Building Resiliency:
The Healing Power of Teacher-Student Relationships in Repairing
Childhood Abuse
Commonalities and Differences with Clinical Social Work Practice

Background

Evidence demonstrates the therapeutic relationship is paramount in determining treatment outcomes across a variety of modalities, including trauma therapy. However, there is little evidence extending these findings to non-clinical caring professions. While there are some studies (Dods, 2013; Dods, 2015; Montgomery Armstrong, Haskett, & Hawkins, 2017) that suggest positive teacher-student relationships can help build resiliency, where resiliency is defined as "protective or positive processes that reduce maladaptive outcomes under conditions of risk" (Hornor, 2017, p. 384), the literature is sparse. This study aims to begin filling this gap, by looking at how qualities of therapist-client relationships in trauma therapy overlap with qualities of strong teacher-student relationships. The sub questions guiding this study are:
- What are the characteristics of a strong therapeutic relationship when addressing childhood abuse?
- What are the characteristics of a strong teacher-student relationship for vulnerable students?
- What commonalities and differences do these two types of relationships have?

These considerations hold significant as relationship building is central to both professions. Both professionals are seen on a daily or weekly basis, for at least one year, and take student/client needs and social context into consideration when determining learning or treatment goals. They use relationship as an active agent to create growth and change.

Literature Review

Teacher-student relationships run parallel to therapeutic relationships. Szczygiel (2018) suggests, "it is through actual therapeutic encounters with the client that the clinician develops an intimate understanding of how interpersonal abuses and forces of oppression become internalized by the client" (p. 116). Getting to know clients' individualized histories in a nuanced interaction is important to trauma treatment. Trauma therapists are trained to "read between the lines," so as to understand the extent of abuse and/or neglect a client may be alluding to but are not ready to disclose (Peckett, personal communication, 2017). Similarly, students who have survived trauma want their relationships with teachers to be teacher-driven, where teachers intuit the students' needs and initiate connection based on this intuition (Dods, 2013, p. 82). Students want their relationships with teachers to be individualized, where "students wanted to be approached as a person and on their level, and wanted relationships to be sustained over time" (Dods, 2013, p. 82).

Therapy clients voiced similar desires, needing "the perceived importance of the therapist being experienced more as a fellow human than as a professional," wanting validation, trust, humour, sensitivity, gentleness, and an appreciation of their experiences, within the therapeutic relationship, while confronting painful emotions (Sandberg et al., 2017, p. 184). Both in school and therapeutic settings, survivors wish to be perceived first as "people" within the context of active relationship. This is because social support, belonging, and receiving love and validation is an integral part of trauma recovery (Woodward & Joseph, 2003, p. 276). Everyday relationships, such as with teachers, can be significant protective factors after trauma; and while not meant to replace the therapeutic relationship, can be equally reparative (Firedlander et al., 2012, p. 454). Social support can provide survivors with the opportunity to have a "positive outlook, changed relationships, self-affirmation and determination," all of which are "similar to desired outcomes in psychotherapy" (Friedlander et al., 2012, p. 454).

Positive rapport is at the heart of transformation within teacher-student and therapist-client relationships. The rate at which survivors are able to establish this positive rapport with their therapists depends on the severity of their symptoms and their self-awareness of any projection of their symptoms onto their caregivers (Zorzella et al., 2015, p. 178). Similarly, Armstrong et al. (2017) found students who had still maintained a positive understanding of relationships with authority figures, in spite of past abuse, were able to form the same quality of relationships with their teachers as non-abused children (p. 147). Furthermore, maltreated adolescents showed similar results in terms of interpersonal effectiveness and social competence as their non-maltreated counterparts (Eltz et al., 2012, p. 427). Survivors of childhood abuse who are able to maintain positive relationships with caregivers and authority figures often also heal from their trauma symptoms faster (Zorzella, 2015, p. 178), due to the emotional closeness fostered between the survivor and their clinician/teacher. Vandenberghe et al. (2018) describe emotional closeness as, "being well positioned to touch (or affect) the other person and at the same time feeling within easy reach of that other" (p. 218). It means caregivers are authentic, caring and emotionally attuned: "listening to students, showing an understanding attitude towards their difficulties, and validating their distress," and observing overt and covert behaviours through body language, attitude, dress, etc., and responding to any sudden changes or "acting out" (Dods, 2013, p. 82). Observing and communicating through body language and nonverbal cues is also a component of trauma therapy. Responding to clients by shifting positions, or changing a tone of voice, when clients become hyper-aroused or dissociative in response to traumatic material, is essential to responding to client needs and building relationship (Peckett, personal communication, 2017).

Three key components to building relationship with trauma clients are: safety, consistency and empathy.

Safety

The first phase of trauma therapy is to re-stabilize clients and bring them back into their window of tolerance, where triggers do not cause overwhelm, anxiety, or uncontrollable anger. This is done by grounding the client in the safety of the therapeutic relationship, by taking "as much time as necessary to develop trust and rapport" (Szczygiel, 2018, p. 120). Comparably, the teacher-student relationship plays a pivotal role in maintaining safety in the classroom: "Attachment as a regulatory strategy helped de-escalate students in the safety of a trusted relationship while assisting their body to build self-regulation in times of emotional arousal" (Brunnell, 2019, p. 8). Crosby et al. (2018) suggest several trauma-informed practices that can help create a sense of safety and foster attachment: establishing predictable routines, anticipating and preventing triggers, remaining patient and empathetic during triggers, modelling self-regulation, providing choice, and preparing safety plans if necessary (p. 21); all of which are also utilized by trauma therapists.

Consistency

The therapeutic relationship also allows clients to regain a sense of predictability and consistency, as trauma, and particularly interpersonal violence, is overwhelmingly unpredictable. Szczygiel (2018) discusses the importance of mutuality, suggesting that client and clinician will be "working through moments of connection and disconnection, as this gives the client a sense of security that the clinician will stay the course, even when things get tough" (p. 123). This is meant to repair trust in attachment, especially with clients who have experienced "empathic failures in childhood" (Szczygiel, 2018, p. 123). By repairing ruptures, the therapeutic relationship sets a model for survivors to reconnect socially (Szczygiel, 2018, p. 124).

The Child-Adult Relationship Enhancement (CARE) program, founded on evidence-based parenting programs, aims to extend these relationship qualities to non-clinical caring professions (Gurwitch et al., 2016). The CARE program aims to repair damage done by parents who did not have the skills of "structured, positive behaviour management skills and strategies" (Gurwitch et al., 2016, p. 140), to show students what consistent and safe boundary setting looks like. Students understand consequences for crossing those boundaries do not have to mean punishment and navigating difficult situations together can strengthen relationships rather than damage them.

Empathy

Lastly, empathizing with survivors allows them to feel cared for and like their experiences matter. Empathy means being able to understand how the other person feels based on his/her past experiences and perceptions (Cook, 2007, p. 5; Cook, 2003). It has emotional, cognitive and behavioural dimensions, where we

remain "open, nonjudgemental and honest within helping relationships" (King, 2011, p. 667), we intuit another's point of view through body language, facial expressions and other nonverbal communication (King, 2011, p. 689), and where we turn our feelings into tangible actions which will actively benefit the other (King, 2011, p. 690).

King (2011) writes:

> Empathy has been identified as the single most consistent condition of a productive therapeutic relationship … This holds true across all varieties of treatment modalities … and empathy has been credited with as much as 40% of the variance in successful therapeutic change (Sinclair & Monk) (p. 684).

Empathy involves placing the survivor at the centre of the therapeutic or educational experience, and using a person-centred approach to treatment and education (Rogers, as cited in King, 2011, p. 684). Rogers' idea of unconditional positive regard (King, 2011, p. 684) parallels the unconditional love of a parent. Empathy is truly reparative due to this parallel.

Theoretical Framework

Both interpersonal and social empathy are necessary when treating and addressing trauma, when approached from a social justice lens. Wagaman & Segal (2017) define social empathy as being "built on a foundation of interpersonal empathic abilities with two additional key components: (a) contextual understanding of structural barriers to social and economic opportunity and (b) the ability to apply macro perspective taking to understand the social and economic conditions of others" (p. 204). This paper acknowledges that, while education and mental health systems may be limiting, individual relationships that support, and work to resolve trauma by reframing hierarchies of power, can help individuals feel more empowered within these relationships with caring professionals.

Moreover, this paper assumes the position that trauma-informed practice is inextricably a social justice endeavour, where:

> [the] foundational tenets [of social justice] include the following: (a) Awareness of the privilege and disempowerment that unequally exists across groups of people in our society; (b) Recognition of the prevailing power held by the dominant group and its pervasive impact on all systems within society; and (c) Commitment to lifelong reflection on the ways in which we perpetuate oppression and actively working against it (Sensoy & DiAngelo, 2009 as cited in Crosby & Thomas, 2018).

While trauma and violence may occur within any demographic, "there are various ecological factors and societal conditions that contribute to the prevalence and persistence of childhood trauma, particularly in racial/ ethnic minority communities" (Crosby & Thomas, 2018). While being able to pass for White, the researcher-participant in this study comes from a Pakistani background, two generations down the line from family members who had directly experienced the War of Partition in India in 1947. Issues such as racism, poverty, and violence experienced by particular cultural, ethnic, and religious minorities contribute to and compound experiences of abuse and violence, particularly when they are intergenerational and sustained through systems of oppression, where trauma is passed onto and increases the risk of exposure in children.

Methods

This study is an auto-ethnography, informed by case study and narrative inquiry methodologies.

Participant Selection

Participants were recruited through purposive sampling, and include the researcher, who is a survivor of childhood abuse. The researcher's positive experiences with individual teachers and therapists have informed the study design. Including the researcher as a participant is derived from narrative inquiry methodology, where:

> Participants self-select to contribute to the inquiry. They are interested in the experience being explored, usually are implicated in it autobiographically and willing to discuss their perspectives … the number of participants may be one, as in a researcher self-study (Shields, 2005), two including the researcher, or more (Lindsay & Schwind, 2016, p. 15).

Including the researcher as a participant allows for the voice of a survivor of childhood abuse to be accurately represented in research, and to showcase the capacity of individuals from this demographic to contribute to rigorous academic research. This study does not reflect education or mental health on a systemic level but looks in-depth at individual experiences of therapeutic and teacher-student relationships from both the student/client and teacher/clinician perspectives. Therefore, other survivors of childhood abuse may or may not share similar views regarding relationships with teachers and therapists.

Furthermore, a clinical social worker specializing in the treatment of childhood abuse was recruited through a review of faculty profiles on her institution's website. She has been assigned the pseudonym Clara. Clara has direct experience working with clients and students within the appropriate demographic, so as to compare experiences across professions.

Data Collection

Semi-structured interviews of 22 questions asked participants about their professional background, experiences had within their therapist-client and teacher-student relationships, and their theoretical understandings of these relationships. Interviews lasted 45 minutes and were conducted at the participant's workplace and in the researcher's home as in the case of the researcher self-study.

Data Analysis

Interviews were coded through selective transcription. Transcripts were analyzed using a pre-existing template directly following each interview. First, quotations from the transcripts were pulled to answer each research sub-question. Select phrases from the quotations were then identified as key descriptors of the phenomenon. Wherever possible, these phrases were lifted verbatim, with some exceptions where lengthy explanations were summarized into a main idea. These descriptors were then collapsed into themes using deductive analysis.

Deductive coding aims to confirm themes identified in the literature. Participant responses were therefore measured against existing themes. For example, participants were directly asked about how they establish/ experience safety within their therapeutic and teacher-student relationships, with the intention of coding for safety. Key phrases that emerged included, "Opportunities to say no," "Build that up slowly," "Not feel pressured," and, "Permission to not trust".

In cases where responses did not fit any existing themes, descriptors were analyzed for indications of a new theme. Phrases such as, "Making determinations," "Giving that child a voice," "in control and in charge," and "I had the agency," pointed toward empowerment, which became a new theme.

In other cases, themes were collapsed into a single code. For example, the language participants used to describe empathy overlapped considerably with consistency: "Being able to make repairs," " … even through the hard times," "holding a space," and, "eventually reconnecting," are some examples of how participants described their empathic encounters. As such, these descriptors were double coded for both consistency and empathy, and consistency was collapsed under empathy.

Findings

Within-Case Analysis

Within-case analysis illustrates how each participant defines positive therapeutic and teacher-student relationships with respect to their own individual experiences. Below are their understandings of what makes for a successful relationship within clinical and non-clinical caring professions.

Case 1: Researcher Self-Study

The researcher self-study defined both positive therapeutic and teacher-student relationships as having elements of "genuine care". In a therapeutic setting, it was important for the researcher-participant to connect with the therapist on a personal level: "I think what it really comes down to is whether or not you like the person … It needs to be a good fit. Because, they can have all the knowledge and information in the world … but if you two don't have the right … chemistry, then it's not going to work" (Researcher Self-Study, p. 5).

Similarly, positive and reparative relationships with teachers were based on intuitive feelings:

> Sharing a common liking for the subject … definitely helps, but it's not what makes a teacher-student relationship great … I think just knowing that a teacher cares about you, and that you're both emotionally invested, and knowing that they're going to be there for you … when you need extra support (Researcher Self-Study, p. 6).

The researcher-participant also suggests "attunement," and "individualized attention," are important aspects to a strong therapeutic relationship, and as suggested by the literature, these aspects also play an important role in strong teacher-student relationships.

Case 2: Clara

When asked about how her role as a clinical social worker helps in her teaching role, Clara suggests: "When you're a clinician, you're trained to read people … it puts me in a better position when I'm standing in a room full of students, to read and to sense what's going on" (Clara, Personal Interview, p. 2). Clara says her experience in facilitating group therapy and psycho-education groups also contributes to her ability to facilitate classes in a more traditional classroom context in higher education.

Furthermore, Clara suggests paying attention to the natural power imbalance in the therapeutic relationship is important: "Understanding that the therapeutic space is a co-constructed, mutual space, but also being aware of the power you have in that context, and being transparent about that power" (Clara, Personal Interview, p. 6). Addressing issues of power hierarchies is especially important when working with survivors of childhood abuse, as authority figures who held power in their lives likely misused this power. Reframing the hierarchy as one of responsibility on part of the therapist is important in reframing and maintaining a positive understanding of hierarchical relationships for the survivor (Peckett, personal communication, 2017). Students who maintain this positive

understanding have the same quality relationships with teachers as non-abused children (Armstrong, Haksett & Hawkins, 2017).

Cross-Case Analysis

Participants' understanding of differences between therapeutic and teacher-student relationships were less apparent in their theoretical definitions than in their descriptions of practical experiences. For example, Clara suggested, "I don't think [a teacher-student relationship] is that much different from a therapeutic relationship" (Clara, Personal Interview, p. 7). However, when describing what considerations she might make for clients versus students, she voiced a distinction: "With students [of social work], it's harder … I can't create this cocoon of a learning experience which doesn't match what your practice experience is going to be" (Clara, Personal Interview, p. 5). The researcher self-study also indicates that, while both relationships feel equally caring, their roles are essentially different:

> That desire to help and that genuine care is really the same in both relationships. The difference is how you show that care. As a teacher, you can relate to your students by sharing stories about your own life, and giving hugs, and being affectionate in appropriate ways … but you are limited to the content of your course in many ways … In therapy, you can go a lot deeper with the emotional stuff (Researcher Self-Study, p. 6).

Clara echoed these sentiments, suggesting, "I do think it's a question of intensity. Like, you're just not going to be that emotionally 'there' [for your students]" (Clara, Personal Interview, p. 7). Both participants agreed teachers and therapists approach the role of supporting traumatized individuals differently, and that teachers are limited by a system that generally prevents them from directly supporting students in the same capacity as a therapist. However, while teachers may not engage directly in the traumatic content, they are well positioned to support the development of resiliency in traumatized individuals indirectly, through establishing safety, empathy, and empowerment, all of which are characteristics shared with strong therapeutic relationships.

Safety

Safety was an important concern in both therapeutic and teacher-student relationships for participants. Clara recounted an experience with a client where she was reminded of safety as being the top priority in therapeutic relationships:

> I was getting frustrated … because [a client] was shutting me out. And, I stepped into her space, and she was like, "Clara, if you don't back off, something bad is going to happen." And, I was pissed, because we had this relationship that I thought we had built, and I'd forgotten—we talked about it later, we processed it, of course, but it was around this

idea of not respecting that folks with trauma always need to make determinations about their space, and they need to have opportunities to say no to things (Clara, Personal Interview, p. 5).

Survivors' ability to set and maintain their boundaries is pivotal to trauma work, both for the client to feel safe and to manage triggers so as to ensure the safety of others. As noted by Clara, if boundaries are unintentionally or accidentally crossed, it is important to process and work through this to maintain safety and strengthen the therapeutic relationship.

One way in which clients set boundaries in therapy is by determining the pace of trauma treatment. The researcher self-study suggests:

My therapist never assumed that I felt safe with her. She always said, "Hopefully, you feel safe." I think this gave me permission to not feel safe, and to really not feel pressured … She wanted to go slowly with me, and I … had the agency to set the pace … [that] really helped me warm up to her more quickly (Researcher Self-Study, p. 4).

This is supported by Clara's viewpoint as a clinician:

The lure for … newer practitioners … is to try and get people to trust you … One of the first things I did … is to acknowledge that it's okay to not trust or feel safe … Really, I want you to put the brakes on. I want you to test me … And, that is part of healing, is figuring out who's safe and who's not. And, I think that giving people permission to not trust me and not feel safe, allows them to build that somewhat more slowly or not to feel pressured to do so (Clara, Personal Interview, p. 4 - 5).

"Taking things slowly" is a large part of trauma therapy, and why long-term therapeutic relationships appear to be successful in both of these individuals' experiences.

Clara voiced this gets more tricky within teacher-student relationships, because: "I'm limited by a larger system that doesn't really know how to respond well to students with disabilities that impact their ability to attend and participate" (Clara, Personal Interview, p. 3). The broader education system and barriers to social justice make it harder for Clara to approach students the same way she can clients: "I'm not [the student's] therapist, and I actually don't want to be. The [barriers], they're there for a reason" (Clara, Personal Interview, p. 3). However, allowing students to set boundaries and make their own determinations about their learning, and allowing enough time to warm up to a new teacher can still be incredibly important.

Empathy

Both therapist-client and teacher-student relationships also seem to have a strong foundation in empathy. The researcher self-study defines empathy as follows:

> It's not like the therapist always understands you. It's important that they understand you most of the time, but empathy is also being able to admit when there may be a gap between your experiences and their understanding. Like, I told my therapist once that people don't understand what I could have gone through, and she responded by saying, "I want to understand." That demonstrated to me that, yeah, you know, I might not know what you've been through, but I want to be here with you through it, as you feel those feelings. It's being able to make repairs in a relationship when something's gone wrong, or deepening your connection by acknowledging that you still want to be in a relationship with someone, personal or professional, even through the hard times (Researcher Self-Study, p. 5).

Clara voiced similar sentiments regarding her relationship with students:

> I think one of the most challenging moments was eventually reconnecting with [a] student … I was so painfully uncomfortable with having to hear about [the events that harmed her]. Some of those things, I was directly implicated in, and some of them I was not, but feeling like I have to hold this space in which I have been part of this harm. I can't just say, 'Oh yeah, those other people did that.' … I think it was helpful … for me to listen and not defend myself or not defend what happened. And now, we have a relationship … she feels like, 'Yeah, the system didn't work in this case, but I've come out of it with a relationship that feels supportive' (Clara, Personal Interview, p. 3 - 4).

Both participants describe the experience of empathy as arising out of discomfort or disconnection, but being able to sit with that discomfort and "hold a space," for it, enough to acknowledge how the other person is feeling. In Clara's experience, it involves acknowledging that the larger system of higher education has barriers, but that, when exercising interpersonal and social empathy, individual relationships can contribute to supporting students through the difficulties those barriers present.

The researcher self-study also indicates a lack of social empathy in the teacher-student relationship can cause harm:

> I had a disagreement with a Professor … I was having trauma nightmares … and I'd tried telling her I needed more support, and … she just didn't do that for me. I felt really pressured, because I felt like she was … accusing me of not working as well as I normally do.

> Finally, I told her she was being really "superior" and "privileged" …
> And, she just ended our relationship … It was really disappointing,
> because this was somebody I cared about … and in my greatest time of
> need, she was unaccommodating and just "left" … It took a lot of work
> to unlearn the fact that people who care about you aren't supposed to
> leave just because … you said something they weren't comfortable with
> (Researcher Self-Study, p. 3 - 4).

Failing to make the repair to relationship, and to stay connected through the ups and downs of relationship, can be harmful, and even re-traumatizing, for students who come to school with trauma histories. Especially given the power dynamic of the relationship, as well as the hierarchy of societal power between students and teachers from different social demographics, it can be disempowering.

Empowerment

In both therapeutic and educational contexts, survivors need to feel they have regained their agency, sense of control and power over themselves. For example:

> … knowing that my therapist saw me as smart and capable was really
> important to making that progress … Just feeling like I was in control
> and in charge of my therapy … while my therapist … provided support
> when I was vulnerable … that was important (Researcher Self-Study,
> p. 3).

Viewing clients from a strengths-based perspective is important to trauma treatment, and communicating their strengths directly to them can help build self-esteem. Clara says she became a social worker because, "I was kind of exposed to the idea of redemption; that people could improve, that people had other identities besides the ones that labelled them 'troubled'" (Clara, Personal Interview, p. 1). The underlying goal of trauma therapy is to help the client relate to their trauma as being a part of their identity, but not to be defined by their trauma as their only identity (Peckett, personal communication, 2018). This reframing occurs by allowing survivors to reclaim their voice and rewrite their narrative:

> One thing I really liked was internal family systems, which is where the
> therapist will bring out more childlike parts of you and validate those
> feelings from childhood. I finally felt like that little girl I used to be had
> a soothing, caring adult, and that child I used to be finally had an
> opportunity—a corrective opportunity—to tell someone how she felt,
> and how sad she was, and how scared she was. It wasn't just in the
> moment, me telling someone how I felt now that I was an adult. I really
> went back to giving that child a voice, and I think that was the most
> supportive thing I've experienced (Researcher Self-Study, p. 2).

Allowing clients the opportunity to speak their truth, and to find their voice, is incredibly important. If this agency and empowerment are compromised, it can be catastrophic:

> I told [my therapist] how [hyper-arousal] was affecting my personal relationships … She said, "I don't think it was that bad." She insisted … she 'wasn't leaving' … [Then], she came into session one day with referrals and abruptly discontinued services, telling me I needed a different kind of therapy … She hadn't prepared me and … I felt like my agency in making my own decisions … had been taken away. I needed a different kind of therapy, but I wanted to be the one to say it (Researcher Self-Study, p. 4).

When determining treatment goals, clients need to feel they are making choices that are right for them. The client in this case seemed to voice having been upset not by the termination itself, but by the fact that the termination did not occur on her terms when she had voiced her needs, and she did not feel adequately prepared for the termination. Clara notes abrupt or unpredictable endings are difficult for trauma clients: "When you work with folks who are truly vulnerable and have multiple, intersectional areas of marginalization, just being like, 'Okay, see ya,' is a problematic notion" (Clara, Personal Interview, p. 6). Because trauma therapy aims to reframe power hierarchies, if a client's agency is taken away, it can be very damaging.

Empowerment seemed to be a part of teacher-student relationships in a different capacity, where teachers facilitated opportunities for students to risk social connection:

> I was really … self-protective … My Professor … she would … ask me how I was … and she'd ask everyone about what they were up to … before class started each week. This really helped me feel … like I could connect to other people in the class … I was really able to make friends a lot more quickly … because she helped facilitate the social interactions between us (Researcher Self-Study, p. 3).

Because trauma is overwhelmingly unpredictable, many survivors can be reluctant to engage in relationships and risk connection. While the therapist's role is to explore where this is coming from and to empower clients to rewrite their narratives, teachers play a pivotal role in fostering social connections and allowing students to feel safe in risking social connection and relationship after trauma.

Discussion and Implications

While therapeutic and teacher-student relationships play distinctive and separate roles, both relationships seem to have some overlapping characteristics that support trauma recovery and resiliency. Clinicians take their time establishing safe relationships, allowing clients to make determinations about pace and timing. Teachers may also implement this strategy in the classroom context. For example, establishing rapport at the beginning of the year with a new teacher and peers can be challenging for a trauma survivor. Allowing students to work in small collaborative learning groups can help establish relationships slowly, without the pressure of integrating into the social fabric of the class all at once. This can decrease overwhelming feelings and the fight/flight response.

Approaching students with empathy can also help build resiliency. Both participants define empathy as remaining present and attuned, even in moments of difficulty or discomfort, where the teacher acknowledges mistakes and creates a repair in the relationship. Teachers create a new roadmap for relationships, which can be drawn upon in the long-term to assess whether survivors' future relationships are safe. Empathy provides traumatized students with an internal resource, reflecting on their positive interactions with a teacher during scary moments at home, or imagining how the situation might be different if it were their teacher in place of their parent (Eldridge, 1996, p. 186). This allows the individual to detach from reality and soothe themselves. The dissociative fantasy provides a current outlet for the student whose home is presently abusive. The external resource of the relationship becomes an internal resource of imagination and fantasy.

Empathy is therefore a protective factor: "Protective factors [are] contributors to the resilience process. However, protective factors are not the same as resilience" (Alaggia & Donahue, 2017, p. 4). Dissociation, or "escapism," sustains the survivor until s/he is able to get out of the abusive situation. While trauma treatment works to rid the client of dissociative strategies and ground them in the present, escapism is regarded as a resiliency factor that supported him/her in moments of past abuse (Jenney et al., 2016, p. 69), fuelled by the protective factor of empathy.

Lastly, both types of relationships empower students to (re)integrate within a larger social context. While teachers are limited in their ability to engage directly with traumatic material, they may support students in "finding their voice" through other means, such as determining student strengths and providing opportunities for that skill to be practiced in class or through extracurricular contributions. This could be a subject specific skill or an artistic endeavour, such as writing or math, or art, dance or drama. The emphasis here is on active engagement and participation/ collaboration with peers to enhance self-esteem and connectivity.

Conclusion

While therapists engage directly with traumatic content, teachers play an important role in using safety, empathy and empowerment to provide opportunities for students to build resiliency and repair some of the damage of childhood abuse. While achieved through different means, the qualities teachers have in common with clinical social workers are relatively analogous to the stages of trauma therapy: establishing safety, processing trauma, and social reintegration.

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Appendix A:
Consent Form/
Ethics
Document

Date: **October 2019**

Dear **Participant**:

My Name is **Mehak Jamil** and I am a student in the Master of Teaching program at the Ontario Institute for Studies in Education at the University of Toronto (OISE/UT). A component of this degree program involves conducting a small-scale qualitative research study. My research will focus on **how teacher-student relationships help build resiliency in students who have experienced childhood abuse**. I am interested in interviewing teachers who **have clinical experience treating childhood abuse (e.g. RSW, C.Psych**). I think that your knowledge and experience will provide insights into this topic.

Your participation in this research will involve one 45-60 minute interview, which will be transcribed and audio-recorded. I would be grateful if you would allow me to interview you at a place and time convenient for you, outside of school time. The contents of this interview will be used for my research project, which will include a final paper, as well as informal presentations to my classmates. I may also present my research findings via conference presentations and/or through publication. You will be assigned a pseudonym to maintain your anonymity and I will not use your name or any other content that might identify you in my written work, oral presentations, or publications. This information will remain confidential. Any information that identifies your school or students will also be excluded. The interview data will be stored on my password-protected computer and the only person who will have access to the research data will be my course instructor **Dr. Stephanie Tuters**. You are free to change your mind about your participation at any time, and to withdraw even after you have consented to participate. You may also choose to decline to answer any specific question during the interview. I will destroy the audio recording after the paper has been presented and/or published, which may take up to a maximum of five years after the data has been collected. There are no known risks to participation, and I will share a copy of the transcript with you shortly after the interview to ensure accuracy.

Please sign this consent form, if you agree to be interviewed. The second copy is for your records. I am very grateful for your participation.

Sincerely,
Mehak Jamil

Phone Number:

Email:

Course Instructor's Name: **Dr. Stephanie Tuters**
Contact Info: *Email*

Consent Form

I acknowledge that the topic of this interview has been explained to me and that any questions that I have asked have been answered to my satisfaction. I understand that I can withdraw fromthis research study at any time without penalty.

I have read the letter provided to me by   and agree to participate in an interviewfor the purposes described. I agree to have the interview audio-recorded.

Signature: _____

Name: (printed) _____

Date: _____