Trauma Exposure and Resident Assistants: A Study of Meaning Making

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TRAUMA EXPOSURE AND RESIDENT ASSISTANTS: 
A STUDY OF MEANING MAKING

by

Sarah A. Olejniczak, B.A, M.Ed.

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ABSTRACT
TRAUMA EXPOSURE AND RESIDENT ASSISTANTS: A STUDY OF MEANING MAKING

Sarah A. Olejniczak, B.A., M.Ed.
Marquette University, 2023

Resident assistants are at the front line of crisis management within college campus residence halls. As such, it is imperative that student affairs professionals consider the specific needs of this paraprofessional group and build networks to guide these student leaders through the traumatic occurrences to which they respond through their roles. This dissertation studies the impact of resident assistants' exposure to traumatic occurrences and the meaning making that happens following these experiences, in an effort to expand a knowledge base that will support future student development practices.

This dissertation employs a phenomenological approach to qualitatively understand the impact of trauma exposure on resident assistants and the individual meaning making that takes place for resident assistants related to this trauma exposure. The main research question guiding this dissertation is how do resident assistants make meaning of their exposure to trauma? By qualitatively examining narratives of current resident assistants, this research develops student affairs professionals’ understandings of the ways that individual resident assistants experience the shared phenomenon of trauma exposure – thus allowing for changes in training, support, and response. This research also extends knowledge on the impact of trauma exposure for college student resident assistants.

Findings of this study are presented within a framework of understanding the phenomenon of trauma exposure, including the types of traumatic situations to which resident assistants respond, the context of the resident assistant experience, including the institutional paradigm within which their positions take shape, and how resident assistants make meaning of their exposure to trauma, including the learning, reflected growth, and changes that research participants shared as outcomes to their experienced trauma exposure.

Implications for research, along with suggestions for support and training for resident assistants, are included. A movement toward trauma-informed student affairs practices is briefly reviewed. These suggestions offer myriad opportunities for consideration, including future research topics, additional training opportunities, staffing practices, and more.
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Sarah A. Olejniczak, B.A., M.Ed.

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TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION ................................................................. 1

Statement of the Problem ................................................................. 2
Rationale and Purpose of the Study ....................................................... 3
Theoretical Foundations for the Study ................................................... 4
Research Question ............................................................................. 5
Methods, Analysis, and Interpretation ................................................... 6
Summary of Introduction .................................................................... 7

CHAPTER II: REVIEW OF LITERATURE .............................................. 9

Trauma Theory: An Overview .............................................................. 10

Early Trauma Theory .......................................................................... 10
A Modern Understanding of Trauma’s Impact ....................................... 13
Definitions of Trauma .......................................................................... 14

Theories Describing the Impact of Trauma Exposure ............................ 16

Burnout .............................................................................................. 17
Vicarious Traumatization .................................................................... 20
Secondary Traumatic Stress ................................................................. 21
Positive Impacts of Trauma Exposure .................................................. 25

Bringing it All Together: The Impacts of Trauma Exposure .................. 26

The Body’s Response to Trauma .......................................................... 28

Trauma Occurrences, College Campuses, and the Resident Assistant Role ... 32

College Student Crisis and Trauma Experiences .................................... 33

Resident Assistants as First Responders and Caring Paraprofessionals ... 38
Summary of Relevant Literature................................................................. 41

CHAPTER III: METHODS ........................................................................ 43

Theoretical Framework for Research Design ............................................ 44

A Meaning Making Framework............................................................... 45

Additional Theoretical Application ......................................................... 47

Pilot Study Reflections ............................................................................ 48

Dissertation Research Methods............................................................... 51

Settings ................................................................................................. 52

Participant Recruitment .......................................................................... 53

Participants ............................................................................................ 54

Interview Protocol .................................................................................. 56

Training Document Collection ............................................................... 60

Positionality ........................................................................................... 61

Credibility, Transferability, Dependability, and Confirmability ............. 62

Data Analysis ........................................................................................ 64

Transcribing and Reflecting on Interviews .............................................. 65

Analyzing Interviews – Preliminary Meaning Units ............................... 66

Analyzing Interviews – First Cycle Coding ........................................... 71

Analyzing Interviews – Second Cycle Coding and Finalizing Themes ... 74

Analyzing Training Documents .............................................................. 76

Summary of Methods ............................................................................ 79

CHAPTER IV: FINDINGS ........................................................................ 81

The Meaning of Trauma Exposure for Resident Assistants .................. 81
The Phenomenon - Trauma Experienced in Resident Assistant Position. 82

Preparing to Experience Trauma in the Position. ....................... 82

Experiences Helping Residents with Trauma......................... 88

Responding to Mental Health Concerns ......................... 89

Responding to Sexual Assault ........................................ 93

Responding to Medical Emergencies................................. 96

Supporting Residents Who Lost Family Members........... 97

Considering Other Responses ........................................ 99

Own Experiences of Trauma. ........................................... 100

The Context - The Impact of Campus Environments .............. 104

Role Expectations for Resident Assistants. ...................... 104

An Unexpected Time Commitment ................................... 109

Supporting First-Year Students........................................ 111

Serving During a Pandemic.............................................. 114

Campus Personnel Responses.......................................... 117

A Culture of Support – Or Not ....................................... 118

Making Meaning – Reflecting on and Learning from Trauma...... 125

Reflecting on the Same Incident in Different Ways........... 125

Reflecting on Choices: Decision Making as a Point of Worry... 127

Learning from the Position: Establishing Boundaries........... 131

Learning from Trauma: Processing Experiences................. 135

Learning from Trauma: Seeing the World in New Ways....... 138

Outcomes from Trauma Exposure ......................................... 147
Negative Impact of Trauma Exposure .............................................. 148
Positive Impact of Trauma Exposure .............................................. 151
Interaction of Elements .................................................................. 152
Study Limitations ........................................................................... 155
Summary of Findings ...................................................................... 156
CHAPTER V: DISCUSSION ................................................................ 159
Theoretical Application of Findings ............................................... 159
Social Construction of Reality in the Resident Assistant Role ......... 160
Meaning Making in the Resident Assistant Role .............................. 161
Meaning Making Following Trauma for Resident Assistants .......... 163
Lasting Impacts of Trauma Exposure .............................................. 166
  Burnout. ....................................................................................... 166
  Vicarious Trauma .......................................................................... 167
  Secondary Traumatic Stress ......................................................... 167
  Compassion Satisfaction ............................................................... 167
  Engagement .................................................................................. 168
  Resilience ..................................................................................... 168
Implications for Theory and Research ......................................... 169
  Questioning Own Decision Making .............................................. 169
  Boundary Establishment ............................................................... 170
  Processing Experiences ............................................................... 171
  Understanding the World in New Ways ........................................ 172
  Interactions of Phenomenon, Context, and Meaning Making ....... 173
LIST OF TABLES

Table 1: Institutional Overview....................................................... Page 53

Table 2: Participant Profile Overview................................................. Page 55
CHAPTER 1: INTRODUCTION

A glass vase, thrown toward the door where I was standing. Cherry-stained vomit and empty Everclear bottles on the desk, with two women passed out cold. Cut wrists bleeding on the cream-colored rug. Coming out as LGBTQ+ and being turned away by family and friends. Suicide completion of family members, residence hall flooding, breakups, sexual assault, racist behaviors, sexist remarks, fire, relationship violence, anorexia, medical emergencies, depression. As an undergraduate student serving first-year through junior students at a small, private, liberal arts institution, these are just a handful of the difficult incidents to which I responded during my tenure as a resident assistant.

My experience as a resident assistant is not unique; paraprofessional staff on college campuses across the country interact with similar types of difficult situations frequently. This dissertation highlights a gap in the research-based understanding of resident assistants’ exposure to trauma and its lasting impacts, and explores how college student resident assistants make meaning following their exposure to traumatic situations. I review relevant research on topics of trauma theory and trauma exposure on college campuses, explain previous research that I personally conducted, related to the topic of trauma exposure for resident assistants, and undertake a qualitative research project to develop understanding of the impact of this trauma exposure and resident assistant meaning making of this exposure. Data from this study are then analyzed and discussed, with implications for future research and student affairs practice outlined within the concluding chapter.
Statement of the Problem

It is well established that first responders and those in helping professions are highly exposed to trauma – both directly and vicariously – through their work (Baird & Jenkins, 2003; Jenkins & Baird, 2002; Lerias & Byrne, 2003; McCann & Pearlman, 1990; SAMSHA, 2018). Resident assistants are often at the front line of crisis management in residence halls (Lynch, 2017; Manata et al., 2017), and take on large levels of responsibility, including developing community, serving peers as supporters, and responding to campus crises (Boone et al., 2016; Manata et al., 2017; Sharkin et al., 2003). Resident assistants are also responsible for interacting in many situations during which trauma exposure directly and indirectly occurs (Lynch, 2017).

As such, it is imperative that student affairs professionals consider the specific needs of this paraprofessional group and build networks to guide these student leaders through their employment experiences. In considering the role of the resident assistant, the lasting impact of exposure to traumatic occurrences must be recognized, studied, and responded to in meaningful ways. The work of resident assistants matters significantly – and yet, the impact of this often trauma-exposing work is highly unexplored and, therefore, not well understood. In order to begin to understand the phenomenon of trauma exposure in the resident assistant position, it is important to explore the history of trauma theory development, understand common definitions of trauma and its impact on our lives, and examine the types of trauma occurrences that are present on college campuses. Hearing directly from current resident assistants about their experiences with trauma exposure, and the meaning making that follows, allows for greater depth of understanding surrounding their unique experiences.
Rationale and Purpose of the Study

Considering the myriad and complex responsibilities bestowed upon a resident assistant, together with emerging research on trauma exposure, college campus traumatic occurrences, and trauma theory generally, the importance of understanding trauma exposure and resident assistants emerges. Limited research explores the impact of direct and/or secondary trauma on student affairs practitioners and resident assistants; resident assistants, as a group, are not immune to their own personal experiences with trauma, both before and during college and independent of their personnel roles. Even less research captures the meaning making experience of college students experiencing trauma. This reality, together with the occupational exposure that occurs through the resident assistant role responsibilities, must be explored.

As Chapter II illustrates, few qualitative studies have been conducted to understand individual experiences with processing – and making meaning of – their trauma exposure. Resident assistants are at the front line of campus crisis response, and yet their experience with trauma exposure is not understood. The impact of trauma exposure for resident assistants is both important and understudied. Although trauma theory has been explored for a number of years, and within a variety of environments, it is still a fairly young field of emerging research – especially within the realm of higher education.

College students are impacted daily by traumatic occurrences, and campuses are rife with opportunities for resident assistant trauma exposure (Shalka, 2019a; Sheline & Rosen, 2017). College students are a group that is high-risk for trauma exposure, including those related to mental health, gender-based violence, high levels of drug and
alcohol use, racial injustice, and more (Sheline & Rosen, 2017). As Shalka notes, the opportunity for “trauma is embedded in the collegiate student experience” (2019a, p. 761). Shalka identifies that “traumatic experience in college generates unique interpersonal tasks that are distinct from students who do not encounter this type of hardship,” (2019b, p. 48), showing the profound impact that this trauma exposure has on an individual’s development of self. Students of color – and those from other minoritized backgrounds – may experience “parallel traumatic experiences” (Hernandez and Harris, 2022, p. 95).

Recent research begins to explore the intersection of trauma and college students, seeking to understand the impact of trauma on student collegiate experiences, college student development, and more. It is critical that the impact of this environment on resident assistants – student staff members who are, themselves, developing a deeper sense of identity – is better understood.

**Theoretical Foundations for the Study**

For my research, I apply multiple theories surrounding the impact of trauma exposure into research development and my interpretive data analysis. Understanding the differences and overlap between burnout, vicarious trauma, and secondary traumatic stress helps in exploring potentially negative impacts of trauma exposure. Exploring the concepts of compassion satisfaction, engagement, and resilience helps to highlight potentially positive impacts of and protective factors for trauma exposure. Specifically, these theoretical concepts are explored in Chapter II of this dissertation and briefly mentioned in Chapter III.
Often conflated in research and public thought, these separate – but intricately related – phenomena require distinct definitions. In understanding these definitions, researchers can better explain the impact of trauma exposure for resident assistants. Although everyday conversations may utilize these terms interchangeably, and there can be overlap between the different phenomena, they are distinct experiences associated with an individual’s trauma exposure. In the past several years, specific studies of trauma exposure have rapidly expanded, especially since the COVID-19 pandemic took shape in late 2019 and early 2020; however, few of these studies have focused on trauma exposure for resident assistants.

In considering these impacts of trauma together with other existing theoretical frameworks presented within Chapter III, I build the foundation for my research. I utilize the social construction of reality (Berger and Luckmann, 1967) as a basic framework within which to describe the ways trauma exposure impacts a resident assistant’s understanding of the world. Additionally, I specifically employ the concept of meaning making, and one’s ability to understand and grow from their own experiences (Baxter Magolda, 2001; Shalka, 2016), as a basis for my question development and data analysis. All data is then analyzed through a phenomenological framework.

**Research Question**

Researchers has found that “over half of college student affairs practitioners support students through traumatic life events on at least a monthly basis” (Lynch, 2022, p. 69). Resident assistants are not immune to this exposure, making trauma exposure for resident assistants an important topic that requires deeper examination and understanding. This trauma, defined as “exposure to actual or threatened death, serious injury, or sexual
violence” (APA, 2013, p. 271), can happen directly or indirectly, and is considered an occupational hazard (APA, 2013). The concept of trauma can be even more broadly defined, such as an individual simply explaining distressing events as being traumatic. My study seeks to deepen understanding about trauma exposure experienced by resident assistants, and personal meaning making about their experiences as a resident assistant who experienced trauma exposure.

For these purposes, the main research question guiding my dissertation study is *how do resident assistants make meaning of their exposure to trauma within the resident assistant position?* By studying qualitatively the narratives of college students who served for at least one full semester as resident assistants, I gather data to support understanding of the unique ways that individual resident assistants experience the shared phenomenon of trauma exposure.

**Methods, Analysis, and Interpretation**

Chapters III and IV provide further depth of information surrounding the analytical methods undertaken to gather and review my qualitative data. I highlight my process of analyzing 24 interview participant transcripts, including outlining my decision-making and coding, and provide an overview of data collected and analyzed from institutions regarding resident assistant training materials. Chapter IV focuses specifically on the findings derived from my dissertation study. In this section, full analysis of my findings is presented within a phenomenological framework, considering the themes that emerged and their relationship to the experience of trauma exposure for resident assistants, the context within which this exposure occurs, and how my resident assistant participants made meaning as a result of their exposure to difficult situations. I
also explore the lasting impact of trauma exposure on my resident assistant participants and address how different elements of their experience intersect to impact their meaning making processes.

Chapter V highlights the connection of my findings to previous theoretical understandings of meaning making and trauma. Specifically, I connect my findings to the meaning making work of Shalka (2016) and Baxter Magolda (2001), thinking about individuals and their active role in the construction of their own reality. I also connect my findings to the social construction of reality, highlighted by Berger and Luckmann (1967), and other theories of the outcomes of trauma’s impact. I discuss the ways my research expands our current knowledge on the impact of trauma on meaning making, and conclude Chapter V with an overview of future research considerations and implications for practice, among other topics.

Summary of Introduction

This introductory chapter highlights the importance of my dissertation and provides a summary of the chapters that follow. Chapter II will highlight current relevant research that guides my study, while Chapter III outlines my methods for answering the question of how do resident assistants make meaning of their exposure to trauma within the resident assistant position? Chapters IV and V provide analysis, interpretation, and both research and administrative application of findings.

For resident assistants, exposure to trauma is an occupational hazard – and one that is impacting these college student leaders while they are developing their own personal identity. Impacts of trauma exposure can include both negative outcomes (such as burnout, secondary traumatic stress, and vicarious traumatization) and positive
outcomes (including compassion satisfaction, engagement, and resilience). It is important that college administrators understand how resident assistants make meaning of their experiences surrounding this exposure, so that the impact of this exposure can be differently controlled and responded to in appropriate, empathetic ways.
CHAPTER II: REVIEW OF LITERATURE

The field of trauma theory has a significant history, dating back hundreds of years (Buelens et al., 2014; Ringel & Brandell, 2012). Even before it was named as trauma, psychologists and others treated post-traumatic stress symptoms in post-war soldiers, new mothers, and those who had experienced significant exposure to difficult circumstances. Researchers’ current understanding of trauma, the multiplicity of traumatic-type occurrences, and theories surrounding trauma’s impact on everyday life is growing at a rapid pace. However, much of the current literature and understanding of trauma takes a positivist stance and is objective in nature. Trauma exposure, post-traumatic impacts, and other related occurrences are understood primarily through survey instruments, rather than through a deep analysis of the lived experiences and meaning making of those exposed to trauma.

It is well-researched and understood that those in first responder or helping professional roles, such as police officers and teachers, are highly exposed to trauma through their occupations (Baird & Jenkins, 2003; Jenkins & Baird, 2002; Lerias & Byrne, 2003; McCann & Pearlman, 1990; SAMSHA, 2018). On college campuses, resident assistants are often first responders within their living communities (Lynch, 2017; Manata et al., 2017), and take on high levels of responsibility for their peers (Boone et al., 2016; Manata et al., 2017; Sharkin et al., 2003). Higher education professionals must do a better job of understanding the role of the resident assistant and the trauma exposure that occurs within this role, so that the lasting impact of trauma exposure can be recognized, studied, and responded to in meaningful ways.
In reviewing literature for this dissertation, it becomes clear that, although resident assistants respond frequently to traumatic events, the impact of this trauma exposure (and related meaning making) is understudied. Through this literature review, I will explore the history of trauma theory, current understandings of trauma exposure and its impact, trauma occurrences on college campuses and impacting college students, and the resident assistant role. I will also explore emerging research that highlights, often quantitatively, the presence of secondary traumatic stress for resident assistants and student affairs professionals, and the limitations of the current research base on topics of trauma exposure for resident assistants. Ultimately, this review highlights the need for further understanding surrounding the impact of trauma exposure for resident assistants and the meaning making that happens following this exposure.

**Trauma Theory: An Overview**

Throughout time, individuals have been exposed to stressful events that can permanently alter their lives and well-being. Trauma occurrences, including war, childbirth, slavery, natural disasters, and sexual assault, have been present for all of history. How people have reacted to these instances, and the ways these reactions have been understood and responded to, has shifted over time. Understanding the long and transitional development of trauma theory, how common definitions emerged, and more recent shifts in understanding the impact of trauma on health and community well-being, illustrates the need to understand the impact of trauma exposure for resident assistants.

**Early Trauma Theory**

The exact origin of trauma theory is difficult to pinpoint, since humans have always experienced events that could be considered traumatizing. According to Buelens,
Durrant & Eaglestone (2014), early trauma theory’s emergence is best equated to ocean waves – always changing.

Many authors believe that Jean Charcot, a French physician, was the first individual to explore the ways trauma and mental well-being are connected (Ringel & Brandell, 2012). Charcot worked with women who had experienced trauma and spent much of his time specifically studying what was known as hysteria during the late 19th century. Symptoms of hysteria were mainly diagnosed in women and were believed to be caused by the uterus (Ringel & Brandell, 2012; van der Kolk, 2014). Later, Freud, Breuer, Janet, and other psychologists continued to build on Charcot’s understanding (van der Kolk et al., 1996). Freud, in his 1893 publication, Studies on Hysteria, suggested that symptoms of hysteria were actually the reoccurrence of an experience that the patient had previously lived through (Ringel & Brandell, 2012; van der Kolk et al., 1996). Eventually, this hysteria was believed to be caused from mental traumas, and Freud frequently associated this hysteria specifically to sexually-related trauma experiences.

Following the American Civil War, soldiers were described as having an “irritable heart” (Perry & Winfrey, 2021, p. 101) when exhibiting symptoms of post-traumatic stress. Trauma theory continued to develop, especially following World Wars I and II (Buelens et al., 2014; van der Kolk et al., 1996). During the first World War, where trench warfare tactics were utilized and the constant threat of death or injury was pervasive, many mental breakdowns occurred within troops. These symptoms were initially attributed to a supposed physical response related to the treacheries of war. However, Charles Myers, a psychologist for the British Army, developed a more formal understanding of the term shell-shock (Jones, 2012).
Soldiers initially attributed *shell-shock* to the symptoms they witnessed in their counterparts, and Myers understood “that the symptoms were overt manifestations of repressed trauma” (Jones, 2012, p. 18) in the soldiers. Myers developed a treatment for individuals experiencing shell-shock, which included quick response following an incident of trauma, within a safe environment, and using proven therapeutic processes to begin treatment (Jones, 2012) – a framework which is still applied in many trauma treatment settings today. The public, and some early trauma theorists, actually placed the blame of this trauma response on the individuals who experienced shell-shock (Ringel & Brandell, 2012). Mental health professionals quickly understood that any individual fighting in the war could be impacted by the grave, traumatic circumstances of their services.

Kardiner, a psychologist who treated US war veterans following World War I, began to understand the power of relationships in addressing individuals’ experiences with trauma exposure (Ringel & Brandell, 2012). The treatment of these soldiers included close relationship development between and amongst these soldiers. The traces of this framework are still evident within trauma response protocols for first-responders today; comradery among colleagues who share common trauma exposure continues to be a major protective factor for individuals experiencing direct or secondary trauma (SAMHSA, 2018).

Trauma theory continued to develop, providing new understandings of the impact associated with negative life occurrences – whether they be occupational, personal, or based on happenstance (van der Kolk, 2014). As soldiers entered World War II, and the traumatic experiences associated with the Holocaust were explored, new studies and
treatment emerged. Soldiers returning from the Vietnam War brought with them new symptomatology that highlighted the traumatic responses related to war, and a new medical diagnosis – of traumatic neurosis – was identified (Ringel & Brandell, 2012; van der Kolk et al., 2006). Presenting symptomatology of trauma exposure was studied, understood, treated, and eventually recognized in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III, 1980)* as a diagnosis of post-traumatic stress disorder (Ringel & Brandell, 2012).

**A Modern Understanding of Trauma’s Impact**

With the first official diagnosis of trauma-inducing mental health symptoms included in the DSM-III, support for trauma-exposed individuals continued to develop (Ringel & Brandell, 2012). This diagnosis came to be understood more fully through the work of many researchers, as well as the advocacy of veteran and women’s support groups, who were continuing to understand the vast impact of war, domestic violence, sexual assault, and other crimes. It is perhaps this point in the history of trauma theory – about the 1980s – when a major transition in the understanding of the impact of trauma exposure began to shift.

Initially, trauma was classified as an anxiety disorder, and placed within other symptoms and diagnoses that seemed related. The symptoms expressed through the DSM-III have dramatically shifted in the more recent DSM-5. Through continued research and advocacy, the DSM has been updated to reflect the most recent understanding of trauma theories. Recently, the DSM-5 created a new category to highlight the psychological impact of trauma – called *Trauma and Stressor-Related*
Disorders – which significantly affects the way these occurrences can be treated, supported, and prevented.

While the understanding of trauma has exponentially increased, it is also more widely understood that trauma manifests within populations other than soldiers and those who have directly experienced an event like assault, abuse, or violence. First responders and helping professionals are beginning to document and understand the impact of indirect trauma, including symptoms of secondary traumatic stress, vicarious trauma, burnout, and compassion fatigue (Baird & Jenkins, 2003; Lerias & Byrne, 2003). The application of support for these populations continues to be explored.

Definitions of Trauma

For the purposes of this dissertation, it is imperative that the reader and I have shared definitions of the basic terminology that is common in trauma literature, which will be readily utilized throughout this study. Although there are many varying definitions that could be operationalized, I will utilize commonly accepted terminology for the purposes of both brevity and consistency and for analysis of my qualitative data. The following information provides an extended understanding of the abbreviated trauma terms provided in Chapter I, including (when possible) research grounding for these theoretical definitions, in an effort to continue situating the context of this study.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013 by the American Psychiatric Association, serves as a guiding diagnostic reference for counselors and other mental health professionals. Definitions of trauma exposure (and its impact on mental well-being) have transitioned significantly in recent years. The DSM-5 (APA, 2013, p. 271) specifically defines trauma as “exposure to actual
or threatened death, serious injury, or sexual violence.” This exposure must happen in one or more ways to qualify, by DSM-5 standards, as trauma – by “directly experiencing the traumatic event(s),” through “witnessing, in person, the event(s) as it occurred to others,” by “learning that the traumatic event(s) occurred to a close family member or close friend,” and/or from “experiencing repeated or extreme exposure to aversive details of the traumatic event(s)” (APA, 2013, p. 271). The DSM-5 (APA, 2013) then speaks to specific diagnoses and disorders that may be related to these exposures to trauma, including Post-Traumatic Stress Disorder and Secondary Traumatic Stress.

Additionally, the APA website defines trauma as “any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior, and other aspects of functioning” (APA, nd, np). The website explains that trauma exposure may be caused by an individual’s actions (such as a violent act or accident) or as natural occurrences (such as a tornado or forest fire). Often, exposure to trauma can “challenge an individual’s view of the world as a just, safe, and predictable place” (APA, 2021, np), which can lead to both negative and positive impacts of trauma exposure. Likewise, SAMSHA (2018) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.”

As I will delve into further, resident assistants work directly with a high number of college students who have experienced trauma prior to college, and within a campus environment full of traumatic occurrences, including death, near-death experiences,
sexual assault, and mental health crises. Thus, all these definitions regarding traumatic events help to underscore the need for greater understanding of resident assistants and their meaning making following exposure to trauma occurrences.

**Theories Describing the Impact of Trauma Exposure**

For first responders and helping professionals, it is well documented that exposure to trauma may occur directly or vicariously through regular occupational occurrences (Baird & Jenkins, 2003; Jenkins & Baird, 2002; Lerias & Byrne, 2003; McCann & Pearlman, 1990; SAMSHA, 2018). For instance, although a first responding firefighter may directly experience an incident where they feel their life is in danger, such as entering a burning building and having a portion of the roof collapse, that firefighter may also be exposed to another person’s traumatic occurrence, such as at a car accident scene. Counselors and social workers are helping professionals who may listen to narratives from clients who describe horrifically traumatic experiences, such as sexual assault or a shooting. Since this exposure is understood and studied for these professions, strong support networks are in place to help manage the impact of this exposure, and training is available for individuals that focuses on building protective factors in response to this occupational hazard (SAMSHA, 2018).

When considering the role that resident assistants play on campus in responding to crisis situations, which I explore further in the next section of this literature review, similar outcomes related to trauma exposure must be better studied, documented, and responded to, to create healthier and more positive experiences for these student staff. Through better understanding the terms and diagnoses used to explore outcomes associated with trauma exposure – whether the exposure be direct or vicarious – the more
able researchers are to define the potential impact of this exposure for resident assistants and the meaning making that follows. Specifically, understanding the differences and overlap between burnout, vicarious trauma, and secondary traumatic stress will help to explore potentially negative impacts, and exploring the concepts of compassion satisfaction, engagement, and resilience will help to highlight potentially positive impacts of and protective factors for trauma exposure. These definitions include information regarding how these phenomena have been researched and are currently understood.

As Cummings et al. (2021) discuss, individuals providing direct support to survivors of traumatic occurrences are at risk for negative outcomes, such as burnout, vicarious trauma, and secondary traumatic stress. These outcomes are a result of “chronic, indirect exposure to clients’ traumatic events” (Cummings et al. 2021) and have various levels of impact on an individual’s well-being. In understanding these definitions, one can better explain the impact of trauma exposure for resident assistants. Although everyday conversations may utilize these terms quite interchangeably, and though there can be overlap between the different phenomena, they are distinct experiences associated with an individual’s trauma exposure.

**Burnout**

As a concept, the term burnout first emerged in the 1970s, when Herbert Freudenberger, an American psychologist, used the phrase to describe the impact of stress for those in helping professions (Freudenberger, 1975). As Maslach and Leiter (2016) observed, burnout may occur because those in helping professions put others’ needs first, exhibiting selfless qualities; additionally, they often work long hours and do whatever is necessary to ensure a job is completed. Burnout emerges as a response to
continual, job-related stress occurrences in professions (Maslach & Leiter, 2016). Main outcomes of burnout include: 1) an overwhelming emotional exhaustion, 2) depersonalization or detachment from the job, and 3) a reduced sense of accomplishment or cynicism toward accomplishments in the role (Cummings et al., 2021; Maslach & Leiter, 2016). According to APA (2021), burnout can be especially present for those who are overwhelmed by continuous direct and indirect trauma exposure through their work. Burnout is a common post-trauma exposure experience, and may be compounded by conflicts with coworkers, low coping skills, poor support from a supervisor, and limited training (Cummings et al., 2021).

Different measures are typically utilized to understand when burnout is present, including the Professional Quality of Life scale (ProQol), which measures both compassion satisfaction (positive impacts of traumatic stress) and compassion fatigue (symptoms related to burnout and secondary traumatic stress) (Center for Victims of Torture, 2021). More frequently utilized to measure burnout is the Maslach Burnout Inventory (MBI) (Maslach et al., 1996). The MBI has been developed into different scales for various professions, including one specific to education, known as the MBI-ES. The MBI-ES measures emotional exhaustion, depersonalization, and personal accomplishment to measure the presence of burnout in educational professionals.

Resident assistant roles meet the criteria of an occupation that is likely to experience burnout, especially considering the long hours that resident assistants put into their work, and their continual exposure or potential exposure to crisis-type situations (Lynch 2017; Stoner 2017). For resident assistants, research on burnout and position responsibilities was most prevalent in the 1980s (Stoner, 2017), with little research
attention paid since. Trauma exposure and the resident assistant job is different today than it was forty years ago, and new research is needed to understand the impact of trauma exposure for this particular position.

Although some recent dissertations seek to understand burnout in relation to the resident assistant role, there have been very few published, peer-reviewed studies attempting to consider the same topic. In a recent attempt to expand the knowledge base surrounding the resident assistant role and burnout, Stoner (2017) conducted a quantitative study, utilizing the MBI-ES and other job satisfaction/general demographic questions, to understand experiences of resident assistants at four Midwestern universities. Stoner (2017) surveyed 308 individuals, with a total of 153 participants (49.7% participation). About one-third of respondents identified as male, and the other two-thirds identified as female. Participants were majority White (almost 81%), with other respondents identifying as Asian (5.4%), African American (5.4%), Hispanic/Latino (2.7%), and multi-racial (6%). The majority of participants served communities of first-year students.

Stoner’s (2017) research found that a significant negative relationship exists between job satisfaction and those experiencing emotional exhaustion and depersonalization (two main traits of burnout), and explains that those with lower personal accomplishment had higher levels of burnout. Stoner (2017) also found that resident assistants working with first-year students were much less likely to experience high levels of personal satisfaction than their counterparts working in mixed or upper-class communities, but found no other significant differences between groups.
Stoner’s (2017) study is a helpful start in further understanding the modern-day impact of burnout on resident assistants, but it has some limitations. For starters, as a quantitative exploration, this study identifies the presence of burnout. It does not help develop understanding about the ways people experience burnout or what types of trauma exposure may have led to these experiences of burnout, which is important in holistically understanding fully the impact of trauma exposure. Additionally, greater diversity in participants may have led to different study outcomes, thus potentially limiting the generalizability of findings. Institutional impact, individual experiences with trauma, and other environment-specific contexts are all important considerations when evaluating burnout.

**Vicarious Traumatization**

The term vicarious trauma was first developed by Pearlman & Saakyitne (1995) in an effort to describe the shift in worldview that helping professionals experience when working with traumatized individuals. Vicarious traumatization refers to the “affective and cognitive changes that occur when working with individuals who experienced trauma and includes alterations in professionals’ self-identity, worldview, and mental health” (Cummings et al., 2021, p. NP5305). As an example of vicarious trauma, an individual working as a sexual assault advocate may begin to believe that all sexual relationships are inherently violent, or a nurse in a COVID-ICU may believe that anyone who gets COVID will suffer tremendously. Vicarious traumatization occurs based on collective trauma exposure and may be impacted by time spent in a particular role and the organizational support available for that helping professional (Cummings et al., 2021).
According to the APA, vicarious traumatization is transformational, changing someone’s “sense of the justness and safety of the world” (APA, 2021, np). Although seemingly distinct from other post-trauma exposure occurrences, vicarious traumatization is often conflated closely with secondary traumatic stress, outlined next in this literature review. A major difference between vicarious traumatization and secondary traumatic stress is the acuteness of onset; whereas the impact of vicarious traumatization is believed to build over time, secondary traumatic stress may be directly related to one particular incident of trauma exposure (although the impacts of this, too, may be compounded by repeated exposure to traumatic occurrences).

Secondary Traumatic Stress

First defined by Charles Figley, secondary traumatic stress is “the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other” (Figley, 1995, p. 7). Figley continues to define secondary traumatic stress as “resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995, p. 7). Figley sought to understand why individuals in helping professions were experiencing symptoms associated with PTSD while they themselves had not been directly exposed to a traumatic event, thus leading to greater understanding of the impacts of secondary trauma exposure.

Secondary traumatic stress is an individual’s psychological response to exposure to others' traumatic experiences. Secondary traumatic stress has a more acute onset (Cummings et al., 2021) than other outcomes explored in this section, and mimics the symptoms of PTSD outlined in the DSM-V (APA, 2013). Secondary traumatic stress may
include symptoms such as fatigue, lack of concentration, and feelings of hopelessness, sadness, anger, and anxiety (Figley, 1995; Gilbert-Eliot, 2020; Lynch, 2017).

Two common scales for measuring the presence and impact of secondary traumatic stress are Bride et al.’s (2004) Secondary Traumatic Stress Scale (STSS) and Cieslak et al.’s (2013) Secondary Trauma Self-Efficacy Scale (STSE). The STSS (Bride et al., 2004) measures symptoms that occur from indirect, occupational-related exposure to trauma and those who have experienced traumatic occurrences, such as arousal and avoidance. The STSS (Bride et al., 2004) was developed for and tested on social workers and has been utilized for support of helping professionals for many years. Likewise, the STSE (Cieslak et al., 2013) was developed to understand the presence of secondary traumatic stress and protective factors (related to self-efficacy) present in an individual to positively impact their experiences related to this trauma exposure (Cieslak et al., 2013). The STSE was developed and tested through two main studies; one specifically applied the STSE scale for mental health professionals working with veterans and military members, and the other study involved health care professionals and social workers.

Since 2017, a small body of emerging research directly explores the impact of secondary trauma on student affairs professionals and resident assistant staff. Lynch (2017) developed a scale to distinctly measure the presence of secondary traumatic stress in resident assistants (STRAS). Specific to resident assistants, Lynch sought to develop a scale to measure the presence of secondary traumatic stress in their roles; because their experience with secondary traumatic stress may be significantly different than it is for other first responders or other helping professionals, this was an important undertaking.
and a first step toward deeper understanding of trauma exposure’s impact for resident assistants.

Lynch’s STRAS model (2017) specifically connects the STSS (Bride et al., 2004) and the STSE (Cieslak et al., 2013) together with roles and occurrences connected to the resident assistant position. Lynch recruited participants with at least one semester of resident assistant experience to test and validate the model; 208 resident assistants are represented through this initial study. Lynch (2017) used both confirmatory factor analysis (CFA) and exploratory factor analysis (EFA) to test for validity and reliability of the proposed scale. Lynch (2017) then utilized bivariate correlations to test the correlation between the model, the STSE, and time spent by resident assistants in supporting their residents.

Through this testing, Lynch found that four main factors emerged with strong internal validity – intrusive thoughts, avoidance, and internal/external indicators of mood alteration. This exploration also indicated that the presence of self-efficacy was a protective factor for resident assistants. Results also indicated a moderate significant positive correlation between the instrument and the amount of time resident assistants spend directly supporting their residents (Lynch, 2017).

Building from this initial scale development, Lynch (2019) also considered independent variables impacting resident assistants’ experience with secondary traumatic stress, utilizing the same dataset, to see if specific experiences might lead to higher presence of secondary traumatic stress symptomology. Results indicated a number of statistically significant differences between resident assistants who support students through particular types of trauma; the length of time for which this support was provided
also had a meaningful role in a students’ reports of secondary traumatic stress. Suicidal ideation, significant mental health needs, and eating disorders were some of the situations to which resident assistants responded that led to them experiencing higher average STRAS (Lynch, 2017) scores – i.e., a higher impact of secondary traumatic stress (Lynch, 2019).

The development and validation of this tool is significant, as it allows for a quantifiable understanding of the presence of secondary traumatic stress for resident assistants and is specific to their roles. However, although this model is a helpful first step in understanding the presence of secondary traumatic stress for resident assistants, there are some major limitations. First, it was tested through peer-reviewed research only by Lynch, with a somewhat limited dataset. Although some dissertations have started to apply this model in new scenarios, additional peer-reviewed application is warranted. Lynch noted issues in the heterogeneity of the dataset, as the majority of participants come from white and other majority backgrounds. Additionally, Lynch also notes limitations in potential self-selection of participants, and that there may be a bias present in who decided to participate in the survey versus which resident assistants did not participate. This scale was also developed prior to COVID-19; it would be interesting to understand how external factors of collective trauma are accounted for within someone’s lived experience as a resident assistant, as well.

Lynch’s emerging work provides evidence that resident assistants experience secondary traumatic stress related to the role as a resident assistant; however, there is still a question of how individuals who experience such stress makes sense of that experience. Additional qualitative exploration of the impact of the resident assistant role is necessary.
to properly capture the impact. In addition to the STRAS model development, Lynch & Glass (2018) also explore the impact of secondary traumatic stress on student affairs professionals.

**Positive Impacts of Trauma Exposure**

Although the impact of trauma exposure can have lasting negative impacts on individuals, it is critical to also consider that trauma exposure may lead to positive change or growth in an individual. Likewise, the presence of positive outcomes related to trauma exposure can also serve as protective factors against experiencing the negative outcomes previously explored. Tedeschi and Calhoun (1998) first explored posttraumatic growth, explaining that individuals can benefit from trauma exposure at the same time they may experience negative impacts. In some literature and scales, the positive outcomes explored in this section are seen as opposite from the negative outcomes that occur. However, much research seems to point to these positive phenomena occurring simultaneously with burnout, vicarious traumatization, and secondary traumatic stress (Cummings et al., 2021; Tedeschi & Calhoun, 1998). Whatever the case may be, deeper understanding of people’s lived experiences through more qualitative exploration is warranted.

Perhaps most readily presented as a protective factor for individuals experiencing trauma exposure is the experience of having compassion satisfaction. Compassion satisfaction is described as the fulfillment that one might experience through working with traumatized individuals (APA, nd). Compassion satisfaction “increases personal growth of workers and increases motivation and interest in engaging in further positive experiences” (Cummings et al., 2021, p. NP5308) with individuals experiencing
Stamm (2002) first introduced the concept of compassion satisfaction, referring specifically to the motivation one experiences and the overall satisfaction one gains from helping those experiencing trauma. Compassion satisfaction is often presented as the opposite of compassion fatigue, which is a term often used to describe the compilation of symptoms of burnout, vicarious traumatization, and secondary traumatic stress.

For researchers studying burnout, workplace engagement is often seen as an antidote to experiences of burnout and involves outcomes opposite to burnout. Where burnout entails emotional exhaustion, detachment from one’s job, and a reduced sense of accomplishment, engagement is accompanied by high levels of energy, strong workplace involvement, and high self-efficacy (Maslach & Leiter, 2016). Engagement is measured using the MBI (Maslach & Leiter, 2016), with presenting scores opposite those identifying burnout.

The APA (2021) defines resilience as the “process and outcome of successfully adapting to difficult or challenging life experiences” (np) and explains that there may be several factors that contribute to the ways people flexibly respond to post-traumatic changes. People’s worldview, access to resources, and coping strategies might impact their ability to be resilient, and research shows that it is possible to cultivate resilience in individuals who experience trauma exposure.

**Bringing it All Together: The Impacts of Trauma Exposure**

Burnout, vicarious traumatization, and secondary traumatic stress, together with compassion satisfaction, engagement, and resilience, are just some of the documented ways individuals respond to trauma exposure. It is evident from exploring the definitions
of these terms that they do not always occur independent from one another, and that experiences of one phenomenon may impact experiences of another. Further research is needed to understand how these theoretical outcomes might drive meaning making surrounding trauma exposure. Qualitative exploration of these phenomena – which has been, for the most part, non-present in peer-reviewed, published research – will add substantially to the academic knowledge surrounding the impact of trauma exposure for resident assistants.

Additionally, by studying the impact of trauma exposure on resident assistants at the same time during which they are developing their identity, this dissertation study again is differentiated from those previously published. As Shalka (2022) describes, “survivors of trauma are frequently both understood and constructed in social contexts as being disadvantaged or damaged” (p. 82). While there is a wide body of research that explores the impact of trauma on childhood development, how adolescents transition into adulthood – and the ways that trauma impacts this development – is understudied (Shalka, 2022). Additionally, many of the studies that do investigate identity development and trauma do not focus on trauma that occurs during early adulthood (Shalka, 2022). Again, this highlights the importance of – and need for – my dissertation research.

Although understanding diagnostic criteria and often-used terminology is imperative for considering the ways trauma exposure can impact an individual, it is also important to understand the various levels at which trauma exposure may occur. Trauma can be individual, may be community or identity-based, or can be a shared, common experience. Worldwide, our continued lived experience with (and after) COVID-19 is a
profound example of a collective, trauma-exposing event that has multiple layers of impact. For a person who was hospitalized in the ICU, or a student who lost a relative, the individualized trauma impact of COVID-19 may sit differently than for a family who had nobody get ill.

Specific communities have been more heavily impacted – such as front-line workers and members of Black, Indigenous, and people of color (BIPOC) populations – thus leading to trauma exposure that is identity-based. Although everyone experienced the COVID-19 pandemic at the same time, the level and types of trauma exposure is significantly different and, therefore, may require different types of healing and support. When factoring in these experiences, together with the trauma exposure prevalent for resident assistants, their personal, community, and occupational trauma may collide in significant ways.

As is evident, people respond to trauma exposure in patterned but individualized ways; understanding the potential positive and negative outcomes associated with trauma exposure is critical in finding ways to prevent difficult occurrences from happening. In addition to understanding these potential outcomes, it is also important to explore how trauma impacts the bodies of those who are exposed.

The Body’s Response to Trauma

Although this review of literature is not intended to present an exhaustive overview of the brain-based impact of trauma, which is quite complex and both biologically and situationally dependent, it is important to consider the basic ways in which our bodies respond to trauma occurrences. The resource that is perhaps most well-known and mainstream in explaining a body’s reaction to and healing from trauma
exposure is *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (van der Kolk, 2014). Through years of study and within this book, van der Kolk (2014) explains how trauma becomes encrypted within our bodies, including our initial response, trauma-based outcomes, and healing opportunities.

When exposed to trauma, individuals often react in one of several ways; fight, flight, and freeze have long been identified as the ways our bodies might compel us to respond to such occurrences (Perry & Szalavitz, 2017; Perry & Winfrey, 2021; van der Kolk, 2014). More recently, research indicates that a fourth response – that of dissociating – may also be present for individuals experiencing traumatic occurrences (Perry & Winfrey, 2021). Trauma exposure alerts our brain to danger, increases hormone production in the body, and restricts some body processes while elevating others (Perry & Winfrey, 2021). Stress and trauma are intricately related, and exposure to any trauma-based stress – whether it be through relationships, community-based, or close-to-death experiences – has the same impact on our brains, and, therefore, our bodies (Stanley, 2019).

Trauma changes the body and consistent, long-term exposure to trauma can reframe the way in which the brain is alerted to situations that are not traumatic (Stanley, 2019). Unless individuals are able to fully recover from an instance of trauma-based stress, whether through direct or secondary exposure, they will eventually have episodes of dysregulation – especially if they continue to be exposed to new or ongoing traumatic occurrences (Perry & Szalavitz, 2017; Perry & Winfrey, 2021; Stanley, 2019; van der Kolk, 2014). Chronic exposure to trauma occurrences, whether viewed as highly difficult or small, somewhat typical events, lead individuals “working in high-stress or high-status
environments…[to] be particularly prone to expressing their distress” through their bodies (Stanley, 2019, p. 42). Resident assistants, who experience both small, somewhat typical events, and larger, high-stakes emergency response, are likely to experience this chronic exposure to trauma. Because resident assistants live with the students they serve, they do not have the ability to easily escape from the impacts of this ongoing exposure.

For resident assistants on college campuses, then, it is easy to understand the potential impact that ongoing trauma exposure may have on their overall well-being and functioning in college. As Shalka (2022) explores, one cannot understand an individual’s personal identity development, “particularly in the presence of trauma, without attention to the body…as entry points of meaning” (p. 85). As such, it is critical to consider the interaction of the body and mind with one another related to this trauma exposure.

One of the most notable studies surrounding trauma, the Adverse Childhood Experiences (ACEs) study (Felitti et al., 1998), revolutionized the understanding of the impact of trauma occurrences for children. In partnership with the Centers for Disease Control (CDC), Felitti et al. completed a multi-year analysis of more than 17,000 adults; the impact of childhood trauma was decisively connected to a risk of serious health concerns, including alcoholism, obesity, and other health risks. Through this study, Felitti and the CDC provided a framework for understanding the relationship between experiences as children and health for adults (Kline 2020), thus changing previous beliefs that children are resilient and, therefore, able to overcome traumatic occurrences in significant ways. The ACEs study provides a framework for understanding early childhood traumatic occurrences and their lasting power, leading to new interventions and application in many settings.
The ACEs framework has been applied in higher education settings; most recently, two published studies (utilizing the same dataset from 404 respondents) studied the overall well-being of college students related to their ACE score. Watt et al. (2022) explored the connection between a student’s ACE score and their mental well-being. Utilizing a sample of 404 respondents, Watt et al. (2022) found that college student respondents with four or more adverse experiences had significantly higher rates of depression and anxiety than their peers with three or fewer. The research team also discovered that supportive social networks are critical for student success, and that social support is a protective factor for negative mental health outcomes related to these adverse experiences.

Watt et al. (2021) explored how a student’s ACE outcomes compare to the student’s race/ethnicity and their academic achievement (measured through GPA). Watt et al. (2021) found that, for students of color, an ACE score of four or higher was associated with a lower GPA; the same was not true for white students with a similar ACE score. Particularly for students of color, Watt et al. (2021) suggested that college campuses must develop trauma-responsive campus environments, including providing comprehensive mental health services. This finding shows the significant impact of ACE on student outcomes, and also the vast racial difference for individuals with similar trauma occurrences.

In considering the historical emergence of trauma theory development, and coupling that together with relevant research on both the presence and impact of trauma exposure, both positive and negative outcomes related to traumatic occurrences take shape. This information underscores the importance in understanding specific
occupational exposure to trauma, such as for resident assistants, as frequent environmental exposure may lead to differences in outcomes.

**Trauma Occurrences, College Campuses, and the Resident Assistant Role**

Recent studies show that anywhere from 50% to 70% of people in the United States have experienced at least one significant traumatic occurrence (Perry & Winfrey, 2021). Similarly, research suggests that upwards of 60% of college students may have experienced one or more traumatic incidents prior to starting college (Frazier et al., 2009; Read et al., 2011; Shalka, 2015; Shalka, 2019c), making it incredibly likely that campus staff, such as resident assistants, will interact with trauma-impacted students (Shalka, 2019c). Considering also the COVID-19 pandemic, which continues to impact individuals and communities, it is likely that all individuals have experienced traumatic happenings in some way.

It is important to understand that many students come to college with previous trauma occurrences as researchers explore the types of crises that occur on a college campus. As trauma theory develops, and more is understood about the short- and long-term impact of these adverse experiences, thinking about trauma-experienced college students coupled with the traumatic occurrences that take place on college campuses can help to frame the environment within which resident assistants are working.

Researchers must also explore the resident assistant role, and the critical aspects of the position that allow for instances of direct and secondary trauma exposure to occur. As the resident assistant role continues to carry with it more and more responsibility, it also allows for greater exposure to traumatic occurrences (and those who have experienced trauma) – thus impacting those serving in the resident assistant position.
Although details of position responsibilities may look different from campus to campus, there are common themes in the role that emerge and allow for this exploration. In taking together the role of resident assistants and the trauma experiences of college students (both before and during college), we can begin to understand how resident assistants experience trauma exposure. As an emerging area of understanding, with little research conducted to understand both the presence and impact of trauma exposure for resident assistants, the need for greater research focus becomes glaringly obvious.

**College Student Crisis and Trauma Experiences**

In this section, I explore trauma exposure and its impact for college students in an effort to understand the students being served by resident assistants. College campuses are rife with opportunities for college student trauma exposure (Shalka, 2019a; Sheline & Rosen, 2017). Students who attend college also have their own individual histories of personal trauma and, at the same time, are often at a greater risk for having a traumatic event happen to them while enrolled in college (Banyard & Cantor, 2004). As such, understanding these dynamics, and their potential interplay with the occupational-based trauma exposure for resident assistants, must be considered.

College-aged students “are in an age group at high risk of trauma exposure” (Sheline & Rosen, 2017, p. 402); mental health concerns are common, sexual assault occurrences are rampant, and the proclivity toward alcohol and drug use creates an environment within which other concerns are often exasperated. Opportunity for “trauma is embedded in the collegiate student experience” (Shalka, 2019a, p. 761), making it critical that this environmental trauma phenomenon is understood. Trauma-exposed individuals may share about their traumatic experiences with people supporting their
transition to college, including their resident assistants, which shows the importance of understanding this particular student population. Recent research begins to explore the intersection of trauma and college students, seeking to understand the impact of trauma on student collegiate experiences, college student development, and more.

For many first-year students, attending college is not simply a time of transitioning into a new environment. Banyard and Cantor (2004) explored the transition to college for trauma survivors and found that this transition is often more difficult for these survivors than for their peers. Banyard and Cantor (2004) conducted a quantitative exploration of 367 first-year students to understand their adjustment to college and their exposure to traumatic occurrences. Over 80% of participants were female, and authors identified that there was little overall diversity present within the participant group. Banyard and Cantor found that, especially for students who had not yet addressed their trauma through counseling and other developmental opportunities, trauma survivors struggled more in their transition compared to their peers.

Each year, approximately one-third of college students report the death of someone significant to them (Cox et al., 2015); many of these students will also develop signs of continuing trauma that may be detrimental to their academic success (Cox et al., 2015). Students need access to ongoing support and awareness of campus resources for their best personal and educational outcomes. Often, resident assistants are at the front line of identifying students’ need for support and referring trauma survivors to campus resources based on their disclosures. Even in the most basic of conversations, resident assistants may be exposed vicariously to others’ experiences with trauma, which elevates the need for understanding about the impacts of this exposure.
Shalka focuses much of her research on the intersection of trauma and college student experiences. Shalka is moving the higher educational research field forward to better understand this phenomenon, seeking both an interpretive and analytical understanding of the impact of trauma for students and their campuses. Shalka explores these topics through a variety of methods and from different angles, helping to develop a more nuanced understanding of trauma and college students for higher education professionals. As Shalka (2015) explained, student survivors may be “overwhelmed by traumatic experiences” (p. 23) as they adapt to their college surroundings; attempts for relational outreach from campus staff, such as resident assistants, may be met with mixed reviews. College student survivors of trauma may experience ranges of emotions, including both the positive and negative outcomes of trauma exposure explored earlier within this literature review. Most positively noted, some trauma “survivors will experience an increased sense of interconnectedness with others and enhanced sense of meaning in their lives” (Shalka, 2015, p. 24), thus leading to higher levels of community involvement and campus engagement.

Shalka (2019a), through a constructivist grounded theory, highlighted the impact of trauma experiences in college on a student’s identity development. Shalka (2019a) interviewed 12 participants who had experienced traumatic occurrences throughout their college experience. For student participants, Shalka found that trauma became a “part of who they were, but did not define their entire identity” (Shalka, 2019a, p. 757) and that, “although trauma does not exclusively define their identities…trauma did shape the ways in which they understood and expressed their identities moving forward” (Shalka, 2019a, p. 757). Identity development for trauma survivors, according to Shalka (2019), included
three main processes: meaning making surrounding traumatic occurrences, connecting one’s identity to this meaning making, and developing a trauma-informed self-identity. This research is important, in that it replicates findings from other studies of trauma-impacted individuals which show that trauma impacts the way an individual views the world (van der Kolk, 2014).

Much of Shalka’s continued research builds from this grounded theory (Shalka, 2019a), seeking to apply the theory in new and different contexts. Shalka (2019b) continues to explore student development and its intersection with trauma occurrences, specifically seeking to understand the impact of interpersonal interactions in identity development for trauma survivors. Shalka (2019b) found that “student affairs practitioners have an important role to play in fostering dimensions of belonging that may be compromised for student survivors of trauma” (p. 49), showing the importance of roles like resident assistants on the success of students who have experienced trauma.

Shalka (2022, p. 83) reminds readers that “trauma doesn’t occur in isolation and neither does development.” Resident assistants, who are in a unique position, are still developing their sense of self; their exposure to trauma intersects with this development in noteworthy ways. It is critically important to remember that:

...the salience of traumatic experience as part of the self shifts across time, context, and individual. For some, traumatic experiences are more tightly woven into a sense of self, whereas for others it remains a part of the individual’s story, but not a defining factor in who they are in the world. (Shalka, 2022, p. 83)

It is likely that some exposure to trauma will impact particular people in different ways, and that the lasting impact will be different for some than others.
Like Shalka (2015; 2019a; 2019b), Sheline and Rosen (2017) sought to better understand trauma’s impact on college student behaviors. Specifically, they studied the relationship between an individual's traumatic occurrences and the connection of these experiences for students adjusting to college. Sheline and Rosen (2017) conducted a quantitative study with 557 responses to their questionnaire, which included scales measuring types and severity of traumatic occurrences, post-traumatic growth, suicidality, and college adjustment.

Sheline and Rosen (2017) utilized several pre-existing, validated scales to evaluate college students. They found that college students who experienced positive changes following their own trauma experiences, such as exhibiting traits of resilience, were less likely to have high rates of suicide risk and more likely to positively transition to a new college environment. Participant responses indicated a number of significant findings and correlations; the majority of respondents reported their traumatic occurrences as being moderately severe. Additionally, one of the regression models analyzed by researchers did not show that post-traumatic growth was a positive factor for individuals, related to the number of traumatic occurrences one had reported through this study.

Additional research is beginning to emerge that explains the impact of trauma related to the COVID-19 pandemic and college student mental health (Mucci-Ferris et al., 2021). The emerging research provides a helpful starting point for considering trauma exposure for resident assistants but is limited in its current availability. Much of this data relate specifically to individual experiences with trauma, and not secondary trauma. This will continue to be an area of continued study.
Resident Assistants as First Responders and Caring Paraprofessionals

In responding to the trauma experienced by college students explored in the previous section, resident assistants and other student affairs professionals often mediate at the front lines of campus response efforts. Potential experiences to which resident assistants respond include instances of sexual assault, student death, mass shootings, and other grave circumstances on college campuses – all of which require crisis response and continual outreach through student support. Add to that the COVID-19 pandemic response and issues of racial injustice, and it is clear that trauma occurrences on college campuses are common and often expected. As such, it is vital that college campuses be equipped to respond to incidents of trauma and the ongoing impacts of this exposure.

The resident assistant role is vital to understand in the exploration of a college’s response to traumatic occurrences. To understand the potential impact of trauma exposure for resident assistants, one must fully understand the typical role and function of the resident assistant position. This is a unique position, where student leaders live with their peers and are tasked with responding to resident concerns, building community, and enforcing rules through their student employment role. Resident assistants are often trained to serve as interventionists within their communities (Boone et al., 2016; Manata et al., 2017).

Roles may vary from campus to campus by name and job description, but the basic premise of the position remains the same – undergraduate students serve their peers to both maintain order and provide support, both in daily and crisis response positions. A great deal of time, energy, and planning is put into the resident assistant annual training to prepare students for these tasks. According to Taub et al. (2013),
requirements of the position include strict adherence to response protocols on topics including medical emergency, suicide intervention, and sexual assault, in addition to the community building expectations of this work. Likewise, Sharkin et al. (2003, p. 691) also found that “college campuses have long relied on the use of resident assistants to recognize, evaluate, and refer students” who are experiencing distress.

The resident assistant position has transitioned from a role providing safety and security to a role that also requires ongoing emotional support for resident peers and community enhancement (Manata et al., 2017). To better understand the critical aspects of the resident assistant role, these authors conducted a study in which they developed a tool to measure the various components of the resident assistant role. After defining eleven main domains for the role, Manata et al. (2017) tested these types of responsibilities for their consistent application within resident assistant positions across the United States. Through this study, Manata et al. (2017) found that the resident assistant position is comprised of several main expectations, including managing conflict, connecting personally with residents, supporting the formation of one-to-one relationships and community groups, connecting students to institutional resources, encouraging resident involvement in the campus community, providing emotional and academic support, role modeling positive behaviors, managing time effectively, and providing for psychological and physical safety of residents (through emergency response). These position responsibilities, which are consistently expected of resident assistants no matter their institution size or type, provide various opportunities for consistent trauma exposure.
Due to the complexity of the role, a great deal of energy is put into the resident assistant annual training at campuses across the country. Requirements of the position include strict adherence to response protocols on topics including medical emergency, suicide intervention, and sexual assault (Taub et al., 2013), which means that resident assistants must be well-prepared for responding to traumatic occurrences in support of their peers. Stress levels can be high for resident assistants. Burnout has been cited in literature on the resident assistant role, due to the high need for peer interaction and the difficult topics that residents present to their resident assistants (Sharkin et al., 2003; Stoner, 2017). These studies may also show that trauma exposure is present and a known occurrence for resident assistants, but not being addressed or studied, since symptoms of burnout are related to trauma exposure.

Again, the understudied nature of the resident assistant role – and, more specifically, the understanding of the impact of trauma exposure for students serving in this capacity – leaves a concerning void for college student support. Even more lacking is the understanding of how resident assistants make meaning of their exposure to traumatic happenings. Through their positions, resident assistants are often and repeatedly exposed to potential trauma, actual direct trauma, or vicarious trauma. Resident assistants are responsible for understanding protocols to effectively respond to traumatic occurrences and must provide follow up support for their peers impacted by these negative events. As such, it is critical that more attention be paid to the experience of resident assistants, and in understanding both the positive and potentially damaging impacts of trauma exposure.
Summary of Relevant Literature

Throughout this chapter, I explored the history of trauma theory, current understanding about the impact of trauma exposure, and college campus trauma occurrences and their intersection with the resident assistant position. It is clear that, although research exists that highlights the presence of trauma exposure and its impact for resident assistants and student affairs professionals, there are major limitations on the depth of this research. Therefore, there remains a need for deep and meaningful understanding of the meaning making associated with trauma exposure and its impact for resident assistants.

Limited research explores the impact of direct and secondary trauma on student affairs practitioners and resident assistants. As a group, resident assistants are not immune to their own personal experiences with trauma, both before and during college and independent of their roles. This, coupled with the occupational exposure that occurs to resident assistants through their role responsibilities, points to the need for deeper understanding surrounding the impact of trauma exposure for resident assistants. Considering the large responsibilities bestowed upon resident assistants and the myriad ways in which they may be exposed to trauma occurrences, together with research on trauma exposure and its impact, the importance of understanding trauma exposure for resident assistants emerges.

For other occupations, such as social workers and first responders, the impact of trauma exposure is better understood through research – and, therefore, is accounted for in training, response, and care. In considering this literature review, it is easy to understand the significance gained in better understanding the impact of trauma exposure
for resident assistants. Likewise, it is also clear that the impact of trauma exposure for resident assistants is understudied and, therefore, misunderstood. Although trauma theory has been explored for a number of years and within a variety of environments, it is still a fairly young field of research – especially when considering the impact of secondary exposure and occupational-related outcomes.

Trauma theory is complex and often conflating and overlapping, which can lead to confusion and misunderstanding. In the past several years, specific studies of trauma and secondary exposure have rapidly expanded, although very few of these studies have focused on trauma exposure for resident assistants and those in student affairs positions. As trauma theory has transitioned over time, so too has the role of Student Affairs functions for a college campus and the trauma exposure present for resident assistants within their college campus contexts. With this in mind, it is critical that the experience of resident assistants, related to trauma exposure and meaning making, be thoroughly studied and that needs expressed through this research be responded to fully. The following chapter explores methods for studying this phenomenon through a qualitative research framework.
CHAPTER III: METHODS

In most current research, trauma exposure and its impact are understood primarily through survey instruments, rather than through deep analyses of the experiences of those exposed to trauma. More recently, researchers are beginning to explore, qualitatively, the impact of trauma exposure and meaning making. Shalka, in several studies (such as those outlined in Chapter II), explores college students’ experiences with trauma, self-authorship, and meaning making. In an effort to develop greater understanding of the lived experiences of student resident assistants and their exposure to trauma, and in building off of researchers such as Shalka, I employed a qualitative phenomenological methodology for research and analysis of this dissertation study. This methodology best supports answering my lead research question which asked *how do resident assistants make meaning of their exposure to trauma within the resident assistant position?*

Described by Creswell & Poth (2018), phenomenological research studies individuals and their common experiences, seeking to understand both an individual’s experience and their associated meaning making. Phenomenological methods best support questions “in which it is important to understand these common experiences…to develop a deeper understanding about the features of a phenomenon” (Creswell & Poth, 2018, p. 60). Due to the nature of my research question, a phenomenological research design process was most useful for a deep exploration of this topic.

Chapter III provides readers with an overview of the theoretical frameworks that are foundational to my study, and then explores the phenomenological approach with which I conducted interviews and analyzed my findings. I also include information related to my participant recruitment and profiles of the resident assistants who
participated in this research, and review how I ensured the trustworthiness of my findings and analysis. Altogether, Chapter III provides the roadmap that guided my research efforts within this dissertation study.

**Theoretical Framework for Research Design**

Trauma literature continues to evolve but is often situated within a constructivist ideology – that is, the perspective that reality does not exist on its own, but that individuals construct their own reality through their personal experiences and interactions with others. The theory of social construction of reality, developed by Berger and Luckmann (1967) and applied to thousands of studies since, provides a basis for understanding how individuals see, interact with, and help to form their reality for and with others.

It is certainly interesting, then, that many studies of trauma and its impact, supposedly housed within a framework of constructivist theories, are not seeking to explain the actual lived experiences and processing of those impacted by trauma. The absence of relevant literature on this topic provides evidence that many of the current questions being asked about traumatization are simply related to proving that it occurs, exploring whether proposed interventions make differences in someone’s negative or positive outcomes associated with trauma exposure, and seeking definitions of who may be most at risk of negative or positive outcomes related to that trauma exposure.

Such deductive questions suggest reliance on a positivist framework, which does not actually support the understanding of the ways individuals experience trauma exposure and how they make meaning from that experience. Rather, this enacted framework simply helps to point to the phenomenon taking place. For this dissertation, I
explore a different way of understanding the experience of resident assistants with trauma exposure, expanding upon the research base that currently exists. By exploring the meaning making experience of resident assistants exploring trauma – and the forming of their own reality – I will apply currently existing theoretical frameworks to deepen our understanding of this phenomenon.

When resident assistants respond to multiple traumatic incidents, it may change their understanding of the world. If resident assistants begin to think about their world as only situated within traumatic experiences, and do not interact with or reflect on the positive happenings in their communities, their perspective may be narrowed. The reinforcement of trauma experiences may be a contributing factor to the worldviews of care workers, thus leading to negative impacts of this trauma exposure (Jenkins & Baird, 2002; Lerias & Bryne, 2003; McCann & Pearlman, 1990). In considering this constructivist framework as I develop my study, I can honor an individual's circumstances and experiences, while also looking at interactional-level considerations and meaning making of individuals within the resident assistant position. And, while resident assistants’ worldviews may be impacted by their response to traumatic occurrences, they are also developing their own personal sense of identity. The interaction of these concurrently occurring circumstances are critical to study and understand.

A Meaning Making Framework

One’s ability to make meaning of their own lived reality, including processing both positive and negative occurrences, is an important developmental milestone for college students. Clark-Taylor (2022) shares that, as students have greater capacity for
their own understanding of and the meaning surrounding a traumatic experience, they maintain a higher capacity to recover from that traumatic occurrence. Thus, my research must also consider the theoretical foundations of meaning making for college student resident assistants, following their exposure to traumatic occurrences and in addition to the framework outlining social construction of reality.

Meaning making, or an individual’s ability to construct, process, and come to understand their experiences, is a critical component of self-authorship (Baxter Magolda, 2001). Defined as the “internal capacity to define one’s beliefs, identity, and social relations” (Baxter Magolda, 2001, p. 269), self-authorship through meaning making processes allows individuals to be active in the construction of their reality. As Shalka (2016, p. 8) described, self-authorship provides a model of self-development “in which growth into adulthood results in greater complexity of meaning making structures (the mental processes by which an individual makes sense of experiences).” Ultimately, it may take a difficult experience, or one that challenges someone’s view of the world, to “promote increased complexity in meaning making capacity” (Shalka, 2016, p. 8).

Shalka (2016) presents a conceptual framework through which trauma and self-authorship interact, specific to the experiences of college students. My dissertation benefits from application of this framework, in addition to consideration of the intersection of the social construction of reality within my analysis. As Shalka (2016, p. 13) explained, how “a college student survivor navigates traumatic recovery will determine where he or she may be on the self-authorship continuum.” Trauma will impact individuals in a variety of ways, as outlined in Chapter II, which means that,
developmentally, a resident assistant may be differently situated to make meaning from an experience than their peer (Shalka, 2016).

As Shalka (2016, p. 14) explained, those exposed to trauma “frequently interpret, understand, and see their surroundings differently from those around them.” Much like Berger and Luckmann (1967) describe the social construction of reality, Shalka (2016) provides a new filter for meaning making related to trauma exposure. In considering both how people learn from and orient themselves within the world (through the social construction of reality), and how people meaningfully integrate their experiences (through meaning making and self-authorship), higher education professionals and researchers can begin to fully understand the impact of trauma exposure for resident assistants.

Shalka’s (2022) recent findings illustrate the importance of understanding post-traumatic meaning making in a different way; according to Shalka (2022, p. 84), experience with trauma “enriches our understanding of what meaning making entails as trauma has an embodied wisdom.” Thus, it is critical to apply a meaning making filter, specific to trauma happenings, in the analysis and interpretation of my research findings.

Additional Theoretical Application

For my analysis in Chapters IV and V, I also apply multiple theories surrounding the impact of trauma exposure together with my findings. Understanding the differences and overlap between the theoretical understanding of experiences like burnout, vicarious trauma, and secondary traumatic stress helps to explore potentially negative impacts of trauma exposure, while exploring the concepts of compassion satisfaction, engagement, and resilience helps to highlight potentially positive impacts of and protective factors for
trauma exposure. Although everyday conversations may utilize these terms quite interchangeably, and while there can be overlap between the different phenomena, they are distinct experiences associated with an individual’s trauma exposure.

**Pilot Study Reflections**

In previous coursework at Marquette University, during the Spring 2018 and Summer 2019 semesters, I had the opportunity to practice phenomenological methods of qualitative inquiry and analysis. The main question of my pilot studies was *how do resident assistants experience trauma exposure?* Main datasets utilized for analysis included documents from three years of resident assistant training materials, observational data points of resident assistant interaction with residential student populations, and interviews of past resident assistants. Additionally, I personally answered the same questions I was asking of my interview participants and included my own experiences in my analysis.

Through these pilot study experiences, my skills and abilities surrounding data coding and interpretive analysis grew immensely. When I first attempted coding in the Spring 2018 semester, I focused on reviewing documents for themes that I believed would be present. In Summer 2019, utilizing both previously analyzed data and new collected data sets, I was more intentional in reviewing information without an end goal in mind. Once I found consistent themes through my analysis, I reviewed these themes in comparison to theories of trauma (specifically, secondary traumatic stress). At the time of that research, I reflected that “I cannot lead my data to support a case I want to make - rather, I must do rich, thorough, and unbiased analysis,” and this is a lesson that continued with me in undertaking the study described through this dissertation.
Especially because I do have my own personal reference, having served as both a resident assistant and as a direct and indirect supervisor to resident assistants, I must ensure at all times that I am not leading my research or analysis in a specific direction.

Through these pilot study experiences, I found that, for the purposes of this dissertation, observational data is not likely to yield data that is helpful in answering my research question. The interactions that I observed between resident assistants and the residents they support took place at the front desk of a residence hall. As this is a transient environment with limited meaningful interaction happening, it was difficult to glean much meaning from tracking the interactions that did take place. Because I am focused on meaning making – which happens after a situation occurs – it makes sense that in-the-moment observational data points were not an especially useful data collection method for this study.

In analyzing documents used for resident assistant training, much of the information I reviewed centered on procedural training experiences, group how-to guides, and scenario-based training vignettes and guides for a training experience often referred to as *Behind Closed Doors* in residence life professional communities. These documents were from three consecutive training years. Main themes of the documents that were analyzed included procedural explanations, a focus on ensuring safety for self, references on ensuring safety for others, and the exploration of hard topics and questions. Document data analysis is useful in a practical way; by understanding the ways resident assistants are trained to think about their work and their role, it is easier to understand the paradigm within which they are trained to respond to their residents’ concerns.
Lastly, interviews of past resident assistants – those who worked in the job and had already graduated from college – provided significant insight into resident assistant experiences with trauma exposure and their related meaning making. This interview analysis included three past resident assistants and my own personal reflection on experiences. Perhaps most notable from interview analysis were the difficulties of the position that each participant noted. Participants highlighted the difficulty of the unknown related to the position, while also acknowledging the fulfilling areas of their employment as resident assistants. From one participant in particular, significant trends surrounding personal growth and appreciation for resident assistant work were especially prevalent.

I did find that my pilot study interview questions led to cyclical, iterative responses, and lacked the depth that I needed for a rich analysis opportunity. Through my dissertation interview protocol included later in this chapter, I significantly altered the questions that I asked in this study (compared to those asked through pilot studies) and instead utilized a more semi-structured while still fluid interview protocol. This was critical to receive rich, full data through my dissertation study.

Additionally, based on my own reflections from the aforementioned pilot studies, I learned that it was important that I be forthright and explicit with interview participants in explaining about trauma exposure and the purposes of this study. As you will see in my interview protocol and consent form statement, beginning on the next page and located within my appendices, I shared with participants the understanding that working in a position, such as the resident assistant role, can impact people in both positive and negative ways – and that this study is seeking to explore that more fully. I wanted
research participants to understand more about how my study is framed to reach deeper, more meaningful data.

Dissertation Research Methods

As was highlighted earlier, this qualitative, phenomenological study focuses on the experience of college students who have served at least one semester as a resident assistant. Due to the nature of the resident assistant position, it is assumed that all resident assistants, either through their training or their actual work experiences, will have been exposed to trauma in varying ways. Through interviews, participants were asked questions surrounding two broad concepts provided by Moustakas’ (1994) as a framework for phenomenological question development: understanding the phenomenon of trauma exposure and its impact, and understanding the context within which individuals experienced this exposure and its impact. Utilizing this framework (Moustakas, 1994) allows me to understand how resident assistants experience trauma exposure.

Interviews included specific open-ended questions, with particular emphasis on questions that lead to understanding their own reflection and meaning surrounding their individual trauma exposure experiences. Interviews were transcribed and analyzed, as were collected training documents from Behind Closed Doors (scenario-based training). Through an iterative process of reviewing data and determining the connection of emerging themes, this study explores the meaning making process of resident assistants in response to trauma exposure. Additional details surrounding the methods of this study follow.
Settings

First, it is important to understand the context within which interview participants were completing their work as resident assistants. Interview participants were recruited specifically from four-year private colleges in the Midwest, classified as “small” and “highly residential” through Carnegie classification. A four-year small, private, and highly residential college meets the following criteria definition:

Fall enrollment data indicate FTE enrollment of 1,000–2,999 degree-seeking students at these bachelor's or higher degree granting institutions. At least half of degree-seeking undergraduates live on campus and at least 80% attend full time. (Carnegie, 2022, retrieved from https://carnegieclassifications.iu.edu/classification_descriptions/size_setting.php)

As Joan Hirt (2006) described in Where You Work Matters, student affairs practitioners at small, liberal arts institutions report spending “extensive amounts of time on work-related activities” (p. 29); this work ethic is often related to the close interpersonal relationships that develop between staff and students at these institutions. Since smaller institutions typically have fewer resources, professional staff who take on multiple roles, and meaningfully engaged communities (Hirt, 2006), understanding the experience of resident assistants within the context of these particular communities provides significant knowledge expansion for higher education professionals.

Building from personal relationships that I have with senior student affairs officers and residence life professionals at such colleges, I first connected with campus staff members at eight different institutions that meet the classification outlined above. Seven institutions responded to my initial inquiry, and six ultimately agreed to forward
my request for participation to their residential student staff. An overview of these institutions is outlined below, based on information available from the institution websites and/or IPEDS reporting data:

Table 1: Institutional Overview

<table>
<thead>
<tr>
<th>State</th>
<th>College Name</th>
<th>Enrollment (UG)</th>
<th>% Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>IL Private College (IPC)</td>
<td>~ 2300</td>
<td>~ 60%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>WI Suburban Private University (WSPU)</td>
<td>~ 2700</td>
<td>~ 55%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>WI Urban Private College (WUPC)</td>
<td>~ 1000</td>
<td>~ 70%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>WI Southern Private College (WSPC)</td>
<td>~ 2600</td>
<td>~ 75%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>MN Men’s Private College (MMPC)</td>
<td>~ 1500</td>
<td>~ 90%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>MN Women’s Private College (MWPC)</td>
<td>~ 1500</td>
<td>~ 85%</td>
</tr>
</tbody>
</table>

**Participant Recruitment**

I recruited and interviewed participants who served as a resident assistant for minimally one full academic semester, were continuing to work in their roles at time of interview, and were eighteen years of age or older at the time of the interview. Due to the nature of the resident assistant position and literature cited in Chapter II, it is assumed that all resident assistants, either through their training or their work, have been exposed to trauma in varying ways. Data were collected until a point of saturation was reached; in total, I interviewed 24 resident assistants.

Eligible participants – i.e., the resident assistants at these institutions who had served for one or more full semesters and met other criteria factors – were sent a recruitment email through their Office of Residence Life and/or Dean of Students Office, encouraging their consideration to participate in this study. The study’s consent form was
also included within this email; a link to a form was embedded within the email, where resident assistants could confirm their eligibility to participate and sign up if interested in being interviewed. A copy of the recruitment email, the consent form, and the form questions to indicate interest in participating in this study are located in the appendices (Appendix C) of this dissertation.

To compensate participants for sharing their experiences and the time they gave to my dissertation research, I provided a $50 electronic gift card to each participant (to the store of their choosing). Funding for $500 of these gift cards was provided through a NASPA IV-E Research and Practice Grant; I self-funded the remaining expenditures. All participants were provided this compensation within 2-3 weeks following their interviews and confirmed their receipt of the electronic gift cards via email.

**Participants**

A total of 45 resident assistants completed the interest form, confirming their desire to participate in my dissertation study. Two of these individuals were ineligible to participate, as they were only in their first semester working as a resident assistant. I contacted a total of 32 of the eligible participants to schedule an interview time. Five of the eligible participants did not respond to my invitation to interview, which was sent to them at least three times on different dates, and 27 participants scheduled interviews. Ultimately, I interviewed 24 individuals, as three of the participants did not show for their scheduled interview time and then did not respond to my email request to reschedule. After completing these 24 interviews, I was confident that I had reached saturation in my data, as no new information was emerging as I completed my final interviews.
As part of my interview participant review, I compared the gender and racial demographics of my participants, to ensure my participant sample was similar to what was typical for staffing levels in residence life (or on the college campuses represented). I intentionally recruited additional participants to encourage greater racial and gender diversity in my participant pool. Ultimately, four of my 24 participants (about 17%) identified as racial minorities, and seven of 24 participants (about 30%) identified as male. I am confident that the demographic composition of my participant pool was sufficient to reach saturation for data analysis purposes.

A detailed chart of participant characteristics can be found below in Table 2. Each participant was assigned a pseudonym, to allow for personalization in the study while maintaining strict confidentiality of each participant’s identity. Any reference to named institutional affiliation is not included within my interpretation or analysis, again to fully consider confidentiality needs of my participants.

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Race</th>
<th>Gender</th>
<th># Semesters as RA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arya</td>
<td>IPC</td>
<td>Middle Eastern</td>
<td>Woman</td>
<td>3 semesters (started in Fall 2021)</td>
</tr>
<tr>
<td>John</td>
<td>IPC</td>
<td>Caucasian</td>
<td>Man</td>
<td>3 semesters (started in Fall 2021)</td>
</tr>
<tr>
<td>Leah</td>
<td>IPC</td>
<td>Caucasian</td>
<td>Woman</td>
<td>5 semesters (started in Fall 2020)</td>
</tr>
<tr>
<td>Madisyn</td>
<td>IPC</td>
<td>Caucasian</td>
<td>Woman</td>
<td>3 semesters (started in Fall 2021)</td>
</tr>
<tr>
<td>Victoria</td>
<td>IPC</td>
<td>Caucasian</td>
<td>Woman</td>
<td>3 semesters (started in Fall 2021)</td>
</tr>
<tr>
<td>Carlos</td>
<td>MMPC</td>
<td>Latino</td>
<td>Man</td>
<td>3 semesters (started in Fall 2021)</td>
</tr>
<tr>
<td>Jake</td>
<td>MMPC</td>
<td>Caucasian</td>
<td>Man</td>
<td>3 semesters (started in Fall 2021)</td>
</tr>
<tr>
<td>Parker</td>
<td>MMPC</td>
<td>Caucasian</td>
<td>Man</td>
<td>5 semesters (started in Fall 2020)</td>
</tr>
<tr>
<td>Maria</td>
<td>MWPC</td>
<td>Caucasian</td>
<td>Woman</td>
<td>2 semesters (started in January 2022)</td>
</tr>
<tr>
<td>Sierra</td>
<td>MWPC</td>
<td>Caucasian</td>
<td>Woman</td>
<td>4 semesters; started in Fall 2020</td>
</tr>
<tr>
<td>Allison</td>
<td>WSPC</td>
<td>Caucasian</td>
<td>Woman</td>
<td>2 semesters (started in January 2022)</td>
</tr>
<tr>
<td>Rosita</td>
<td>WSPC</td>
<td>Latina</td>
<td>Woman</td>
<td>3 semesters (started in Fall 2021)</td>
</tr>
<tr>
<td>Caroline</td>
<td>WSPU</td>
<td>Caucasian</td>
<td>Woman</td>
<td>3 semesters (started in Fall 2021)</td>
</tr>
</tbody>
</table>
Interview Protocol

Interviews with my 24 participants were conducted from the last week of September 2022 and through the beginning of November 2022. These interviews were scheduled for approximately one hour; length of interviews ran from about 35 minutes (on the very short end) to about an hour and 15 minutes (on the long end). As mentioned earlier, interviews were conducted via Zoom. At the beginning of each interview, participants were verbally read the consent form which had previously been shared with them via email. Each participant verbally agreed to participate before questions were asked during the interviews, and was given the opportunity to ask questions for clarity throughout the interview.

In reflecting on the successes and opportunities for growth following my pilot interviews, and to ensure consistency in topics explored through each interview, I utilized the following interview protocol (also located in Appendix D) as a guide for questioning resident assistants about their experiences with trauma exposure and their related meaning making. At times, questions were altered in the moment to be responsive to the participants I was interviewing, but the same general topics were focused on through each
unique interview. Follow up questions were asked as appropriate, to ensure my full understanding of their responses and to pull out other necessary information from each participant.

Following reading of the informed consent form (Appendix B), I started each interview by asking a brief series of demographic questions to ensure I had additional information from each participant for consideration in my analysis. These questions consisted of the following protocol:

- What is your gender?
- What pronouns do you use?
- What is your racial/ethnic identity?
- What is your class year?
- How long have you worked as a resident assistant?
- Please describe the type of residence hall in which you have served?

After completing these demographic questions, we transitioned into discussing participant responses to my open-ended questions, the answers to which comprise the bulk of data received from each interview. The open-ended questions focused generally on understanding the phenomenon of trauma exposure and its impact, understanding the context within which individuals experienced this exposure and its impact, and exploring the meaning making that occurred following their exposure to a traumatic situation. However, my questions were phrased in ways that allowed for easy participant understanding, rather than in the more technical, phenomenological phrasing provided by Moustakas (1994).
My questions were intended to provide a semi-structured interview format, which allowed me to ensure that “key aspects of the research study are sure to be covered while allowing for participants to discuss other information that may end up being relevant to the study” (Peoples, 2021, p. 52). The open-ended questions, and examples of follow-up questions, asked of all participants were:

- Tell me a bit about why you applied to become an RA? (context)
- Are these the same reasons why you continue to work as an RA now? (context)
  - If not – what are the reasons and what prompted these reasons to change? (context)
- What have been your greatest challenges as an RA? (phenomenon)
  - Follow-up questions to include:
    - How did you feel as SPECIFIC EXPERIENCE was happening? (phenomenon)
    - How are you feeling now about that SPECIFIC EXPERIENCE? (phenomenon)
- What have been your greatest accomplishments as an RA? (phenomenon)
  - How did you feel as SPECIFIC EXPERIENCE was happening? (phenomenon)
  - How are you feeling now about that SPECIFIC EXPERIENCE? (phenomenon)
- Can you tell me about a time when you felt like a first responder?
○ How did you feel as SPECIFIC EXPERIENCE was happening? (phenomenon)

○ How are you feeling now about that SPECIFIC EXPERIENCE? (phenomenon)

● How did RA training prepare you for your work? (context)
  ○ What aspects of training, if any, were uncomfortable? (context)
  ○ (If any) Have you used those aspects in your work as an RA? (phenomenon)

● Have you had time and space to process your experience as an RA? (phenomenon)
  ○ How do you process your experiences of being an RA? (phenomenon)

● In what ways has your RA experience changed the way you think of others (if at all)? (phenomenon)
  ○ How has it made you think differently about your relationships? (phenomenon)

● When you think about the future, how do you think you will look back on the experiences you have shared about today? (phenomenon)

● Who supports you in your work as an RA? (context)

● What else is important for me to understand about your experience as an RA? (context)

Questions are labeled as helping me to understand either the context or the phenomenon of trauma exposure for resident assistants, following Moustakas’ (1994) framework for phenomenological question design. Questions that are underlined were
specifically aligned with my desire to understand that individuals’ process of meaning making. Other questions were intended to explain the types of trauma exposure these students experienced through their resident assistant role, and more generally about their experiences as resident assistants. These questions allowed for open-ended inquiry into their positive and trauma-based experiences, to make way for my interpretive analysis to highlight the present meaning making of any trauma exposure they have experienced. Follow up questions were asked, as warranted, to reach a deep understanding of each participant’s experiences.

Following each interview, I wrote a one-page summary of individual responses and sent that back to each participant for their review and reflection. All participants responded to me regarding their summary, with a few recommending edits/changes to the summary (which I completed). Additionally, one individual requested that their pseudonym be changed and another asked that their emotional support animal be provided a pseudonym, and both names were changed as requested.

In addition to each written summary, I also created a chart of all interview participants, which included a brief summary of each of their question responses for both demographic and open-ended questions. This provided me a quick at-a-glance to aid in my analysis and was a very helpful tool for quick recall of information. The results of these practices will be discussed more within the following sections.

Training Document Collection

In addition to interviewing resident assistants about their experiences, I also thought it would be important to consider the documentation and resources provided by each institution during annual resident assistant training activities. Since resident
assistants were recruited from specific institutions, I requested that such documentation be provided to me by the Directors of Residence Life (or similar positions) at each institution. I specifically asked for documentation of scenario-based training, which is frequently called *Behind Closed Doors* within residence life settings.

Altogether, five out of six institutions provided me with the requested documentation. Some institutions had scripted and/or written scenarios for these training activities, while others simply provided a checklist of potential situations that were addressed through the training activity. Greater reflection on what was provided and the processes by which I analyzed these documents are provided later within this chapter, under the section on training document analysis.

**Positionality**

As mentioned in Chapter I, I have close personal experiences that inform my understanding on the topic of trauma exposure for resident assistants. As an undergraduate student, I worked in residence life for three years. This included work as a resident assistant for first-year through junior students, and supervising my peer resident assistants as an assistant hall director in my junior year and as a hall manager during my senior year of college. I worked professionally in residence life at a public residential high school for gifted high school students, and as a graduate assistant for residence life leadership programs and then as a residence hall director for first-year students at another university. Altogether, I have 10 years of personal experience living in a residential community, during which time I worked in responding to student crises for nine years.

For the past several years, I have served in various student affairs capacities within different types of college communities. Currently, I work as the Title IX
coordinator and in retention planning/programming at a small, highly residential private college in the Midwest. In this role, I frequently experience trauma exposure, as much of my responsibility includes responding to college campus incidents of gender-based violence, including occurrences of sexual assault, and coordinating student and employee victim support. Although my current institution does match the profile of institutions from which I recruited resident assistants, it is important to note that I did not engage with resident assistants at my current institution - as there may be potential for overlap in sharing of information. I did not want any perceived or actual biases or conflicts of interest present within my dissertation work or my professional role expectations.

Having experienced so much exposure to trauma through my various roles, it was critical that I considered how my lived experiences impacted my data analysis and processing through this dissertation. As I explain in my analysis section, I utilized in vivo coding practices to initially capture directly the words of my participants in my coding process (Miles, Huberman, and Saldana, 2014, p. 74). This ensured that I allowed participants to define their own meaning following trauma exposure, and that my perspective did not encroach on students’ expressed experiences. Additionally, I utilized peer data reviewers to ensure that my analysis was not biased, given my previous experiences in residence life and on college campuses more generally. These practices ensured that others’ voices are reflected in my analysis, and not simply my own interpretation of others’ experiences.

**Credibility, Transferability, Dependability, and Confirmability**

It is important when doing any type of research that results are trustworthy; for qualitative methods, which includes individual analysis of data, it is of critical value that
this trustworthiness is centered in research design and then executed through data collection and analysis. My dissertation employed Guba and Lincoln’s (1985) approaches to evaluating the quality of my data collection and interpretations – namely, credibility, transferability, dependability, and confirmability (Schwartz-Shea, 2014). This was conducted in the following manner:

- **Credibility** - To ensure the credibility of my analysis and findings, I sought feedback from my participants in the synthesis of the information they shared with me through their interview response by completing a one-page summary of each interview. Participants were asked for feedback on this summary. Additionally, I transcribed all interviews from a Zoom recording of interviews, which ensured that data was reliably captured. This work guaranteed that I derived the greatest level of true meaning from this study.

- **Transferability** - Guba and Lincoln (1985) speak about thick, rich descriptions of data analysis, which can help to ensure application of findings in other settings and contexts. Within Chapters IV and V, I have ensured that my analysis of participant responses, and related coding, includes high attention to detailed descriptions to allow for this transferability. The direct statements of my participants are reflected at all points of my data analysis.

- **Dependability** - Utilizing my findings and comparing this dissertation analysis to the findings from previous studies related to trauma exposure ensures dependability of findings and highlights my findings’ connections to previous literature. This shows the ways my dissertation findings are consistent to previous findings, while still highlighting nuanced, novel understanding of trauma.
exposure for resident assistants and related meaning making. Chapter V focuses on confirming this dependability.

- **Confirmability** - To ensure confirmability, and to account for my own personal biases, prior experiences, and perceived outcomes, I utilized my doctoral program peers (Ms. Clara Dwyer and Mr. Brian Troyer) for shared data analysis experiences. These peer reviewers supported me in ensuring that my review of interview data and training documents are not biased or bent, given my previous experiences working in residence life. They each reviewed two interview transcripts and coded them, and we met for approximately one hour in January and February 2023 to review their outcomes from this practice and reflect on the shared meaning we ascribed to findings.

In utilizing these criteria for evaluating the quality of my data analysis, I am able to certify that my results are worthwhile and contribute to forwarding knowledge surrounding the impact of trauma exposure for resident assistants.

**Data Analysis**

Perhaps most critical to my dissertation process was analyzing the data that resulted from this study. With about 24 hours of transcribed interviews, scenario-based training documents, and my own reflections of what participants shared with me, I was not at a loss for interesting, important information to consider. After finishing each interview, I completed a one-page summary of each conversation. I also created a spreadsheet that outlined major themes in response for each participant interview.

I started my analysis process by transcribing all interviews. Following transcription, I began three rounds of analysis, including identifying preliminary meaning
units and then two cycles of developing a codebook for my analysis. Then, I reviewed the training documents that were provided to me by most institutions and considered the depth of this information compared to the themes I had established. Lastly, I synthesized all of this information together, finalizing the themes and findings from my research.

These steps will be described in detail in the following section. All my related files are stored through my student-issued Marquette University OneDrive account. For additional details regarding data storage and participant confidentiality, please see my Marquette University IRB-approved application in Appendix A; all data will be destroyed and/or maintained as indicated through this agreement, as well.

**Transcribing and Reflecting on Interviews**

As indicated previously, my main source for data within this dissertation study came from participant interviews. Participant interviews were conducted via Zoom, to allow for ease of recording, an easy participant experience, and for future transcription needs. Zoom audio recordings were then uploaded into my personal account of Otter.AI, where I reviewed and completed transcriptions for all 24 interviews. I manually corrected any errors that were present in the computer-generated transcription. These transcribed interview artifacts were then used as the basis of my qualitative analysis.

I also wrote a one-page summary of each interview, to capture initial reflections following my meeting with each participant, and I created a spreadsheet that outlined main responses for each question from all participants. Together, these analysis opportunities allowed me opportunities to reflect on my participants’ experiences, start to see similarities in responses, and begin to develop questions for future reflection.
Analyzing Interviews – Preliminary Meaning Units

Following methods of phenomenological analysis offered by Peoples (2021), I started my interview data analysis by reviewing all interview transcripts and summaries, in an effort to find common emerging patterns called preliminary meaning units. These preliminary meaning units were created after completing all summaries and transcriptions for each of my 24 interviews, and after completing a full review of all results of my interviewee responses. I considered all responses both individually and collectively, to ensure a well-rounded reflection for this initial review. For phenomenological research, Peoples (2021) recommends generating these preliminary meaning units prior to a more thorough analysis process of data. This ensures an iterative data review process; these meaning units are “the allocation piece of data that reveals a feature or trait of the phenomenon being investigated” (Peoples, 2021, p. 60), and are the source upon which further analysis can be built.

As I identified these emerging patterns, I wrote and reflected on preliminary meaning units for my own personal growth; this occurred prior to me completing any further analysis. These patterns were the most salient and frequently observed themes from all 24 interviews and were helpful in comparison to similar patterns that emerged through more structured analysis processes. Main areas that emerged from this cursory review are highlighted briefly as follows.

To start, I noted that it seemed as if institutional context mattered significantly for resident assistants’ experiences. For instance, resident assistants at MMPC and MWPC, which are independent institutions that function through a close, reciprocal relationship with one another, consistently discussed disrespect that they experienced in their resident
assistant roles, including responding to vandalism and threatening behaviors directed at them, by residents, while performing their resident assistant role. Resident assistants at these institutions also described frustration with their roles in ways that I did not experience from resident assistants at other institutions. As one example of this, Sierra (MWPC) described a resident's boyfriend who was particularly problematic. Sierra experienced verbal harassment and the threat of physical abuse from this student on more than one occasion; she remembers that she “started shaking a little bit” and “feeling very, very scared…because he was a bigger guy, too” when confronting the student regarding a policy violation. Sierra shared that she really has not enjoyed many aspects of the resident assistant role, and that she really only continues in the role because the financial benefits impact her positively.

I also noticed that several interviews touched on how participants established boundaries in order to be successful in the resident assistant role. For instance, Leah (a third-year resident assistant at IPC), shared that when she was in her first year as a resident assistant, she was always “too focused or always worried” about her residents. This was because so many difficult incidents had occurred, and Leah believed she needed to be available in case someone needed her support. Once she realized this, she was “able to take a step back” and recognized that “if it is super urgent, they’ll call the CA on-duty.” By reflecting on her experience and establishing a new boundary – encouraging her residents to call the staff member on-duty and not solely relying on her – Leah was able to experience some relief from the constant expectations of the resident assistant position.
Several participants discussed their own personal experiences with trauma in connection with their work as resident assistants. As an example, Rebecca, a resident assistant for first-year students at WSPU, shared that some of the training activities were difficult due to her friend’s experience with an unsuccessful suicide attempt. During training, the resident assistants had in-depth training for suicide prevention and response, including a training called QPR (which stands for Question, Persuade, Refer) that had scenario-based learning. Rebecca shared that she and her group had difficulty during the training, because “all of us had some kind of experiences with suicide or self-harm. And so none of us were comfortable with doing this.” Rebecca shared that the QPR session “was probably the hardest part about training;” she understands the importance of learning this topic, but wondered if there was a different way to support resident assistants in learning about suicide prevention without bringing about this level of discomfort.

Many participants also described characteristics of burnout, compassion satisfaction, and other outcomes of trauma exposure. Many resident assistants spoke about the ways they bonded with other resident assistants as a result of their traumatic experiences. Maria (MWPC) was one of the first people I interviewed who specifically used the term “trauma-bonding.” When describing her relationship with other resident assistants, Maria shared the following:

And I think I’ve just gotten really close with the other RAs too, because you share in that struggle…we literally do call it trauma bonding…and no matter how bad it is, we can bond over this. And that's just kind of the running joke with a lot of the returner RAs. They're like, yeah, this is how we bond…at least that good out of it.
Maria spoke critically about the difficult experiences she had as a resident assistant, but was also able to reflect on the good that came out of sharing these difficult experiences with other resident assistants.

Themes also emerged related to decision-making in the resident assistant position. Being a resident assistant can require students – sometimes within their first few days on the job – to respond to situations that they may feel underprepared to handle. During interviews, many resident assistants reflected on the difficult and timely decisions that they were required to make, and many shared that, to this day, they still question whether they made the right decisions, said the correct things, or advised residents appropriately.

As I will highlight later in my analysis, Victoria (IPC) shared about a medical emergency to which she responded. A student had a severe medical concern and needed to be transported to the hospital via ambulance. Victoria shared about how anxiety-provoking this was for her, as she was “taught as a kid [that an] ambulance is the last resort.” Victoria felt bad about calling campus safety and the student needing to take an ambulance, and wondered if she could drive the student to the hospital instead. Victoria shared that this internal conflict made her feel guilty and that she “did the wrong thing.” At that moment, Victoria was concerned both about the student’s medical well-being and her financial situation, and still questions if the response she facilitated was truly the best decision for that student.

Resident assistant participants also described feelings of being watched or under surveillance, noting that their peers know they are resident assistants and that this role seems to follow them across their small campuses. Other resident assistants talked about a concept of always being “on” – never truly being able to escape their resident assistant
responsibilities, and needing to find the appropriate balance between being a student and being a resident assistant. Sabrina (WUPC) spoke about it being easy to lose track of the reasons why she is working as a resident assistant. For instance, Sabrina said that she gets miserable when she focuses only on the monetary aspects of what she is getting out of her resident assistant experience. As Sabrina said:

…your time is not your own. But I don't think I can stress enough how much it's going to prepare me for life. Life as a nurse, when my time is not my own…for life as a wife and a mother, my time will not be my own, I already know that.

For Sabrina, although it was difficult to lose her full independence due to her job responsibilities, she was able to make sense of the reasons why this experience would benefit her in the future.

Interviews were conducted with 24 participants from six different schools, yet almost every participant spoke about how critical completing the scenario-based training in resident assistant training was for their success in approaching difficult situations. Although every campus completes these training sessions in different ways, and calls the training something different, people did talk about how useful the scenario training was for their learning. Many students recognized that training could never prepare them for all of the different scenarios they’d encounter as resident assistants. For Evelyn (WUPC), training prepared her as best as it could for her work as a resident assistant. Evelyn recognized that nothing can actually replace the on-the-job training that takes place for resident assistants, saying:
I don't know if there's a good way to prepare for navigating an actual thing with real life consequences… the decisions you make or even the way that you say things and what you say could have a lasting impact.

Evelyn found the scenario-based training most useful, as it was directly applicable to her resident assistant work.

These emerging themes – and my other initial reflections – carried me forward into a deeper, more structured analysis of all participant data, following the coding processes outlined in the following sections of Chapter III, and in answer to my research question of how do resident assistants make meaning of their exposure to trauma within the resident assistant position?

Analyzing Interviews – First Cycle Coding

After completing my preliminary review of emerging themes, it was important to build a thematic and full understanding of my data. In analyzing my interviews, I organized my analysis utilizing NVivo software. This organizational strategy allowed for thorough documentation of my coding and analysis process and was a helpful tool to enhance my analytical efforts. As outlined by Miles, Huberman, and Saldana (2014), I began my first cycle coding utilizing a combination of descriptive coding (p. 74) and in vivo coding (p. 74). Descriptive coding included assigning a word or phrase to a specific section of my data, while in vivo coding similarly applies words or phrases to sections of data, although I utilized words or phrases provided by the participants to determine those codes. I did not create any codes prior to this initial first cycle of coding (although I did reflect on my preliminary meaning units), and was instead guided by an inductive coding
process (Miles et. al, 2014). This allowed for codes to emerge organically as I completed my analysis.

During my first cycle of coding, and as I completed coding an entire individual participant’s interview, I re-visited my codes, grouped like codes from different interviews together, and continually organized the codes in ways that aligned data and responses. As previously mentioned, I utilized a hybrid approach to my analysis, incorporating a process that utilized an individual's voice and allowed for my summary of the meaning behind their statements. Utilizing a process of in vivo coding (Miles et al, 2014, p. 74) allowed me to use an individual’s own statements as the creation of an individual code. For instance, Allison (WSPC) shared the statement of:

And just like anxiety, too, about like, is this the right call to make for this girl…Or am I overreacting? If I call my hall director about this, this is going to be something where I'm like, you know, where I'm backed up on or where he's saying, No, she doesn't. So I just had a lot of anxiety throughout the situation on making the right call. And like, whether I should trust my gut instinct, or whether my gut instinct was led by just anxiety.

This statement was created into a code of should I trust my gut instinct; it was placed under a general thematic area of Questioning Own Decision Making.

Additionally, my descriptive coding (Miles et al, 2014, p. 74) allowed me to assign brief words or phrases to a section of the data. As an example, Sierra shared the following:

We do an in service every month. It's all the staff. So every staff, so from every area, so upperclassmen, residence halls, apartments, campus apartments, and first
year residents, all of us RAs and CAs, we all get together and we go over policy, move out, closing - depends on the time of the year.

I summarized this statement to be assigned a code of *Training – Generally*, as the comment reflected non-specific information regarding resident assistant training.

In total, I analyzed 12 transcripts (of 24 total participant interviews) to generate first round codes. All codes in my first round of coding were created in a similar fashion; as I got to the end of this first coding process, I had almost 300 unique codes that I needed to synthesize together (which felt quite overwhelming). Prior to beginning my second round of coding, I worked to organize all codes together under main heading themes. This helped link together my in vivo coding with my descriptive coding categories, and to have a better sense of what my data was describing. Because my in vivo coding process created many codes that were very similar to one another (such as *I really enjoy helping people*, *I like helping people*, and *I really love helping people*), it was necessary to collapse some of these codes together into one main heading (*I enjoy helping people*), as well.

I ended this stage of analysis with about 30 overarching themes (each with multiple sub-codes); those themes that emerged included topics such as *Pressure from Supervisors*, *Disrespect from Residents-Guests*, *Boundaries - Generally*, and *Questioning Own Decision-Making*. I captured my reflections regarding these themes through some personal journaling for myself, and by hand-drawing visuals that helped me think about the connections of the themes to one another. These codes then transitioned me into my second round of coding and finalization of themes. Cycle one codes and their definitions are located in Appendix E.
Analyzing Interviews – Second Cycle Coding and Finalizing Themes

As I completed my first cycle coding, and moved into my second cycle coding, I utilized pattern coding as described by Miles et. al (2014). This helped me to continue to synthesize multiple codes into more specifically aligned chunks of information and allowed me to begin mapping the inter-related significance of the data I collected. It is important to look at my data in these relational ways, as “phenomenology tends to look at data thematically to extract essences and essentials of participant meaning” (Miles et. al, 2014, p. 8).

Grouping together codes within thematic categories allowed me to continue refining my final coding structure. For instance, during this process I decided that themes I Statements - Negative and I Statements - Positive described distinctive thoughts that would be better organized elsewise, so I removed these potential categories and added new categories such as Negative Reflections on Experience and Positive Reflections on Experience (in addition to different tweaks of other categories); this also re-organized some of the statements categorized within initial coding categories. I also decided that the category of I Always Strive to be a Leader was more related to reasons for becoming a resident assistant, and not in general reflections on other participant experiences, so I removed this category. Other changes can be seen between Codebook 1 and 2, as provided within the appendices to this dissertation. My final coding categories are provided in Appendix F; I had a total of 27 final overarching themes that informed my analysis presented in the remainder of this chapter.

It was also during this stage that I utilized peer researchers to confirm that my analysis was consistent with theirs, to ensure that I was not applying my own personal
biases to my review and to incorporate new ways of understanding my data through their perspectives. Each peer provided feedback on coding areas and themes for two distinct interviews, allowing me to compare their analysis to mine within four separate transcripts. This helped me to continue to synthesize multiple codes into more specifically aligned thematic areas and supported my pattern coding process. For instance, Ms. Dwyer helped me to see how a participant spoke differently about their growth versus transformation, and Mr. Troyer helped me to consider the solidarity that a participant described experiencing with other peers through the resident assistant roles. Ultimately, my peer researchers helped me to engage with my data in a new, fresh way, and ensured the finality of my coding/thematic schemes. I am appreciative for each of my peer researchers taking time to independently code my data, review their findings with me, and talk through my questions and coding of the same documentation.

When finalizing this second coding round, including the organization of final themes, I also connected back each thematic area to the phenomenological concepts of \emph{phenomenon} and \emph{context}, and also identified which themes related to the \emph{meaning making} that participants shared about in their interviews. As I described in Chapter III, it is important that I spent time reviewing my data in these relational ways, as “phenomenology tends to look at data thematically to extract essences and essentials of participant meaning” (Miles et. al, 2014, p. 8). I also spent some time mapping out the interactions of these codes with one another, and thinking about the best way to describe what was captured through this coding process.
After engaging in the process of pattern coding, I then synthesized together my preliminary meaning units while considering their relationships between my codes in an effort to best understand – and then, to explain – the phenomenon of trauma exposure experienced by resident assistants, and their related meaning making. For instance, I assigned the category of *Disrespect from Residents - Guests* as a phenomenon of trauma exposure, *Unexpected Time Commitment* as a context of participant experiences, and *Questioning Own Decision Making* as being reflective of the meaning making process my participants undertook in their resident assistant roles. As People’s (2021) describes, it is then also important to “unite the major phenomenological themes into a cohesive general description” (p. 62) in this final step of analysis. Final findings, which are a result of several levels of analysis, are described more thoroughly in Chapter IV.

**Analyzing Training Documents**

As was previously noted, I requested training documentation from all six of the institutions with which I partnered for this dissertation. Of the six institutions, four initially provided me with this requested documentation. In January 2023, I did contact the remaining two institutions to make a final request of this information, and I received scenario training materials from another institution – providing me with five out of six institutional guides for scenario-based resident assistant training.

As I mentioned previously, the documentation that I received from institutions varied widely. Some institutions provided just a brief listing of the types of topics that were covered, while others had entire manuals that included directions, debriefing questions, and scripts for scenario actors. What follows is a brief synthesis of the documents that were provided by each institution.
• Illinois Private College (IPC) – Training documentation including an incredibly comprehensive guide, comprised of a descriptive scenario for all scenes that also outlined roles for all participants, time allocation for each scenario, props needed, information shared with the new resident assistants who were practicing confronting a scenario, processing questions specific to the scenario, points to touch on following each practice situation, goals for learning in each scenario, and skills needed and developed through scenario practice. Topics included in scenario-based training included quiet hours, drugs, an alcohol/party scene, mental health, bias language, Title IX/sexual assault, and an alcohol medical emergency.

• Wisconsin Suburban Private University (WSPU) – Training documentation included a descriptive scenario, information shared with the new resident assistants who were practicing confronting a scenario, processing questions specific to the scenario, and points to touch on following each practice situation. Topics included in scenario-based training included supporting an LGBTQ+ resident, vandalism, medical emergency, unethical staff actions, supporting an upset resident, sexual assault, a suicidal resident, a large party scene (including alcohol), a roommate conflict, and a hate crime.

• Wisconsin Urban Private College (WUPC) – Training documentation provided for Behind Closed Doors was brief, and included 3 simple scenario prompts. It seems that scenarios included a practice response to a duty concern, a potential marijuana situation, and talking with a resident who is concerned about their roommates’ emotional well-being.
• Wisconsin Southern Private College (WSPC) – Training documentation included a manual of materials, including descriptive scenarios, facilitator guide, an introduction for new resident assistants, expectations for staff roles during Behind Closed Doors facilitation, particular debriefing questions, points to cover following each practice situation, and a training guide for actors. Topics included in scenario-based training included a medical transport, intentional resident interaction, marijuana, alcohol, noise, eating disorder, roommate mediation (including LGBTQ+ considerations), sexual misconduct, and dating violence.

• Minnesota Men’s Private College (MMPC) – Training documentation included a descriptive scenario, information shared with the new resident assistants who were practicing confronting a scenario, information for actors, and debriefing questions for facilitators. Topics included in scenario-based training included alcohol party, bias/vandalism, a medical emergency, marijuana, a physical fight, and a theft. Students also participated in additional mental health-specific scenario training (in conjunction with counseling services), including brief scenario prompts to which resident assistants practiced responding. These were less detailed than the Behind Closed Doors experiences, but included a range of potential emotionally-based scenarios (such as a student being sad, self-harm, and potential suicidality).

• Minnesota Women’s Private College (MWPC) – No documentation provided.

Upon reviewing these documents, I considered the types of scenarios responded to, the detail with which training was documented, and other reflections on these documents. I then considered these reflections compared to students’ expressed experiences and
learning from traumatic situations. This analysis will be included in Chapter IV, together with the other analysis described in the sections that proceeded this.

Summary of Methods

It is necessary to employ qualitative inquiry methods to understand the phenomenon of trauma exposure for resident assistants and to explore the meaning making that occurs as resident assistants make sense of their experiences. By interviewing current resident assistants at small, private, highly residential institutions and reviewing their training documentation, and in understanding the full context of their experiences with trauma exposure, I was able to explore a deeper understanding of the lasting impact of this trauma exposure and the meaning making associated with their experiences.

My data analysis utilized processes outlined by both Peoples (2021) and Miles et. al (2014), ensuring that both my first and second cycle coding procedures were consistent to produce rich qualitative analysis. In ensuring credibility, transferability, dependability, and confirmability, I allow for trust in my results and their applicability for necessary change in support of and response to resident assistants.

Chapter IV provides detailed descriptive analysis of my findings, including information surrounding the preliminary meaning units and codes that emerged through my study. This analysis is then presented in consideration of the phenomenon (trauma experienced in the resident assistant role), the context (the environment within which this trauma was experienced) and the meaning making experience of resident assistants. Chapter V will then situate these findings related to current theoretical understanding of
meaning making following traumatic occurrences and provide considerations for further research and student affairs practice.
CHAPTER IV: FINDINGS

As I reviewed in Chapter III, this qualitative, phenomenological study asked the question of how do resident assistants make meaning of their exposure to trauma within the resident assistant position? My qualitative data analysis included an initial review of preliminary themes followed by two main cycles of coding, with opportunities for the reorganization of codes and emerging themes interspersed throughout the coding process. I also considered together my preliminary meaning units with final thematic codes, and considered how these codes describe the trauma exposure that resident assistants experience, their college campus environments, and how student participants described processing these experiences. Finally, I compared my analysis of interview data to my analysis of resident assistant training documents (from scenario-based training activities at each campus).

A full analysis of my findings is presented within a phenomenological framework, considering the themes that emerged and their relationship to the experience of trauma exposure for resident assistants, the context within which this exposure occurs, and how my resident assistant participants made meaning following this exposure. I conclude this chapter by reflecting on the lasting impact of trauma exposure for resident assistants, as expressed by participants, and by summarizing all findings presented throughout Chapter IV.

The Meaning of Trauma Exposure for Resident Assistants

Phenomenology seeks to understand two main concepts: the phenomenon and its impact, and the context within which that phenomenon occurs (Moustakas, 1994). In the case of my dissertation, the phenomenon being studied is trauma exposure that takes
place within the resident assistant position, and the context is the collegiate environments within which resident assistants experience this exposure. In understanding these concepts, I can then understand the meaning making that takes place for resident assistants. I conclude by also exploring the outcomes of trauma exposure expressed by resident assistants and the interaction of different thematic elements with one another.

**The Phenomenon - Trauma Experienced in Resident Assistant Position**

In considering a rich, descriptive analysis of my data – which is required for phenomenological studies – I first highlight my summarized outcomes relating to the participants’ experiences of trauma within the resident assistant position. I discuss the ways resident assistants prepare to experience traumatic happenings within their roles, a summary of the traumatic occurrences that were described to me by each participant, and the participants’ own personal experiences with trauma (and the impact of those on their position-experienced secondary trauma). This section provides explanation of the phenomenon of trauma exposure for resident assistants.

**Preparing to Experience Trauma in the Position.** A portion of my interview with each participant included their reflections on training for the resident assistant position, such as discussions about how they were trained for their roles, the types of topics for which they were trained to respond, and the preparation of resident assistants to respond to difficult situations. Some participants described training as preparing them to expect trauma, which will also be explored within this section. First, I share scenario-based training activities, which all participants discussed in some way; then, I share the ways participants described being prepared for incident response. Throughout, I discuss the types of topics for which resident assistant participants were prepared to respond.
All 24 participants discussed the impact of scenario-based learning on their preparation to become a resident assistant. Often called *Behind Closed Doors*, this type of scenario training is a common experience for resident assistants on different college campuses across the country. These scenario learning activities were often highlighted as some of the most helpful training experiences for resident assistants, as they provided the opportunity to apply skills learned throughout training to the actual practice of incident response. Typically for resident assistant participants, and as Evelyn described, this scenario-based experience is a culmination of the training week(s):

And then at the end, kind of towards the very end of training, we do a big practice night. We call it “Behind Closed Doors.” The RAs will break up - the returner RAs will break up into different groups. And we'll go to different rooms and places on campus. And we'll act out a situation, very similar, but like now actually we have props and everything, all that fun stuff. And then the RC goes around with their group…And so they'll take their group of new RAs and go around to each situation.

Madisyn (IPC) also spoke about the impact of *Behind Closed Doors*. Madisyn described the types of scenarios that were typically responded to in this scenario-based learning, saying that:

…they usually have a situation that deals with Title IX, they have a party-alcohol situation, they have a smoking in the dorms type of situation. They have so many different types of situations, it's usually the most common ones you'll come across.
Other participants described similar topics included within scenario-based learning at their institutions, such as those covering mental health concerns, sexual assault, difficult roommate situations, transition issues, party scenes (including alcohol and/or drugs), and more. Parker (MMPC) described *Behind Closed Doors* scenarios:

Yeah, so we did - there's kind of the classic like big party going on scenario.

Some other really impactful ones that we did were addressing a community - incidents of hate speech, vandalism. That was - the scenario involved a hateful poster being put on someone's door. We also did some mental health, kind of ideas of self-harm, suicidal ideation scenarios.

Some participants also reported scenario learning incidents that included situations where nothing was wrong, but where resident assistants were simply supposed to practice interacting with their residents.

Participants described the drawbacks to training such as *Behind Closed Doors*. Allison spoke about how scenario-based learning might minimize the work required to support a resident through a difficult situation, and that no real response would take only 5-10 minutes (and wrap up so cleanly). She shared:

…you can't solve that for her - you know, there's not much that you can do other than being a support and helping her find a support system…you can connect her to those people and connect her to a bigger support system, but you can't be that alone, especially. So yeah, I just wish that that had been emphasized more for the sake of new RAs and even returning RAs.

Likewise, Isabella (WUPC) described that, while resident assistants at her institution have myriad learning opportunities through their training sessions, she “didn’t feel
prepared at all” and that, in the moment of responding to a situation with residents, “you just have to trust” that the learning she’d experienced could help guide her response. Isabella shared that she felt “like I knew how to handle small confrontations really easy, but the mental health stuff, I didn’t feel very prepared for” and that the “stuff you can’t really predict…there’s not really a way to be trained for that.”

Rosita (WSPC) described a similar sentiment as Isabelle, highlighting the portions of training that were beneficial compared to the drawbacks of training. Specifically, Rosita described:

I think for the very procedural and logistical things, it was beneficial… Just because that information is a little bit easier to relay I think… In terms of the more serious things, I think that there could be a lot of improvements in RA training. I don't think exactly, I know what they should be. But there definitely are some things that I felt were a little bit questionable. Specifically, we did one training technique called Behind Closed Doors… in reality, I kind of think it falsely prepared me for situations when I was a first-year RA.

Similar to Rosita’s description, Kaylee (WUPC) spoke about how she and other resident assistants discuss frequently how resident assistant training did or did not prepare them for actual responses as resident assistants. She shared that resident assistant training “totally did, but it totally did not” prepare her for her work in the role. Kaylee indicated that “there's no way to know exactly what you're going to be encountering in those ways, in the slightest,” which made it important that training prepares students on how to think and not just on what to do – and which reflects what Rosita was describing, as well.
For many, although *Behind Closed Doors* and other training topics were useful, participants were able to indicate the limitations of this training method as well. Parker discussed the scenario training at his institution, indicating that he felt that “a lot of the trainings were good and important, but they didn't necessarily prepare me to manage a stressful situation.” For Parker, Kaylee, and Rosita, the depth of training did not match the full needs of the resident assistant position.

Participants expressed that training for traumatic topics like Title IX (sexual assault/harassment response) and mental health, both of which included scenario-based practice, were most uncomfortable or difficult. In reflecting on the process of learning QPR training, which is a suicide prevention and intervention response, Arya (IPC) indicated that “being able to actually say those words out loud to a person that's really going through these problems - it was just really difficult.” In this comment, Arya was referring to the portion of QPR protocol that requires individuals to *question* (Q) someone about their thoughts and/or plans for completing suicide. However, Arya also shared that, “when I had to deal with it, I really felt prepared” – so it is evident that the training, although difficult, prepared her for a critical situation.

Likewise, Jake (MMPC), who served as a resident assistant with Parker, discussed his institution’s training in response to gender-based violence. Jake mentioned the different topics that were covered, including specific laws like the Clery Act and Title IX, healthy relationships, sexual assault, and more – and identified how difficult these topics can be to learn about and discuss. Jake spoke about how resident assistants at his institution were trained a lot about their role as mandatory reporters for gender-based violence incidents. He shared:
I don't think we ever really, truly, went over what if, you know, you don't want survivors to feel forced, they have to share their story, but like reading from other stories and listening, like you can tell that this experience is just like no other and that's why when you hear it, you gotta report right away.

Jake indicated that he was able to apply this knowledge to respond to a difficult sexual assault situation while he was on duty as a resident assistant, which will be described in a future section.

Lastly, when thinking about the impact of trauma exposure on resident assistants (and the meaning making that occurs related to this exposure), it is important to consider the impact of training experiences on resident assistants. Participants described the difficult toll of *Behind Closed Doors* and training topics, generally, on their perceptions of their roles and the types of incidents to which they would be responding.

Joseph II (WUPC) shared during this interview that “the mere being of an RA almost seems traumatic.” This thought was reflected by one of his colleagues, Megan (WUPC), who shared that she felt overwhelmed at the end of training and was worried that all the different topics she had been trained about would happen within her experiences as a resident assistant. Grace (WSPU) shared that training prepared her for work as a resident assistant, but that she wasn’t prepared for the “emotional shock” she would experience in response to the training (and subsequently in her work as a resident assistant). Isabella reflected this through her statement:

And so by the end of training, I was like, Oh, my gosh, all these terrible things are gonna happen to my people. And I'm gonna have to deal with them somehow.
And in a way, I'm prepared to be met with the craziest, most awful experiences that people are going to come to talk to me about.

In being exposed to potential areas of trauma within resident assistant training, student staff members began to see that their positions may require a high frequency of response to very difficult situations – whether or not that was their actual experience in the role.

**Experiences Helping Residents with Trauma.** As discussed in Chapter II within this dissertation, I am utilizing several definitions of trauma to guide the interpretation of my work (and which also influenced the structure of my research design). Participants could self-define events that were potentially traumatic for them, based on the circumstances and their own experiences. These events ranged from one-time medical emergency responses to ongoing mental health support for chronically suicidal students. Although some students did not experience many challenging situations, all were minimally exposed to trauma within resident assistant training or knew about traumatic response by other resident assistants, and most could describe several difficult situations to which they coordinated response. This incident response was in addition to the mundane daily tasks associated with being a resident assistant, including unlocking resident doors, helping to mediate difficult roommate conflicts, and managing general shenanigans that take place on college campuses (and which sometimes did escalate to traumatic situations warranting their formal response).

Often during interviews, participants described traumatic occurrences in response to my questions about the most difficult experiences to which they had responded, and the times when they felt like a first responder. Sometimes, students also reflected on these experiences when thinking about their learning or growth in the position, or even
following the conclusion of the interview. Although not directly related to my research question, it was interesting to understand the situations that participants defined as being most challenging, compared to others; it truly shows the varied impact of these experiences on a student’s individual frame of reference.

While this section will not provide an exhaustive overview of the scope and breadth of response experiences of my participants, it will highlight those that are most germane to the study, capturing examples of incident types involving suicide and mental health concerns, Title IX and sexual assault response, medical emergencies, crimes, and more. Quotations from participants are shared in greater length than may appear in other sections of my analysis to allow for the scope of their responses to be fully understood by readers.

**Responding to Mental Health Concerns.** For starters, most participants described a time in which they supported a resident who was experiencing difficulty related to their mental well-being. Not all mental health concerns are crisis situations (and potentially traumatic); however, those that are highlighted in the following paragraphs will illustrate some of the more extreme situations to which resident assistants responded.

Evelyn had experienced many difficult situations as a resident assistant. However, none seemed to have impacted her as much as a situation involving her friend (and her friend’s mental health concerns). Because her friend knew that Evelyn was a resident assistant, the friend would often come to Evelyn seeking support. This escalated to an evening where the friend called Evelyn from the top of a parking garage, seeking support for what appeared to be a potential suicide concern. Evelyn described this interaction:
And so, the culmination of that, I was not even on duty. I was just in my room on a Friday night... And I got a phone call from this friend. And oh, no, it wasn't even a phone call - it was a text... pretty much just asking if I was busy. And I was like, what's going on? She doesn't usually text me a whole lot... And she said that she was at the top of a parking garage. And I'm like, that's not great. So I run out, I toss some shoes on and sprint out. Fortunately, it's a small campus. So I sprint out of the room, I run over to the parking garage, and I'm calling her trying to figure out where she is. And so I obviously, I start, I'm like, ‘Okay, I'll go to the top floor and work my way down’ kind of thing. So I ran up the stairs of the parking garage, and she's on the top level, just kind of sitting at the edge. And so [I] get over there and talk to her. And she wasn't threatening to jump off or anything. But then we had a three-hour conversation, I think until 2am. Just about what was going on, why she felt the need to go to the parking garage, all of those things. So that's kind of the biggest thing that happened. And then after that ... I don't think it was intentional, but it felt like [I] always had to be near my phone ... I felt like if I wasn't doing a good enough job of it, that she was going to need me and I wasn't gonna be there or she would think I wasn't available...

Evelyn went on to describe the ongoing support she provided to this friend, and the eventual boundaries she established to ensure her friend's safety (and for Evelyn’s own well-being). This situation was not a one-and-done type of response and required coordinated, ongoing response from Evelyn and other staff members at her institution, and brought her great worry for a long period of time.
Other resident assistants described being asked to perform a wellness check on their residents, based off concerning early alerts that had been entered by campus staff members. Samuel (WSPU) described an incident to which he needed to respond, sharing that it felt “spontaneous” and occurred after “a really long day of class.” The request for him to do this wellness check was immediate, which required him to drop everything and check on his resident. Samuel described the situation:

…it was last year, second semester, it was kind of in the winter. And I just finished three consecutive, two-hour classes. So, it's a really long day, I came back. And then I got a call from our Area Director... So, I was told that there had been a report filed…about my resident that said that they thought that they may be suicidal, and that they may take, they thought it was eminent, like it was going to be happening that day and it was an urgency, there was really a sense of urgency to make sure that something happens that day. Like, I was told I couldn't wait to do it the next day or anything like that. So then I immediately had to go knocking on that resident's door. Initially, they didn't really respond, but then I just kept knocking. And I had a pretty good relationship with that resident, so I was really surprised and kind of taken aback because every conversation I'd had with him had been kind of, I don't know, it just had been a good conversation. Like there were no warning signs, or like red flags or anything like that.

After speaking with the resident and utilizing QPR suicide assessment skills, which had been learned during resident assistant training, Samuel was able to assess that the student was not in immediate danger. However, Samuel made plans to walk this resident to the
counseling center the following day, and followed up with the resident through additional conversations during the rest of the semester.

Other resident assistants described mental health incidents that were unexpected, where someone showed up at their door to seek support without warning. Sierra shared about a resident who came to her, seeking support for a friend who was feeling suicidal:

I had a resident come to me, it was during our staff meeting, at the end of our staff meeting on Zoom. She knocked on my door and I had had a problem with people ding dong ditching my door. So I opened the door and I was like, who's doing it? It's like 11 o'clock at night. But she was in tears. And she told me that her friend, she was really worried for her friend. She thinks she might commit suicide. So I was like, oh, okay, let me put on my shoes. Let me grab my phone. And let's go to your friend. Take me to where your friend is....The parents had to be called for the other girl and she had to stay at home. She couldn't stay with us that night...I technically wasn't on duty that night. So ProStaff told me, I'll let you care for your resident and go to bed. So I did.

While describing this incident response, Sierra discussed calling Campus Safety and her supervisor for support in responding to and assessing the situation. In this situation, Sierra was not supporting the potential suicidality of her own resident – rather, one of her residents came to her seeking support of their friend.

For some resident assistants, responding to mental health concerns happened one time and was wrapped up fairly quickly; for others, supporting residents with difficult mental health needs was ongoing and became overwhelming. Allison described one such situation:
So one of my previous residents, she actually ended up taking a gap year out of school. This was a month after I started … she was more frequently in my room, just very emotionally distraught, it was very difficult to get her to go to class ever. She kind of would always instigate a lot of fights, like she had a very reactive personality, but then afterwards would feel super bad about it. And, you know, I always encouraged her to go to help and counseling to think about maybe why she's here, what she wants to get out of it. Which is also very anxiety inducing… I hope she's doing okay. And I hope that that was the right thing to say, for me, you know, like, I hope that I didn't encourage her to make a decision that wasn't good for her. So I know that is one of the residents where I'm always just thinking about her and hoping that she is doing okay.

More information about Allison’s experience will be shared later in the findings, as I describe how she processed her response to this situation – and the time it took her to recover from this ongoing support of and worry about a resident.

These descriptions capture just a small handful of the mental health responses described to me by resident assistants, and do a nice job in presenting an overall picture of the type of response required by resident assistants in such situations. Overall, response to mental health concerns seemed to be some of the most frequently described areas of response for resident assistants, and included considerations for ongoing support.

**Responding to Sexual Assault.** In addition to mental health concerns, resident assistants described responding to situations involving sexual assault (often referred to as Title IX) and other gender-based violence occurrences at their institutions. Some incidents described were immediately after the violence occurred, and others included
disclosures from a victim who had been assaulted in the recent past. Madisyn described a
disclosure-type scenario, including the way she supported the resident and the response
she needed to take:

So, this past year I had a resident come to me and tell me that they were assaulted. And I have been trying to support them the best I can. As CAs, especially here at my institution, we have - we're trained to not ever give advice. We're trained to ask questions and try to help the resident figure out what they want. So it's been a lot of me, talking with this resident, and trying to not tell them, but guide them through their situation, tell them what they can do, what's allowed, what's going to happen, how long this situation might take, and different stuff like that. And sometimes they do come to me, but it's not necessarily all about their Title IX incident.

Madisyn shared that she had heard from other residents that something may have happened to this student, but was not able to respond until the resident disclosed her survivorship to her:

…..So there's a lot that goes into this incident because there had been these, this resident took a while to come and talk about the situation. So, there had been a rumor around my floor with my residents and them coming to me being like, I think this happened. And I can't do secondhand knowledge, we're not allowed to act when somebody says, I think this happened, or I heard this, the victim, the person in this case has to come and directly tell me that this happened. So when they came and told me, I wasn't 100% shocked, because I knew what the rumor was that was going around. And they came to me…And at the time, I was very
sad for my resident… I was very sad that this had happened. It made me very upset for them. And I wanted to do everything I could to help. So at that point, I kind of just - the only thing I really could do to help was I had to follow the guidelines and rules and regulations. I have to follow through with all of that stuff. And so yeah.

While Madisyn’s resident came to her directly, other resident assistants stumbled into situations involving sexual assault during their duty rounds. As Jake described, he unexpectedly came across a situation involving sexual assault and needed to help respond:

…so I would say one incident last year, my first incident ever as a first year RA was - we had a girl come in and she was pretty inebriated, pretty drunk. And she walked through the room and I was kind of monitoring the situation. Like, I was - there were four guys in there and they were trying to help her out. And I'm like, ‘Okay, guys, you know, you got to come to me’ with like, ‘I see she's not doing well.’ And they did. And so I responded, and I'm like, ‘yeah, she's not doing well.’ And all of a sudden I hear this situation of rape and sexual assault being involved. And I'm like, ‘Oh, my goodness.’ Like, this was my first incident... And I was just like, ‘Okay, we're calling life safety. We're getting this all recorded, written down.’ And I took the four guys out of the room and I was like, I had another friend who isn't actually - he's an RA, but he wasn't an RA on the floor. And I had him come in, he was talking with two girls in the room because another girl came to make sure she was okay - her friend or sister, whatever it was. So anyway, I was talking to the other four guys, while the life safety officers went in
and made sure she was okay…I recorded what they knew, who the person could have been, what happened at these other parties.

Jake also spoke about how difficult and awkward it was to see this resident around campus following his response to the situation, as he wasn’t sure how best to support this student and acknowledge this experience. This was difficult for Jake and made him feel bad for the student.

**Responding to Medical Emergencies.** In addition to mental health and sexual violence, participants discussed various medical emergencies they had encountered during their tenure as a resident assistant. For Victoria, this response included a situation where a resident has lost consciousness:

Yeah, I had a girl pass out. She hit her head and passed out on my floor last year.

And we ended up having to call an ambulance - like I called Public Safety about it first ‘cause she was awake when I found her. But she was very shaken up like crying, clearly shaken up and still feeling dizzy. So I called Public Safety about it.

And they called an ambulance for her and had to take her to the hospital.

As I will reflect on later, Victoria expressed feeling badly about the resident needing to take an ambulance, due to the high cost often associated with these trips, and questioned her decision-making in responding to this situation. Ultimately, she shared that she understood that this response was necessary for her resident’s well-being.

Other medical responses were brought on by a resident’s misuse of alcohol, and a need to respond to alcohol overdose. As Rosita described, sometimes these incidents happened unexpectedly while on duty:
I was on duty one night, and it was a weekend. So duty would run until 3am on the weekends. And it was probably around the 2:30 mark. And we were about to go on last rounds, when we were actually approached by a resident who was a little bit panicked, saying, Hey, you might want to check on someone in the stairwell right now. And someone had passed out from alcohol poisoning. There was a lot of vomit everywhere; he was non-responsive. When we were trying to speak with him, he was flat on his back. So that was something that we anticipated could be a possibility is having to respond to something like that. But it was the first time I'd ever had to respond to a medical emergency. So me and the other RA on duty, kind of had a moment that was like, ‘oh, man, we have to do something now,’ we have to make the decision of who's the first person we're going to call. So we ended up divvying up work. She called the professional staff member on duty, where I called to request an ambulance…It had been a really, really regular and quiet night up until that. So it was a little bit shocking. We had to guide paramedics, once they got to campus, they knew where to go. So that was probably, that was definitely the first main medical emergency that I've had to respond to.

Rosita later described how this situation continued to be on her mind, and how she diligently kept an eye on other students (and sometimes even strangers) in situations where alcohol was involved. She continued to be concerned that similar medical emergencies would take place, and wanted to be prepared.

**Supporting Residents Who Lost Family Members.** One participant, Parker, described working directly with a student who had just lost a close family member
(described as that resident’s father-figure). Parker was the first person to be made aware of the death, after supporting the resident through other isolating situations, including their institution’s response to COVID-19. Parker shared the following about this resident:

I did have one resident who kind of went through [it]. He had a lot of other stuff going on too, on top of that. He - his dad, well, it wasn't his dad, but his uncle that was a father figure for him. He's from Florida, and he had grown up in Honduras, and his uncle was in Honduras, and had actually been murdered. So yeah, he had a lot going on with that. And so struggling with the loss of a family member, being isolated and stuff on campus, and also being in Minnesota when, you know, he had family grieving in another country. So that was a pretty difficult moment.

Parker was able to help get the resident connected to their faculty resident, and helped coordinate other care and ongoing support for this resident.

Like Parker, other resident assistants discussed helping residents whose parents passed away, with cancer diagnoses, and other difficult family circumstances. One resident assistant described being the first person that their resident contacted after finding out about their family member’s death. As Allison shared:

She had a parent pass away. And it was very difficult, obviously, and it was not expected, like very sudden. And so there's a lot of crying, that was really her only parent left. So she didn't have anywhere to go. Like she worked with her - we drafted emails to all her professors. And she was able to kind of work with them and do work and still be able to pass without making having academics overcome emotions and heal from that.

Allison continued to describe this situation further:
when my resident's parent passed away, that was definitely - she found out at one of our floor programs; she was getting a call, went back to her room, answered it, and then texted me and asked me to come to her room. So that definitely felt like a first responder situation where she didn't have a car on campus. She didn't know how she was going to get back, how she was going to get to the hospital. She was very, very stressed out…you know, she had a lot of questions running through her mind - about her parent, about school, about where she was gonna go. And I was like, let's focus on one thing right now and that is getting you to the hospital; all these things, we will figure them out, and we will work them out. But let's get you to the hospital first.

For Allison, Parker, and other resident assistants who supported residents through the death of family members, it could be difficult to be the person helping to coordinate response to such a difficult situation.

**Considering Other Responses.** Although not common, it is also important to note that some resident assistants reported experiencing no – or very few – difficult situations. For instance, Matt (WSPU) mentioned that he did not “have many challenging experiences,” and mostly described his resident assistant experience as involving the general expectations for the role, such as community programming, general engagement, and completing duty rounds. Others reported responding only to things like noise complaints, such as Lily (WSPU). Though this was not the norm in participant responses (and only seemed to be true for students from WSPU), I did want to mention this in my analysis. It is important to understand that some resident assistants are only exposed to on-the-job traumatic happenings through resident assistant training.
**Own Experiences of Trauma.** Throughout my interviews, several participants shared about their own personal experiences with trauma. My study was not specifically investigating individual experiences of trauma; rather, I was seeking to understand the experiences of resident assistants in responding to traumatic occurrences involving their residents. However, it is significant to understand the personal experiences of resident assistants while also considering how they experience traumatic happenings in their positions. Resident assistants are also college students and are exposed to their own individual difficulties (both before and during college).

As Sierra reminded me, when discussing portions of training, “just because we’re an RA doesn’t mean that no one has ever felt like they were close to suicide before.” While Sierra did not disclose any of her own personal struggles with mental health, she did allude to difficulties that impacted her experience as a resident assistant. Relatedly, several participants did share experiences with responding to mental health concerns in their personal lives. Some students spoke about losing a friend to suicide and indicated that training on mental health-related items was especially difficult for them.

For instance, Arya understood that mental health is a “big issue” on college campuses. However, she shared that, because she has lost friends due to suicide, undertaking these training topics “is really sensitive.” She felt prepared to support residents after completing the training, but still thought it was hard to review these topics.

Likewise, Rebecca thought the suicide prevention portion of training was incredibly difficult, due to it reminding her of a friend of hers who had made several suicide attempts. Rebecca shared that sitting through an educational session on the topic of suicide “was probably the hardest part about training,” and that her group disengaged a
bit because of that difficulty. Rebecca shared that she understands the importance of learning this topic, but wondered if there was a different way to support resident assistants in learning about suicide prevention without bringing about this level of discomfort.

One of my participants spoke about the way in which the resident assistant requirements played a role in facilitating his own traumatic experience. John (IPC) was serving at the front desk of a building in his complex, as a requirement for his resident assistant position, when an individual verbally accosted him. The aggressor was someone with whom he had a close previous relationship that had ended poorly. John described:

But then I started sitting at the desk, and this individual would come up to the desk and call me names, swear at me, type of thing. And it was one of those things where I'm like, Okay, I'm in the CA role. So I gotta be professional, but also, I need to stick up for myself…And it was hard, because I would say the CA role put me in this position. I mean, I wouldn't have been sitting at the desk if I wasn't a CA. So it kind of put me into my own trauma type of thing.

During the incident, John described feeling trapped – like he couldn’t leave because he was required to be there for work. Although campus staff, including the Title IX office, offered him support, John shared that he was nervous and felt on edge for many weeks following this incident, and that it impacted his ability to focus on resident assistant responsibilities.

Carlos (MMPC) had a similar type of perspective to share as John, talking about how being a resident assistant facilitated on-the-job intimidation that he had experienced. Carlos shared that he had responded to a pretty general alcohol policy violation. He was
physically intimidated when approaching a room, and needed to call Campus Safety for backup and support. Carlos explained that “there’s only so much I can do with really tall residents, with me not being that tall…I could be picked on.” Although Carlos had a generally positive attitude toward the resident assistant position and his institution, he still found that some residents could be particularly difficult to engage and that he worried for his own personal safety in responding to some incidents.

Carlos also discussed his own experiences of trauma that he experienced prior to coming to college, including family deaths and other concerns. Carlos believed that his past traumatic experiences make him better at his job, because he can help residents “confront that and go through that.” Carlos shared that he has received strong support from others and knows how to provide that support to other people who need it. Carlos stated that he can use his personal experiences to benefit others, and shared that he could tell his residents that “this is how I experienced what is going on” and “here’s something that I’ve done that worked.” Carlos shared that he probably wouldn’t know how to respond in such a quick, empathetic manner if he hadn’t had his own experiences with trauma.

In another situation, a resident assistant was working through their own difficulties while supporting another resident through similar circumstances. Allison described a situation in which she supported a resident who was participating in concerning behaviors involving alcohol – including the resident being hospitalized for alcohol overdose (a medical emergency). Allison shared that she struggled to know how to follow up with the resident, because she wasn’t sure how that resident would want to be approached. Specifically, Allison said that she had “wanted somebody to step in and
help” when she was experiencing similar difficulties, but that she “didn’t feel like I could reach out…I wasn’t just there to get them in trouble, but to help her.” Allison shared that she worked with her direct supervisor to problem solve the best way to approach the situation, but that she still feels anxiety surrounding this particular resident (and situation) because of its connection to her own problems with alcohol use.

Grace described a difficult sexual assault that her resident experienced, and the response that Grace helped to facilitate for her resident. Grace shared that it was “really difficult because it mirrored an event that I had experienced, personally, in the past.” Grace needed to be cognizant of both the resident’s and her own personal boundaries and found this incident response to be “difficult for my mental health.” Grace sought support from the campus chaplain during this response, to process her own experiences and feelings in regard to this incident.

Although not directly related to any traumatic response as a resident assistant, Caroline (WSPU) shared that her younger brother died from childhood cancer. This experience helped to inform her future career and her work as a resident assistant, and shaped the ways she supported her residents.

For resident assistants who have their own personal experiences of trauma, the resident assistant position can be incredibly challenging – depending on the types of trauma exposure they are experiencing within their roles. Participants also described their own experiences with trauma as giving them strength and allowing them to connect with residents in different ways than their peers. This is a critical component of understanding the phenomenon of trauma exposure, and later thinking about the impact of this exposure on a student’s understanding of their world.
The Context - The Impact of Campus Environments

Following the theme analysis of the phenomenon of trauma experienced in the resident assistant role, it is critical to describe the environments within which participants perform their resident assistant roles. The context of institutions – the structure of student support, position expectations for resident assistants, and overall campus climate – is helpful in understanding the traumatic experiences to which resident assistant participants were responding (the phenomenon) and the thinking about how resident assistants process their exposure to traumatic occurrences and move forward with new understanding (making meaning). In this section, I will discuss the different ways that campuses approach resident assistant work (either as community building or simply policy enforcement), the unexpected time commitment of the resident assistant position, the impact of COVID-19 (and institutional response) on resident assistants’ experiences with trauma, and the high needs of first-year students. I will conclude this section by exploring how campuses do or do not provide a culture of support for resident assistants, and the overall impact that institutional structures, needs, and staffing were reported to influence my participants’ experiences with trauma response.

Role Expectations for Resident Assistants. Through my analysis, I classified the role expectations for resident assistants as being a part of the context of this phenomenological exploration – and not as part of the phenomenon – because these expectations provide the structure within which resident assistants completed their jobs. As was reported by my participants, the varied institutional expectations for resident assistants shaped how they completed their jobs, and the context within which they were exposed to traumatic situations. Generally, resident assistant positions were similar
between institutions – however, a few key differences emerged regarding roles and approaches to the position, which warrant recognition and discussion.

Resident assistant participants experienced commonalities in their positions, such as helping with move-in and move-out, developing supportive relationships with residents, unlocking doors for residents with lost keys, responding to policies and emergencies, and conducting duty rounds. Programming, bulletin boards, and other engagement-type expectations seemed to differ a bit between institutions, as did the expectations for resident assistants in responding to situations involving their residents. While this study is not intended to look deeply into the position description of each resident assistant, my analysis did show that the types of expectations for resident assistants, at times, facilitated their access to traumatic incident response.

Resident assistants at WUPC described the expectation that they transport residents to the hospital, for both general illness concerns and in emergency-type situations. This transport happened whether or not students were on duty, and required a great deal of time. For several resident assistants, this requirement was often unforeseen and not something that could be planned for – but almost every resident assistant that I interviewed from this institution shared a scenario regarding taking a resident (or several) to the emergency room.

Kaylee described one incident where she unexpectedly needed to take her resident to the emergency room:

One time, I had come back from a concert, and it was in the fall, so it was outside. I was sweaty, and someone had spilled a can of beer on me. And so I was sticky, and I just smelled like alcohol - I was 100% sober, just to clarify. So I had come
back and I was so ready to just shower and go to bed. And then I got that dreaded
phone call…I felt kind of bad that I wasn't prepared for it.

Like Kaylee, others at WUPC had similar situations to describe where they unexpectedly
needed to change their plans to take a resident to the hospital.

At many institutions, resident assistants needed to complete some type of one-on-
one conversation with each of their residents, often during different points of the
semester. These conversations ranged from a question each week (which resident
assistants were then required to report back on to their supervisors and/or other
residential life staff) to conversations that lasted over thirty minutes, each time, for each
resident. While intended to be a facilitated opportunity to develop community and
strengthen relationships between residents and resident assistants, many participants
spoke about how difficult it was to balance the responsibility of these conversations with
all of the other tasks needed for resident assistants – not to mention their responsibilities
as undergraduate students, too.

For some, these intentional conversations helped to facilitate their exposure to
trauma in the resident assistant position. For instance, Samuel was having a conversation
with a resident and noticed that the resident was showing signs of depression and
isolation through their conversation. Samuel decided to utilize his QPR training to further
assess the seriousness of the situation. Samuel knew this resident had some “yellow
flags,” meaning he had observed some previous warning signs from the resident, and was
prepared that the intentional conversation might head in that direction. Despite these
signs, Samuel described that it was still difficult for him to ask a student about his suicide
risk.
Resident assistants at different institutions presented varied thoughts about the time commitment of the position. As will be described in the next section, the unexpected nature of many crisis response situations, and not having full control over one’s schedule, were difficult for resident assistants. However, one institution in particular – MMPC – had really high levels of expectations for resident assistants and their time.

As Jake shared with me, resident assistants for first-year students were expected to be in their buildings from early evening (around 6:00 PM) through about 2:00 AM and available for residents, for all weekend nights during the first several weeks of the fall semester. This stipulation limited their opportunities to socialize with friends and peers and created a sense of isolation and inability to take time away from the resident assistant position. It also put resident assistants present for crisis response that they may otherwise not be on-duty or responding to through a more typical staffing rotation.

Jake was not sure that this loss of freedom and need to always be available was worth it. For Jake, his friends had opportunities to be social with one another, but he was on duty and needed to be available to support his co-workers and residents. Jake shared that his “social activities tend to be less [than before he was] an RA” and that he could “tell that the relationship is different” with his friends. Even when he was not formally on duty, Jake “felt the sense of responsibility to help out others” by being available in his building. Jake questioned if he would look back on his resident assistant experience with regrets, due to these lost social opportunities.

Allison shared that one thing that made the resident assistant position difficult was that “…[it is] just an emotionally mentally draining position - is when there are expectations put on that are beyond what I can do as another student.” Allison recognized
the limits of her own time and ability, and the ways that stretching these limits was detrimental for her well-being as a resident assistant. This difference in mindset for students approaching their work and thinking about the impact of their position on their overall well-being is significant to recognize.

Resident assistant participants reported having limited time to process difficult situations before needing to jump back into the resident assistant role. Rosita, who attended the same institution as Allison, spoke about how difficult it can be to respond to a traumatic situation and then not have time to process the experience. For Rosita, there were not always appropriate opportunities available for processing difficult experiences without moving onto another more mundane component of the resident assistant position. Rosita described:

…after you respond to a really, really difficult situation, like a medical emergency or mental health emergency, you just have to go back on duty… it's not okay, that was [a] really rough one, I'm tapping out for the night, like I need space - you don't have that option…God forbid, somebody else needs something like that…like, if we find something on rounds, that's a little bit jarring, you just have to keep going on rounds, and you're probably going to see something else you don't want to see.

Although Rosita described this in greater depth than most interview participants, this was a similar sentiment that was shared by others.

Grace discussed a similar experience as Rosita, in feeling overwhelmed, at times, due to resident assistant responses. Although Grace shared that she felt incredibly
prepared to respond to incidents, she did not realize the emotional toll she would feel following her response to resident concerns. Specifically, Grace described:

> You just don't expect the emotional shock from some of those things. I don't know if there's really a way to train people for that. It's just kind of a - when it happens, it kind of hits...Every time I knew what to do, I knew who to contact. It was just surprising the mental side of things.

Grace explained that she feels incredibly satisfied when responding, and that she appreciates the opportunities she has to process her experiences with her direct supervisor and their campus chaplain. These types of processing experiences – and support received from supervisors – will be explored later within this analysis.

**An Unexpected Time Commitment.** Generally, resident assistants went into their roles with the understanding that there would be a high level of demand placed on them and their time. However, a salient theme in my data was resident assistants reflecting on the unexpected time commitment of the position, and the difficulty they had in not always being able to anticipate when they would need to respond, especially to traumatic occurrences. Of all my research participants, only 3 of 24 total participants did not mention the unexpected nature of response in their roles.

Students spoke about this balance – and the difficulty of making everything work – in two main ways: the unexpected nature of needing to respond, and a feeling of always being on the clock and responsible for responding. To start, my reflection focuses on the students who described the unexpected nature of responding to situations, and how difficult this was for their planning. Sabrina shared that time management can be because “there are times when I have a plan for how my evening is gonna go. And I have to be
with somebody at the drop of a button to fix the situation.” Samuel shared that these unexpected response times usually happened “at the worst time” – especially considering building facilities issues, such as an overflowing washing machine or other physical plant issues. Evelyn spoke similarly about this time management issue:

One other thing is just the unexpected time commitment. Like I'll set aside time to do programming, talk to my residents, that stuff, but you never really know when you're just going to get a phone call, or you're going to get a text of somebody really need something…You're like, Okay, I was not expecting this to be a part of my day. But sometimes I need to set aside half an hour, an hour, a couple hours, to kind of handle those situations.

Evelyn, Samuel, and Sabrina reflected in similar ways as other students: that it could be hard to plan for academics, other campus involvements, and personal time when they didn’t know that emergencies were going to require their response.

For other participants, being at a small institution meant that they were often burdened with always being seen as a resident assistant, even when walking to class, going to meals, or being on campus. As John described:

I like to call it a 24/7 job. Because technically, if you're on campus, you're in your role, like I mean, even walking to class, I'll have residents come up and ask me questions. So like, it's that - you know, that feeling like you got to always kind of be there and know that you're in the role as long as you're on campus type of thing. So I - you know, I didn't quite realize that in the beginning.
For John, this was unexpected and it took him time to understand the ways that his campus peers would see him as a resident assistant. Other students described a similar experience. As Rosita shared:

Because even if someone comes to ask me questions, usually when I'm in the middle of something, or I'm on my way to class, you can't just take the rest of the day off, because we're students, too. So something happens. And then once it's over, you're immediately back to being an RA, you're back to being a student.

And you're back to having to do all of the other commitments that you had before. Like Rosita, Evelyn described difficulties related to the unexpected nature of the role; she mentioned that her greatest challenge as a resident assistant is “not the residents, but other students knowing I’m an RA,” which made it difficult to establish the boundaries she seeks in her roles. Evelyn shared about an incredibly difficult mental health situation, involving a friend, who had reached out to her because she was a resident assistant; this situation was explored in depth earlier within this chapter.

Many participants described feeling overwhelmed in adjusting to the idea of always being representative of their role, and the unexpected happenings that cropped up at inconvenient times. Though just one consideration for the context of the resident assistant role, the unexpected nature of time commitments certainly impacted students’ experiences responding to difficult situations.

**Supporting First-Year Students.** Often in interviews participants reflected on the inherent differences between being a resident assistant for first-year students and being a resident assistant to students who were in their sophomore year or beyond.
Additionally, it was common for participants who had significant traumatic response experiences to be resident assistants in a building with first-year students.

Parker, who has worked with both first-year and upper class students, was able to identify some of these differences. Parker noticed that it was easier to engage with first-year students, and that there were more community connections in a first-year student hall. As Parker shared:

… seniors don't always want to come to the floor events and whatever so, it's been harder to engage residents and it's been harder to have that same impact. I think freshmen maybe were more eager to attend things and engage with ResLife programming.

This level of engagement (of residents with their resident assistant and within their floor community) was identified by others as well. From Matt’s perspective, first-year students were more engaged in their floor community because they haven’t learned about their resources on campus or gotten involved in student organizations yet. Matt found that his role as a resident assistant is often to help residents make connections and get connected through campus organizations.

Participants identified that first-year students have greater needs for their resident assistants than older students might express. For instance, Megan stated that first-year students “are definitely a little bit more needy, and they just need a little more guidance” than the juniors and seniors she is working with this year. In Joseph II’s view, “freshman boys are prone to doing some freshman boy stuff.” Joseph II went on to share that first-year students are “different than upperclassmen” and that they “just aren’t quite as mature
yet,” which required more of his time in responding and developing community. Sierra described first-year students as being “clingy” due to this expanded need.

Allison was able to identify this neediness of first-year students as being based on students’ transition to college. As Allison shared, for a lot of first-year residents, “it is a difficult transition from [high] school to college.” The first residential community within which Allison worked as a resident assistant – and which she entered mid-year – had a high level of need based on these transitional issues. Allison realized that the floor “was very difficult…very quickly” and that she “realized, maybe, why the last person had decided to step down” to allow Allison to take on the resident assistant role mid-year.

For one participant, who was deciding about continuing for a second year in the resident assistant role or stopping the work, being a resident assistant for older students was a difference maker for her decision to stay in the role. Rosita shared that her resident assistant experience was a lot different once she started working with students who are more independent. Although Rosita had higher engagement in floor activities with first-year students, she felt less stress and need to respond now that she is working with older students who have different support systems in place. Rosita also discussed that resident assistants for first-year students have the same expectations (at her college) as those working with older students; she reflected that it’s much easier:

…to meet with the underclassmen. Now that I have upperclassmen, it’s been so hard…they just don’t really care or feel the need to talk to me about their issues, because they already have people who are close to them.
This change was okay for Rosita – she was happy to not have so many unexpected crises or students to support and found better balance in her resident assistant experience with older students.

In thinking about the transition needs of first-year students and their overall adjustment to college, it is no surprise that resident assistants for first-year students were described as having a more difficult position than their colleagues who were serving sophomores and older students. This meant more frequency in exposure to trauma response, and more support needed for residents.

**Serving During a Pandemic.** Throughout our interviews, many participants reflected on the extra difficulties that accompanied their positions due to their institutions’ ongoing response to the COVID-19 pandemic. For all participants, COVID-19 regulations and campus expectations were a reality for the 2021-2022 academic year. A handful of participants were resident assistants for the 2020-2021 academic year, and resoundingly expressed that their campuses’ responses to COVID-19 were the most difficult experiences they navigated during their time as resident assistants.

To start, many participants spoke about how residents saw them as resources for knowledge on campus policies. For instance, Evelyn shared that she would get questions from residents about COVID response. Evelyn said that in the 2021-2022 academic year, her residents would come and say “I just found out I’m a close contact, what am I supposed to do?” Evelyn’s residents understood that she had access to information about campus policies which were often changing, in regard to the pandemic.

For other participants, campus procedures required resident assistants to help coordinate response when residents tested positive for COVID. Sabrina, who worked
with Evelyn, spoke about a time when a resident tested positive for COVID. Although Sabrina wasn’t on duty, she needed to help lead COVID response procedures, which include needing to:

…move her out of her room into isolation, housing, coordinate meals, contact all of her close contacts…And so that involves me making a ton of calls and texts and emails to all of the ResLife staff, and kind of dropping everything for the night until that was all figured out.

For Sabrina, this was an especially difficult situation because it took place during the same week as her final exams, so it was disruptive to her personal schedule to help guide this response.

Above all else, the participants who were resident assistants during the 2020-2021 academic year spoke about the extreme isolation their residents – and, in some cases, they – experienced due to quarantine, social distancing, and other pandemic responses. Leah shared that the biggest challenge she encountered as a resident assistant was COVID-19. She shared that her campus “had really, really strict COVID rules” and that the resident assistant position:

…turned into also being like a COVID - like, hold people accountable for all the rules. So in a way it was like a mask enforcer, guest policy enforcer, all of that, and a lot of extra responsibility and job tasks are put on us. So I feel like that was probably the greatest challenge overall, being a CA.

For Leah, it was also difficult that COVID-related policies, and the related expectations for resident assistants, were always changing and led residents to be confused. Despite this confusion proving to cause difficulty, Leah also shared that there were:
…a lot more mental health issues that came about because people were in the room, whether it was for the virtual classes, or because they were being quarantined, and just weren't able to go out and interact with people in ways that they used to.

The isolation and difficulty that her residents experienced was hard for Leah to respond to, and made her position more difficult than she had anticipated it would be.

Parker shared similar reflections about his first year as a resident assistant (which was also during the 2020-2021 academic year). Like Leah, Parker said that his “biggest challenge as an RA was just COVID.” Parker thought it was an odd time to be on campus and working in a job that requires community interaction. Parker reflected that the resident assistants at his institution were:

…expected to kind of enforce COVID policies and make sure that people were safe, COVID-wise, which I think kind of opposed building community; a lot of times, you know, we were having to tell people, no, you can't have two friends in your room right now. And that kind of felt - I didn't like doing that at all, it felt difficult. And it was isolating for a lot of residents too. So I think we dealt a lot with residents that were struggling, just kind of feeling isolated in that time.

For Parker, COVID policies also kept him from interacting with his friends. During the 2020-2021 academic year, for instance, his campus did not allow people from different residence halls to visit one another. As Parker shared:

I was a sophomore living in a freshman floor. Well, our policy in the first couple months of the semester was that you were not allowed in any residence hall other than your own. So for those of us on freshmen floors, that was isolating for us,
because we weren't technically even allowed to go into our friend's dorms and hang out with our friends. So yeah, it was, it was really a wild time to be an RA or to do really anything.

Despite these difficulties, Parker did report feeling proud of the community he developed and the engagement that took place between his residents despite the restrictions.

Although participants continue to facilitate their institutional expectations related to the COVID-19 pandemic efforts, the extra responsibilities assigned to them within their resident assistant roles for the 2020-2021 and 2021-2022 academic years related to the pandemic have eased. The contextual impact of pandemic response impacted their roles within their residential communities, and (at times) led to trauma response that would otherwise not have been present.

Campus Personnel Responses. During our conversations, some participants described difficulties with – or the lack of – institutional response and spoke about the ways this made their positions more difficult. These difficulties included resident assistants’ advocacy for residents related to decision-making and overall campus safety – and highlighted some of the ways resident assistants did not feel supported within their incident response.

Several resident assistants discussed problematic encounters with their campus safety officers. In one incident, where Sierra described responding to a suicidal resident, Sierra shared that campus safety was not especially supportive to the student of concern. Sierra recalled that the “security guard…was very, very direct, and almost stern” with the resident. Sierra felt like this response scared the resident, and that it required Sierra to respond to the situation in a more involved way. Sierra also shared that, at the
departmental level, “security at our school - they don’t necessarily like Res Life.” She detailed believing this animosity may impact officers’ willingness to respond to situations where resident assistants needed their support.

Likewise, Isabella discussed a situation where campus safety was unhelpful when a resident’s car had been broken into while on campus. Isabella shared that when she called campus safety for help the “lady literally told me she didn’t know the procedures.” Isabella was confused about what her role should be in responding to a situation versus that of campus safety and felt frustrated that the officer didn’t take more of a lead in response to the concern.

In some situations, resident assistants described having different opinions than their supervisors or other campus staff about the best outcome for certain situations. Leah shared about responding to a mental health concern, where she needed to respond to the hospital herself and encourage the resident not to return yet to campus. Leah said she knew her “college was not going to do anything if this person came back to campus,” and believed the resident was still at risk for suicide, and needed to stay off campus. Other participants described staff transitions, difficult interactions with their supervisors, and issues with response from campus offices – all of which impacted their experiences and those of their residents.

A Culture of Support – Or Not. As participants reflected on their resident assistant experiences (and response to traumatic, difficult situations), they reflected in different ways about the culture of support that was prevalent at their institutions. For some participants, their main source of support was from on-campus staff and peers, and included other resident assistants, supervisor, and departments of residence life. Other
resident assistants received their care and support from counselors and pastoral staff at
their institutions, and still others went outside of their institutions to receive support from
their parents, family members, or counselors from home. For some, this level of care was
presented as being comprehensive and expected within their institutional contexts; for
others, it seemed that this expectation of care or support was missing. Some participants
also reflected on staffing shortages and employee turnover, and its impact on resident
assistant support.

To start, many participants spoke about the impact of their co-resident assistants
and their supervisors in both processing responses to and in support following a difficult
situation. Samuel shared that he knows that his area director (direct supervisor) and other
student staff members are available for help or support:

…my area director supports me, he's kind of like my direct manager. And so we
have one on one conversations each week, talking about different things going on
in my floor. And then if I need help with anything, or if I need an extension, stuff
like that, he is - I would say the main person and I know if I need more help, I can
reach out to different ResLife staff members.

Sabrina had a similar sentiment as Samuel; however, she described a particular resident
assistant with whom she was close and on whom she could rely for support:

We've become best friends through this whole process. I met him from being an
RA…I use him as a confidant kind of too and he does the same to me. I think
we're on the same page with a lot of things RA-wise, like the way we approach
situations. Just general thoughts and feelings and attitudes towards it, we're just
on the same page all the time. So we're able to encourage each other, especially when it gets tough.

Like Sabrina, Madisyn often relied on other resident assistants for support in more serious situations; as Madisyn shared:

…usually when it's a more serious situation - I know for me and other CAs, we usually lean on each other. And we kind of help each other process what's happening; we don't really give any detail, we kind of vaguely talk about what's happening…, and kind of how we started to deal with it and everything like that. And so I feel like the biggest part of me processing super serious and important situations would have to be the help with like other CAs. And kind of talking to them and seeing how their experiences also relate to mine.

Rebecca found that her co-resident assistants and supervisor often provided different types of support to her. Rebecca described that her area director is the person she seeks out first when she needs support:

My favorite thing to do if I'm going through a tough time is talk to my area director… when it comes down to RA stuff, I think my area director is just such a great person. And I couldn't do this without him.

For Rebecca, Sabrina, and Samuel, their supervisors and colleague student collaborators were key to their success in responding to difficult experiences.

Resident assistant participants often spoke about their inability to talk to their friends who were not student staff members to process their experiences, due to confidentiality concerns. For some, this was difficult; for others, the inability to speak to
their friends was an inconvenience, but their friends still found ways to support them in their response to traumatic situations. As Evelyn stated:

Obviously, I can't really talk to my friends about the things that I do for RA things. So my friends do a really good job. They'll be like, oh, what happened? I'd be like, RA stuff, they're like, Oh, yeah. And they know [that] if they know about certain stuff that would make my job a little bit more difficult, they know not to tell me about stuff like that. And also, the friends I have don't engage in policy breaking behavior. So I guess they support me indirectly.

For Evelyn, this indirect support that she received from her friends was useful in her personal experiences as a resident assistant. For Sierra, not being able to talk to her friends, likely because she had few other supporters in her work as a resident assistant, was difficult:

I can't talk about it with my friends because it's confidential information. It's, you know, I have to be careful. And I can't really talk about [it] even with other RA friends, I can't name specifics.

Sierra found it difficult to process her experiences with others, which did impact her reflections on the trauma exposure she experienced (and which is highlighted later within this analysis).

At one campus, MMPC, students served as resident assistants with at least one other student staff member, as well as a faculty resident. The faculty residents were often clergy (of the campus sponsoring order) and had served in these capacities for a number of years. All participants from MMPC spoke about the high level of care and support that
their faculty residents provided to their floor communities, as well as to them personally, in responding to difficult situations. As Parker shared regarding his faculty resident:

…he's the campus chaplain. So yeah, I mean, he's a great resource to have. He has a lot of experience, counseling students and grief counseling as well…And talking with faculty residents, I think it's really helpful in our ResLife program to have you know, non-students, adult faculty members very closely involved with what's going on and, and has probably a lot better knowledge than us RAs of dealing with things. I mean, both of the faculty residents I've been working with have been living in residence communities for more than 10 years. So it's a really great resource to have.

Parker was able to speak about situations that his faculty resident helped to respond to, as well as how the faculty resident specifically supported Parker in his work. Carlos, also a student at MMPC, had a similar situation with his faculty resident, sharing that the faculty resident was “one of my main supporters,” and Jake expressed similar gratitude for the role of the faculty resident in his post-traumatic processing.

For Allison, professional staff member turnover facilitated an experience in which she felt incredibly unsupported – especially considering that Allison transitioned to her role in the middle of a year and therefore missed most of resident assistant training.

Allison discussed her first supervisor:

So she really wasn't there that often. And so it just felt very isolated and like I didn't have a direct person in the community to help me.

With a new supervisor in place, Allison felt the impact of the support she received in a different way than when she was missing a supervisor:
…because our new hall director this year is very big on making sure that after an incident, you take a day, and you work on stuff. So he's very big on making sure that we have the space to kind of think about ourselves.

Allison was able to acknowledge that this support had been previously missing and could talk about the way that its addition allowed her to feel cared for in the resident assistant role.

Resident assistants at WUPC expressed feeling great support from their supervisors while also being concerned about making a mistake that would lead to their termination. For instance, Isabella shared that she was afraid she might be fired if she made a mistake when performing resident assistant duties, like another student being let go the year prior. Isabella shared “I know why it’s serious…and why you have to have high standards…it’s a lot of pressure.” Isabella went on to explain that, as a resident assistant, she was always on-duty, and it felt like the responsibilities of the position were never ending. Likewise, Evelyn shared that the student staff change they had experienced was unexpected and felt like it came out of the blue. She shared that a lot of people were worried that they might get fired for messing up. Evelyn shared that “actually all the RAs were kind of worried” about losing their jobs for a mistake, since they aren’t sure what happened to cause the position change.

Megan was a returning WUPC resident assistant who had not actually planned to come back for her senior year, due to her course requirements. However, when another student staff member was unexpectedly let go, Megan was asked to come back and fulfill the open responsibilities. Megan shared that, when she was asked to come back, “everything was confidential…nobody knew anything about any staffing changes,” and
she couldn’t talk to her peers or seek their input on returning to the position due to this confidentiality need.

Throughout my coding process, and in comparing criteria linked to responses, I noted that importance of organizational structures in support of resident assistants who experienced trauma emerged; specifically, the ways that IPC structured support for resident assistants seemed to provide comprehensive care in their response to student concerns. Multiple participants from IPC spoke about how they were shepherded to complete their own counseling following difficult situations, and the ways that this impacted their response to the situations.

As I will reflect on later in this chapter, the presence of structured support for resident assistants at IPC seemed to aid students in processing their experiences more quickly and positively, which is important to consider when seeking to understand the impact of trauma exposure on an individual’s experience. These student participants did not seem to be within the same residential communities, which meant that they had different supervisors and that the institution had a holistic structure of support in place for resident assistants – and common expectations for incident response that benefited resident assistants immensely. These expectations were even built into the scenario-based training that IPC’s resident assistants completed, showing a collective, department-wide support for student engagement in processing opportunities.

Overall, it is clear that participants described that their institutions, including their environments, their structures, and their missions, made an impact on the experience of resident assistants. This context is critically important in understanding how resident assistants process their experience to make meaning following trauma exposure.
Making Meaning – Reflecting on and Learning from Trauma

Understanding the *phenomenon* of trauma exposure in the resident assistant position, and the *context* within which this exposure occurs, lays an important foundation for addressing my research question – and an understanding of how resident assistants make meaning related to their positional exposure to traumatic happenings. Meaning making is a core human function, and encompasses the ways that people make sense of the world around them. The following findings reflect how participants’ responses encapsulated these theoretical understandings of meaning making generally and specifically in their response to trauma-impacted college students.

From my analysis, I identified four themes of resident assistant meaning making following exposure to trauma: 1) the satisfaction – or lack thereof – that resident assistants expressed experiencing through their positions and in responding to other students’ difficult situations, 2) the difficult process of decision making during and after critical situations and the ongoing reflection that resident assistants experience in responding to these situations, 3) changed relationships as a result of the resident assistant role, and 4) learning personal limits and establishing boundaries in the resident assistant role.

**Reflecting on the Same Incident in Different Ways.** Two of my participants described the same situation (to which they jointly responded) with very different characterizations regarding the impact of these experiences. It is certainly interesting that their reflections on the same experience were so varied – with one student reporting feeling energized through their response to a traumatic situation, and another student describing fearing for her safety while walking on campus following the incident.
response. This shows the highly personalized, subjective ways in which individuals may respond to difficult situations – and the special considerations at play in thinking about supporting those who have experienced trauma in their resident assistant role.

In this particular example, which occurred at WUPC, students observed someone being pulled into a vehicle and being kidnapped. Resident assistants Sabrina and Joseph II were the first on-scene, and worked directly with campus safety and police officers in responding to the concern. When they were first involved in response, nobody was sure yet if a college student from their campus had been taken, or who exactly was involved.

Sabrina said that she “was terrified…there was so much adrenaline pumping” as she responded to this situation. According to Sabrina, “the unknowns of not knowing what was going to happen next” made this situation difficult to respond to. Sabrina has continued feeling “really cautious” on campus ever since this happened, because she believes it could easily happen again. Conversely, Joseph II, the other resident assistant who responded to this concern, shared that responding to this incident “was kind of exciting.” He shared that “it feels good for anybody when they’re able to react to something like that and help” and shared that he still wonders if he could have chased after the vehicle and what he would have done if he had responded more to the individuals who kidnapped the woman.

Their varied reactions show the different ways that individuals can both experience a traumatic situation and make meaning of their involvement in that occurrence. Although it is not clear to me what led to this difference in response, it is worth noting that Joseph identifies as male (he/him pronouns) and Sabrina as female
(she/her pronouns); gender may interact in some way with their different reflections in response to the same situation.

**Reflecting on Choices: Decision Making as a Point of Worry.** A key theme in how resident assistants made meaning in response to their trauma exposure is their constant reflection on their decision-making in the role. Repeatedly, participants shared the conundrums they faced in their roles – such as properly addressing policy violations involving their friends, wondering if they made the right decision, worrying about the impact of their decisions on their friends and residents, and concern about doing something wrong. This meaning making is presented by considering how participants described responding to difficult situations and how their response reflected on their ideas about themselves, their roles, and their trauma response experiences.

Several participants spoke about feeling underprepared or unqualified to be making life-or-death decisions for their peers. This often tied back to reflections on how training did or did not prepare them for the resident assistant role. Victoria said that “even as unqualified as you may feel, you’re still going to be the one doing the job…so you try to be as confident as you can” when responding to crisis situations. However, Victoria also shared about a medical crisis scenario in which she really questioned the response of contacting an ambulance to transport the resident to the hospital. Victoria reflected that:

I felt wrong…like the ambulance is the last resort. It’s an expensive ambulance…I felt like I did the wrong thing. I know in the long run that it was helpful for her to get to the hospital…but in the short term I was very worried about…the financials of it all.
Victoria shared that she still thinks about this situation and worries about when she might respond to a similar situation in the future. She shared “I don’t know what I would do” if an ambulance needed to be called again in the future because she still feels so badly about the previous incident response.

As Evelyn reflected, there are not great ways to fully prepare resident assistants for response to all situations. She explained:

I don’t know if there's a good way to prepare for navigating an actual thing with real life consequences, that the decisions you make, or even the way that you say things and what you say, could have a lasting impact.

Evelyn also shared feeling worried about responding incorrectly to situations, and the potential consequences she might have – in her resident assistant role – for doing something wrong. Because another resident assistant at her institution had been fired (for unknown reasons), Evelyn said that “actually all of the RAs were kind of worried” about making wrong choices. As I described earlier, other student participants from Evelyn’s institution relayed similar concerns.

Like Evelyn, Sierra worried about her own decision making and its impact on her position as a resident assistant – although this was for very different reasons. Sierra was worried that her non-resident assistant friends might impact her ability to stay in her position. Sierra shared the following reflection during our interview:

It's like, am I actually hanging out with the bad influences? Am I actually? Should I - should I be an RA? Am I good enough to? Like, what makes me someone who can inform [and] do policy violations, like, how can I judge others?
Sierra expressed worry about whether or not she should actually be a resident assistant, and if she was the right person to be responding to campus policy violations.

Like Sierra, John shared worries about his role in responding to a student concern. John spoke about one of the first times he responded to a situation with his residents, which included a very difficult roommate conflict before classes had even started for the fall semester. John shared that he felt “a little pressured, a little scared, maybe a little nervous” because he didn’t “want to give them the wrong advice.” John countered this nervousness about his own ability by processing his response together with his direct supervisor, which helped him to feel more confident in his decision making.

Other resident assistants reflected sentiments like John’s – wanting to be sure that they had done everything properly in their response to a situation. Students described wanting to be sure they had responded correctly and were performing their jobs effectively. For Madisyn, this self-reflection happened when she wrote an incident report or processed her response. Madisyn shared that she will “basically recheck myself and be like, did I do everything I was supposed to…Did I act how I was supposed to?” while she is processing her response. Madisyn felt satisfied in her performance as a resident assistant when she knew she had responded to the best of her ability.

Allison described a similar reflection process, wondering after an incident response if “this was the right call to make” and reflecting on whether she might be overreacting. Allison also wondered if her hall director would back her up or tell her that she was overreacting to particular situations. Allison was not sure if her response is led by her “gut instinct or if my gut instinct was just led by anxiety,” which again worries her in thinking about her response to a crisis. Jake, who responded to a sexual assault
incident, shared how confusing the response felt as it took place. He hoped he “responded well” and didn’t “want those people to hate me.” Jake indicated that he wished “there was a form of knowing that they’re going to be okay” (referring to residents involved in this difficult situation).

Different participants spoke about wondering if a resident’s difficulty was their fault. This internalization of other’s trauma is important to consider when reflecting on resident assistant meaning making. For instance, Arya spoke about a resident who experienced difficult mental health struggles. Arya described feeling upset and stated “at first, I was like, Oh, is this my fault? Like I could have done a better job” in responding to the student’s concern. However, Arya realized after processing the experience with her supervisor that she had responded properly, and that her resident made the best possible choices for herself at that time. Carlos shared a similar sentiment when reflecting on a resident who had difficulty adjusting to college and in committing to academic requirements. Carlos shared that “I should have done something more than probably seeing him once in a while, I probably should have reached out” more to support the resident through his difficulties. Carlos learned from this experience and was able to start supporting residents in different, more purposeful ways.

It is important to think about how resident assistants evaluated their own incident response while considering how they have made meaning of their exposure to trauma, and methods they undertook to come to that meaning. Participants’ questioning of their own decision making, reflections on their incident response, and wondering if they impacted their residents’ experiences with trauma show the ways in which resident assistants made sense of their experiences.
Learning from the Position: Establishing Boundaries. One key area of growth and reflection for many interview participants was related to the personal establishment of boundaries in the resident assistant role. Many resident assistants described scenarios where they had not established boundaries, faced some type of difficulty, and then needed to establish new boundaries in response to the difficult situation. It was frequent that participants described being “on” all the time and not having effective ways to disengage from their residents.

For some, setting boundaries meant establishing expectations with residents about the distinction between being someone’s resident assistant and being their friend. Some of these boundaries were set following resident assistant response to a traumatic situation, but not all were – which is why I have classified this section as being learning from the position and not solely learning from traumatic incident response. This is an important distinction as we consider the interactions between trauma exposure, meaning making processes, and other experiences in the resident assistant role.

Maria spoke several times about her support for her residents and engagement with her community. Specifically, Maria shared about her floor community:

Yeah, I am very much that kind of person where, you're on my floors, and you're my responsibility, and I will take care of you - and it's hard to take a lot of that on sometimes. And I have to remind myself that it's like, take a step back sometimes, you know? ….

Maria found that removing herself from the residence hall allowed her to establish this boundary. Maria shared that she likes “to get out of the residence halls…because I feel like if I’m here, I am directly available.” Maria described feeling that, in order to really
take a break from her resident assistant role, she needed to leave her room by going on a walk, getting food, or visiting friends.

Leah described that when she was in her first year as a resident assistant, she was always “too focused or always worried” about her residents. This was because so many difficult incidents had occurred, and Leah believed she needed to be available in case someone needed her support. Once she realized this about herself, she was “able to take a step back” and recognized that “if it is super urgent, they’ll call the CA on duty.” By reflecting on her experience and establishing a new boundary – encouraging her residents to call the staff member on-duty and not solely relying on her – Leah was able to experience some relief from the constant expectations of the resident assistant position.

Isabella had a similar approach to establishing a boundary between herself and campus; she shared that she likes to go home to escape some of the responsibilities of the resident assistant role. Isabella said that:

Because when I’m with my family, I know that there’s nothing I’m gonna run into, that I would have to deal with. And then it’s away from campus. And that’s just really the only time when I feel truly away from my job.

Although just Maria and Isabella are highlighted here, many resident assistants – men and women alike, on various college campuses – described the need to physically remove themselves from campus to take time away from their resident assistant roles. For John, this looked like helping to walk a professor’s dog off campus; for Jake, this included going home and visiting his mother and sister. Grace found it helpful to go home and hug her dog to get a full escape from campus.
For Arya, establishing boundaries with her first-year students was sometimes a struggle. Arya found that it could be difficult “to say no if it’s not a serious problem” and to refer students to resources, rather than taking on their own problems. Arya had success in asking if her residents’ problems were an emergency; she shared that “if it’s not an emergency, if it’s not something serious that needs to be addressed right away,” she refers them either to the on-duty staff member or schedules a time to meet with her residents later.

For Matt, it was important to differentiate boundaries between what it meant to be a resident assistant versus a regular college student within his floor community. Matt said that being a resident assistant is:

…different. [As an] RA you have an authority, right? So you can be friends and stuff like that… So it's kind of that balance between being a friend and then also being an authority figure. And always the authority figure kind of goes above their friends.

Matt discussed these boundaries as being both between himself and other residents, and himself and friends. As he (and other participants) indicated, it was sometimes necessary to have these types of boundaries in place due to the imbalance of power present in the resident assistant role. Likewise, establishing such boundaries helped to manage expectations for their response as resident assistants within situations that involved friends (and not their residents). Parker described a similar sentiment and shared that it can be a “difficult context to manage.” For Parker, it was difficult to learn the best way to be a peer resource and to be a supporter for his floor, while balancing the role of peer and authority figure.
Lily, who is a resident assistant at the same institution as Matt, expressed similar sentiments about boundaries for herself, as a resident assistant, and other peers. As I explored earlier, Lily’s response seemed different than other participants in that she did not identify an experience that led her to establish these boundaries. Rather, she seemed to have them set into place from the beginning of her time in the role. Lily shared that:

I think that being an RA, it does change how you view yourself and other people. I view myself when I'm in this role, like when I'm on duty, when I'm at the desk, when I'm having a meeting with a resident, I think of myself as RA, you know, and then, when I am in a classroom, and one of my residents is in the classroom, I think of myself as their peer. I am your collaborator, I'm here for you to work with you. But when I'm in this role, I am your resident assistant. And I'm here for you always. But I'm also like I am, I'm not going to like, I'm not going to like, I don't know how to say this nicely, it's going to sound really bad. When I say it, I'm not going to go out of my way to hang out with you.

Lily reflected that these boundaries felt important for her to have in place so that nobody could take advantage of her.

Evelyn, who shared about the difficult suicide interaction between herself and a friend, found that she “struggled a lot with setting boundaries.” When helping to support her friend – who knew she was a resident assistant – Evelyn felt like she needed to “make sure I was always available” in case her friend needed her support. Evelyn felt like this “was a lot of giving, and not a lot of making sure I’m taking care of myself kind of a thing,” and quickly realized the need to establish new boundaries. As Evelyn shared, she came to realize that:
…was a really unfortunate place for me to be put in. I'm glad I was there. And that she had somebody to call, but I've gotten a lot better [at] setting boundaries. So I've learned about setting boundaries and just kind of being more adamant about people getting help. And not necessarily making sure I'm not being a crutch for that.

Evelyn described finding it difficult that everyone at her small institution knew she was a resident assistant, as she was sometimes stopped to be asked about a roommate conflict or room lockout when she walked to classes.

Boundaries sometimes provided participants with opportunities for self-care, the chance to process their experience, or the ability to just take a break from the rigors of the resident assistant role. The learning surrounding boundary establishment seemed significant to many participants and provided a positive coping mechanism in response to the trauma exposure that occurred within the resident assistant role. To establish boundaries, resident assistant participants were required to reflect on their experience and identify changes necessary for boundary establishment, showing the meaning making the occurred through their boundary setting processes.

**Learning from Trauma: Processing Experiences.** As resident assistants experienced responding to traumatic situations, it was critically important that they had opportunities to process and make sense of their experiences. Participants described taking time to pause or reflect in varied ways, and many spoke about the importance for them to have these opportunities to process. Students described talking with their supervisors and colleagues, spending time with their parents, journaling, praying, and even playing video games as opportunities to spend time reflecting on their work (in
response to situations involving their residents’ trauma). Some even reflected on needing time and space to move past difficult situation response.

To start, many resident assistants spoke about the value of time passing after difficult traumatic experiences, and how they felt more settled after more time had passed. As Allison shared about the support she provided to a resident suffering from mental health concerns (and the passing of that resident’s mother):

I feel, I think a little bit less personally attached to it, you know, if I'm not going through it with her anymore…And I think one of the biggest things I did afterwards that whole summer was just detaching myself, almost trying to forget about it. And just thinking about my own education, and what was going to go forward in my own life and the new year and the residence and like, just kind of threw myself right back into the start of the loop. But when I do think about it, it's kind of just a little bit weird, or I guess isolating. So I'm just like, Wow, I did not think about how in depth and how hard that was, and how much it impacted me. Because I was just too busy, like thinking about her.

For Allison, it took time to remove herself from the depths of her ongoing response to a resident’s need, and the self-recognition that she needed to stop worrying about that particular student and move into supporting other new residents.

Joseph II shared similar thoughts, although in a different manner; in his reflections, he found that sometimes, he and his co-resident assistants can dwell on their residence life experiences (sometimes to their detriment):

I think just something that I noticed about, especially this year, it seems that every conversation, especially the ones that we have with - so since a lot of my friends
are RAs, whenever we have a conversation, it always seems to come back to Res Life...it's kind of almost sad to a point where it almost kind of envelops your life… It kind of takes up your whole life.

For Joseph II, sometimes the inner circle of his colleague resident assistants did not allow him space to be removed from the ongoing stressors of the position.

Some participants described the need to spend time processing their response to traumatic situations in the resident assistant role. For Sabrina, this meant time spent in prayer or journaling:

Um, what do I do? Well, I pray about it. Especially if it's something that I'm concerned about. I journal a lot. So sometimes RA stuff makes it in there if it's heavy on my heart.

Others spent time in similar ways; Sierra also processed her experiences through journaling and other more personal methods of reflection:

I don't know how I process them. I keep a journal now, that helps… I went to counseling my sophomore year, and that's when I had most of the issues. And I'm thinking about going back to counseling.

Although it did not include counseling, Parker described a similar personal method of self-reflection to process his experiences:

… just like reflecting on it. Like, I'm the type of person that, I want to always keep improving constantly. So a lot of times the way I reflect on it is saying - it's just kind of thinking back on it and being like, What could I have done better? Or what's an action that I can keep in like my back pocket for next time that happens so that's more so the way I look at it like in that applicable sense?
Parker felt it was meaningful to both reflect on what happened and the ways that he could improve his response for the future.

Typically, the processing methods that students described happened in tandem with the people they identified as providing them support. Although students described different methods for processing their experiences, all identified their own unique ways to process and discussed the importance of processing trauma experienced in their resident assistant role.

**Learning from Trauma: Seeing the World in New Ways.** Perhaps most critical when exploring meaning making is understanding the ways that individuals have processed information and created a new understanding of the world and their role in it. This pinnacle of meaning making – the actual new knowledge and views that have been created – provides an answer to my research question pertaining to how resident assistants make meaning in response to their trauma exposure. Participants discussed the new knowledge they had gained in response to responding to trauma, specific to their resident assistant roles. These new views led participants to see the world through a different perspective than before they were resident assistants and helped them to better understand their place within that world.

Reflecting on their experiences as resident assistants, participants described seeing mental health concerns as more prevalent, spoke about how their experiences would impact their future careers, and identified newfound skills of empathy and caring for those around them. The following responses show the full array of new meaning that my research participants attribute to their experiences responding to trauma in the resident assistant role.
To start, participants described the ways that their exposure to traumatic occurrences changed the ways they considered mental health in their communities. For John, becoming a resident assistant helped open his eyes to the frequency of mental health concerns:

Um, I feel like it's opened me up to a lot of things I didn't think about. I mean, I didn't realize how common mental health was, for example, like it just opened me up to a lot of things that I didn't realize people go through. So I don't know, it just kind of opened up my horizons a little bit about you know, topics and yeah, it's educated me a little bit more.

John had not realized how commonly mental health concerns occur and felt this was significant learning in the resident assistant role. Because of the experiences he had responding to his residents’ mental health concerns, John’s views were changed.

Arya reflected a sentiment like John’s, sharing that it could be very difficult to support students with mental health concerns, and to help them understand their resources. She also noted the limitations of a resident assistants’ abilities to provide mental health treatment for residents. In reference to incidents involving mental health concerns, Arya stated:

…those are really challenging just because we try our best to help refer them because we can't really be their counselor or help them ourselves as much as I want to as a human.

Like Arya and John, Isabella identified that responding to traumatic situations, including mental health concerns with her residents, impacted her significantly. As Isabella shared:
I already kind of said it, but being an RA is both one of the best things I've ever done, and also the thing in my life that has made me the most anxious, like, I was absolutely not an anxious person at all until I became an RA. And now, I've experienced a lot of anxiety because of it. But also, I chose to do it again. You know, I couldn't give it up because I love being there for people.

For John, Arya, and Isabella – together with other participants – being a resident assistant, although providing a source of stress, did help them to reconsider the needs of their communities related to mental well-being.

Other participants described changes in the ways they interact with people or see their communities following response to resident concerns. For Jake, being a resident assistant showed him the frustrating side of people. Responding to many different types of incidents, including those involving vomit and extremely difficult roommate conflicts, showed him how some people utilize their privilege at the detriment of others:

And that's what frustrates me about people is just the sense of not understanding that the space is a privilege to have, and it's a privilege to go to this university, because not everyone has that opportunity. And, you know, at our campus in particular, I do notice this sense of definitely privilege. It's a very like, yeah, my great, great grandpa went to this university, really traditional rooted university. So I think sometimes that's what frustrates me … Yeah, so I guess, I don't know, it definitely has helped my perspective on just seeing what I can do better. And like, making sure that I appreciate, have gratitude for everything that I have.

Jake was surprised by the amount of vandalism he experienced while working as a resident assistant. Jake spoke about a resident who often left trash in the hallway, and
who seemed not to care about his impact on others. He also spoke about a resident who pooped outside of other students’ doors, noting that it was frustrating (as evident in the quote above). This, together with the more difficult situations to which he responded (including a sexual assault incident), led Jake to question whether he will reflect positively on his experiences as a resident assistant.

Like Jake, Rosita’s view of typical social situations changed after she managed an extreme alcohol overdose situation involving a resident. Rosita shared that, even when she was with her friends, it was difficult to remove herself from the worry that someone around her might also overdose on alcohol:

So I do think about it from time to time in those scenarios... I am just like, man, even when I'm around my friends, maybe I think about it a little bit just to make sure that no one I know is gonna get to that level, and people aren't gonna have to worry about them the same way that we had to worry about the student. So it definitely brings up some negative feelings still, but maybe more so caution, as opposed to panic.

As I described previously, this is also the point in our conversation during which Rosita said that she has her “head on a swivel” to be constantly watching interactions around her. Rosita expected there to be more frequency of these types of alcohol-induced medical emergencies, and felt on high alert in preparation for these types of happenings.

Maria shared a similar sentiment as Jake and Rosita, in identifying that her response to resident’s traumatic occurrences helped her to see some of the negative in people. Maria shared that:
…in some aspects, I kind of realized that everyone kind of does something wrong at some point, which, in some ways, it's like, Yes, we all do dumb things, but it kind of exposes you to the really dumb people, where it's like, okay, why are you walking off with a clock in your hand? As I'm walking down the hall, like, that was just, you know, stupid, or like, Why did my bulletin - not my bulletin boards - but why did bulletin boards get like, directly ripped off the wall? Why did all of the lights on my floor get punched out? And things where I'm like, Okay. This makes me believe in the general intelligence of some people. Like, it makes me feel like when I'm on the job, I kind of assume the worst in a lot of situations - just prepare for the worst, hope for the best sort of aspect. But it's also like, you watched so many people just lie to your face, where it's like, this really makes it hard to trust people.

Maria had a more difficult time trusting people and changed her belief in the general intellect of people based on the situations to which she responded. Maria reported experiencing high levels of disrespect and a general lack of support from supervisors as well, which led to the difficulties she described in trusting others and her belief in people’s knowledge and innate ability.

Other participants were able to reflect on how their response to traumatic situations would impact their future careers. Sabrina believed that the resident assistant position prepared her well to become a nurse. She explained:

I realize that I really like chaotic situations. So I'm really thinking about ER nursing. Yeah, and I just feel very equipped to handle those kinds of things. Like I'm able to keep my head calm and focus on what I need to do. I think that as I
have patients, who are a little bit more combative or uncooperative, it would just be like dealing with an unruly college kid, I don't know. Yeah, I will have a whole toolbox at my disposal.

Not only did being a resident assistant prepare Sabrina to stay calm amidst chaotic, traumatic situations, but it also provided her with other tools that will benefit her as a nurse.

Other students expressed a similar sentiment about the impact of responding to traumatic situations on their future careers. Caroline, who hoped to become a music therapist, identified that many of her experiences will apply to her future work:

I think the role of an RA will definitely have its presence in my work. The training I've gone through, I know I can definitely apply to my work as a music therapist, that openness to listening to other people's thoughts and their point of view.

Caroline specifically thought that her ability to assess someone’s suicidality, and skills she developed through QPR, will be directly applicable to her future licensure exam and work requirements.

For Allison, who is becoming an educator, responding to traumatic occurrences as a resident assistant provided her with helpful skillsets and the ability to understand the positive impact she can have on people:

… I do see them as preparation for my future career... I hope that as a teacher, I’m able to respond to things differently because I’ve had these experiences before. I guess I’m also – I also just hope to look back at them and know that they’re things that shaped who I am and shaped who other people are in a positive way. Like, I
guess I hope to look back and just feel more positive about it and see, like positive impacts versus just like negative things.

Similarly, Rebecca shared that she believes being a resident assistant – and the difficult experiences she described over the course of her interview – set her up for career success:

I just think it’s just such a great thing to have in your background on your resume, like, all the experiences that I’ve talked about, and even the ones that I haven’t talked about, they all kind of lead me into becoming a better person and kind of tying back into being more open minded. I’ve gained so many more skill sets because of being an RA. And I don’t think anything in the world compares to being an RA and like, that’s just such a unique experience that only a few of us get to share.

For Rebecca, being a resident assistant – despite responding to difficult, sometimes traumatic situations – was worthwhile.

Likewise, Evelyn, who responded to a difficult suicidal friend (described earlier, involving a parking garage), believed she has learned important lessons in her work as a resident assistant. Evelyn reflected:

… the more challenging experiences - even now, it's been less than a year since the parking garage incident, but looking back, that used to upset me a lot. And I really struggled with it. But I'm like, you know what, that was an unfortunate situation. But I learned a lot more from it, especially in the importance of leaning on other people. I don't think any of that broke me, if that makes sense.
Evelyn had reflected on her response to this situation, and her ongoing support of a friend, and was able to learn from her response – all while continuing forward toward her goals.

Other participants found that, through reflecting on and processing their exposure to traumatic happenings in the resident assistant role, they became more aware of basic human needs for empathy, care, and support. This was true in thinking about their residents and for the greater community at large. Students spoke about understanding that people want to be heard and reflected on the ways they were able to see into other people’s lives in more meaningful ways.

Participants also acknowledged that people often have more happening in their lives than anyone else may realize, and that they came to feel it is important to acknowledge this. For example, Victoria shared what she learned in her support of residents going through difficult circumstances. Victoria explained:

…the thing it taught me a little bit about people is, a lot of people just want somebody to listen, they don't care about advice, or trying to make things look positive. Most people just want somebody that will listen and empathize with them.

In Victoria’s experience, her residents were seeking a listening ear and someone to show empathy toward their circumstances – and Victoria’s response to traumatic situations helped her to understand this need.

For Sierra, the resident assistant position exposed her to the difficulties that people experience. Sierra explained, “…you get to really see into people’s lives, why they’re hurting” and that “giving grace” was something she learned was important when
approaching and working with residents. Parker had a similar learning experience as Sierra; as both a resident assistant and a volunteer firefighter, Parker was exposed to a number of life-or-death situations. He reflected the following about the uniqueness of the resident assistant role:

Sometimes, not as an RA, you notice a classmate that's struggling academically or whatever. Or even in my role on the fire department, you show up to these incidents in the moment and kind of deal with problems at the time. But being an RA definitely gave me an insight to someone's entire context and what's going on, oftentimes driving the red flags that you can notice, as appear in other roles. And kind of being able to understand that people oftentimes have a lot going on, that can be challenging for them.

By understanding a student’s full being, the resident assistant role allowed Parker to understand his residents in a way that he couldn’t typically get to know others. Parker was able to also relate this newfound knowledge to people in his local community (who he served as a volunteer emergency responder).

Grace found that being a resident assistant – and all the responses that went along with it – helped her to gain empathy in understanding that other “people have gone through a lot more than they’re going to tell you.” For Grace, it was important that she be “careful with your words, making sure that you're making everyone feel seen.” Grace found that helping people understand that “you're paying attention to them as an individual” was incredibly impactful in her support of students.
Megan provided perhaps the most succinct and eloquent description of how she learned through her exposure to trauma, and the ways that this exposure and learning transitioned her into a new stage of life. She shared:

…when I look back, it's kind of - will kind of be a bookmark, where it's like, wow, okay, I started to really grow up and be very responsible and kind of all those things.

For Megan and many other interview participants, being a resident assistant and responding to the difficult circumstances of their peers provided a key transitional experience in their journey to adulthood.

**Outcomes from Trauma Exposure**

Although this study is not intended to classify participant experiences with formal diagnoses related to post-trauma exposure, I do think it is necessary in understanding the full impact of resident assistant meaning making to explore how participants described their experiences in the aftermath or trauma, which I refer to as post-traumatic experiences. In some cases, this aftermath included signs of burnout or other negative impacts of trauma. In others, this aftermath looked like compassion satisfaction or other positively-focused reflections on traumatic exposure. These coping strategies allowed resident assistants to adapt to their difficult experiences in various ways.

Both negative and positive impacts are explored as follows, with brief examples of these impacts outlined for consideration. As these outcomes are distinctly different from the meaning making that occurred, I separated this analysis from my previous section. However, it seemed important to highlight these outcomes as they came through my analysis, to explain the lasting impact of trauma exposure for some participants.
**Negative Impact of Trauma Exposure**

Resident assistant participants described how responding to trauma at times had lasting impacts. Those impacts were sometimes more immediate or, in other circumstances, were longer lasting. Sierra, who described experiencing harassment from male visitors on her floor, explained her feelings – both immediately following the incident response and in the months that followed – in the following way:

I remember I was really scared of the men on my campus afterwards… I didn't want to interact with men until this year, my senior year. I haven't been wanting to be alone with men. I didn't really, the only men that I did talk to were the boyfriends of my friends that had already been vetted, gone through background checks. Or they were gay, I guess? I don't know. But I was very scared, especially of hordes of boys that would … walk together… I remember - I was shaking, my chest would feel tight… I was very, very angry, I remember, after that one night immediately, and I was crying a lot. I was so angry that I was kind of screaming into my pillow… I wanted to punch somebody, but I was like, I can't punch people. I was just very upset. And I didn't know how to express that anger. I don't think I've ever been that angry and sad at the same time.

This reaction wasn’t the only time that Sierra expressed negative experiences following a difficult situation. After feeling traumatized by a training on suicide prevention, Sierra also described the following impacts:

I don't know. I wish... I wondered why I wasn't as emotional afterwards. Now, that's what I think about. Because we recently, we had to do a training situation at one of our in-service meetings, where we were kind of given a situation about
suicide without like a trigger warning, and it just came up. And I got so angry that we didn't get a trigger warning before we had started talking about it. And I remember crying, hysterically, and I had to go into a different room...

For Sierra, both training activities and incident response impacted her in profoundly negative ways, leading to intense emotions which she described as anger and crying hysterically, and fear in responding to situations involving male college students. Other resident assistants described similar lasting negative feelings.

Rosita, who had responded to a medical crisis following a resident’s alcohol overdose, found that she continued to be worried about other incident responses moving forward. She sometimes found that she was even worried when out with friends, like she was concerned that somebody else would get that sick and need her support. Rosita shared that, after responding to this situation, her behavior had changed:

…I tend to also be a little more wary and a little bit more cautious. Like if I see people walking on the street, and I can tell that they're super, super drunk, maybe. Because I have seen countless people coming through very, very drunk…now I think I've kind of got my head on a swivel a little more. Just okay, I see that person, that person looks like they're struggling a little bit. Maybe they're really drunk, or maybe they haven't, you know… It kind of makes me stop and just - Okay, is there someone else around them? Is [there] somebody who can help them out? Because if not, I have been that person where I've been out with some friends and I've seen a girl alone too drunk and gone up to her to make sure that she was with other people. Just because that's, you know, the kind of thing that we're
doing these days, just making sure that other people are okay. So I think that it's made me a little more cautious and a little more wary for others.

For Rosita, it was not only this alcohol incident that impacted her immensely. She also felt high levels of negative impact following a resident’s suicide attempt:

Because it makes me really sad, because I've known people who have, you know, been in a really, really low place because of the pressures of college. And because of the pressures of everything in life… And you kind of just want to help those people and you…

Rosita often worried that she wasn’t doing enough to respond to student mental health concerns, and that situations involving general mental health concerns would become more serious emergencies in the future.

Other resident assistants described how hard it can be to relax after responding to a difficult situation. Maria reported that, at times, she had sleepless nights after responding to situations:

So that was like, one of the nights where I was laying in bed, and then I was just kind of coming down from that adrenaline and I was like, oh my god, okay, I hope she’s gonna get back.

Other participants, like Arya, described doing some reflective activities to think about the reasons why they are working as a resident assistant, especially after responding to a hard situation):

…there are times in my days and in my weeks where I'm just like, why am I even doing this job? Why am I taking on so much? Like, why am I taking care of so
many 20 year olds, 18-19 year olds, that should be, seems like somebody else is more mentally prepared for this, or has more time on their hands…

There are many more examples from interviews that connect a participant’s incident response to the negative outcomes of traumatic exposure, but these examples help showcase the ways resident assistants described these difficult feelings. Some participants described both negative and positive outcomes of trauma exposure through their meaning making reflections.

**Positive Impact of Trauma Exposure**

For other resident assistants, the impact of responding to trauma provided a more positive lasting experience. Some expressed examples of compassion satisfaction, high engagement in their positions, and other positive impacts that have been closely linked to traumatic happenings. For Victoria, this positive impact was described through the relationships that were formed through her work as a resident assistant:

I think there's a lot of bonding that comes with the exposure that RAs get. Whether that be in your own staff, or even somebody else who's an RA, you can always bond over the weird stuff that's happened that you've had to deal with. So I think with all of the stuff you have to go through, there can be this great sense of community involved with it, too. So I think that's one of the biggest things that I've learned from this job is the sense of community that you can always have.

Some participants actually described this community as being facilitated through *trauma bonding*, so there was an acknowledgement between resident assistants that their exposure to difficult circumstances does, in fact, bring them closer.
Joseph II spoke what he had observed in his peer resident assistants as they responded to difficult situations. He shared:

I think that, when presented with a traumatic experience, or potentially traumatic experience, and someone does the right thing, or they help, in a sense, that it's, it almost has the opposite effect of a traumatic experience where it's like, oh, now that they learned that in those tense situations that they can respond and they can help people with them. And I think that gives people a lot of self-satisfaction and self-worth… You can really find a sense of self-worth in those experiences.

For Joseph II and his peers, responding to a traumatic occurrence actually helped to facilitate personal satisfaction in response. Rebecca described something similar, sharing that “it just feels good helping other people and just making an impact.”

Thus, while the impact of exposure to traumatic occurrences can be negative or positive, the incident response is not without impact – which is important to consider when seeking to understand the ways resident assistants make meaning of traumatic happenings.

**Interaction of Elements**

Through analysis and consideration of my findings, specific trends emerged at the institutional level that were important to capture through this analysis. Institutional context and structures make a difference in significant ways and are important to identify as I conclude this summary of my findings. Overall, and as one example of this institutional-level impact, it was clear that resident assistants at IPC had more positive experiences than their peers at other institutions. Although there are many reasons that seem to point to what facilitated such positive experiences, it is important to note the care
with which resident assistant training (and other related expectations) were approached by professional staff.

As I noted in Chapter III, the *Behind Closed Doors* guidebook provided by IPC was the most thorough, detailed, and helpful of training materials provided by institutions. In addition to the areas touched on by other institutions, IPC staff made clear what was expected of student staff during response to particular types of scenarios, and touched on specific skills that were expected of student staff members during incident response. This clarity in approach and detailed training experience likely setup student staff for great success during difficult incident response.

Other expectations at IPC facilitated greater success for resident assistants in the aftermath of trauma exposure. As I explored earlier in Chapter IV, when talking about the culture of support on campuses, IPC staff expected students to attend counseling following exposure to traumatic situations, and this expectation was built into the structure of their training. At all points, IPC staff showed resident assistants holistic care and support for their success in the resident assistant role. Resident assistant support was centered in decision making, leading to more positive impacts for difficult situation response.

Participants who worked at institutions that considered their self-care had more positive experiences in response to their trauma exposure than their peers who reported feeling unsupported. In addition to IPC, this was described in a few other ways by interview participants. For instance, the faculty resident role at MMPC provided a caring adult presence with whom resident assistants could process their experiences and problem solve solutions (for themselves as resident assistants and for their community).
Other resident assistants were able to identify the difference between having a supportive supervisor versus a more absent one. Likewise, Allison at WSPC described the difference in her post-trauma response impact (and related meaning making) from when she had a supportive supervisor versus when she did not.

Of great interest was a particular trend in student participants from WUPC, where several of the resident assistants interviewed discussed a real sense of fear in losing their job if they made any mistake. Some shared that one or two other resident assistants had been let go in the last year, somewhat mysteriously, for what they believe were job performance issues, and described the different ways in which they worried about losing their jobs if they made a mistake. Interestingly, the resident assistants from this institution also consistently spoke about how supported they felt in their position (by both their direct and indirect supervisors), so their fears did not stem from a place of feeling unsupported by their managers.

In thinking about building clear position expectations and intentional opportunities for support, we can begin to see the interaction between a person’s exposure to trauma and the ways in which reflection and meaning making processes are impacted by the context of the environment. At times, despite feeling supported by supervisors, students were concerned that making a mistake would lead to them being fired from their position. The interaction between incident responses to traumatic happenings and institutional structures – and its interplay with reflection and meaning making – must be considered. This interaction will be explored with recommendations for student affairs practice within Chapter V.
Study Limitations

Although this study was purposeful in design, execution, and analysis, there still exist several limitations that are worth noting. Reflection on limitations of this study follow, including the types of questions asked, the composition of my participant group, and the potential for different methods that might lead to different types of knowing or results.

To start, my interview protocol did not ask resident assistants to reflect on their own personal experiences of trauma, or how these connected to their response to the traumatic occurrences of their residents. Upon reviewing the results of my study and identifying the interesting perspectives shared by resident assistants who did disclose to me about their own traumatic life experiences, I wonder if it would be helpful to consider these types of experiences for all participants. Since a majority of college students (if not all, considering the COVID-19 pandemic) have experienced at least one traumatic life event, it might be important to consider their individual experiences as I think about their process for reflection and learning from their resident assistant response. Likewise, it is very possible that, overall, participants who agreed to be a part of my dissertation research were resident assistants who had more traumatic occurrences than their colleagues. Replicating a similar study with a group of other current resident assistants, therefore, might produce different outcomes.

As with any participant sample, there is always the danger of self-selection bias being present within findings. For instance, the resident assistants that responded to my request to participate in this study may be those for whom more traumatic response was necessary. Or, the flipside could also be true – perhaps the resident assistants who
participated in my study were those who experienced more infrequent traumatic happenings during their time as resident assistants, leaving them more time to decide to participate in this study. The beauty in qualitative research is that it seeks to understand the experiences of those who participate in the research project, thus helping to control for this area of limitation.

Additionally, my findings did not seem to provide significant specific outcomes that were differentiated between gender and racial groups. This may be due to the small sample I was interviewing, the representative levels of men and students of color in these leadership roles, or the actual questions that I asked. However, I can imagine that a similar study, reviewing the impacts of trauma on resident assistants *based on gender* or *based on race* may have differentiated outcomes. This is likely important to study and understand and should not be missed when considering the limitations of my work.

Likewise, although a phenomenological design was an important method to consider my research question – of how resident assistants make meaning from the trauma experienced in their roles – there are other methods that would also explore the topic in meaningful ways. A case study format may have helped me to explore more about the impact of the institutional context on resident assistant meaning making, as an example. Phenomenological research is helpful in understanding pieces of a topic but are not the only method that might produce rich outcomes.

**Summary of Findings**

Analysis of my data provided me with detailed insight into the meaning making process of resident assistants in response to their experiences with trauma exposure. For each participant, the type of trauma they were exposed to and the impact of that trauma
differed; however, common patterns emerged that are highlighted throughout my analysis. Furthermore, some participants also had their own personal experiences with trauma that affected their roles as resident assistants. Students reflected on the ways they processed their experiences, how they grew from this exposure, the negative impacts of their experiences, and how their relationships with others changed.

Phenomenological research requires understanding the different components described through my analysis – the phenomenon of trauma exposure, the context within which this exposure occurs, and described meaning making – while also considering how these three components interact with one another. By further exploring the interactions between the themes presented in my analysis, additional meaning is derived from the expertise shared by research participants.

Some findings from my analysis were surprising to me. First, I was surprised that gender and race generally did not seem to provide any significant impact on student’s meaning making about experiences, nor did these identities get mentioned in meaningful ways throughout my interviews. One of the only exceptions to this includes Sierra’s description of harassing interactions with male students from a nearby institution, and she described ongoing fear of male college students. The other major gendered differences were in regard to the situation to which both Sabrina and Joseph II responded. Their reflections on this experience were so very different that I wonder how their genders (and society’s expectations for their gender) may be at play.

Additionally, students overall reflected on their positions as community developers, and this was surprising to me; so many college students are in a stage of development where decisions are black and white, and I expected a policy enforcement-
type lens to come out from at least some of the participants. Participants generally showed high levels of compassion and empathy for their residents and the other students on their college campuses.

Taking these findings one step further, in Chapter V, I situate them within the context of current research on trauma, meaning making, and college students. Future research and practice considerations will conclude the chapter, allowing for the experiences of all of my participants to positively impact the opportunities for future resident assistants.
CHAPTER V: DISCUSSION

This dissertation explores the research question asking how resident assistants make meaning of their exposure to trauma. By qualitatively examining narratives of resident assistants, my research provides new understanding of how individual resident assistants experience the shared phenomenon of trauma exposure and make meaning from their experiences.

The findings presented in Chapter IV were organized within a framework of understanding the phenomenon of trauma exposure, including the types of traumatic situations to which resident assistants responded, the context of the resident assistant experience, and the ways resident assistants made meaning of their exposure to trauma, including their learning, growth, and changes as outcomes to trauma exposure. This concluding chapter applies theoretical backing to these findings, helping to make additional sense of the outcomes of this study and describing novel understanding developed through this dissertation. I will conclude with implications for future research and student affairs practice.

Theoretical Application of Findings

Chapter IV presented a detailed analysis of my data interpretation in considering a phenomenological understanding of resident assistants’ meaning making following their exposure to traumatic experiences. Baxter Magolda (2001, 2009) describes meaning making as a process by which individuals actively construct their understanding of the world around them and identifies meaning making as an element of the journey to self-authorship (Baxter Magolda, 2001). Shalka (2019a) found that, for trauma-exposed college students, trauma impacts how individuals see the world and understand
themselves within it. My findings connect in meaningful ways to current theoretical understandings of similar phenomena. By looking at the social construction of reality, general theories surrounding meaning making, and more nuanced understandings of meaning making for college students who have experienced trauma, greater depth of understanding regarding the meaning of my analysis comes to light.

Social Construction of Reality in the Resident Assistant Role

Berger and Luckmann’s (1967) theory regarding the social construction of reality provides a basis for understanding my findings in consideration of how resident assistant participants reflected on their experiences with trauma exposure. As Berger and Luckmann’s framework presents, people develop their worldviews based on how they interact within their communities. This forms their understanding of the world and those within it. The presence of trauma and difficult situations, therefore, can impact someone’s understanding of the world.

As was explored in Chapter IV, resident assistant participants reflected on how they had changed since responding to traumatic situations. Many described the newfound understanding that people have more going on in their lives than anyone might realize, or that being a resident assistant had engendered greater empathy for people and their experiences. Still others described having a knowledge and recognition of the deep levels of mental health concerns that exist in college student living communities. As several participants described, the more that they were trained to respond to potentially traumatic situations, the more these experiences become a part of their lives – and then, the more that individuals looked for these experiences to occur. As Rosita illustrated,
experiencing a medical emergency related to alcohol use led to her looking for this type of emergency in other situations, even outside of the on-campus setting.

These participant descriptions provide a connection to Berger and Luckmann (1967), illustrating that resident assistants’ experiences with trauma exposure changed how they understood the world around them. All resident assistants described training experiences surrounding response to trauma exposure, even though a few resident assistants did not describe actually responding to traumatic incidents. If you are trained to expect that traumatic things might happen, and then they do, it can make you believe that the world is full of traumatic happenings. It is obvious that the resident assistant role has high impact on these students’ learning and growth experiences, and influences their understanding of the world around them in significant ways.

**Meaning Making in the Resident Assistant Role**

The heart of this dissertation is my findings and their relation to and expansion of previous research on the topic of meaning making. As I introduced in Chapter III, meaning making includes the active construction of one’s own reality, and reflection on the experiences that shape one’s worldview (Baxter Magolda, 2001). Taking this meaning making process further, Baxter Magolda (2001, 2009) describes processes by which college students transition to capacities of self-authorship, whereby individuals develop “the internal capacity to define one's beliefs, identity and social relations" (Baxter Magolda, 2001, p. 269). Typically, for students to transition from one level of meaning making to another, they must experience some type of dissonance (Baxter Magolda, 2001). This dissonance may happen through traumatic exposure, in learning more about oneself, or any variety of ways; however, individuals likely experience some
point of difficulty that requires them to explore new decision-making or ways of knowing.

Movement toward self-authorship requires appropriate care and support, in order for that individual to reach new levels and ways of meaning making (Baxter Magolda, 2001). Developmentally, college students, especially those who enter college shortly after high school, are in a phase of life that includes learning about themselves and their place in the world. This is often true for resident assistants in the same way it is true for the residents they support. As such, resident assistant development and meaning making is influenced by the ways they help others to actualize their goals. It is also impacted by the ways resident assistants received support in their processing of others’ trauma.

For many resident assistant participants who experienced a traumatic occurrence in their role, including those who described responding to a resident’s suicide attempt, significant mental health concern, or sexual assault, reflections on their personal learning and growth from these experiences included a sentiment such as I now realize that everyone has more going on than I used to think. This showed their increased attention to the difficulties that others are facing. This type of statement illustrated how participants’ world views had changed, only after they had responded to a difficult situation (a type of dissonance) and took time to reflect on the meaning of this dissonance for their worldview. Response to traumatic situations not only changed the ways participants viewed the world, but also how they understood their roles within their communities, which shows a significant growth in maturity – and a journey toward self-authorship.

As discussed in Chapter III, key movement toward self-authorship is the ability to trust one’s own internal voice. As Baxter Magolda (2008) presented, individuals who
trust their internal voice are able to recognize “that reality, or what happened in the world and their lives, was beyond their control, but their reactions to what happened was within their control” (Baxter Magolda, 2008, p. 279). It is worth noting that a number of resident assistants spoke about a great deal of time spent in reflection on whether or not they had made the correct choices and worrying about the ways that their decisions impacted others in their residential communities. This is perhaps a key connection to the ability of trusting one’s own internal voice, and shows their transition to this ability.

My analysis provides a more nuanced view of this ability to trust in one’s internal voice, as my findings explore the intersection of experiences such as training preparation, institutional support, and post-traumatic response meaning making. Some students described their own decision making ability more than their peers, such as those from IPC described as compared to participants from WUPC, and likewise showed different outcomes in meaning making than their peers. This extends Baxter Magolda’s previous findings, and shows the importance of understanding the interaction of different elements on resident assistant experiences.

**Meaning Making Following Trauma for Resident Assistants**

Considering the impact of trauma exposure on the ways that college students make sense of their experiences, Shalka’s (2016) interpretation of Baxter-Magolda’s framework for meaning making applies most acutely to this study. As discussed in Chapter II, Shalka (2016, p. 14) explains that college students exposed to trauma “frequently interpret, understand, and see their surroundings differently from those around them.” Shalka found that those who have experienced trauma will often
“experience an increased sense of interconnectedness with others and enhanced sense of meaning in their lives” (Shalka, 2015, p. 24).

My findings extend those presented by Shalka, in that they consider trauma exposed college students and not only those who have experienced their own trauma. Specifically, in considering how those who experienced trauma felt greater connections with others and developed a greater sense of purpose, a connection between Shalka’s (2015) findings and mine can be compared. In the examples provided about Rebecca and Parker, both reflected on how responding to trauma created greater connectedness to their residents (and others around them). Isabella put it best in saying “I just love them” when speaking about her residents and the influence of their relationships on one another.

Some resident assistants also described the close personal relationships they developed with other resident assistants through what Sierra described to be “trauma bonding” experiences. This extends knowledge surrounding Shalka’s previous research, identifying the ways that those with shared, common trauma experiences may allow for resident assistants to develop closer relationships with one another because of their collective experiences. It therefore makes sense that participants described how both experiencing and reflecting on trauma response helped to facilitate closer relationships with other student staff members.

Identity development for trauma survivors, according to Shalka (2019a), included three main processes: meaning making surrounding one’s traumatic occurrence(s), connecting one’s identity to this meaning making, and developing a trauma-informed self-identity. Many participants described a strong sense of identity connected to the resident assistant experience and acknowledged that others outside of residence life –
their peers and friends – saw them as helpers even outside of their residential communities. Some resident assistants described a sense of always being on and constantly looking for situations to which they should respond, even when off campus.

The shift in self-identity of being a resident assistant – and responding to difficult, often traumatic situations – is strong and interwoven into my participants’ experiences. This phenomenon extends Shalka’s research by illustrating how resident assistants’ responses to trauma in their roles (and following their individual reflection and meaning making) leads to the creation of a trauma-informed self-identity as a resident assistant.

Shalka also speaks about the need, at times, for a difficult experience, or one that challenges someone’s view of the world, to “promote increased complexity in meaning making capacity” (Shalka, 2016, p. 8); this is similar to the idea of experiencing dissonance (Baxter Magolda, 2001) highlighted previously. Examples of this within my research outcomes include the self-actualization and ability to set boundaries, which was presented within Chapter IV, as well as participants’ reflections on their new ways of seeing one another and growth in providing empathy to others.

My findings illustrate the ways in which institutional context impacted resident assistant experiences, including processing, reflection, and meaning making. As Shalka (2022, p. 83) shares, “trauma doesn’t occur in isolation and neither does development.” For resident assistants experiencing traumatic response to incidents within their communities, this is especially true. My findings explore the impact of community-based trauma exposure for resident assistants, and meaning making that happens within these same communities. For those institutional environments where a focus is placed on communal support in response to traumatic happenings, meaning making (and identity
development, as Shalka describes) for resident assistants happens more positively and in easier ways.

**Lasting Impacts of Trauma Exposure**

Chapter II discusses the potential impacts of trauma, from both a positive framework (compassion satisfaction, engagement, and resilience) and in consideration of negative outcomes (burnout, compassion fatigue, and secondary traumatic stress). Throughout my analysis, I found connections between my participants’ statements (and lived experiences) and outcomes related to both direct and secondary trauma exposure. As these theories often serve to diagnose post-traumatic impacts – so that people can receive proper care and treatment – it is important to note that I am *not* diagnosing any of my participants as having secondary traumatic stress, as one example. Rather, I highlight the connections between resident assistant experiences and these known, observable outcomes related to traumatic experiences. I will provide one example of a participant’s statement, and connect that to one of each of the six areas I highlighted within Chapter II.

**Burnout.** Burnout may occur within those who, for their role, put other people’s needs first, working long hours with few boundaries. Burnout emerges as a response to continual job-related stress. Main outcomes of burnout include emotional exhaustion, detachment from one’s job, and a reduced sense of accomplishment in one’s role (Cummings et al., 2021; Freudenberger, 1975; Maslach & Leiter, 2016). Resident assistants live and work within the same community. Some resident assistants, such as Jake and Arya, sometimes wondered why they became resident assistants, and if they would regret their decision to serve in this role. This reflected a reduced sense of accomplishment and connection to their work, which are symptoms of burnout.
**Vicarious Trauma.** Vicarious trauma occurs when a trauma-exposed individual experiences a shift in worldview because of their work with traumatized individuals. Vicarious traumatization can alter an individual’s view of self, view of the world, and overall mental well-being (Cummings et al., 2021; Pearlman & Saakyitne, 1995). For Rosita, the experience of responding to a medical emergency made her believe that similar types of medical emergencies could and would happen anytime, anywhere, and made her feel like she was always on alert. This hyper-vigilance and change in her view of what was happening in the community around her is likely a sign of vicarious traumatization.

**Secondary Traumatic Stress.** Secondary traumatic stress is an individual’s psychological response to the exposure of others’ traumatic experiences and has an acute onset. Secondary traumatic stress may include symptoms that mimic post-traumatic stress disorder (PTSD) such as fatigue, lack of concentration, feeling hopeless, sad, or angry, and anxiety (Cummings et al., 2021; Figley, 1995; Gilbert-Eliot, 2020; Lynch, 2017). As Sierra described, she had a lasting anxiety surrounding men on her campus (and following a difficult incident response); this lasted for well over a year, and impacted her social relationships and work as a resident assistant. Sierra also described feelings of disconnection from her position, and other symptoms that likely indicate the presence of secondary traumatic stress.

**Compassion Satisfaction.** Compassion satisfaction, often considered a protective factor for those experiencing trauma exposure, is described as the fulfillment one might experience from working with traumatized individuals. Compassion satisfaction includes growth and motivation to help for the trauma-exposed individual (Cummings et al., 2021;
Stamm, 2002). Rebecca, who supported residents following a community-based mass tragedy and one particular resident experiencing debilitating mental health concerns, described that the resident assistant position “just feels good helping other people and just making an impact.” This reflection of compassion satisfaction was echoed by many other participants.

**Engagement.** Engagement is often presented as the opposite of burnout and is characterized by individuals with high levels of energy, strong workplace involvement, and workplace self-efficacy (Maslach & Leiter, 2016). Victoria described this strong workplace involvement when speaking about the close relationships that develop between resident assistants: “...there's a lot of bonding that comes with the exposure that CAs get…you can always bond over the weird stuff that's happened that you've had to deal with.” Others also spoke about this idea of trauma-bonding and commitment to their fellow staff members through strong workplace engagement.

**Resilience.** Lastly, resilience is an outcome of trauma exposure whereby a trauma-exposed individual successfully adapts to these circumstances, and is a factor that can impact an individual’s flexibility in responding to trauma exposure. People’s worldview, access to resources, and coping strategies impact the ability to be resilient (APA, 2021). I argue that most resident assistants expressed resilience in their approach and learning. One example is Allison; her compassion and empathy for residents continued even after she felt the negative impacts of trauma exposure, as well. She showed resilience in overcoming her own personal struggles with alcohol and responding to the needs of the residents around her. Her worldview may have changed, but she found herself access to necessary resources and facilitated her own success.
Implications for Theory and Research

The findings of this study meaningfully contribute to the base of knowledge regarding trauma and meaning making by providing a nuanced understanding of resident assistants’ experiences with meaning making following their exposure to trauma. This study reaffirms theories of meaning making (Baxter Magolda) and meaning making for trauma experienced college students (Shalka), while deepening what is known about trauma experiences and meaning making of resident assistants. The intersection of these research topics is expanded through reflections provided in Chapter IV.

Specifically, the main themes that emerged surrounding meaning making – questioning of decision making, the establishment of boundaries, processing experiences, coming to new understandings, and the interaction of trauma exposure, institutional context, and meaning making – are extensions of research knowledge that emerge through this dissertation study. The following subsections highlight the implications of my research in extending knowledge surrounding resident assistants’ experiences with trauma and meaning making.

Questioning Own Decision Making

For resident assistant participants, responding to critical incidents often led to lingering questions through self-reflection. Students wondered if they responded appropriately, questioned their own decision making, and tried to understand if their interactions with residents may have led to those residents’ traumatic experiences. This deep, introspective reflection is described by my participants through their reflections on responding to difficult situations. This questioning of one’s own abilities shows the
abstract nature of response to trauma, and highlights students’ journeys toward self-authorship.

Previous research does not highlight how resident assistants reflect on their actions and the questioning of their abilities that was described by my participants. Baxter Magolda (2008) described the ability to trust one’s own internal voice and an understanding of what one has control over and what one does not. Shalka’s research on college student trauma survivors and their meaning making is specific to an individual’s own trauma experience. For resident assistants, experiencing and responding to other’s trauma seems to have a differently nuanced impact on resident assistants and their trusting of their internal voice. This understanding provides a richer understanding of the internal reflection completed by resident assistants. The role of this self-questioning as having a major part in resident assistant meaning making is important and provides an extension to previous theoretical findings, and could be considered for application in other educational contexts (such as for K-12 educators or higher education professionals).

**Boundary Establishment**

Resident assistants experienced trauma in their positions through their response to resident needs, including support through mental health concerns and experiences of gender-based violence. The resident assistants that I interviewed were responsible for both responding to acute crisis situations and providing ongoing support for those who had experienced a personal trauma. Participants described their positions as being uniquely situated for ongoing, continual exposure to trauma, in that they lived near or with their residents (sometimes even sharing rooms with a resident they were also responsible for supporting). Being in a small college campus community meant that other
students knew they were resident assistants, and that some participants were approached to support their friends and other non-resident students due to this knowledge of their role.

As such, a unique attribute of meaning making for resident assistants included establishing boundaries. Most participants described this boundary setting as necessary for their own personal well-being. Many described recognizing the need to set boundaries because they had pushed themselves too far or felt overwhelmed with incident response. Some set strict boundaries from the start, even without an impetus. The establishment of boundaries described through my findings extends current knowledge about the impact of trauma – on college students, for resident assistants, and even more generally. Because the resident assistant position is so unique, in that they have job responsibilities that include living with the people they are also supporting, the understanding derived from my study ensures that resident assistant needs related to boundary setting are identified and understood.

Processing Experiences

Although previous literature explores the importance of processing experiences with supportive peers and the importance of structures that facilitate this processing for trauma-exposed individuals, few consider the meaning making the occurs following response to traumatic situations. My findings build off of previous exploration into how people make sense of difficult situations and present insight into the lived experiences of resident assistants making meaning following their exposure to difficult, sometimes life-or-death, situations. Specifically, resident assistants who discussed supportive supervisors
and the ability to have time and space to process their experiences reported better outcomes than their peers who did not have this encouragement or opportunity.

Again, the resident assistant position is unique, and is not easily comparable to the many other types of positions that require occupational traumatic response. Resident assistants live within the same environment where they respond to trauma, meaning that they have very few – if any – opportunities to fully escape from this environment. They are processing their experiences with their residents’ trauma at the same time they are going to school, unlocking another resident’s door, brushing their teeth, and walking to the dining hall. The opportunity for trauma is always present, and resident assistants must be provided with opportunities to decompress, reflect on their experiences, and make sense of their incident response. Understanding how this is different than a social worker or police officer who is experiencing trauma is important for furthering the support structures and training necessary for resident assistants.

*Understanding the World in New Ways*

Experiencing trauma can lead to personal growth, negative impacts, and new understanding of the world within which one is situated. My resident assistant participants described the ways they became more empathetic, kept on watch for anticipated emergencies, and learned that people have a lot going in their lives. These revelations were described to have happened in response to their processing following trauma experienced by their residents. Although these actualizations are typical in meaning making literature following trauma, they extend knowledge related to trauma theory in that my findings explore this for a subset of students that is not typically studied. Resident assistants are in a unique situation, living with the same people they are
supporting, and their experiences with trauma exposure are not as easily compared to other positions.

**Interactions of Phenomenon, Context, and Meaning Making**

Colleges cannot always control the type of trauma that occurs for and by their students, but they can be intentional in the creation of communities that are supportive, well-staffed, and take this research into consideration. This intentional community creation includes the development of residential communities with resident assistants who are well-trained and highly supported in their work supporting their college-going peers. Perhaps most important to consider from the findings of this dissertation are the interactions of several factors with one another. Institutional context, including the structures of training and types of support that were provided, were identified to have impact on positive experiences of meaning making for resident assistants.

Specifically, my findings suggest that resident assistants at institutions that took a thoughtful approach to training, ensured ongoing support for resident assistants, and set clear expectations for students in their roles presented as having more positive meaning making outcomes. The interaction of these variables is not often described in literature on trauma research, and is certainly not understood specifically for resident assistants experiencing trauma exposure. Therefore, the ways in which these different criterion interact is understood as a critical finding of this research.

**Summary of Implications for Theory and Research**

My findings advance the current knowledge on the impact of trauma response for college student resident assistants. Study participants described ways that they set boundaries in their roles, made meaning of their experiences, and navigated the structures
of their residence life departments and campus support. There are clear connections between my findings and current research on the topics of secondary trauma, and my study expands this research in significant ways. Understanding of trauma on college campuses continues to be an emerging area of study, and my narrower lens in understanding the impact of trauma response on resident assistants and their meaning making helps aid in the research-based conversation taking place about these topics. In considering the findings of this study, it is also important to connect the implications for theory and research to the practice of student affairs.

**Implications for Practice**

As my research findings have practical application, it is important to also reflect on the potential impact of my findings on the practice of residence life. The participants whose voices I interpreted and summarized had meaningful things to say about their life-altering experiences with their residents’ trauma, and it is important to think about the implications for professional practice based on these data.

**Recommendations for Resident Assistant Training**

Resident assistant training is a significant undertaking for schools and lasts for upwards of two weeks at many institutions (as shared by my participants). In thinking about the impact of trauma on resident assistants, and the ways they practiced reflection and meaning making in their roles, trends emerged that can be implemented into training program development. Resident assistants spoke about preparing to be exposed to trauma as having an impact on their worldview in almost the same way that experiencing exposure to trauma did, so it is critical to think about the ways training can be positively changed for better overall resident assistant outcomes.
First, all participants reflected on the beneficial nature of scenario-based learning, although they also indicated that there was a lot of on-the-job learning that took place (because only so much can happen in a *Behind Closed Doors* session). Virtual reality experiences and other ways to practice scenario-learning should be explored and might be less prescriptive than the training that occurs now – while still providing this useful training opportunity. Adapting new technology to facilitate training reduces the number of staff (and props) needed to facilitate these practice scenarios. Helping students to understand the types of situations they will be practicing responding to, and having opportunities to step away if the topic is too triggering, is also likely important.

Through my analysis, it became clear that resident assistants at IPC had more positive experiences than their peers at other institutions. As participants described, this was due to several factors: training and preparation for resident assistants, expectations for self-care following difficult situations, and ongoing networks of coordinated support from professional staff members. Scenario-based training at IPC was especially thoughtful and provided these layered expectations of support within training materials. With this in mind, I recommend that similar clarity and depth be provided in scenario-based training activities for students at other institutions.

As was described by participants at MMPC and IPC, intentional self-care and opportunities for processing was critical in response to resident assistant experiences with trauma. Building this processing as an integral expectation of the resident assistant position, even at the training level, will make this self-care more than just an afterthought, and will allow for more positive outcomes for students. Likewise, students spoke in many ways about the impact of processing experiences with their fellow resident
assistants, and about the helpful nature of returning resident assistants. For training programs, student affairs practitioners should develop meaningful opportunities for new student staff to observe response and have more facilitated on-the-job learning opportunities with their more seasoned peers.

**Recommendations for Resident Assistant Role**

Now is the time for higher education to significantly reconsider the continued role of resident assistants. As more is known about the impact of trauma, and as the number of traumatic occurrences continue to accelerate on college campuses, it must be considered as to whether this role can stay as-is. A thorough review of the resident assistant position, professional live-in staff expectations, and supplemental campus personnel support (such as campus safety and others) should occur. Particular focus in this review should include ensuring that the resident assistant role is scaled appropriately for a student staff member and reflects the overall values that resident assistants should convey within their communities. Thinking about whether the resident assistant position should be a community builder, a policy enforcer, an emergency responder, or some combination of all of these components must be considered, and student training should be developed around these core values.

Student residential staff need time built in for purposeful breaks and time off after responding to difficult situations; they cannot be expected to continue without having proper opportunities to be supported following response to a traumatic event. As was seen through the student responses at IPC, a campus culture that *expects* and *facilitates* resident assistants to receive counseling support following a difficult incident helps make everyone better and stronger. Similar structures should be considered at all institutions.
Likewise, it would be important for institutions to consider what is expected of resident assistants in their positions, and whether those expectations continue to be the appropriate position responsibilities for these roles. Student staff and their lived experiences are different now than they were even five to ten years ago, and this must be acknowledged through updated position responsibilities. Student methods of communicating with one another, and the societal expectation to always be available, have also changed, which must be considered in designing the resident assistant position. Resident assistants describe being available to their students in ways that their professional staff supervisors likely never experienced, and this constant connectivity and its impact must be considered while designing resident assistant expectations.

Because so many participants indicated that the benefits associated with being a resident assistant, including room and board packages, were the reason why they continued working as resident assistants, it is important that these compensation packages be reviewed. Even after considering leaving the position due to the inherent difficulties presented to them, some participants described feeling stuck and like they needed to continue working as a resident assistant to afford going to college. Are there ways to better manage payment for work, so that resident assistants do not also have to work in other jobs (both on and off campus), thus allowing more time for self-reflection and processing of difficult experiences?

Through participant sharing, it became clear that first-year students have higher needs than other students, and that resident assistants may need to be assigned to work in first-year student communities at even higher rates than in those serving sophomores-seniors. Departments may need to redistribute workload, create new positions, or
consider other staffing composition, such as students who do the programming but not
duty response as an example, to creatively address this area of need. Especially at small
institutions, where full-time employee resources may be limited, the efforts of student
staff members must not be exploited.

Students need help managing their experience as resident assistants; participants
described frequently the feeling of always being on and like they could not get away from
their work. Resident assistants need support in understanding how they can be “off” and
need encouragement to take time away from the community, close their door, or turn off
their phones. As participants from MMPC described, it was incredibly difficult,
especially at the start of the academic year, to be constantly available and expected to
always be in the building. Their job expectations limited their ability to be with friends
and take time away from the resident assistant role. Students need opportunities for self-
reflection and regular processing built into resident assistant meetings or weekly reports.
This will allow for opportunities to decompress, make meaning of experiences, and
receive the support that students described needing within my interviews.

Lastly, the needs of each resident assistant (and the staffs they comprise) are
unique, and must be regularly evaluated. Gathering regular input from resident assistants
on their perspective and reflection needs should help to build the expectations and
supports that are in place for them. This regular feedback should also inform training
opportunities and other student staff engagement. In utilizing resident assistant feedback
to build student staff expectations and practices, student voice can help to co-create the
experiences of resident assistants overall, and specifically in response to difficult
situations.
Recommendations for Student Affairs Staff

There is a need for consistent, high-ability staffing in the entry-level roles that supervise resident assistants, as described by several participants during their interviews. Because these types of roles (resident coordinators, hall directors, and area coordinators) have such a high impact on resident assistant experiences with trauma response, it is critical that these roles be filled by strong professionals who feel a duty to support the well-being and self-reflection of their student staff. In the current job market, positions that live-in within college residence halls are often going unfilled. In the absence of staff members in these key roles, someone at an institution – whoever is best served to appropriately serve these student staff members supervised by a position – must be identified so that resident assistants are not negatively impacted by these staffing limitations.

Participants described the positive impact of their supervisors, and the lack of support they received in some situations. Direct supervisors of resident assistants must be trained to be supportive of resident assistants and should recognize signs of burnout and other negative impacts of trauma on their student staff. They should be encouraged to process their own experiences with trauma exposure, and to provide systems that allow their student staff these same processing opportunities. In building stronger, more clearly defined systems for student staff processing, resident assistants will experience better opportunities for reflection and learning from their difficult incident response experiences.

The faculty resident role at MMPC provided a significant supporter, outside of the hall director role, that benefited resident assistants in their support of residents and their
processing of difficult response situations. Similar types of positions should be considered at other institutions, whether that be the inclusion of a hall minister/chaplain role, the faculty resident model, or another committed, educated adult whose purpose it is to support their community. Finding purpose, community, and connection in meaning making provides deeper levels of self-knowing; trusted adults who can help to facilitate such opportunities in reflection for resident assistants will lead to richer meaning making experiences.

Lastly, college administrators – particularly, student affairs staff – should think about the ways their campuses are built to be trauma-informed and responsive to the changing needs of students. This implication encapsulates an emerging field of study. Several theoretical models exist that could be adapted and studied for implementation in residential communities, and this would benefit everyone, including resident assistants and the students they serve. Most recently, Shalka (2022) provided a framework by which student affairs divisions can become trauma informed. Shalka’s model provides similar focus areas that came out as areas of high impact within my study, including a focus on facilitating positive relationships between staff and students, creating a caring, responsive culture, and recognizing the types of traumas that occur on campus.

**Summary of Implications for Practice**

My findings have several implications for student affairs practice, all of which emerged directly from my interview participants and their shared experiences. College campuses should consider the roles of resident assistants, plan intentionally for the support of resident assistants who are supporting their peers in crisis and develop campuses that support the needs of trauma-impacted college students. Consistently
seeking feedback directly from resident assistants will help campuses to be responsive to their unique needs.

**Future Research Considerations**

In considering both the outcomes of my study, as well as the limitations outlined in Chapter IV, the following potential future research considerations are proposed:

1) Understanding the impact of institutional context – including the structure of the resident assistant role, the support provided by an institution, and how resident assistants interact within their communities – provided interesting insight into resident assistants' ability to make meaning from their experiences and seemed to influence the presence of negative and/or positive outcomes of trauma exposure. With this in mind, I propose that a similar research question be conducted from a case study design, to better understand the impact of campus structures and their impact on resident assistant support, processing, and meaning making. This can help to inform the practice of supervising resident assistants and supporting their work, so that the impact of trauma exposure is as positive as it can be.

2) Although not explored within my analysis, there seemed to be a relationship between the resident assistants who applied to the position for the financial benefits (room, board, and a small stipend) and the negative impact of traumatic exposure/presence of symptoms of burnout. I did not explore this within my written analysis because it was not directly tied to meaning making. However, understanding this interaction more would provide fascinating information for residence life practitioners.
3) Analysis of my interviews found interesting points of consideration surrounding resident assistants’ interactions with residents throughout response to the COVID-19 pandemic. The three students I interviewed who had these experiences during the start of the pandemic discussed the deep loneliness of their residents (and themselves), which is likely reflected within the experiences of college students on many different campuses. Understanding the impact of their support of residents during the height of the pandemic, including in mental health crisis situations, would be an interesting focus for a study.

4) Likewise, it would be interesting to think about the resident assistant role prior to COVID-19, during the pandemic, and following the national crisis response to the virus. The types of traumatic experiences to which resident assistants were exposed are likely different at each point in pandemic response, and their own personal experiences within these timeframes would also have an impact on resident assistant meaning making experiences and outcomes from trauma exposure. Although we can hope that another pandemic will not occur anytime soon, there are still shared, nation-wide traumatic happenings (violence against BIPOC populations, school shootings, and more) occurring regularly at the community level that continue to impact residential student staff.

5) As theories and frameworks regarding trauma-informed classrooms (and trauma-informed college campuses) continue to be tested, refined, and implemented, it would be critical to understand how these are positively benefitting resident assistants and their experiences, as well.
The possibility for future potential research topics truly is endless, and this is a non-exhaustive list of a few ideas that directly relate to my study and findings. I look forward to extending this research and exploring additional areas of focus for future knowledge expansion.

**Conclusion**

This dissertation addresses the research question *how do resident assistants make meaning of their exposure to trauma?* In qualitatively understanding the experiences of these student leaders, my findings establish new depth in explanation about the trauma exposure that resident assistants experience.

Chapter I provided a brief overview of the topic of trauma and rationale for this dissertation, which explores the experiences of current resident assistants through a phenomenological framework, seeking to understand about their experiences with trauma exposure and meaning making. Chapter II then provided an overview of current literature regarding trauma and resident assistants, highlighting theories of trauma (and its impacts), understanding of trauma on college campuses and the resident assistant position, and more.

In Chapter III, I discussed the methods I employed in my qualitative research, including interviewing 24 resident assistants about their experiences with trauma exposure and within the resident assistant role. Specifically, my analysis was completed through a multi-step process, which involved intentional layers of review, coding, and summarizing.

My main emerging themes, overviewed in Chapter IV, were situated around four areas: the phenomenon of trauma exposure, the context within which this trauma occurs,
the meaning making process that resident assistants undertake and the learning that occurs as a result of this exposure, and the lasting impact of trauma exposure for resident assistants. I also explored the intersection of these different variables on one another.

After completing my analysis, I found the phenomenon of trauma exposure to emerge through preparing to experience trauma in the resident assistant position, supporting residents who are experiencing trauma, and personal experiences of trauma. The context within which this trauma occurs involved role expectations for resident assistants, an unexpected time commitment, the COVID-19 pandemic, supporting first-year students, campus personnel responses, and a culture of support. Meaning making that occurred, following impact to trauma, included reflections on the decision making as a point of worry and learning from the position and trauma that led to the establishment of boundaries, processing of experiences, and seeing the world in new ways. My analysis concluded by exploring both the positive and negative impacts of trauma exposure on resident assistants and reflecting on the ways these areas interact with one another.

Chapter V then connected my findings to current research on theories including the social construction of reality (Berger and Luckmann), meaning making and self-authorship (Baxter Magolda), meaning making for those experiencing trauma (Shalka), and general theories on the impact of trauma. I conclude by highlighting the new understandings developed through my dissertation study, and with recommendations for future research and a call for student affairs administrators to consider trauma informed practices in their work.

Trauma experiences impact resident assistants in significant ways, at the same time they are developing their personal identity, values, and passions. It is critical for
college administrators to understand how resident assistants make meaning of their experiences surrounding this exposure, so that the impact of this exposure can be differently controlled and responded to in appropriate, empathetic ways. Especially as campus trauma continues to manifest in more frequent occurrences, resident assistants and their needs must be considered.
REFERENCES


van der Kolk, 2014. The body keeps the score: Brain, mind, and body in the healing of trauma. Penguin Group, LLC.


APPENDIX A - IRB APPROVAL (MARQUETTE UNIVERSITY)

Date: 09/15/2022
HR-4258
Principal Investigator: Dr. Jody Jessup-Anger
Student Principal Investigator: Sarah Olejniczak
Department: Educational Policy and Leadership
Study Title: Trauma Exposure and Resident Assistants: A Study of Meaning-Making

New Study Approval
☒ This protocol has been determined to be Exempt under category 2 as governed by 45 CFR 46.104(d) on 09/15/2022.
☐ This protocol has been approved as minimal risk under Expedited category # as governed by 45 CFR 46.110 on [DATE].
☐ This protocol has been reviewed by the Institutional Review Board on [date] and approved as:
  ☐ Minimal risk
  ☐ Greater than minimal risk

Please note that in-person research must follow the MU research ramp-up plan.

Consent
☒ Please use the final version of the exempt information sheet or consent form submitted with this protocol in Kuali. Contact the IRB office if you have questions about which document you should be using.
☐ The IRB approved informed consent form can be found in the approved Kuali protocol. Make sure to download and use the stamped copies of this form when enrolling research participants. Each research participant should receive a copy of the consent form.
☐ This study has been approved for waiver of documentation of consent under 45 CFR 46.117(c)(1) or (2) of (3). Please use the approved consent information sheet with your participants.
☐ This study has been approved for alteration or waiving of consent under 45 CFR 46.116(d).

Study specific notifications
☐ The IRB approved recruitment materials can be found in the approved Kuali protocol. Use stamped copies of these documents for recruitment purposes.
☐ This study involves students collecting data through surveys- please review the MU Questionnaire/Survey Procedures: http://www.marquette.edu/osh/policies/survey_procedure.shtml
☐ This study involves recruitment emails for online surveys to be sent to 100 or more Marquette students, faculty or staff. Please review the website of the Online Survey Review Group: http://www.marquette.edu/onlinesurveys/
**HIPAA**

- This study involves accessing PHI from a HIPAA-covered entity. The IRB has granted approval to access the following protected health information for the purpose of this study:
  - X

- A HIPAA Authorization form has been approved and should be used with study subjects.

- A waiver of authorization has been approved for this study.

All changes to this protocol must be reviewed and approved by the IRB before being initiated, except when necessary to eliminate apparent immediate hazards to the human subjects. Please submit all amendment requests using the Kuali system.

If there are any adverse events or deviations from the approved protocol, please notify the Marquette University IRB immediately.

If this study is a federally funded clinical trial, the PI is responsible for registering this study on clinicaltrials.gov and submitting a final copy of the consent form and all required documentation during the life of the study.

A Request to Close must be submitted once this research project is complete. The form should be submitted in a timely fashion, and must be received no later than the protocol expiration date.

The principal investigator is responsible for ensuring that all study staff receive appropriate training in the ethical guidelines of conducting human subjects research and documenting that this requirement has been met.

Unless a separate reliance agreement is in place, please note that approval of a study with non-Marquette investigators does not indicate that Marquette University is assuming oversight for the research activities occurring outside of Marquette’s purview.

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Please contact the Office of Research Compliance with any further questions. Thank you for your cooperation and best wishes for a successful project.
You have been asked to participate in a research study. You must be age 18 or older to participate.

The purpose of this study is to explore the impact of trauma exposure on resident assistants. Additionally, the study will explore the ways in which resident assistants make meaning of this exposure.

The study involves being interviewed on Zoom. Your participation will consist of one approximately one-hour long interview. You will be asked questions about your experiences as a resident assistant, including the training you completed, the situations you responded to, and how you have processed these experiences.

After the interview, you will be provided a synopsis of the interview that you may read to assess the accuracy of the portrayal of the interview. You will be given at least a week to review the synopsis and respond with comments. You are under no obligation to complete follow up or accuracy checks.

Your name and other identifying information, including IP address, will not be collected. Your interview will be recorded. For confidentiality purposes, your name will not be recorded. The recorded Zoom files will be transcribed and de-identified, meaning your name will not be associated with the file and transcription. Your responses will be kept confidential. When the results of the study are published, you will be referred to with a pseudonym. Any individual quotes or data presented, coming from your interview, will refer to you only by that pseudonym.

De-identified data will be maintained indefinitely, and may be used for future studies without additional informed consent necessary. Any identifiable data, such as Zoom recordings, scheduling/recruitment materials, and other emails will be destroyed at appropriate intervals, such as after interview transcription has been completed (for Zoom recordings).

The risks associated with participation in this study include becoming emotionally distraught while being interviewed because of difficult experiences you may have encountered in your resident assistant position. These risks are no more than what you may encounter when discussing your experience in everyday life. Although the researcher will take great efforts to ensure participant confidentiality, there are always
potential risks for a breach of confidentiality. Data storage expectations are outlined above.

The benefits associated with participation in this study include having the opportunity to discuss your experiences and observations regarding your experience with trauma exposure as a resident assistant. These discussions may encourage you to reflect more deeply on your experiences. In addition, you may gain insight about yourself and the benefits of your experiences. These benefits are not guaranteed.

Your participation is completely voluntary and you may withdraw from the study at any time. You can skip any questions you do not wish to answer. The recording of your interview can be paused or stopped at any time. Your decision to participate will not impact your relationship with Marquette University or your institution.

If you have any questions about this study, you can contact Sarah Olejniczak, doctoral candidate in the Department of Educational Policy and Leadership, at sarah.olejniczak@marquette.edu or 262-989-3096, or Dr. Jody Jessup-Anger, Professor in the Department of Educational Policy and Leadership, at jody.jessup-anger@marquette.edu or 414-288-7403. If you have questions or concerns about your rights as a research participant, you can contact Marquette University’s Office of Research Compliance at (414) 288-7570.

Thank you for your participation.
Invitation to Participate – Recruitment Email:

Dear Resident Assistant,

Greetings from Marquette University! My name is Sarah Olejniczak, and I am a doctoral student working on my dissertation. My research is focused on the experience of Resident Assistants at small private colleges in the Midwest, which is why I am contacting you today.

My dissertation study seeks to deepen understanding about trauma exposure experienced by resident assistants (like you). Specifically, I am seeking to understand how resident assistants make meaning of their exposure to trauma within the resident assistant position. Through developing a qualitative understanding of your experiences, we can better prepare and support future resident assistants for the difficult work they do to support college students.

If you have served for at least one full academic semester as a resident assistant, and are currently employed in that position, I would love the opportunity to interview you. Interviews will be scheduled through October 22, and are anticipated to take about 1 hour of your time. To recognize your time in sharing about your experiences, you will be provided with a $50 gift certificate.

If you are interested in being interviewed as a participant for this study, please fill out this form no later than October 7, 2022. I will then be in touch with you to schedule a time for our interview with one another.

If you agree to participate, know that your interview will take place and be recorded through Zoom. For confidentiality purposes, your name will not be recorded. The recorded Zoom files will then be transcribed and de-identified prior to being analyzed, meaning your name will not be associated with your interview responses.

Additional information about interview procedures, confidentiality, and other topics to ensure you are fully informed about your rights in participating in this research, will be provided after we have scheduled an interview. If it helps you to make a decision about your participation in this study, I have also included an attachment of the consent form to this email.

Thank you for considering this opportunity – your perspective will make a significant difference in our collective understanding of the important work you do. Please let me know if you have questions (sarah.olejniczak@marquette.edu), and know that I appreciate your participation!
Sincerely,

Sarah Olejniczak
Marquette University doctoral student

Questions for Form:
1. My name is: __________________________________________
2. My email address is: ____________________________________
3. I attend the following institution: __________________________
4. Have you served as a resident assistant for minimally one academic semester? Yes or No
5. Are you currently working as a resident assistant? Yes or No

Interview Confirmation, Informed Consent Instructions

Dear ________.

Thank you for agreeing to participate in my dissertation research study about resident assistants’ experiences with trauma exposure. I look forward to our meeting, which is scheduled for TIME on DATE. This email will be followed by a calendar invitation, which will include a link to access our Zoom meeting. Please note that this meeting will be password protected, so that only you and I have access to our interview space.

Prior to our interview, please review the attached consent form, which highlights important information about your participation in this study. Topics in this form include: the purpose of this study, procedures regarding confidentiality and data storage, risks and benefits of participating in this study, the acknowledgement that your participation is voluntary and that you can withdraw at any time, and contact information for my dissertation advisor, Dr. Jody Jessup-Anger, and myself.

We will review this together prior to the beginning of our interview, and you will provide your verbal consent to participate.

Please be in touch with any questions; know that I very much appreciate the opportunity for us to meet with one another, and for you allowing me the chance to interview you about such an important topic.

Sincerely,

Sarah Olejniczak
Marquette University doctoral student
APPENDIX D - INTERVIEW PROTOCOL

Sarah Olejniczak
Interview Protocol - Dissertation

1. Tell me a bit about why you applied to become an RA?

2. Are these the same reasons why you continue to work as an RA now?
   a. If not – what are the reasons and what prompted these reasons to change?

3. What have been your greatest challenges as an RA?
   a. Follow-up questions to include:
      i. How did you feel as SPECIFIC EXPERIENCE was happening?
      ii. How are you feeling now about that SPECIFIC EXPERIENCE?

4. What have been your greatest accomplishments as an RA?
   a. Follow-up questions to include:
      i. How did you feel as SPECIFIC EXPERIENCE was happening?
      ii. How are you feeling now about that SPECIFIC EXPERIENCE?

5. Can you tell me about an experience when you felt like a first responder?
   a. Follow-up questions to include:
      i. How did you feel as that was happening?
      ii. How are you feeling now about that experience?

6. How did your RA training prepare you for your work?
   a. What aspects of training, if any, were uncomfortable for you?
   b. Have you used those aspects in your work as an RA?

7. Have you had time and space to process your experience as an RA?
   a. How do you process your experiences of being an RA?

8. In what ways has your RA experience changed the way you think of others (if at all)?
   a. How has it made you think differently about your relationships?

9. When you think about the future, how do you think you will look back on the experiences you have shared about today?

10. Who supports you in your work as an RA?

11. What else is important for me to understand about your experience as an RA?

Questions to be asked following the open-ended interview, outlined above:

1) What is your gender?
2) What pronouns do you use?
3) What is your racial/ethnic identity?
4) What is your class year?
5) How long have you worked as a resident assistant?
6) Please describe the type of residence hall in which you have served?
APPENDIX E - CODING (CYCLE ONE) MAIN THEMES

- **Boundaries – Generally**: Includes reflections on the types of boundaries RAs have set for themselves, how they learned to establish boundaries, and (a bit) about the barriers experienced to create these boundaries.
- **Campus Not Responding How Needed**: Includes reflections on times when campus officials did not respond to situations in ways that RAs found helpful/appropriate.
- **Connecting with Residents**: Includes reflections on the ways in which RAs form relationships with residents, have intentional conversations, and build community.
- **COVID-19 Pandemic**: Includes information shared from RAs regarding their interactions with residents regarding COVID-19, responsibilities of RAs in response to COVID-19, and more.
- **Differences Between First-year and Sophomore, Junior, and Senior Students**: Includes reflections from RAs about the differences between working with first-year versus upperclass residential communities.
- **Disrespect from Residents – Guests**: Includes particular reflections from RAs about the ways in which people were disrespectful, harassing, or difficult when they were responding to situations in the residence halls.
- **Floor/Community Responsibilities**: Includes statements about floor/community responsibilities related to the RA job (helping develop community, connecting residents, etc.).
- **I Always Strive to be a Leader**: Includes reflections from students specific to leadership in the RA position, such as seeing the position as an opportunity to become a leader, leadership gained, how other students see RAs as leaders, and more.
- **I Statements – Negative**: Reflections from students that were negative (overall) – such as *I felt frustrated*... and other similar sentiments.
- **I Statements – Positive**: Reflections from students that were positive (overall) – such as *I love my residents*...and other similar sentiments.
- **Incident Response – Types and Feelings During Response**: Highlights the scenarios to which RAs responded (including traumatic/difficult situations) and their reflections on how they felt DURING the response; note, this is different than how they reflect on their response (which is coded differently).
- **Job Responsibilities**: Includes position expectations, discussion surrounding work responsibilities, and things such as duty rounds, writing incident reports, and other more mundane work.
- **Negative Reflection on Experiences**: Includes statements about the negative impact of trauma exposure.
- **No Response to Traumatic Occurrence**: Includes statements that were neutral (not positive or negative) in response to trauma exposure.
- **Personal Experience with Trauma**: Includes participant discussion about their own personal traumatic experiences.
- **Positive Reflection on Experiences**: Includes statements regarding the positive impact of trauma exposure.
- **Pressure from Supervisors:** Includes reflection from participants about the pressure put onto them by supervisors.
- **Processing Experiences:** Includes statements about the ways in which RAs process their experiences (who they talk to, what helps them to reflect on a situation, etc.).
- **Questioning Own Decision-Making:** Includes discussion from RAs about the ways in which they question their decision-making, second guess their instinct, worry about their impact on their residents (in a potentially negative way), or worry about not following procedures perfectly.
- **Reasons for Becoming/Being an RA:** Includes overview of reasons why people became and continue to work as RAs.
- **Recognition – Generally:** Includes thoughts about the ways in which RAs have been recognized for their work and get reflections from others on their contributions.
- **Reflections in Response to Trauma:** Includes statements about how resident assistants think about their response to traumatic occurrences in the RA job.
- **Relationships – Generally:** Includes reflections on changed relationships since becoming an RA and connections with others. Does not include support received through relationships (this is another category, see below).
- **Representation:** Includes discussion surrounding racial representation in residence life/college campuses.
- **Skills Gained Through RA Role:** Includes reflections on how RAs will think back about their RA experience, the skills gained through their work, and other thoughts about the career-related impact of the RA role.
- **Support RA Provides – Generally:** Includes reflections about the ways in which RAs provide others support.
- **Support RA Receives – Generally:** Includes information about the ways in which RAs receive support, who they receive support from, and how support may have impacted the RAs.
- **Training – Generally:** Includes information shared about training exercises, including Behind Closed Doors and other scenario training, and the concept of “learning by doing” that emerged through several interviews.
- **Unexpected Time Commitment:** Includes thoughts about the unexpected time commitments of being an RA, people believing that time is not their own (or that they cannot always control their time), and the concept of always being “on” as an RA.

**Codes for Phenomenological Analysis**
- **Green** = Phenomenon of Trauma Exposure
- **Yellow** = Context
- **Blue** = Meaning Making
Synthesized Codes – Round Two

- **Boundaries – Generally**: Includes reflections on the types of boundaries RAs have set for themselves, how they learned to establish boundaries, and (a bit) about the barriers experienced to create these boundaries.

- **Burnout**: Includes statements from RAs that may indicate burnout or other negative post-traumatic impact (secondary traumatic stress, compassion fatigue, etc.).

- **Compassion Satisfaction**: Includes statements from RAs that may indicate compassion satisfaction or other positive post-traumatic impact (post-traumatic growth, engagement, etc.).

- **Campus Not Responding How Needed**: Includes reflections on times when campus officials did not respond to situations in ways that RAs found helpful/appropriate.

- **Connecting with Residents**: Includes reflections on the ways in which RAs form relationships with residents, have intentional conversations, and build community.

- **COVID-19 Pandemic**: Includes information shared from RAs regarding their interactions with residents regarding COVID-19, responsibilities of RAs in response to COVID-19, and more.

- **Differences Between First-year and Sophomore, Junior, and Senior Students**: Includes reflections from RAs about the differences between working with first-year versus upperclass residential communities.

- **Disrespect from Residents – Guests**: Includes particular reflections from RAs about the ways in which people were disrespectful, harassing, or difficult when they were responding to situations in the residence halls.

- **Incident Response – Types and Feelings During Response**: Highlights the scenarios to which RAs responded (including traumatic/difficult situations) and their reflections on how they felt DURING the response; note, this is different than how they reflect on their response (which is coded differently).

- **Job Responsibilities**: Includes position expectations, discussion surrounding work responsibilities, and things such as duty rounds, writing incident reports, and other more mundane work.

- **Negative Reflection on Experiences**: Includes statements about the negative impact of trauma exposure.

- **No Response to Traumatic Occurrence**: Includes statements that were neutral (not positive or negative) in response to trauma exposure.

- **Personal Experience with Trauma**: Includes participant discussion about their own personal traumatic experiences.

- **Positive Reflection on Experiences**: Includes statements regarding the positive impact of trauma exposure.

- **Pressure from Supervisors**: Includes reflection from participants about the pressure put onto them by supervisors.
● **Processing Experiences:** Includes statements about the ways in which RAs process their experiences (who they talk to, what helps them to reflect on a situation, etc.).

● **Questioning Own Decision-Making:** Includes discussion from RAs about the ways in which they question their decision-making, second guess their instinct, worry about their impact on their residents (in a potentially negative way), or worry about not following procedures perfectly.

● **Reasons for Becoming/Being an RA:** Includes overview of reasons why people became and continue to work as RAs.

● **Recognition – Generally:** Includes thoughts about the ways in which RAs have been recognized for their work and get reflections from others on their contributions.

● **Reflections in Responding to Trauma:** Includes statements about how resident assistants think about their response to traumatic occurrences in the RA job (post-incident).

● **Relationships – Generally:** Includes reflections on changed relationships since becoming an RA and connections with others. Does not include support received through relationships (this is another category, see below).

● **Representation:** Includes discussion surrounding racial representation in residence life/college campuses.

● **Skills Gained Through RA Role:** Includes reflections on how RAs will think back about their RA experience, the skills gained through their work, and other thoughts about the career-related impact of the RA role.

● **Support RA Provides – Generally:** Includes reflections about the ways in which RAs provide others support.

● **Support RA Receives – Generally:** Includes information about the ways in which RAs receive support, who they receive support from, and how support may have impacted the RAs.

● **Training – Generally:** Includes information shared about training exercises, including Behind Closed Doors and other scenario training, and the concept of “learning by doing” that emerged through several interviews.

● **Unexpected Time Commitment:** Includes thoughts about the unexpected time commitments of being an RA, people believing that time is not their own (or that they cannot always control their time), and the concept of always being “on” as an RA.

**Codes for Phenomenological Analysis**

- **Green** = Phenomenon of Trauma Exposure
- **Yellow** = Context
- **Blue** = Meaning Making