The flexible structure of our meetings became something that was dependable. In other words, if any issue surfaced about the project, the meeting spaces were one avenue for bringing attention to these situations to the whole group. As well, responding to emergent needs allowed others to lead at times, particularly when it came to questions about a speakers bureau event outside of the MI Homeless Voice project.

## **Project 2: Designing for Supporting Equity in Essential Needs**

This project began in the spring of 2018 as a learning community with student success stakeholders ranging from student services and housing, faculty mem-

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10. Importantly, Bump Halbritter helped to inform the idea of writing an agreement among members of the group.



bers and graduate students, and other resource offices distributed across our campus. We wanted to understand what resources were available for students experiencing acute and chronic basic needs issues, and how they would access these resources. From this initial campus networking, we learned that there are a variety of resources available to students, but accessing resources often came down to knowing the right person in the right office of our large, decentralized campus.

And to find the right person in the right office, students need to repeat their story to multiple people which can be both a detriment to seeking out help and potentially retraumatizing. Our research group coalesced from these early conversations and included two faculty members and a graduate student in rhetoric and writing, the director of the Student Parent Resource Center, a master's in social-work graduate student, a research consultant hired through the provost's office, and our initiative was hosted by our campus's interdisciplinary research hub. We set out to answer: how can the student experience of accessing support services for chronic and acute basic needs issues be equitable, without stigma, private, and express values of compassion, kindness, and universal access? The research group, which was partially geographically distributed, took on several projects that involved digital elements, including the development of a web portal that would assemble all the basic needs resources available to campus. As well, interviews and focus groups were run, partially due to COVID-19, using digital tools like Zoom.

## Project Planning

Our collaboration was open to anyone who had attended the learning community conversations or were interested in contributing to the project. We had consistent bi-monthly meetings, but every participant could determine their involvement and defined their role over time as the work developed. For example, one graduate student in the group attended a lot of the early meetings to observe the research design, how the group chose who to interview, and how to work on a project across a huge university campus. As we continued working together, people would take on different roles, and no single person defined the vision, or determined what others would contribute.

After conducting and transcribing seventeen interviews with different campus offices (e.g., housing and dining services, the Office of International Student Services, financial aid, the registrar's office, the graduate school, campus mental health and counseling services, the campus food bank, campus police—to name just a few), we determined that developing an online portal would provide a centralized access point to make resources currently available more apparent and accessible to students, staff, and faculty. In addition to connecting people with resources, this portal would also educate the campus community about what essential needs are and raise awareness in order to reduce social stigma about essential needs services.

**Table 13.3. TI Heuristics applied to Essential Needs**

Heuristic	Examples from Essential Needs
Safety	<p>conducted focus groups confidentially on Zoom (gave people instructions to temporarily change their names to pseudonyms and to keep their cameras off)</p> <p>invited a mental health counselor to participate in focus group sessions to serve as a resource</p> <p>developed protocol that avoids prompting people to re-live their trauma</p>
Trustworthiness	<p>establishing team norms and relationships through regular meetings and sharing in project labor</p> <p>discussing support resources available with team members and participants if/when working on projects related to trauma can cause secondary trauma</p> <p>communicating with participants about what to expect before, during, and after focus groups regarding their participation and interactions with the team</p>
Choice	<p>consent procedures that make it easy to opt out at any time</p> <p>sending research questions and other protocol to participants prior to consent procedures to see if they feel comfortable answering the questions or engaging the research tasks</p> <p>reminding participants explicitly and implicitly that discussing their own experiences is not a requirement of the research</p>
Collaboration	<p>working with trauma-informed clinical experts on campus developing interview and focus group protocols</p> <p>establishing, from the beginning of a project, to make clear the choices people could make to do research or participate in ways that suited their own individual goals and needs</p> <p>schedule a collaborative data analysis session with participants</p> <p>carefully invite expertise to engage in the project so that no one person fulfills too many or all the roles</p>
Empowerment	<p>invite research team and participants to take breaks from the project work</p> <p>sharing de-identified reports with participants, and sharing data in general</p> <p>discuss with participants how the data will be used</p> <p>establish team norms around how data might be used outside of the research team</p> <p>focus group facilitation techniques that ask participants if they want to share, but do not require they do</p>
Inclusivity	<p>use research to advocate for and elucidate the impact of trauma experiences on campus, particularly its systemic impact on students</p> <p>highlight discriminatory and other harmful practices tied to race, gender, relationship violence, etc.</p> <p>demonstrate how to improve or add on to existing support systems and resources</p>

In working across university systems, we took a systemic approach to basic needs issues. That is, people face acute and chronic need issues because of systematic inequality tied to race, gender, sexuality and sometimes cultural identity and background not because of “personal failure.” We began researching basic needs resources available at universities across the country. This was a moment when a member of our research group encouraged us to move to the language of *essential* needs, and away from basic and connotations of deficiency, or remediation. *Essential*, on the other hand, suggests essence; something essential is a *sine qua non*. Without it, nothing else matters. And so, we adopted the language of “Spartan essentials” in designing our online resource portal.

### *Research Protocols*

In developing our IRB protocols, as a group we wrote our interview questions, focus group protocols, and pre-and-post focus group surveys collaboratively to draw from our collective positions and knowledge to think through different possible responses. After our initial drafts, we sought out feedback from TI scholars in psychology to revise accordingly. Following this feedback and revision, we then submitted our TI protocols to the IRB for review and subsequent approval. In addition to collaborating with TI experts, our group also engaged in doing research on TI approaches to think through adapting them to our work in intentional ways.

### *Doing the Research*

We had planned to conduct focus groups on campus with different combinations of one faculty or staff member, one graduate student from our research group, and a licensed counselor. But these plans then needed to be adapted due to COVID-19, which meant the focus groups moved to Zoom. However, shifting the focus groups to Zoom allowed students to participate anonymously since they were given instructions regarding how to change their display name in Zoom to a pseudonym and had a choice not turn on their video. This focus group design ended up more fully protecting participant identity and ensuring confidentiality as a result. Additionally, our focus group sorting survey asked participants if they had requests for who was in the focus group with them, to help them shape the focus group session in important ways.

### *Emphasizing Care*

In our work together, we explicitly discussed how doing work around trauma can affect researchers. Every time a new person joined our group, like when we hired two undergraduate students to work on designing the online portal, part of the group onboarding was to discuss what trauma is, and how to recognize secondary-trauma responses that might occur. Everyone on the team was encouraged to take time away from the project if they needed to, and our deadlines

were flexible to accommodate any need that arose. We built-in regular check-ins at the beginning of our meetings to share how we were doing with the work. It was not required that anyone share, but we made sure to begin our time on-the-clock with conversation and any feedback regarding how the work was going. We added a counselor to project work in key moments to help provide additional support as well.

## Conclusion: Trauma-Informed Practice as Rhetorical Methodology

We wish to remind readers that there is no checklist that can ensure something is TI for every participant in every situation. However, working from universal precaution—approaching every participant as if they have experienced trauma to ensure equitable forms of safety, choice, and empowerment to build trust when contributing to scholarly work—means that researchers approach all of their work as TI from the outset rather than as an ad hoc consideration. While most projects in writing studies contain digital methods, we have tried to illustrate that TI research practices are not about a single method or moment, but that universal precaution needs to undergird research design from the beginning of a project and inform every interaction and follow-up between collaborators. The reason why it's difficult to isolate specific methods as TI is because trauma is emergent, and specific to an individual. While we cannot predict what's potentially traumatic for every participant, as researchers and collaborators, we can be sensitive to the possibility of trauma responses, and then respond with support and care. Furthermore, we must be aware how our positionalities as individuals and as researchers might impact our ability to sense trauma responses. As a result, we see universal precaution as the important first step toward being TI, and that our heuristic provides a flexible approach to structure and implement TI practices throughout a project.

In our work, we have experienced how digital projects can engage and/or amplify trauma in unpredictable ways: a long intake of breath captured in an audio file, a glassy-eyed pause in a video file, a music track that triggers a painful memory. Given such possibilities, digital writing scholars must understand the potential for trauma response in and to their work. But we cannot assume that an institution's research review protocols were designed to fully mitigate such potential. And so, we have argued here that digital writing scholars must work collaboratively with participants and with professionals trained to address potential trauma responses. What we hope to have offered in this chapter is a heuristic that promotes a sense of safety and trust among all participants by ensuring that everyone can exert control over their contributions and feel themselves to be an integral part of a project, rather than merely an object of study or an outcome of a project.

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