

DEPARTMENT OF EDUCATION

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# Trauma-informed practice in schools: An explainer

Centre for Education Statistics and Evaluation



This explainer has been designed to complement the NSW Department of Education trauma-informed practice professional learning. This professional learning is currently in its pilot stage. For more information on the pilot, please contact the Disability Strategy Implementation team.

## Introduction

This explainer briefly summarises the evidence on trauma-informed practice within an educational context. It is intended as a brief introduction to the topic for teachers, principals and other school staff. It provides information on six key questions:

1. What is trauma?
2. How prevalent is developmental<sup>1</sup> trauma among children in NSW?
3. How can teachers and school staff recognise behaviours related to trauma?
4. What is trauma-informed practice?
5. What strategies can schools and teachers use to support students impacted by trauma?
6. How can schools care for staff who are supporting students impacted by trauma?

Some links to further reading are provided within the text for readers wanting a more advanced understanding of developmental trauma and trauma-informed practice within an educational context.

### 1. What is trauma?

There has been extensive debate about the definition of 'trauma' (AIFS 2016). A commonly used definition is:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing (SAMHSA 2014, p. 7).

A traumatic event or series of events exceeds a person's capacity to cope with it, leaving people feeling vulnerable and challenging an individual's belief that the world is safe (The National Child Traumatic Stress Network n.d.).

Trauma can be categorised as either 'simple' or 'complex'<sup>2</sup>. Simple trauma may result from a one-time incident that is life threatening or has the potential to cause serious injury, for example, a serious car accident or natural disaster (for example, drought). Complex trauma may arise as a response to usually multiple incidents of interpersonal threat and/or violence, for example, neglect, abuse, bullying, domestic violence, rape, war, poverty and imprisonment (ACF 2010; McAloon 2014). Complex trauma can have a long term, broad, negative impact on a person's life (Van der Kolk et al. 2005; Howard 2018). It can also carry over from one generation to another. These intergenerational effects are attributed to the impact of collective trauma (such as war, genocide, the Stolen Generations) suffered by individuals, their families, and their communities on the emotions, inner states, and coping strategies of survivors. These effects can have an ongoing impact on the parenting behaviours of both survivors and their descendants, one generation at a time (Howard 2018).

When complex trauma occurs in childhood, it is usually referred to in the literature as 'developmental trauma'. Trauma in developmental years occurs when a child is exposed to longstanding or repeated traumatic events during early stages of development and/or when developing in utero. Developmental trauma can change the way a child's brain develops, impacting their physical, emotional and mental development (Tucci & Mitchell 2015; Perry & Szalavitz 2017). Ongoing traumatic stress on the brain in childhood may create difficulties with learning and memory, sense of self, focus and concentration, physiological responses, self-regulation and coping, and the ability to form positive relationships (DeCandia, Guarino & Clervil 2014; Harris 2017). Children impacted by trauma will do anything to survive, not because they want to, but because they have to (i.e. the body will 'adapt' to trauma) (ACF 2010). As such, children may become disconnected from their feelings, push away memories of pain and ultimately stop relying on relationships around them to protect them. They stop trusting and believing in others (ACF 2010). Complex childhood trauma can shape experiences and educational outcomes for children during schooling years and beyond.

<sup>1</sup> Developmental trauma can also be referred to as 'childhood trauma'.

<sup>2</sup> Sometimes the terms 'Type I' and 'Type II' are used in place of simple and complex.

There is no formal diagnosis of developmental trauma. The behaviours of children and young people who have experienced trauma often manifest themselves in similar ways to children and young people who have been diagnosed with various other conditions or disorders, including but not limited to, Anxiety Disorders, Oppositional Defiant Disorder (ODD), Conduct Disorder (CD), Attention Deficit Hyperactivity Disorder (ADHD), Serious Emotional Disturbance (SED), Social Communication Disorder (SCD), Disruptive Mood Dysregulation Disorder (DMDD) and Post Traumatic Stress Disorder (PTSD).

For children and young people who have experienced trauma, school can be a stressful and difficult place, as they are trying to cope in an environment that imposes expectations on them that they may find hard to meet. In the classroom, trauma can affect a student's ability to learn, form relationships, and regulate their behaviour. For example, students who have experienced trauma may have memory difficulties, a limited attention span and difficulties with concentrating, processing language, executing logic and sequence tasks, and forming relationships (ACF 2010). This can impact educational outcomes in significant ways, for example, Wolpov et al. (2009) reports that children who experience 'adverse childhood experiences' (ACEs)<sup>3</sup> are two and a half times more likely to fail a year at school, experience language delays, be suspended and are more frequently placed in specialist education. Students with a history of complex trauma may require a variety of educational adjustments at school to meet their developmental and learning and wellbeing needs.

For more information on the neuroscience of trauma and its effects on children, see Bruce Perry and Maia Szalavitz 2017, *The boy who was raised as a dog*, Basic Books, New York.

## 2. How prevalent is developmental trauma among children in NSW?

Estimates of the prevalence of developmental trauma suggest that it is widespread (Tobin 2016; AIFS 2016). However, determining the exact number of children living with the effects of trauma is difficult due to issues with diagnostic terms, definitions, ethics and privacy, underreporting, and data limitations (Tobin 2016; AIHW 2019). One indication we have of how many students in NSW may be impacted by developmental trauma is the number of reports completed by child protection services (AIFS 2017). Reports are when an investigation carried out by relevant authorities concludes that there is reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed. These children are likely to suffer from developmental trauma. In 2016-17 in NSW, 18,919 children (or 1.1 per 100 children) were the subject of a report (AIHW 2018).

The actual number of children impacted by complex trauma, nonetheless, is likely to be higher than that suggested by child protection data since child protection data is considered a conservative indicator of the occurrence of child abuse or neglect, and does not account for children who are not impacted by child abuse or neglect, but who are impacted by other types of trauma such as intergenerational trauma (AIFS 2017). A large-scale medical study conducted in the USA during the 1990s by Kaiser Permanente and the Centers for Disease Control and Prevention, examined the long-term impacts of complex trauma by studying the impact of 10 categories of trauma (or ACEs) experienced during the first 18 years of life. This study found that prevalence of early trauma has been grossly underestimated: 64% of the study participants had experienced one or more ACEs; 12.5% reported experiencing four or more ACEs (Felitti et al. 1998).

Trauma can impact anyone (UNESCO 2019) and there are likely to be students with complex trauma in most classrooms in most schools (Howard 2018; AIFS 2016). In the context of education in NSW, students that could be significantly more likely than their peers to have experienced developmental trauma may include students in out-of-home care, Aboriginal students<sup>4</sup>, students from refugee and asylum seeker backgrounds, students from remote and very remote areas and students with a disability (AIHW 2018; AIFS 2017; AIHW 2013; Healing Foundation 2017; UNESCO 2019)<sup>5</sup>.

3 Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. It is often used as a proxy for trauma.

4 Aboriginal students are often affected by intergenerational trauma as a result of the effects of colonisation. For more information, see <https://healthinonet.ecu.edu.au/learn/health-topics/healing/trauma/>.

5 These groups are not mutually exclusive. Children could fall into more than one of these groups.

### 3. How can teachers and school staff recognise student behaviours related to trauma?

Students' reactions to trauma will differ based on a variety of factors, including their life experiences to date, age, and gender (SAMHSA 2014). Nonetheless, not all behaviour that could be a sign of trauma is a sign of trauma. Possible indicators of trauma are best used as a starting point for gathering more information about why the student may be showing the specific indicator and how it may be affecting their learning and behaviour (Victorian State Government 2012).

Some possible indicators of trauma include<sup>6</sup>:

- increased tension and irritability
- anxiety
- low self-esteem
- aggressive or violent behaviour
- inability to feel or control emotions
- tired in class due to sleep disturbances
- problematic or harmful sexual behaviour
- general aches and pains with no clear cause
- over or under reaction to noises, lights and sudden movements
- difficulty forming positive relationships with peers.

Additional indicators that may be shown by older students include personality changes, substance abuse, acute psychological distress, and self-harm (Victoria State Government 2012; NCTSN 2008).

It is important to be aware of these signs as there is growing evidence that shows developmental trauma impairs learning and affects behaviour (Craig 2016; Felitti et al. 1998). The extensive impact of trauma on cognitive development means children and young people who are impacted by trauma may respond to their environment with only limited access to the resources in their cortex responsible for thinking, logic, analysis and problem solving (ACF 2010). Thus children impacted by trauma may have difficulty with learning and memory, concentration and attention, representational thought, language, planning and being organised, problem solving, and regulating emotions (Craig 2016; NCTSN 2008; Tucci & Mitchell 2015).

When students impacted by trauma are reminded of a traumatic event (i.e. 'triggered'), or experience another incident they perceive as stressful, they are likely to move to either a state of hyperarousal or hypoarousal (Van der Kolk 2005; Siegel 1999)<sup>7</sup>. In the classroom, a child in a hyperaroused state will likely have difficulty paying attention, seem hyperactive and may display oppositional defiance (Van der Kolk 2005; UNESCO 2019; Perry & Szalavitz 2017). In contrast, children in a hypoaroused state may withdraw, tune out the world, and appear to be day dreaming or 'spaced out' (Perry & Szalavitz 2017).

For a complete list of possible indicators of trauma for each age group from 0-18 years, see Victoria State Government 2012, *Child development and trauma: Best interests case practice model and specialist practice resource*, Department of Human Services, available at <https://ballarat.casa.org.au/wp-content/uploads/2013/01/child-development-and-trauma-guide.pdf>.

### 4. What is trauma-informed practice?

Through adopting trauma-informed approaches that are sensitive and predictable in their implementation, schools can open up a space for traumatised children and young people to learn.

**(Australian Childhood Foundation 2010, p. 51)**

In an educational context, trauma-informed practice<sup>8</sup> is a strengths-based<sup>9</sup> framework in which education systems, schools and school staff understand, recognise and respond effectively to the impact of trauma on students (Quadara & Hunter 2016; Craig 2016). Some important elements of a trauma-informed practice approach are to:

- understand what trauma is
- realise the impact of trauma on students' relationships, behaviour and learning
- recognise the signs and symptoms of trauma
- respond by adapting policies, procedures and practices
- identify potential paths to success for students, and
- resist re-traumatising students (SAMHSA 2014; AIFS 2016; Craig 2016).

6 Please note, these are possible indicators only and should not be misinterpreted to mean that a student has definitively been impacted by trauma. These indicators could also point to numerous other conditions that are not related to trauma.

7 The body has a 'window of tolerance' which is the optimal zone of arousal where people function, manage and thrive. When people move out of this window of tolerance, the body goes into survival mode i.e. hyper- or hypo- arousal.

8 Trauma-informed practice can also be referred to as 'trauma-informed care' or a 'trauma-informed approach'. These terms differ in meaning from the terms 'trauma-specific services' or 'trauma-specific interventions', which are clinical interventions intended to address trauma-related symptoms (Quadara & Hunter 2016; DeCandia, Guarino & Clervil 2014). This explainer does not discuss trauma-specific services or interventions.

9 A strengths-based approach is an approach that looks for opportunities to complement and support people's existing strengths and capacities instead of focusing on the problem or concern.

Trauma-informed practice focuses on how teachers, school-based staff and leaders can better relate to and support the wellbeing and learning of children and young people who have experienced trauma. Without a trauma-informed practice approach, there is a risk that students impacted by trauma could be re-traumatised and not have opportunities to reach their full potential (Quadara & Hunter 2016; AIFS 2016).

It is important to note that trauma-informed practice is not about asking teachers, school-based staff or leaders to be therapists, but rather to support them to teach with an understanding of the impacts of trauma and in ways that can help students feel safe. Teachers, school-based staff and school leadership teams should always engage professional specialist support when required.

Trauma-informed practice should be practised as a whole school approach with a focus on consistent, relationally-based and predictable strategies:

A child, in order to feel safe at school, needs to know that they can approach any classroom teacher, specialist, principal, teacher's aide, wellbeing support, or business manager, and receive the same response. The response needs to be agreed upon by all staff, practiced, and with an accepted process when things don't go the way we hope. (Harris 2017)

Professional learning for current and pre-service teachers is also vital to the successful implementation of trauma-informed practice (Alisic et al. 2012; ASCA 2012). Professional learning can help school staff recognise the signs of trauma, respond appropriately and know when to refer students for mental health support (Wong et al. 2007). Ideally all staff need to be trained, including teachers, executive and school administration and support staff (Quadara & Hunter 2016; Howard 2018; Flanagan 2019).

For more information on trauma-informed approaches in schools, see Susan E. Craig 2016, *Trauma-sensitive schools: Learning communities transforming children's lives K-5*, Teachers College Press, New York.

For more information on trauma and learning, see Australian Childhood Foundation (ACF) 2010, *Making space for learning: Trauma informed practice in schools*, resource guide.

<https://www.hsnet.nsw.gov.au/system/files/attachments/881160215125335Making%20Space%20for%20Learning.pdf>

## 5. What strategies can schools and teachers use to support students impacted by trauma?

Education offers a powerful intervention opportunity for trauma-affected students.

**(Brunzell, Stokes & Waters 2016, p. 65)**

There is no single, proven model for successfully implementing trauma-informed practice in educational settings. However, researchers and practitioners commonly suggest the following interrelated strategies can be useful in supporting the wellbeing and learning of all students, particularly those impacted by trauma:

- Physical and emotional safety for students and staff
- Respect for diversity, including different cultures, historical backgrounds and genders
- Positive relationships, particularly focused on trustworthiness, consistency and predictability
- Empowerment<sup>10</sup> of students, including taking a strengths-based approach. (SAMHSA 2014; AIFS 2016; Van der Kolk 2005; Craig 2016; Kezelman 2014; AIHW 2013).

Schools can facilitate physical and emotional safety by providing students with safe spaces that have appropriate levels of sensory stimulation (for example, having calm, quiet areas students can utilise when required) and ensuring that school policies prioritise safety, empathy and predictability (Cole et al. 2005 in Tobin 2016; Craig 2016). Teachers can provide further emotional safety to students through preventative strategies, such as teaching students self-regulation (for example, breathing and meditation exercises), having clear, firm and repeated boundaries, rules, expectations and consequences, and, providing advance warning to students when there will be a change in routine (Downey 2007; Cole et al. 2005 in Tobin 2016).

Respecting diversity in schools includes avoiding stereotyping students, implementing policies, processes and practices that are responsive to the cultural, linguistic and gender needs of students and employing culturally competent staff (SAMHSA 2014; AIHW 2013; STARTTS 2015). In NSW schools, this means a focus on developing culturally aware and responsive staff, and implementing programs to support Aboriginal students and students from refugee backgrounds (Healing Foundation 2017; STARTTS 2015). Culture and language play a significant role in how people manage and express their experiences, identify support systems and utilise healing strategies (AIHW 2013, p. 7). The best outcomes for Aboriginal students, for instance, are obtained in a culturally competent school

<sup>10</sup> In this context, empowerment means recognising and building upon a person's strengths, experiences and ability to do things for themselves (SAMHSA 2014; AIHW 2013). The current K-10 PDHPE syllabus promotes a strengths-based approach which acknowledges that students possess strengths, capacities and capabilities that can be supported and developed to improve their own and others' health, safety and wellbeing.

environment. Cultural competence is a relationship between cultural awareness (knowing), cultural sensitivity (appreciating) and cultural proficiency (embedding as organisational practice) (Westerman 2012)<sup>11</sup>.

The capacity of traumatised children and young people to learn is significantly compromised. Their neurobiology is stressed. Their relationships can feel unstable. Their emotional state is in flux. They find it difficult to stay calm or regain a state of calm if they feel distressed or perturbed. Change is perceived as dangerous. Their memory is under pressure. They are disconnected from themselves and time. Their behaviour rules them. New experiences and new information carry with them elements of threat and uncertainty.

(Australian Childhood Foundation 2010, p. 50.)

Teachers can build positive relationships with students by being consistent, predictable, nurturing, warm, empathetic, genuine and fostering a sense of belonging (Cornelius-White 2007; Roffey 2015). Using calm, non-threatening language also helps to maintain positive, trusting relationships (Day et al. 2015; Fecser 2015; Tucci & Mitchell 2015). When students display negative behaviours, teachers should consider why the behaviour might be occurring and what the student might need. If they can meet the student's need (e.g. for safety), the student may no longer feel the need to enact the problematic behaviour. This is not to say that negative behaviour such as violence should not incur serious consequences, but that the consequences should also include a depth of investigation and certain level of support (Harris 2017). For example, a teacher might see a student's behaviour as 'acting out' and oppositional while in fact the student may not be able to concentrate due to feelings of fear for their safety (Fecser 2015). Responding to negative behaviour with incentive or threat-based responses should be avoided because students impacted by trauma may have poorly developed reward-processing abilities and so may be unable to use reasoning or logic to modify their behaviour (Tucci & Mitchell 2015).

Schools can empower students through teaching students healthy coping strategies, resilience, self-regulation and helping them to build positive peer relationships. Healthy coping strategies include physical activity, peer support, helping others, engaging in activities they enjoy and speaking to a counsellor (Flannery et al. 1998). Resilience can be fostered by providing unconditional positive regard for the student in a safe and caring environment, maintaining high expectations of the student and increasing the student's connections with others (Wolpov et al. 2009, pp. 15-16).

Teaching self-regulation includes teaching students about naming and understanding emotions, physical regulation of the stress response (for example, breathing, pausing, meditation), and teaching de-escalation and focus (Berry Street 2019; Harris 2017; Healing Foundation 2019). School staff can model positive social skills and respectful interactions so that students can form meaningful peer relationships (SAMHSA 2014; Gregorowski & Seedat 2013; Tucci & Mitchell 2015).

Another way to empower students impacted by trauma is to ensure teaching strategies are appropriate for their needs. Effective teaching strategies for students impacted by trauma may include providing visual and mnemonic cues to prompt short term memory; breaking down tasks or assessments into manageable steps; repeating information; providing written instructions and scaffolding (Tucci & Mitchell 2015; Tobin 2016; Carello & Butler 2015). The Berry Street Education Model additionally advocates for creating a culture of 'academic persistence' by nurturing resilience, emotional intelligence and a growth mindset (Berry Street 2019). For example, applying a 'growth' rather than a 'fixed' mindset to the completion of a maths problem, or providing a worksheet that explains the differences between 'real' and 'fake' reading (Stokes and Turnbull 2016).

For more detailed information on **how to implement strategies for supporting students impacted by trauma**, see:

Australian Childhood Foundation (ACF) 2010, *Making space for learning: Trauma informed practice in schools*, resource guide.

Downey, L 2007, *Calmer classrooms: A guide to working with traumatised children*, The Office of the Child Safety Commissioner.

Fecser, M 2015, *Classroom strategies for traumatized, oppositional students, Reclaiming Children and Youth*, vol. 24, no. 1, pp. 20-24.

For more information on **how the brain typically learns and stores knowledge and the implications for teaching practice**, see CESE 2017, *Cognitive load theory: Research that teachers really need to understand*, available at [https://www.cese.nsw.gov.au/images/stories/PDF/cognitive-load-theory-VR\\_AA3.pdf](https://www.cese.nsw.gov.au/images/stories/PDF/cognitive-load-theory-VR_AA3.pdf).

For more information on **student wellbeing, including creating a safe environment, connectedness, and whole school approaches**, see CESE 2015, *Student wellbeing*, available at [https://www.cese.nsw.gov.au/images/stories/PDF/student\\_wellbeing\\_LR\\_AA.pdf](https://www.cese.nsw.gov.au/images/stories/PDF/student_wellbeing_LR_AA.pdf).

For more information on **classroom management and what works for all students**, see CESE (2020), *Classroom management: Creating and maintaining positive learning environments*.

<sup>11</sup> The NSW Department of Education's Aboriginal Education Policy and Connected Communities strategy both recognise the importance of valuing and acknowledging the identities of Aboriginal students and the need for culturally aware and responsive support for students in schools. More information on these initiatives can be found here: <https://education.nsw.gov.au/teaching-and-learning/aec>.

## 6. How can schools care for staff who are supporting students impacted by trauma?

Staff wellbeing is an important factor to consider when supporting students impacted by trauma. Teachers are more susceptible to work-related stress, burnout and general psychological distress when compared to other occupations (Stapleton 2019). Dealing regularly with students who have been impacted by trauma can impact on staff wellbeing, and may in some circumstances lead to compassion fatigue, secondary traumatic stress or vicarious trauma (Izzo & Miller 2010; NCTSN 2008).

Compassion fatigue or secondary traumatic stress can occur to any school staff member working directly with children impacted by trauma. Symptoms can include physical, emotional or mental exhaustion (NCTSN 2008). Vicarious trauma occurs when a staff member is regularly exposed to traumatic content while having to control their own reaction. Symptoms can include exhaustion, persistent emotional arousal, the re-experiencing of traumatising events through invasive memories, thoughts, and dreams, diminished enjoyment of and commitment to one's profession, and, reliance on avoidance behaviours (Izzo & Miller 2010).

Professional learning is an important protective factor against school staff experiencing compassion fatigue or vicarious trauma (Craig 2016; Howard 2018), and can help school staff recognise the signs of trauma, respond appropriately and know when to refer students for mental health support (Wong et al. 2007). The Berry Street Education Model is one example

of professional learning offered in NSW. In this model, schools are provided with training, curriculum and strategies based on positive education and trauma-informed and wellbeing practices (Berry Street 2019). The NSW Department of Education is currently developing professional learning on trauma-informed practice for department staff.

Additional ways schools can care for staff who are working with students impacted by trauma may include:

- providing information to staff on when and how to refer students to mental health services
- supporting the establishment and maintenance of appropriate boundaries between staff and students
- supporting staff to debrief with a professional such as a psychologist
- supporting staff to make intentional self care plans for maintaining their wellbeing, such as through exercise, meditation, being in nature, or other activities that bring enjoyment
- establishing a culture of checking-in with others regarding emotional involvement and reactions to students (Izzo & Miller 2010; Craig 2016; Carello & Butler 2015; Howard 2018; Roffey 2015).

For more information on vicarious trauma and how to prevent and treat it, see Ellie Izzo and Vicki Carpel Miller 2018, *Second-hand shock: Surviving & overcoming vicarious trauma*, Unhooked Books, Arizona.

In early 2019, the NSW Education Minister launched the NSW Disability Strategy. During the development of the Disability Strategy departmental staff identified a growing need for professional development in trauma-informed practice. This professional development will increase awareness and knowledge, build confidence and empower leaders, teachers and school-based staff to support students with complex needs. The Disability Strategy Implementation team has undertaken a study into schools who have previously completed trauma-informed professional development to learn more about their practice and how it has impacted their students, classrooms and schools to inform the direction of trauma-informed professional development. As part of the Strategy, a core course is being developed and piloted using co-design methodology with School Services, Psychological & Wellbeing Services, Disability Strategy Implementation and school-based staff.

More information about the Disability Strategy and trauma-informed practice can be found on the NSW Department of Education Disability Strategy website: <https://education.nsw.gov.au/teaching-and-learning/disability-learning-and-support/our-disability-strategy>.

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A network diagram with various sized nodes and connecting lines, set against a teal background.

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