

Is There a Research Basis for Requiring Trigger Warnings?

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With current concern over incidents of sexual assault on America's college campuses and with veterans returning to American universities in significant numbers after more than a decade of war in the Middle East, there has been a growing debate over how universities should protect students who may be coping with post-traumatic stress disorder from further injury. Some have argued that faculty should be required to provide "trigger warnings" in course syllabi, alerting students in advance to course content that might be disturbing to traumatized individuals.

Creating a duty by faculty to foresee and warn against possible emotional distress as a reaction to literature or art or other course materials raises serious concerns about academic freedom. However, would such warnings help to protect traumatized individuals from further trauma—or those around them from violent reactions to trauma triggers? Research

suggests that identifying potential trauma triggers is far more difficult than looking for explicit depictions of violence or rape. Even seemingly neutral images associated with past trauma may evoke painful or violent responses. Before creating a new duty to foresee and warn against trauma triggers, policy makers need to consider whether research and clinical experience indicate that the utility of trigger warnings would outweigh their chilling effect on free speech and robust scholarly inquiry.

The origin of the trigger warning is attributed to feminist theory and their widespread use to the rise of the Internet. According to New York Times reporter Jennifer Medina, “Feminist blogs and forums have used the term for more than a decade to signal that readers, particularly victims of sexual abuse, might want to avoid certain articles or pictures online.” With the advent of message boards and blogs on the Web came warnings that were aimed at providing advance alerts to those who might wander inadvertently into sites that contained discussions of rape, sexual abuse and mental illness.

Recently, students at some American universities have called on their institutions to mandate the use of trigger warnings on course syllabi and to allow students to skip classes or assignments that may “trigger the onset of symptoms of PTSD” (Jarvie). Some proponents of trigger warnings in the classroom have asserted that materials containing depictions of rape or violence “cause symptoms of post-traumatic stress disorder in victims of rape or in war veterans” (Medina).

Here’s an example of language proposed in draft policy circulated at Oberlin College in Ohio. The guide would have asked professors to put trigger warnings in their syllabi, flagging anything that might “disrupt a student’s learning” or “cause trauma.”

Triggers are not only relevant to sexual misconduct, but also to anything that might cause trauma. Be aware of racism, classism, sexism, heterosexism, cissexism, ableism, and other issues of privilege and oppression. Realize that all forms of violence are traumatic, and that your students have lives before and outside your classroom, experiences you may not expect or understand.

(Medina)

DSM-5 opens up the diagnostic criteria so that many more events can be considered traumatic than were included under the DSM-IV criteria: First, a quick summary of DSM-5 criteria for Posttraumatic Stress Disorder, along with some comments on changes from the criteria in DSM- IV. According to DSM-5, 309-81, the following criteria apply to adults, adolescents, and children older than six:

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
 - 1) Directly experiencing the traumatic event(s).
 - 2) Witnessing, in person, the event(s) as it occurred to others.
 - 3) Learning that the traumatic event(s) occurred to a close family member or close friend. (In cases of actual or threatened death of a family member or

- friend, the event(s) must have been violent or accidental.)
- 4) Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (for example, as a first responder collecting human remains or a police officer repeatedly exposed to details of child abuse).

Unlike DSM-IV, DSM-5 takes out the requirement that events must cause intense fear, helplessness, or horror in order to be considered traumatic. That part of the DSM-IV diagnosis seemed to the authors essential because it related to the issue of dissociative symptoms at the time of the event that tend to be most predictive of future development of PTSD. In trauma, the event is life-threatening and terrifying enough that the cerebral cortex shuts down and the more primitive part of the brain—the amygdala—takes over to survive. Nonetheless, even under DSM-5 it is clear that simply reading a novel or viewing a movie that depicts violent or frightening events that might qualify in real-life as stressors capable of resulting in development of PTSD does not qualify.

Even viewing or reading accounts of real-life events of violence, such as news stories of war or rape, are not included—unless they involve a close family member or friend or the kind of repeated or extreme exposure to details of a traumatic event that a first responder or police detective might encounter. DSM-5 expressly states that exposure to aversive details of a traumatic event “does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related.” The exposure that a college student might experience in reading literature that depicts violence—and many such works have been included in typical high school or college required reading lists over the years—would never qualify under either DSM-IV or DSM-5, as an event that could “cause trauma,” even though the draft language about trigger warnings we just looked at suggests that it could. That draft language about “trigger warnings,” furthermore, would require advance warning of a wide variety of issues that, in its words, might “cause trauma”—such as classism and ableism—that go well beyond even the broad list included in DSM-5’s relatively expansive criteria. Not every stressful or disturbing event qualifies. Certainly “issues of privilege and oppression” are not even remotely relevant under either DSM-IV or DSM-5 criteria for a PTSD diagnosis.

Under DSM-5, the B criterion for a PTSD diagnosis requires the presence of intrusion symptoms associated with the traumatic event(s), that the traumatic event be persistently re-experienced—or, for purposes of our consideration in the context of trigger warnings, dissociative reactions in which an individual feels or acts as if the traumatic event(s) were recurring or marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event.

The C criterion is persistent avoidance of stimuli associated with the traumatic event(s). The D criterion is negative alterations in cognition and mood associated with the traumatic events(s), as evidenced, for example, by an inability to remember important aspects of the traumatic event(s), exaggerated negative beliefs about oneself or others, or inability to experience positive emotions. The E criterion is marked alterations in arousal and reactivity associated with the traumatic events—for example, angry outbursts, physical aggression,

self-destructive behavior, or sleep disturbance. Criteria F, G and H require that the disturbance described by Criteria B, C, D and E have a duration of more than a month, that the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning, and that the disturbance not be attributable to the physiological effects of a substance or another medical condition.

There are some key issues to consider relevant to the DSM-5 criteria when it comes to the effectiveness (and the cost) of trigger warnings.

The problem in part is that two related but different concepts start to be used interchangeably—or at least to be thought of interchangeably. And they shouldn't be. There are “stressors,” events that in and of themselves cause either trauma or stress. And there are “triggers,” events that set off associative responses that can cause a state of arousal. Triggers tend to be learned. They are connected some way through a conditioned type of response. They set off arousal in people. They are not necessarily events in and of themselves that we would ordinarily associate with trauma or even with stress. Stressors and triggers are not the same thing, even though both are relevant to PTSD. At the one extreme, a stressor such as a physical assault or life-threatening accident can cause major distress or mental trauma. At the other end of the continuum is a minor stressor, like having a difficult day at work or a flat tire. Somewhere in the middle are stressors involving major life events, such as going through a divorce. (Veraldi and Veraldi) The A criterion for PTSD, under DSM-5, requires that the individual be exposed to extreme stressors--threatened death, serious injury or sexual violence.

An estimated 70 to 80 percent of the population is exposed to trauma over the course of a lifetime, but only about 10 percent of the population develops PTSD. Some people develop other conditions, and others are able to resolve an acute stress reaction so that they do not develop psychological problems. Stress is not a cause of PTSD, but it is certainly possible that increased stress can trigger and worsen PTSD. Of the many potential stressors in a college student's life, however, exposure to disturbing course materials is one possible source of stress. However, such exposure simply cannot “cause trauma,” at least as it is used in DSM-5 criteria for PTSD. Moreover, while such materials might serve to trigger reactions associated with PTSD, explicit representations of violence are not the only such triggers. Triggers may be far less obvious and seemingly arbitrary: colors, objects, and odors are common triggers that simply could not be predicted or forewarned against.

Memory is multi-modal in its nature. Different types of memory operate in different ways. Some of the contradictions that exist in the criteria for PTSD result from different aspects, or inter-related aspects of memory. Explicit memory is conceptual and factual and verbal in nature. It is encoded verbally. Explicit memory develops at about age three. It comes through the cerebral cortex, consciously. It is reflective and easily accessible, advanced in its origin, and decays across time. Contrast that with implicit memory, which is rather primitive and occurs from birth. These are conditioned emotional responses. They are not much open to reflection or analysis and have to do with skills and habits that we need to do automatically. This is sometimes why PTSD memories are very fragmented. They aren't tied together in a logical, sequential way. Even though such memories can affect our

behavior, we don't have a conscious awareness of them, necessarily. Such memories are robust and do not decay across time.

When we're confronted with a life-threatening situation, we must react immediately if we are to survive. We can't stop to think about what we're doing. The norepinephrine that starts to flow through our bodies and prepare us for fight or flight cuts off the cerebral cortex because we don't need it at that time. So we don't get really good, explicit memories. We get powerful connections and associations that are implicit memories and form a lot of the basis of a traumatic reaction. The thalamus, instead of sending information up to the cerebral cortex, sends it straight down to the amygdala, and connections are made at a very primitive part of the brain. And that's why we have the seeming contradiction of individuals with PTSD who are dissociative and have no memory and yet have all sorts of memories. And because this type of learning is state dependent, if the individual is aroused at a later point in time—a month, a year, a decade later—a stressor that the typical individual might not consider traumatic may tend to bring out the old trauma.

Sometimes, even years later, individuals who have buried PTSD reactions cannot deal with stress well. Stressors that most of us can cope with can set off more than these individuals can handle. Additionally, triggers associated with the trauma by a conditioned type of training can cause a state of arousal and set off a PTSD response that can involve seemingly senseless violence. Some of those triggers may be materials contained in literature, television programs, music and movies. (Veraldi and Veraldi)

However, American courts have almost never been willing to hold media defendants accountable for the harm that individuals with PTSD might do to themselves or others based on triggers, obvious or arbitrary, contained in media content. It would simply put an enormous and chilling burden on media companies to try to predict and prevent triggering reactions from individuals with PTSD. The same argument could certainly be made when it comes to trigger warnings in university course syllabi. (Veraldi and Veraldi)

Even if faculty made a serious effort to avoid using any course materials that might contain explicit representations or discussions of violence or sexual assault, they would never be able to detect or eliminate the many seemingly neutral triggers that might be associated with a traumatic event by a particular individual. But removing even the obvious triggers would drain the university curriculum of much of its substance and purpose. Could an English major expect to be exempted from reading William Shakespeare, Charlotte Bronte, or Harper Lee because of deeply disturbing scenes in *Coriolanus*, *Jane Eyre*, or *To Kill a Mockingbird*? That classic in the high school canon contains just about every ism in the sample language we looked at from Oberlin: rape, domestic violence, murder, racism, and ableism (who can forget the mysterious, hidden presence next door in the form of Boo Radley?). Isn't the whole purpose of literature, as novelist John Dufresne put it in a recent TEDx talk, "to feel something," and "to learn about ourselves and what it means to be human"?

Avoidance of distressing memories, after all, is a *symptom* of PTSD—not a *cure* for PTSD. In treating PTSD among veterans, Veterans Affairs hospitals today widely use prolonged exposure therapy, which the VA claims is highly effective in helping traumatized individuals

to unlearn their responses to a trauma by telling the story of it over and over again (Morris, *After PTSD, More Trauma*). And, according to Pineles et al. in a 2011 article published in the *Journal of Abnormal Psychology*, an overreliance on avoidant coping strategies may interfere with the natural recovery process, particularly for those who are highly reactive to trauma reminders.

In his recently published book “*The Evil Hours, A biography of Post-Traumatic Stress Disorder*,” David J. Morris comments on the power of literature in helping traumatized individuals to understand PTSD: “today’s trauma survivors can take great comfort in knowing that they are confronting the same horrors that Achilles faced 4,000 years ago.”

Ultimately, requiring trigger warnings in university course syllabi seems a well-intentioned exercise in symbolic politics, in which the terminology of psychology has been enlisted, but its meaning lost. Perhaps it is time for universities to turn their attention to more substantive issues that could provide real aid to the victims of trauma without unleashing such damage to academic freedom and scholarly inquiry. Recently, as the result of bipartisan cooperation in the U. S. Senate, a bill was reintroduced aimed at making sure that colleges and universities don’t downplay reports of rape and sexual assault for the sake of protecting their image. Despite a Department of Education survey that showed over 5,000 sex-related offenses on U. S. campuses in 2013, a recent survey showed that over 40 percent of colleges and universities have never conducted a sexual violence investigation. According to one of the bill’s sponsors, Senator Kirsten Gillibrand of New York, two thirds of those students found to be responsible for sexual assault were not expelled. The bill would require standardized, confidential surveys of students every two years concerning their experiences with sexual assault on campus, with the results published online. It would also require the Department of Education to list all schools with pending investigations, showing how they have been resolved, require uniform disciplinary procedures and confidential advisors to assist students and coordinate support services (Freedman).

As it now stands, if a student who has been raped on campus seeks counseling at a university counseling center, her therapy records may be examined by the university if she later sues over the way her case is handled. Confidentiality normally applies to records of therapy except in cases where a patient sues a health-care provider for malpractice. However, a loophole in the law gives a university the right to access student health records, including therapy records, if the student sues the university for any reason. When it comes to student medical records, The Family Educational Rights and Privacy Act (FERPA), not the Health Insurance Portability and Accountability Act (HIPPA), applies. Not just a student’s educational records, but also treatment records at campus facilities, are excluded from coverage under the HIPPA privacy rule. Because many students lack the resources to seek private counseling, the result is that students have no access to the timely, confidential rape counseling so important to those who have been exposed to the trauma of sexual assault. (Pryal)

Instead of a futile and chilling crusade to rid the curriculum of potential trauma triggers, American colleges and universities seeking to help traumatized students find treatment for

PTSD would do well to focus on insuring that they do not face such obstacles in getting the assistance they need to begin to heal their wounds.

Learning objectives:

(1) Symposium participants will be able to explain the issues raised in the debate over trigger warnings and discuss relevant legal precedent.

(2) Symposium participants will be able to summarize the relevant research on trauma triggers.

(3) Symposium participants will be able to assess the utility of trigger warnings based on relevant research.

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