Engaging with Trauma:
from Reflections on a Survivor's Experience of Child Sexual Abuse to Developing a Trauma-Informed Approach for Anthropological Teaching and Research

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Abstract

Drawing on ethnographic research among female survivors of gender-based violence seeking psychological support from Italian NGOs (Milan, 2018-2022), this article will show how trauma is embodied and how exposure to traumatic events intersects and shapes life trajectories. Specifically, I will investigate the mental health challenges and psychophysical responses to trauma that led to deep personal ruptures in the life of a female high school student who experienced child sexual abuse. This anthropological research engages with scholarship on theories of trauma and discourses on mental health among survivors of gender-based violence to explore intersubjective interactions in traumatised people's everyday life. This contribution highlights the relevance of anthropology to our understanding of trauma as a subjective, temporally informed, and contextual experience that produces vulnerability in every individual involved in research and teaching settings. The ethnographic data and narratives presented in this article will provide an in-depth and nuanced understanding of mental health issues, offering an opportunity for teachers to reflect on trauma-informed teaching to approach students who, like my research participants, have been exposed to traumatic events. This anthropological perspective allows teachers and researchers to recognise signs of distress in survivors, research participants, students, and colleagues, in order to mitigate and avoid individuals' re-traumatisation, and secondary traumatic stress.

TRIGGER WARNING: This paper contains survivor's accounts of feelings and experiences related to child sexual abuse and eating disorder.

Keywords: Child sexual abuse, embodiment, gender-based violence, temporality, trauma, trauma-informed approaches

Introduction

Discourses on global mental health present a growing concern with the deterioration of young people's mental health which has been exacerbated by social isolation, emotional uncertainty, anxiety, and financial hardship triggered by the coronavirus pandemic. The Global Student Survey reported alarming data on students' well-being by highlighting that 91 percent of students interviewed said that their stress and anxiety had increased during the Covid-19 pandemic, and 30 percent said they had sought help for psychological support. The return to in person learning activities has not led to better wellbeing among students. In fact, "nearly one third (32%) of students said that their mental health worsened since returning to campus after lockdown restrictions"(Redden, 2021).

This difficult situation has aggravated the stressors faced by young people, especially for those who have been exposed to trauma. Having a trauma history increases students' risk of developing anxiety and depressive disorders, post-traumatic stress disorder, and substance abuse (DeBerard et al., 2004; Duncan, 2000) . Because students are often exposed to teaching materials that disclose violence and traumatic events, it is relevant to notice that being exposed to trauma narratives can increase the risk of vicarious (or secondary traumatisation) (Figley, 2002; Pearlman & MacIan, 1995; in Carello & Butler, 2015, p. 263). Exposure to traumatic narratives can

potentially cause the appearance of trauma-related symptoms in listeners who learn others' stories of loss and victimisation (Carello & Butler, 2014, p. 156). Along with the risk of secondary traumatisation, it is possible to incur the risk of re-traumatisation in students who have experienced trauma in their lifetime. Re-traumatisation,

> which refers to the triggering or reactivation of trauma-related symptoms originating in earlier traumatic life events, is a clear risk for those confronted with new traumatic material or cues reminiscent of an earlier adverse event (Carello & Butler, 2014, p. 156).

A trauma-informed approach to teaching anthropology becomes essential to prioritise "students' emotional safety in learning" (Carello & Butler, 2014). Anthropology not only is intrusive and entails a certain degree of symbolic and interpretative violence towards the participants (Scheper-Hughes, 2000), but can also trigger re-traumatisation and vicarious traumatisation in students when traumatic experiences are disclosed. Trauma-informed approaches to teaching are generally based on the principles elaborated by Harris and Fallot (2001) to improve clinical practice and service delivery in care. According to Carello and Butler (2015), being trauma-informed, in any context, is:

> to understand the ways in which violence, victimization, and other traumatic experiences may have impacted the lives of the individuals involved and to apply that understanding to the design of systems and provision of services so they accommodate trauma survivors' needs and are consonant with healing and recovery (p. 264).

While the term trauma-informed teaching is widely used in the field of pedagogy and education, "there is no consensus on how to conceptualize it or on what constitutes this practice" (Wood, 2021, p. 29). There is a gap between "real life and scholarship" that prevents scholars and professionals from understanding and practicing a trauma-informed teaching based on real life experiences of trauma. This gap leads to a lack of understanding of trauma as a lived experience with "a specific epistemological stance" that places individuals' subjectivity at the centre of trauma-informed approaches (Wood, 2021, p. 23). Along with this lack of person-centred and life-based approaches to trauma, only a few studies on trauma consider it as an intersubjective experience that is context dependent. As Wood highlights, trauma is often conceptualised as an individual phenomenon whose responses need to be recognised by professionals within the field of psychology and psychiatry. Healthcare professionals "translate stories into pathologies, trauma narratives into medical injury" (Ticktin, 2011, p. 148). This translation between different "regimes of truth" (Ticktin, 2011, p. 148) shows the process of turning personal and highly emotional accounts of trauma into data that can serve as evidence in medical and legal domains. In this perspective, "trauma has been medicalized as an individual's problem" and therefore social contexts in which traumatised people exist play a marginal role in diagnosing and treating mental health problems related to trauma (Wood, 20 21, p. 29).

In this article, I will focus on how ethnographic research and narratives of trauma can provide data to fill the gap between 'real life' and scholarship about trauma theories. My anthropological research is based on extensive fieldwork (2018-2022) among survivors of gender-based violence seeking support from anti-violence centres in the metropolitan area of Milan. Among the narratives of violence shared by a heterogeneous group of 38 women, I focused on Agnese, a high school student whom I met regularly over several months and who became one of my key informants. Her story illustrates how mental health issues and psychophysical responses to trauma caused significant personal ruptures in the life of a student who survived child sexual abuse. My research is informed by reflections on the embodiment of trauma and violence from feminist perspectives (Backe, 2020; Behar & Gordon, 1995; Butler et al., 2016), drawing on knowledge from bodily approaches that influence the methods used 'to identify, select, process, and analyse information on gender-based interpersonal violence' (Petillo & Hlavka, 2022, pp. 1–2). In doing so, I attempt to contrast 'the lack of representation of embodied experiences in many ethnographic accounts' (Berry et al., 2017, p. 538).

My methodology involves a combination of ethnographic techniques, such as participant observation during psychotherapy for survivors, semi-structured interviews, and the collection of survivors' narratives of trauma. Throughout my research, consent was given by my participants, their psychotherapists, and the coordinator of the White Rose anti-violence centre, all of whom were informed of my role as a researcher. In accordance with the verbal consent of my participants, I collected written notes during their psychotherapy sessions, which took place in the anti-violence centre. Data was collected and treated in a manner that ensured full confidentiality, with key identifiers such as addresses, telephone numbers, and surnames omitted. Only forenames were recorded during sessions, and these were replaced with pseudonyms during the transcription process. My research

methods were negotiated with the NGO staff to mitigate the risk of re-traumatisation. By presenting the voice of Agnese, my key informant, this article aims to highlights the value of subjective accounts collected in the field as data that can provide nuanced and person-centred understanding of trauma.

While recognising its limits and problematic aspects, this qualitative research considers the definition of trauma provided by The Diagnostic and Statistical Manual of Mental Disorders in which trauma is the exposure to actual or threatened death, serious injury, or sexual violence. This definition also includes vicarious exposure and secondary traumatisation, since trauma in survivors occurs not only when they directly experience the traumatic events, but also when either they witness in person or learn that a traumatic event occurred to people closely related to them (American Psychiatric Association, 2013, p. 271). My exploration of trauma, which lets lived experiences of violence and mental health problems emerge, offers an opportunity for teachers to reflect on trauma-informed teaching to approach students who, like my research participants, have been exposed to trauma. I claim that anthropological explorations on trauma can improve teachers' ability to recognise and mitigate the risk of re-traumatisation, secondary, and vicarious traumatisation in students. Furthermore, in order to address the context dependent component of trauma responses, my research approach to trauma will put emphasis on its subjective stance while considering contextual aspects of traumatic experiences.

In the first section, I will investigate how trauma comes into tension with the process of embodiment and subjectivity by exploring Agnese's experiences of child sexual abuse and mental health problems. In the second section, I will further delve into the bodily engagement with trauma and its intersection with temporality through Agnese's experiences of non-linear time shaped by the reverberation of flashbacks, and traumatic memories. My reflections on how this anthropological knowledge about lived experiences of trauma can illuminate trauma informed approaches of researching, learning, and teaching will be presented in the third section. Additionally, this section will offer ethical considerations for engaging with vulnerable individuals in research.

Agnese's Embodied Experience of Trauma

This section is intended as a reflection on the emotions, personal ruptures, and symptoms of mental health issues which are expressed by a high school student who survived child sexual abuse. Such emotions and psychophysical responses to trauma are not only grounded in survivors' subjective and embodied experiences of trauma but are also the product of the medical domain and humanitarian discourses on survivors' mental health. In this article, my participant's narrative is in dialogue with the reflections and reports provided by her psychotherapist based at the anti-violence centre White Rose (Milan, Italy). This approach will offer an in-depth perspective on the multi-layered understanding of trauma and its symptoms. By exploring the nuances of Agnese's emotions and symptoms related to exposure to a traumatic event, I show how survivors embodied trauma and how this process intersects their subjectivity and intersubjective lives.

Agnese is an eighteen-year-old student who sought psychological support from the network of anti-violence centres based in the northern area of Milan, where I met her in 2022. During her first meeting with the professional staff, she explained that her difficulties in eating and sleeping were related to a sense of anxiety that disrupted her everyday life. She experienced nightmares and flashbacks of the episode of child sexual abuse that occurred when she was nine years old. She understood that her everyday struggle with the symptoms of mental health problems required the support of a professional. After that initial cognitive meeting with the anti-violence centre staff, Agnese started attending a series of psychotherapy sessions with Dr Leotta, who is a senior member of the staff at White Rose. During the psychotherapy sessions Agnese continued to explain her symptoms related to a severe state of anxiety and fear that led to persistent insomnia. The lack of sleep had a negative impact on her performance at school. Agnese's physical and psychological condition did not allow her to regularly attend lessons at school and engage with her schoolmates. She had problems with concentration and lost interest in participating in school and social activities. She tended to isolate herself and avoid male schoolmates and friends.

Since Agnese's response to child abuse had severely undermined her well-being for a long period of time, the psychotherapist suggested that Agnese undergo psychiatric consultation. She was diagnosed with posttraumatic stress disorder and manifested some behaviours related to anorexia and bulimia nervosa, such as bingeing food and then throwing it up. As Lester (2021, p. 6) explains,

> the current Diagnostic and Statistical Manual of Mental Disorders identifies four main categories of eating
> disorders: anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified feeding and eating

disorders. […] What is not captured in these diagnostic criteria is the lived experience of having anorexia and the way it cripples everyday functioning.

Agnese's narrative reveals "physically and emotionally devastating conditions where food and eating become the vectors and means by which deep existential concerns are manifested and struggled out" (Lester, 2021, p. 9). In other words, Agnese's troubled relationship with eating reflects the trauma she endured in her childhood, where the abuse she experienced left lasting damage to her ability to trust, nurture herself, and feel safe. The chaotic patterns in her eating habits mirror the unresolved pain and emotional wounds inflicted during those years, where food, much like her sense of self, became entangled with the trauma of her past.

Along with eating and sleeping disorders, she experienced a sense of despair which produced a physical sensation of discomfort and pain. "I feel pain," Agnese said to the psychotherapist as she wept, "I feel destroyed. Many aspects of my everyday life are in pieces." I connect the personal and subjective process of "making and unmaking of the world" (Scarry, 1985) with the awareness of being a victim of child abuse in the following section. This process has been triggered by the pain and shame of being a survivor of sexual violence. Agnese tried to keep her history of abuse private until the sense of frustration and suffering became too strong to be hidden. The counselling sessions with Dr Leotta illuminated her understanding of what she experienced in the past and showed her how to deal with such disruptive feelings and shame. Agnese said:

> It is time for me to accept what happened in my past to break down the mechanisms that are destroying my present and my future.

Dr Leotta replied:

> Violence must not be accepted, the violence you have suffered must be redefined and freed from your sense of guilt. We have put consistent efforts into giving new meaning to what happened to you.

In other words, the psychotherapist asked Agnese to remake her world which was destroyed by the pain.

Trauma emerges as an embodied experience that triggers painful memories, flashback, and the subjective understating of the abuse. Agnese reflected on her ambiguous feeling of shame and anger that arise with the acceptance of a traumatic event occurred in her childhood. When the abuse happened, Agnese was nine years old and could not even understand the sexual component of the violence inflicted on her:

> I did not understand that attentions of that man would have led to sexual violence. I was a child, but today I feel ashamed. I feel dirty and stained by something I rejected.

She felt anger and shame towards the perpetrator of the abuse but, above all, towards herself: "I had the strength to reject him, but I could not stop him." During that session, the psychotherapist asked Agnese to close her eyes and visualize herself when she was nine years old years playing in the country house with her grandparents; the place where the abuse took place. Dr Leotta asked her to approach that child to tell her to take care of herself and become aware of the abuse by being resilient. The psychotherapist explained:

> The awareness of being a victim of abuse does not mean accepting violence, but normalizing an event that happened in the past and it is not possible to change, in order to get on with life.

Agnese was silent and closed her eyes when she began to tremble intensely. The psychotherapist left her seat to approach Agnese and placed her hands on Agnese's shoulders to comfort her. Memories of the abuse impacted Agnese so strongly that she began to shake and burst into tears.

Tracing and observing Agnese's trajectory of recovery, I suggest that "the object of healing is not elimination of a thing (an illness, a problem, a symptom, a disorder) but transformation of a person; a self that is a bodily being" (Csordas, 2002, p. 3). Agnese's pain led to deep personal ruptures in her life trajectory, but it also stimulates her agency and desire to overcome her mental health problems. Dr Leotta highlighted that her exposure to trauma resulted in severe and debilitating symptoms which had lasted for almost one year. The psychotherapist explained to Agnese that she interpreted the memories of her abuse as disturbing elements of her daily life. Her recovery involved a constant engagement and embodiment of pain, shame and anxiety that stemmed from the experience of child sexual abuse. In Agnese's exploration of her feelings and memories, pain can be considered as a source of human creativity and destructiveness which triggers the process of "making and

unmaking of the world" (Scarry, 1985). Pain destroys, disassembles, and deconstructs the world of Agnese who tried to survive and rethink her subjective and bodily identity after experiencing abuse. Experiencing suffering destroyed Agnese's everyday life while pushing her to find strategies to overcome it.

In the following section, I will focus on the intersection of the embodiment of trauma and its temporality by showing how survivors engaged with the experience of the time moulded by traumatic events across past, present and future. Survivors' traumatic memories are reconstructed and communicated along "narrative lines guided by bodily experience and cultural models of memory and self" (Kirmayer, 2016, p. 102). My narrative aims to provide an ethnographic and analytic picture of the interconnected physically and psychologically damaging effects of abuse. These effects arise not only as a result of the abuse itself but also due to the intrusive and painful memories that have eroded survivors' horizons over an indefinite length of time.

The Temporality of Trauma

"I still think about it today, but I try to convince myself that this event never happened", Agnese said referring to the sexual abuse that occurred when she was a child. Agnese's narrative shows that traumatic experiences alter temporal rhythms and generate a deep sense of uncertainty which leads to the destruction of the self. The sense of uncertainty and "vertigo" (Knight, 2021) generates the annihilation of the stability of perception in which the time is experienced as "disorder and destruction" (Runia 2010, p. 14; in Knight, 2021, p. 21). Good (1994) argues that the subjective experience of time, which exists in consonance with the inner time, is synchronized with the socially organized and validated outer time (p. 41). Trauma is able to dismantle this social perception of time. In survivors' narratives, past and present mislay their order as the temporal ruptures produced by the experience of trauma slow and alter survivors' perception of their inner time "while outer time speeds by and is lost"(Good, 1994, p. 42). Agnese felt trapped in a time spiral that revolved around her past traumatic experience of abuse. In her narrative, she felt lost and isolated. Time, when intertwined with painful memories, trauma, and violence, "is not purely something represented but is an agent that 'works' on relationships, allowing them to be reinterpreted, rewritten, sometimes overwritten, as different social actors struggle to author stories" (Das, 2006, p. 87). Remembering her "traumatic time" led to the rejection of social interactions, the lack of communication with her schoolmates, and the fatigue of attending classes at school. The manifestation of symptoms related to PTSD and eating disorders occurred in tandem with a persistent sense of fatigue, physical pain, lack of energy, and an overwhelming sense of emptiness.

Agnese, like many other survivors, could not fully "be-there" while experiencing deep ruptures of her own personal "crisis of presence" (de Martino, 1948). Survivors are "anchored or polarized in an undecided critical moment of his own personal history, where the chance of any overcoming is reduced" (de Martino, 2012, p. 436). Survivors navigated their own memories, hopes, and flashbacks following temporal trajectories disturbed by the exposure to trauma. Following the psychotherapist's guidance, Agnese tried to delve into their traumatic past. She realised that she was abused as a child by giving meaning to vivid flashbacks and nightmares that tormented her present life. Agnese became aware of the sexual abuse that was inflicted on her:

> I felt destroyed when I realized what that man did to my body when I was a child. Now that I am 18 years old, I'm still afraid of men and male peers too. I feel they could touch me and hurt me.

This painful process of understanding shows that memory works as an embodied and dynamic process anchored in lived experiences. I consider memory as a locus, a site where subjective temporalities are negotiated in the light of bodily experiences. Memories that resurface in Agnese's daily life are constantly reinterpreted within a dynamic context that changes over time and in consonance with Agnese's subjectivity, identity, and agency. As Agnese's interpretations of her flashbacks, memories, and nightmares changed, so did her perception of the experience itself. Understanding is not pursued "vertically" by layering and analysing memories, "but rather circularly," in an iterative movement back and forth through possible meanings of our presuppositions that by turns allow a matter to come into view (Smith, 2018). The temporal approach to trauma investigates the long-term consequences of being exposed to traumatic events. These consequences are imbued with a circular temporality that trapped Agnese in a poor mental health condition and the fear of the future. A continuous struggle against her weight and body, low self-esteem with distorted body image, guilt, and worthlessness emerged from Agnese's narrative of trauma. During her recovery, she tried to dismantle the distorted view of her delicate and thin body, perceived by herself as fat:

> I focus on my thighs, and they seem huge. Seeing their girth increase makes me terribly anxious. What will happen when I am able to eat normally? What will happen when I am no longer able to starve myself and vomit? I want to get well, but I feel terrible anxiety about weight gain.

In Agnese's life story, maintaining some behaviours associated with anorexia and bulimia nervosa was a way of being- in-the-world that elucidates how recovery can be frightening (Lavis, 2016). "I don't want this obsession with extreme thinness to end", she said. Even during the final session with the psychotherapist at the anti-violence centre, Agnese manifested her discomfort and shame in showing her in front of her schoolmates and friends after gaining weight. The desire to maintain her body in a childlike state was connected to the reverberations and memories of the sexual abuse which circularly reappeared in my participant's narrative.

Agnese's narrative shows that the temporal trajectory of recovery presents suspensions and ruptures, as a patient who suffers from eating disorders does not want to fully recover. In narratives of eating disorders, patients often do not want to get out of what Sontag (2002, p. 3) defines as "the night-side of the life", i.e. the disease. Temporality intersects discourses about emotional reactions to trauma and disordered eating behaviours since they lead to a state of personal crisis "whereby the world is suspended and uncanny and the 'crisis time' takes control of body and mind" (Knight, 2021, p. 136), influencing thinking, feeling, and everyday practices to an enormous degree (Bruch, 2001, p. 4). From Agnese's narrative, it emerges that the process of remembering is informed by subjects' bodily experiences and being an embodied form of remembering, memory reshapes the experience itself.

Engaging With Trauma

Drawing on the narratives and ethnographic data collected during my extensive fieldwork among survivors of gender-based violence, this section will put into dialogue the 'real life' and 'scholarly' approaches to understanding trauma (Wood, 2021, p. 27). I will show that my participant's narrative provides data that can illuminate a multi-layered and complex understanding of trauma and mental health problems as subjective and intersubjective experiences anchored to the flux of everyday life. An anthropological approach to trauma also reduces the gap between empirical and theoretical understanding of trauma by showing how the exposure to traumatic events is embodied by survivors and how this process shapes traumatised people's everyday lives over a long length of time. This section will reveal that qualitative research on lived experiences of trauma speaks directly to the theoretical and methodological frameworks in which trauma is understood. In doing so, qualitative research based on long-term fieldwork can reduce the gap existing between 'real life' and 'scholarship' in trauma-informed approaches. I will discuss how long-term fieldwork allows a temporally informed and specifically contextualised understanding of trauma to emerge. Delving into the socio-cultural context and the temporality of trauma is key in shaping trauma-informed practices that aim to mitigate the risk of re-traumatisation and vicarious traumatization in vulnerable people. My insights recognise that experiencing trauma is a context-dependent experience. Trauma-informed practices are therefore enhanced by a theoretical approach that focuses on the subjective and intersubjective dimensions of trauma. This section will conclude with reflections on the ethical concerns that emerge in dealing with vulnerable individuals who have been exposed to trauma. Specifically, I will claim that, due to the highly emotional and subjective nature of survivors' responses to trauma, doing research on trauma requires a dynamic ethical practice to navigate the complexity of fieldwork among vulnerable people.

Individuals that have been exposed to trauma can potentially experience long-term symptoms of mental health problems during their lifetime. A temporally informed analysis of individuals' long-lasting manifestation of symptoms such as anxiety, insomnia, difficulty in concentration, and the recurrence of intrusive memories and flashbacks of the lived traumatic events suggests that trauma shapes individuals' experience of the time and memory. Reducing the risk of re-traumatisation in research participants that have been exposed to traumatic events requires an in-depth understanding of the temporality of trauma and the reappearance of traumatic memories in survivors. This temporally informed understanding of responses to trauma can also facilitate teachers' interactions with students who, like my research participants, have a trauma history. Carello and Butler (2014) found that:

> re-traumatization, which refers to the triggering or reactivation of trauma-related symptoms originating in earlier traumatic life events, is a clear risk for those confronted with new traumatic material or cues reminiscent of an earlier adverse event (p. 156).

Agnese's narrative has shown how flashbacks and memories of her traumatic past reappeared in her present life, causing deep personal ruptures and avoidance behaviour towards her male schoolmates. The meaning of any traumatic past event dynamically changed as the time passed. Agnese continuously reexplored the significance of earlier episodes of her story of child sexual abuse in light of what transpired during the counselling sessions and personal engagement with her traumatic time (Antze & Lambek, 1996, p. XIX). The risk of re-traumatisation lies in the intersection of the circular structure of traumatic memories with the reappearance of mental health problems. Survivors' re-traumatisation can be triggered by exposure to their own traumatic narratives, or more generally, inputs that can subjectively evoke feelings and memories related to their past traumatic experiences. To give an example, these inputs can take the form of questions, stories, written material, or audio-visual stimuli.

Although there are limited studies supporting trauma's direct effects on students' mental health and wellbeing, students with a childhood history of sexual assault, or who have experienced two or more kinds of abuse (physical, sexual, or emotional), or who report a diagnosis of PTSD are more likely to have poor school performance (Duncan, 2000). This phenomenon is very often caused by a lack of appropriate support from the educational system. Care and educational systems are often unable to recognise the symptoms of mental health problems, which disrupt traumatised people's everyday lives and wellbeing. In Agnese's narrative, insomnia, anxiety, pain, and many other negative emotions connected to traumatic memories had a negative impact on her school performance and socialisation at school. Agnese reported to the psychotherapist difficulties in concentrating during classes due to the lack of energy caused by sleeping and eating disorders. She developed some behaviours related to these disorders in tandem with anxiety and PTSD. Agnese's anxiety and lack of social interactions at school were connected to the fear of interacting with male schoolmates, whom she perceived as potentially dangerous, after experiencing sexual abuse. The presence of male peers acted as a trigger of individual's internal process that led to re-experiencing her past trauma as if it happens again to her in the present moment (Carter, 2015). In this way, a trigger transports an individual back to the traumatic event and the trauma is re-experienced along with the psychological and physiological responses that accompanied Agnese's experience of abuse. Agnese's ethnographic account of the experience of mental health problems offers a gendered, temporally informed, and subjective perspective on trauma responses and their consequences in a wider socio-cultural context and scholastic setting.

Experiences of trauma are context dependent and situated as they are influenced by individuals' cultural and socio-economic positioning within a social arena. I expand the subjective and embodied perspective of trauma by showing that trauma is lived intersubjectively in a socio-cultural context that is daily experienced by a variety of social actors, such as teachers, schoolmates, professionals, and family network. Ethnographic data can provide an accurate picture of this context,

> that is necessary to resist the individualised pathologizing of trauma characteristic of traditional trauma theories that essentialise the experience of trauma as a moral weakness or personal deficit within the individual (Wood, 2021, p. 31).

A person-centred approach in tandem with a context-specific approach to trauma shift the perception of trauma responses from individual mental health problems to situated experiences of trauma that take place in a complex socio-cultural context. Individual and social dynamics intersect and shape individuals' reactions to traumatic events (Brown, 2004; Wood, 2021). Understanding the context in which trauma and mental health problems related to it take place shows how wider socio-political dynamics mould individuals' responses to trauma and coping strategies. Agnese's narrative reveals that her everyday practices, psychological and physiological responses to trauma, and recovery intersected the dynamics that regulate psychological interventions for survivors of gender-based violence within the Italian NGO system. Following this ethnographic perspective within a trauma-informed setting at school,

> students can claim to make meaning from their own experiences in conjunction with theoretical frameworks that situate their trauma and vulnerability in a sociopolitical context (Wood, 2021, p. 33).

By showcasing lived experiences of trauma, this paper aims to provide qualitative data that can potentially shape trauma-informed approaches to both research and teaching. In research settings, collecting and listening to narratives is integral to the trauma-informed approach, which values embodied and lived experiences (Carello & Butler, 2014, 2015). While navigating services which provide support for vulnerable people, such as anti-violence centres, researchers are often exposed to survivors' personal stories of abuse. Sharing these life stories can serve as a critical first step on the journey toward recovery, healing, and empowerment. From the researcher's perspective, engaging with survivors' stories raises ethical concerns because of the intimate and emotional nature

of narrating personal experiences of trauma (Grønseth, 2013; Perecman & Curran, 2006). I followed the Ethical Guidelines for Good Research Practice as stipulated by ASA, AAA and UTREC. These screening processes are essential, but they do not address the demands of ethnography as a quotidian ethical practice (Cerwonka & Malkki, 2007). Although these guidelines offer a useful tool for assessing and preventing research participants' discomfort, they do not address the daily ethical dilemmas that arise in experiencing dynamic social processes and relationships that are often unpredictable, difficult to interpret, and outside the researcher's control. These ethical challenges must be negotiated in real time, as they occur, and are not precisely delimited (Cerwonka & Malkki, 2007).

During my fieldwork, I was particularly focused on the boundaries of the formal regulatory framework for research; those instances where my personal ethical sensibilities intersect with the ethical dilemmas that emerge within and between various professional ethical guidelines. Drawing on the insights of Posel and Ross (2014), if I aim to challenge some of the more conventional approaches to ethical social research, it is not to undermine or delegitimise the institutional research process. Rather, I emphasise the positive impact that thoughtful, in-depth reflection, and everyday negotiations can have on enhancing the ethical quality of the research (Posel & Ross, 2014). I suggest that ethnography, seen as an ethical practice, entails a component of improvisation in the field, governed by previous ethical and methodological reflections. A full and emotional engagement with women survivors of gender-based violence helped me mitigate the risk of trauma during data collection. This research methodology requires constant commitment and ethical reflection, starting from the ethics of listening (Spiegel & Charon, 2005) and the ethics of care "for understanding the remaking of a world in the wake of violence" (Krystalli & Schulz, 2022, p. 3).

Teachers, as well as anthropologists, can be exposed to narratives of trauma shared by their students. While sharing personal stories in school environments can indeed foster support and understanding, it is crucial to acknowledge the ethical complexities surrounding disclosures of child sexual abuse (CSA). Teachers are required to report any suspected incidents of abuse to authorities; this procedure can often contradict survivors' willingness to report the abuse. This mandated action raises significant concerns about consent, particularly in the context of CSA, where survivors may not feel ready or safe to have their experiences disclosed. The assumption that disclosure inherently leads to healing can retain some ambiguities. Thus, forced or unprepared disclosures can exacerbate feelings of stigma and vulnerability, potentially placing survivors at greater risk rather than aiding in their recovery (Walsh et al., 2012). Therefore, any emphasis on sharing personal stories must be carefully balanced with a deep consideration of these ethical issues, ensuring that survivors' agency and well-being are prioritised.

To enhance a person-centred approach in both educational and research settings, the ethics of listening (Spiegel & Charon, 2005) should be adopted in any interaction. This approach entails recognising and responding to individual suffering and grasping the intimate causes of that suffering (Clark, 2005). To some extent, narrators become co-authors of the biography of the person suffering. Felman and Laub (1992) explained that:

> the listener of the trauma comes to be a participant and co-owner of the traumatic event: through his very listening, he comes to experience the trauma in himself (...) and the latter comes to feel the bewilderment, injury, confusion, dread and conflicts that the victim feels' (p. 58).

A fundamental benefit of ethical listening is that it fosters equal involvement of researchers, teachers, and participants in the narrative process. Through this collaborative approach, narrators and listeners engage in the shared task of seeking and producing meaning by listening, telling, and sharing feelings. This participatory process not only enriches the understanding of trauma but also raises awareness about the mechanisms of re-traumatization and secondary traumatization in both educational and research settings.

Conclusion

Taking into account that there are not agreed definitions of trauma and trauma informed approaches, this article expands understandings of trauma by articulating how it interpolates throughout my key participant's life. Firstly, I reflected on emotions, personal ruptures, and mental health problems expressed by Agnese, a young female student who survived child sexual abuse. I interpreted such psychological and physiological responses to trauma as a manifestation of the embodiment of trauma; a process that entails a dynamic negotiation of subjectivity and identity by individuals who have been exposed to trauma. The ethnographic exploration of Agnese's symptoms of post-traumatic stress disorder and behaviours related to eating disorders present intimate

details of a life trajectory disrupted by deep personal ruptures and mental health issues. I have shown how trauma is embodied by survivors and how it shapes survivors' daily practices and social interactions. I have portrayed "an alternative understanding of trauma as having its own developmental arc that extends well past the events themselves" (Lester, 2013, p. 757), rather than being viewed merely as a singular occurrence in people's lives.

In the section *The temporality of trauma*, I addressed the intersection between the experience of trauma and the perception of the time. As PTSD can lead to the experience of nightmares, intrusive memories, and flashbacks of past traumatic events, I highlighted how Agnese's relationship with her traumatic past is able to shape her future and present time. The process of remembering traumatic events is a bodily process that shapes a subjective and gendered experience with time. The temporality of trauma also informed Agnese's experience of mental health problems and recovery. Her narrative of trauma let a subjective and gendered temporality emerge. Agnese felt trapped in a time spiral characterised by the reappearance of PTSD and eating disorder symptoms, and the reverberation of traumatic memories in her everyday life. Deep stress and discomfort prevented Agnese from enjoying her social life at school. Many years after experiencing sexual abuse in her childhood, she developed a variety of PTSD symptoms, including avoidance behaviour toward male peers. Furthermore, Agnese's mental health problems connected to her exposure to trauma caused Agnese's poor performance at school. By presenting Agnese's narrative of trauma in a specific context, I have shown that trauma is a subjective, intersubjective, and temporally informed experience which shapes individuals' life trajectories and recovery. A survivors' recovery is fragile, unpredictable, and non-linear, as the symptoms of mental health problems and their outcomes can emerge at different times and in different ways. In this paper, I have attempted to conceptualise the violence embedded in the everyday life of a high school student "as having a sense of the past continuous" (Das, 2006, p. 87), in contrast to the sudden and traumatic violence of her childhood experience of sexual abuse. This experience appears frozen in time yet is capable of re-emerging throughout Agnese's life trajectory.

Trauma narratives and lived experiences offer valuable insights into mental health problems triggered by exposure to traumatic events. As I demonstrated in the section *Engaging with trauma*, that ethnographic data collected during my extensive fieldwork offers insights to reduce the epistemological and methodological gap existing between 'real life' and 'scholarship' in understanding trauma. Furthermore, I have also highlighted how the temporally informed understanding of trauma can shed light on the reappearance of traumatic memories and mental health problems in survivors. This in-depth understanding, which also takes into account individuals' socio-cultural contexts, offers data to reduce the risk of re-traumatization and secondary (or vicarious) traumatisation in vulnerable people. I claim that this anthropological exploration of trauma and its responses offers reflections that can potentially improve trauma informed approaches to research and teaching. By sharing a narrative of trauma, this paper demonstrates that it is possible to move trauma and vulnerability from the private spaces to which they have been confined into public arenas such as anti-violence centres, schools, and universities (Trinch & Cassidy, 2020).

My ethnographic approach to survivors' mental health problems aims to offer positioned and subjective data to better understand traumatised people's needs, by demonstrating how trauma appears in everyday life. This study encourages educators to "take a trauma lens" while interacting with students (Department for Levelling Up, Housing and Communities, 2023). My approach also aims to stimulate educators' questions on how students can benefit from trauma-informed teaching and what factors enable educational systems to work in a trauma-informed way. While this investigation revolves around a specific ethnographic case study, it is intended to promote the need to realise the pervasive impact of trauma, recognize its signs, and respond accordingly (Department for Levelling Up, Housing and Communities, 2023). A multilayered and nuanced portrayal of mental health problems in a survivor of child sexual abuse facilitates teachers' understanding of trauma, and, as a result, their relationship with students who, like my research participant, have a trauma history.

This qualitative data can inform more targeted classroom implementations, trauma-informed teaching, and increase teachers' expertise in reducing the risk of re-traumatisation and secondary traumatisation in students. In doing so, the goal of this research is to inform practices that can potentially produce long-term positive changes in individuals who have been exposed to trauma. I claim that person-centred interventions based on ethnographic data could be developed and implemented. I have shown that ethnographic praxis is able to understand the complexity of survivors' responses to trauma. The portrayal of this complexity demonstrates that engaging with traumatised people entails ongoing scrutiny and ethical reflection. I suggest that my key informant narrative can enhance teachers' expertise by revealing intimate and unique facets of experiencing trauma in a high school student's life. By sharing these nuanced perspectives, educators can better understand the multifaceted

impact of trauma, allowing them to respond with greater empathy and insight. This approach not only deepens their awareness of the challenges faced by students but also encourages teachers to incorporate tools and strategies to promote self-care and resilience in a more supportive and trauma-informed school environment (Thomas et al., 2019). These strategies may include practices such as meditation (Bradley, 2024) and a "school self-care plan"[1]; a checklist through which teachers evaluate the school's capacity to support physical, psychological, and emotional self-care practices for both students and staff. As Bradley (2024, p. 45) highlights, the implementation of strategies such as mindfulness, meditation, and a variety of accessible teaching resources, demonstrate that

> if student and staff wellbeing is taken seriously in higher education institutions, then introducing a toolkit of pedagogies that prioritise mental health can lead to transformative learning experiences for those working and learning in an increasingly challenging world.

By emphasising the importance of ongoing, "real-time human relationships" (Lester, 2013) at the core of my analysis, I also advocate for future anthropological research on trauma that prioritises amplifying the voices of participants and their lived experiences of traumatic events.

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Ethics Statement
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[1] On the Safe, Supportive Learning website (safesupportivelearning.ed.gov), there are numerous practices and strategies exemplified for implementing a trauma-informed school environment.

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