



# Trauma-informed practice in primary and secondary schools



School resources

A trauma-informed organisation, such as a school, is one which ‘realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization’<sup>1</sup>. Trauma-informed practice in schools has grown in recent years, and schools are increasingly implementing educational programmes for teachers and school policies to help educators to become more aware of the impacts of trauma on students<sup>2</sup>. Trauma-informed programmes and policies are important to support teachers who are tasked with supporting the complex needs of students and families impacted by trauma.

## What are the implications of childhood trauma?

**Trauma** may impact the child immediately and also as they grow and mature into adults. A review of research concluded that exposure to adverse circumstances affects the developing brain in ways that increase risk for a myriad of problems<sup>3</sup>. Early adversity increases the risk of maladaptive outcomes including memory problems, learning difficulties, school adjustment problems, behaviour regulation and emotional issues, and a higher risk of antisocial activities<sup>4</sup>. Children and young people who experience adversity or trauma are also at higher risk of mental illness<sup>5</sup>, self-harm<sup>6</sup>, and suicidality and suicide<sup>7</sup>.

Later in life, these young people may engage in behaviours that pose a risk to their health, such as smoking and substance abuse that may result in chronic health conditions including obesity, cancer, stroke and heart disease<sup>8</sup>. The more adversity a child experiences, the more likely they are to experience negative psychological and physical health later in life<sup>9</sup>. Not all children experience negative physical and psychological health outcomes after trauma, although there is clear evidence that childhood trauma increases the risk of these and other outcomes across the lifespan.

## Signs that a student has experienced trauma

Noticing the signs of trauma is the first step in response to students exposed to trauma. Trauma can present in various ways, such as behavioural, cognitive, social or emotional difficulties. Students who have experienced trauma may have behavioural problems which are their way of communicating their distress or soothing unpleasant emotions, or because they lack interpersonal and impulse control skills<sup>10</sup>. These behaviours can sometimes be misinterpreted as trouble-making by staff and other students<sup>11</sup>. At school, a child or young person who has been exposed to trauma may present in the following ways:

- Reluctance to attend school, possibly because they have concerns about interacting with teachers or peers
- Reluctance to leave school and distress about returning home after school
- Avoiding questions about their home and family
- Younger children may play out violent themes or stories during play
- Older children and adolescents may report distressing dreams or speak about violent topics

- Children and young people may regress in their ability to care for themselves or may engage in risk-taking behaviours. For example, the hygiene practices of older children and adolescents may change, while younger children may show regressive development or changes in how they communicate (such as starting to use ‘baby talk’)
- Changes in behaviour such as withdrawal, aggression, impulsiveness, inattention, anxiety and/or negative moods<sup>12</sup>.

## Supporting students who have experienced trauma

When a school environment is trauma-informed, students who have experienced trauma typically prefer to attend school, particularly if the traumatic experience has occurred at home<sup>13</sup>. However, trauma and retraumatisation of students can occur at school, especially for at-risk groups such as LGBTQIA+ students<sup>14</sup>, students with disabilities<sup>15</sup>, and students from lower socio-economic areas<sup>16</sup>. Teachers play an important role in fostering safe relationships and environments to support the ongoing wellbeing of these students<sup>17</sup>.

## How can teachers respond to students who disclose trauma?

There is a growing body of evidence concerning the nature and impact of trauma-informed practice in primary and secondary schools. This research has occurred mainly in the USA. For more information on some of the trauma-informed programmes that have been evaluated in primary and secondary schools and shown to be effective, see [What is trauma-informed practice?](#)

Trauma-informed practice encourages teachers to change how they think about a student’s behaviour from ‘What is wrong with you?’ to considering ‘What has happened to you?’ This is one of the first steps of trauma-informed practice, which is then followed by teachers’ understanding the negative impact of trauma on a child’s mental and physical health, as well as on their socialisation and behaviour at school<sup>18</sup>. The following table includes some ways that teachers may or may not respond to students exposed to trauma in line with the SAMHSA guiding principles<sup>19</sup>:

SAMHSA guiding Principles	How to respond in a trauma-informed way	Common mistakes that are not trauma-informed responses
<b>Empowerment, voice and choice</b>	<input type="checkbox"/> Ask the student what they need to support them to feel better and express hope of a favourable outcome	<b>X</b> Try to solve the students’ problems or minimise students’ experiences and reactions
<b>Trustworthiness and transparency</b>	<input type="checkbox"/> Be clear about how you can help the student	<b>X</b> Give unrealistic offers to try and calm a student or promise that information will be confidential
<b>Cultural, historical and gender Issues</b>	<input type="checkbox"/> Ignore stereotypes and biases, and demonstrate cultural sensitivity	<b>X</b> Underestimate how observant the student will be to your verbal and non-verbal reactions

<b>Safety</b>	<input type="checkbox"/> Express to the student that they are safe and demonstrate psychological safety by showing empathy and by listening without judgment	<input checked="" type="checkbox"/> React with horror, fear and excessive sadness or in a way that might retraumatise the student
<b>Peer support and mutual self-help</b>	<input type="checkbox"/> Seek and offer support to other staff and ensure self-care and self compassion	<input checked="" type="checkbox"/> Ignore one's own responses and reactions after responding to a student
<b>Collaboration and mutuality</b>	<input type="checkbox"/> Every staff member plays a role in becoming trauma-aware and trauma-sensitive	<input checked="" type="checkbox"/> Expect that a therapist or wellbeing staff member will manage students' trauma responses

### How can teachers and schools create a trauma-informed environment?

Schools can respond to students who have experienced trauma in a number of ways. The following are some suggested ways that teachers and schools can respond:

<b>Realise</b>	Participate in professional learning and development about childhood trauma and trauma-informed practice to learn about the widespread impact of trauma and about facilitating recovery.
<b>Recognise</b>	Seek support for yourself. Remember that everyone has a role to play and ensure that everyone understands their role in recognising signs of trauma in oneself and others.
<b>Respond</b>	Seek out or encourage your school to develop a trauma-informed policy. A template trauma-informed policy has been developed for schools to adapt according to their needs <sup>20</sup> . Refer the student and their parents to a mental health professional and/or community service. Schools should have a policy regarding mandatory reporting of child abuse and neglect, as well as how to respond to a parent who is the person causing the trauma <sup>21</sup> .
<b>Resist</b>	Resist re-traumatisation by enacting the principles of trauma-informed practice in their everyday experiences and interactions with students, and learn what sensations, experiences or cues may increase the students' distress at school. Some common triggers that may distress and retraumatise these students include a teacher yelling, busy classrooms, loud classmates, unpredictable schedules, unfamiliar teachers and people, and closed classroom doors.

## Responding to barriers when implementing trauma-informed practice

Although research has started to identify the benefits of trauma-informed practice in schools, common barriers to implementing these practices have also been highlighted<sup>22</sup>. It is important that schools consider the following barriers in their policies, practices and organisational culture when implementing trauma-informed practice in the school setting.

- **Shared and/or secondary trauma:** Teachers can experience the same trauma as students, such as in responses to a natural disaster, for example. It is important that teachers are supported to recognise and manage their own trauma and secondary trauma responses, and that schools have appropriate supports and procedures in place for their staff.
- **Time:** Teachers have many commitments and responsibilities that may present as a time barrier to learning and practising trauma-informed practice. Schools may consider integrating planned training and professional development into teacher's schedules in a way that is manageable with other commitments.
- **Training:** Teachers and schools may be unsure how to engage with children who may have experienced trauma and their parents. Trauma-informed training can support teachers' confidence in communicating about trauma.
- **System:** Strong school leadership and peer support can increase the successful implementation of trauma-informed approaches in schools and help to avoid teacher burnout. Changing or updating school policies to be reflective of a whole-school trauma-informed approach can support teachers and students<sup>23</sup>.

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## Endnotes

- 1 Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach.
- 2 Berger, E., & Martin, K. (2021). School trauma-informed practice policy. In K-A. Allen, A. Reupert, & L. Oades (Eds.), *Building Better Schools with Evidence-based Policy: Adaptable Policy for Teachers and School Leaders* (1st ed., pp. 104-111). Routledge. [https://researchmgt.monash.edu/ws/portalfiles/portal/337659558/337659398\\_oa.pdf](https://researchmgt.monash.edu/ws/portalfiles/portal/337659558/337659398_oa.pdf)
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### Karen Martin

Karen's passion is to assist with improving the mental and physical health of vulnerable and disadvantaged populations. Over the past 20 years, Karen has undertaken research within schools, prisons and community settings in diverse health fields including trauma and adversity, psychological and post-traumatic distress, and domestic violence. With a team of passionate researchers Karen generated the International Trauma-Informed Practice Principles for Schools (ITIPPS) and created the Thoughtful Schools Program, which is being pilot tested in Western Australia. By sharing knowledge and experience in assisting schools to become trauma-informed using research evidence, Karen aims to ensure that future school environments are places where young people feel supported, cared for and safe.