

Briefings

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RESEARCH FEATURE: Trauma-aware education

Foreword

In the evolving landscape of education, understanding and addressing the impacts of trauma has become increasingly vital.

In Australia, the term 'trauma-aware' is gaining prominence in both research and educational settings. Along with the increasing awareness of the prevalence and impact of trauma on learning and development, it is critical that educators are equipped with the knowledge and tools to foster trauma-aware practices.

This timely research offers a valuable and practical exploration of trauma-aware education in the Australian context. It highlights the importance of relational practice, professional curiosity, and the consistent application of trauma-aware principles to ensure that every student is given the best opportunity to engage and thrive in their learning environment.

Implementing trauma-aware practices has been found to benefit all students, enhancing academic outcomes, engagement, and overall wellbeing. By fostering a safe, predictable environment, schools can reduce the need for specialised support services and empower staff to identify and support students early.

This approach can also benefit staff by increasing their confidence and ability to manage trauma-related challenges, ultimately creating a more inclusive and supportive educational environment.

At Independent Schools Queensland, we are proud to support member schools in implementing trauma-aware approaches that uphold the dignity and potential of every child and young person across our school communities.



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RESEARCH FEATURE: Trauma-aware education



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Academics and schools use different terms to refer to practices and policies that are underpinned and guided by an understanding of trauma (Howard, 2022). This includes terms like ‘trauma-informed’, ‘trauma-integrated’, ‘trauma-aware’, ‘trauma-responsive’ and ‘trauma-sensitive’.

Broadly, in the United Kingdom, the term trauma-informed is used for clinical or therapeutic settings, while trauma-aware is used for educational settings. ‘Trauma-integrated’, ‘trauma-sensitive’, and ‘trauma-responsive’ practices are generally understood to be where an individual or organisation responds sensitively to the spectrum of trauma presentations all the time while aiming not to cause further traumatisation to the individual (Martin et al., 2023).

In Australia, a growing body of research and schools use the language of ‘trauma-aware’. Judith Howard states, “Trauma-aware education refers to the education policy and practice that is informed by research examining and responding to the impacts of trauma on children and young people and their education experience” (Howard, 2022, vii). These terms are crucial for schools and educators to be aware of because they provide a framework for understanding and addressing the impacts of trauma, thereby supporting the development of safe and supportive learning environments that cater to the needs of all students.

Trauma-aware education is reflected in the organisational culture of the school; that is all staff are supported to understand, recognise and respond sensitively to the impacts of trauma. Trauma-aware education is a systemic approach across the whole-of-school; it is not additional work or an additional responsibility for schools or educators (Howard, 2021). This paper will use the language of trauma-aware education.

To understand trauma-aware education we need to define trauma

“Trauma results from an event, series of events, or a set of circumstances an individual experiences as physically or emotionally harmful or threatening, which may have lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing. Traumatic events may be experienced by an individual, a generation, or an entire community or culture” (SAMSHA, 2023, p.vii).

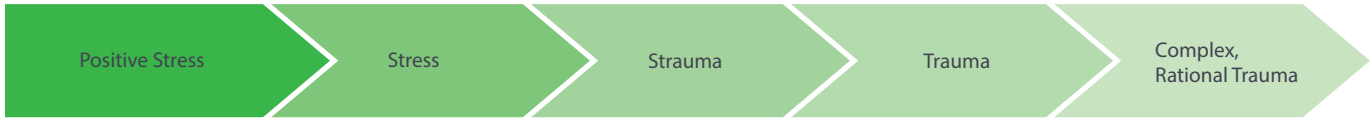
Substance Abuse and Mental Health Services Administration’s (SAMSHA) definition recognises the three ‘E’s’ of trauma: the **event** or circumstances that cause the trauma; the **experience** that an individual, based on their experiences perceives as trauma; and the **effects** of the experience.

When does stress become traumatic?

Stress may occur in response to novel situations or challenges. Trauma differs from stress in that there is a perception of the event being life-challenging and overwhelming. Stressful events are challenging but do not threaten life. Psychological and physical responses to stress are normal; like trauma, stress may lead to a *fight, flight, freeze or fawn* (appease) response.

It is important to recognise that an individual’s experiences, resources and relationships will mediate how

FIGURE 1: STRESS AND TRAUMA CONTINUUM



(adapted from: ACF, 2016)

an individual responds to a stressful or traumatic event. Two people can experience the same event but have very different reactions; for one the event may be traumatic but for another individual, it may be stressful but not traumatic.

Traumatic events may be understood as events where there is “heightened stress that accompanies experiences of threat, violence, and life-challenging events” (ACF, 2019).

The Australian Childhood Foundation (ACF) suggests there be a continuum from positive stress (eustress) to complex/relational trauma (trauma that is repeated and occurs in the context of relationships), which can be seen in Figure 1.

Where there is continued exposure to heightened or toxic stress (or ‘strauma’ as according to the Australian Childhood Foundation’s model) this may derail childhood development. Adverse Childhood Experiences give one way of exploring and understanding experiences that may constitute stress or toxic stress.

Adverse Childhood Experience

The concept of Adverse Childhood Experiences (ACEs) originated from a 1995 United States of America (USA) study by Kaiser Permanente Health and the Center for Disease Control. ACEs are events that occur in childhood that are potentially traumatic; the study found a correlation between childhood adversity and lasting physical, social and emotional health consequences.

Health outcomes were seen to incrementally worsen the more adverse experiences or experiences of abuse or trauma a person experienced. The ACE Questionnaire asks individuals about 10 childhood experiences of maltreatment (Felitti et al., 1998):

- Emotional abuse
- Physical abuse
- Sexual abuse
- Gender-based violence in the household
- Substance abuse in the household
- Mental illness in the household
- Parental separation or divorce
- Incarcerated household member
- Emotional neglect
- Physical neglect.

ACEs in the classroom

The ACE study has been replicated and adapted across countries and settings. In educational settings, we know that the experience of adversity has known impacts on a student’s engagement, attendance, learning, behaviour, risk-taking, connections and social interactions. Specifically:

- Children with four or more ACEs are 32 times more likely to experience behavioural challenges in school (Burke et al., 2011).
- In the same study, 51% of children with four or more ACEs experienced learning and behavioural challenges in school (while only 3% of students with no ACEs experienced learning and behavioural challenges) (Burke et al., 2011).

- The experience of an ACE doubles the likelihood of disengagement with the education system (Fry et al., 2018).
- Long-term, poor educational outcomes (and subsequent consequences like un-employment) have been identified as one of the most significant impacts of childhood adversity (Pan et al., 2020).

Identifying and recognising the impacts of trauma in the classroom is essential. The experience of trauma does not discriminate, and this means that it is likely there will be students who have experienced trauma in every school and perhaps every classroom. The Matilda Centre (2020) found that in Australian classrooms, 1.4 out of every two students have or will experience a traumatic event before they are 18 years of age. These statistics are not surprising when we consider the prevalence of trauma more broadly.

Prevalence of trauma

Almost half of Australians (59%) have experienced a personal stressor in the past 12 months (AIHW, 2024b). Further to this, in Australia, it is estimated that 57% to 75% of people have experienced a traumatic event (Costello & Backhouse, 2019).

Although trauma does not discriminate, the experience of trauma is more common among certain communities.

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TABLE 1: EXAMPLES OF HOW A STRESS RESPONSE MAY APPEAR IN THE CLASSROOM (Brummer, 2021, p.50)

Fight	Flight	Freeze	Fawn
Aggression Arguing Threats Silliness Defiance Yelling/biting/spitting Swearing Sudden outbursts Provoking adults Throwing objects Talking back Slamming doors Clenched fists Refusal	Running away Ignoring Head down Avoiding eye contact Non-attendance Leaving school Purposely getting in trouble/ asked to leave Withdrawing Daydreamin Sleeping in class Headphones in Hiding under-desks Mindless scrolling on devices	Blank stares Dissociation Numb Shrugging Head on desk Refusal to engage/follow directions Appearing forgetful Slow movements Appearing to forget familiar persons Avoiding tasks	Perfectionism Over-preparing Overly helpful Befriends Bullies Submits to peer pressure Blurred boundaries Exaggerated people pleasing

These communities may include individuals experiencing homelessness, young people in out-of-home care or under youth justice supervision, refugees, those impacted by family and domestic violence, LGBTIQA+ individuals, and people working in specific fields such as emergency services and the armed forces (AIHW, 2024). Disturbingly, the experience of trauma may increase the likelihood of experiencing another trauma.

In 2022–23, 180,000 or around one in 32 Australian children came into contact with the child protection system (AIHW, 2024a). We must acknowledge that this is likely an underrepresentation of the true figures of harm children and young people in Australia face. These merely reflect the reporting of harm. Concerningly, within the child protection system, Aboriginal and Torres Strait Islander children continue to be overrepresented. More broadly, there are the impacts of historical and ongoing trauma for Aboriginal and Torres Strait Islander Peoples due to separation from land, family and identity (Howard, 2021).

The impacts of trauma

As identified in the ACE study, trauma can have wide-ranging and long-term impacts. These may be emotional and psychological, but may also include physiological impacts; such as increased risks of heart disease, cancer, or premature death (Felittiet al., 1998). Signs that students are impacted by trauma can look different depending on the individual or their developmental stage.

Not surprisingly, the experience of early childhood trauma can impact a person's mental, social and emotional wellbeing. Some people who experience early childhood trauma may go on to experience post-traumatic stress disorder; but there is also a relationship between traumatic childhood experiences and other mental health conditions including depression, anxiety, mood disorders, and eating disorders. Not all people who experience trauma will experience mental health disorders.

Unsupported, trauma can lead to an overactive and over-sensitive automatic nervous system, the fight-flight-freeze-fawn system, that responds before there is a cognitive awareness of what is happening.

Table 1 shows examples of how a stress response may appear in the classroom (Brummer, 2021, p.50).

Neurologically, trauma may influence a student's learning and engagement in the classroom. Trauma impacts higher order brain functions. These include pragmatic language skills, problem-solving skills, concentration or ability to maintain attention, efficiency in processing, an understanding of cause and effect (consequently, this may increase risk-taking behaviours), emotional regulation and executive functioning.

Social relationships, attachments and connections can be disrupted by the experience of trauma. Trauma may impact how one understands others' emotions or how a person reads social cues and situations. This may influence

TABLE 2: INTERNATIONAL TRAUMA-INFORMED PRACTICE PRINCIPLES FOR SCHOOLS (ITIPPS) (Martin et al., 2023)

International Trauma-Informed Practice Principles for Schools (ITIPPS)	
Overarching Principle A	The school responds to the needs of children and young people first and foremost
Overarching Principle B	The school is culturally, socially and emotionally understanding and responsive
Overarching Principle C	The school models and honours compassion, empathy, caring and generosity
Overarching Principle D	The culture and experiences of the traditional custodians of the land on which the school sits are incorporated into the school's ethos
Practice Principle 1	The school prioritises physical, social and emotional safety and wellbeing
Practice Principle 2	The school values and models positive relationships, communication and interactions
Practice Principle 3	The school provides a positive school culture that acknowledges and respects diversity and builds connectedness
Practice Principle 4	The school works with families, community and services to identify and respond to trauma
Practice Principle 5	The school identifies vulnerable children and young people early and provides individualised attention and support
Practice Principle 6	The school teaches social and emotional learning to promote emotional intelligence and resilience
Practice Principle 7	The school offers a range of learning opportunities to staff, students and the broader community about trauma and its impact
Practice Principle 8	The school provides a structured and predictable environment that is flexible to individual children and young people's needs
Practice Principle 9	The school identifies and nurtures children and young people's strengths to ensure they feel valued and challenged
Practice Principle 10	The school reflects, changes and grows in response to the integration of trauma-informed

a student's relationships with staff, or their relationships within the classroom or school community.

Trauma may impact a person's perception, increasing sensitivity to perceived signs of danger. An over-active autonomic nervous system may present as a sensitivity to stress, or certain cues (such as loud noises, scents, or something else). Automatic, survival instincts, or the lower order functions take control.

Trauma-aware education requires all staff to hold in mind that trauma responses are adaptive responses to an unsafe or unpredictable world due to past experiences. Trauma-aware classrooms aim to create a learning environment that gives cues of safety and supports regulation.

Trauma-aware education

A trauma-aware approach not only supports students who have experienced trauma but also supports all students.

"Every day children enter their classrooms bringing backpacks, pencils, paper – and their own unique views of the world. Every child has his or her own expectations and insights, formed from experiences at home, in the community, and at school" (Cole et al, 2005).

When schools aim to be trauma-aware, the whole of school policies, practices and procedures recognise trauma and respond to any possible trauma presentations in a sensitive, safe and predictable way. All staff, practices and procedures – even policies, such as behaviour policy, bring a lens of curiosity, empathy and understanding of possible trauma. In the words of Bruce Perry and Oprah Winfrey, trauma-

aware schools ask, "What happened to you, not what is wrong with you" (Perry & Winfrey, 2021).

A trauma-aware approach to education supports continuity across environments and services. Despite trauma-aware education being a relatively new concept, many traditional welfare and health services are already implementing trauma-informed practices. Implementing trauma-aware approaches at school may support students who experience trauma to have predictability and support the fidelity of any clinical interventions.

Schools are well placed to nurture children and young people who have experienced trauma due to the amount of time students are at school. Schools may provide a safe environment for students to learn about themselves, express who they are, process their emotions and develop a sense of control in an unpredictable world.

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Relationships are prioritised in trauma-aware education: educators and schools are uniquely placed to support resilience through positive, healthy relationships with students (Matsen, 2016). Where possible, there is an aim to have more positive than negative interactions to support student engagement. A greater number of positive interactions between students and staff has been shown to enhance academic participation, and enjoyment in learning, and foster future aspirations (Martin, Marsh, McInerney, & Green, 2009; Martin & Collie, 2018). This may mean adopting the magic ratio proposed by the Gottman's of five positive interactions for every one negative.

“The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love” (Perry, 2007, p. 258).

The [International Trauma-Informed Practice Principles for Schools](#) (Martin et al., 2023) (Table 2, page 5) and the [National Guidelines for Trauma-Aware Education](#) (Howard, 2021) echo these principles. Kosloui and Chafouleas (2022) suggest that there is no one way to implement trauma-aware practices, rather these principles and practices may be adapted to the diversity of each school community and situation.

A trauma-informed multi-tiered model of support

The [Multi-Tiered System of Support](#) (MTSS) (AIR, 2024) is a popular system of understanding approaches and adjustments to ensure all students can engage in high quality education. The MTSS model is based on six core principles:

- 1. The application of evidence-based practices
- 2. A tiered system of support with escalating intensity
- 3. A data-driven problem-solving approach to inform decisions about interventions/adjustments/strategies provided to students
- 4. Decision-making criteria to assess response to interventions/adjustments/strategies
- 5. Monitoring and ensuring fidelity of interventions/adjustments/strategies
- 6. Early identification of barriers to access and engagement in education (Chafouleas et al., 2016; Sugai & Horner, 2009).

These core principles underpin the MTSS and the Multi-Level Prevention System (Figure 2). The Multi-Level Prevention System represents three tiers of interventions/adjustments/strategies that form part of the broader MTSS model. The Multi-Level Prevention System can be useful in reflecting on trauma-aware adjustments/strategies/interventions across the whole-of-school.

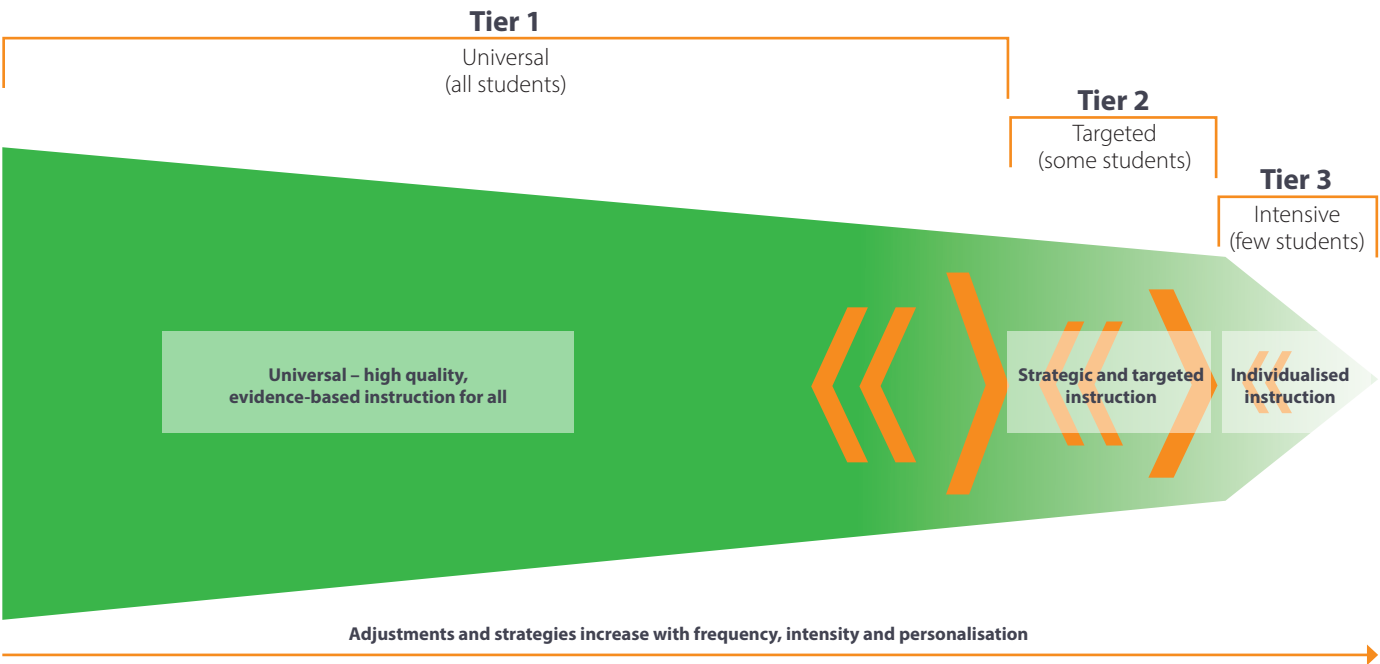
Broadly, Tier 1 is universal approaches that support all students and teachers. For instance, this may involve training for all school staff in trauma-aware education, reviewing and ensuring all policies and practices embody a trauma-aware approach, or the embedding of social-emotional learning.

Tier 2 is more targeted adjustments for a small number of students. This may include small group interventions or targeted and strategic adjustments for some students. Often this tier focuses on collaboration between teachers and school wellbeing staff (Brunzell, Stokes & Waters, 2019).

Tier 3 is the most intensive interventions, strategies and adjustments; these are for a few students. An example of a Tier 3 practice is complex case collaboration. It typically relies on strong communication and continuity in adjustments/strategies/interventions between school wellbeing staff and external professionals (Brunzell, Stokes & Waters, 2019).

Students' experience of trauma may have wide ranging impacts and consequences that may or may not lead to a disability. Students affected by trauma may have diverse and complex needs. The appropriate response(s) provided to students who experience trauma and do not meet the Disability Discrimination Act definition of disability, can differ from adjustment(s) received by a student with disability. (NCCD Guidelines, 2025).

FIGURE 2: ISQ MULTI-LEVEL PREVENTION SYSTEM



Trauma may be considered a disability when its impact is long-term and substantially affects a person's ability to participate in everyday activities, including learning, communication, and social functioning.

In the context of Australian education and the NCCD (Nationally Consistent Collection of Data on School Students with Disability), trauma becomes a disability when:

- It results in a diagnosed or imputed condition, such as (but not limited to) Post-Traumatic Stress Disorder (PTSD), anxiety, depression, attachment disorders, or an imputed social-emotional disability (aligned with the definition of a disability in the Disability Discrimination Act 1992).
- The condition has a functional impact, affecting how the student engages with and accesses the curriculum, participates in school life, or interacts with peers and staff.

- The school provides ongoing adjustments—regular, documented changes to the curriculum, teaching strategies, environment, processes, or products.
- The adjustments are planned and monitored—they are not incidental but part of a formal support process (aligned with the Disability Discrimination Act 1992 and Disability Standards for Education 2005).
- There is ongoing consultation and collaboration with a range of stakeholders about the adjustments being provided and their effectiveness (aligned with the Disability Discrimination Act 1992 and Disability Standards for Education 2005).

School based adjustments, strategies and interventions should recognise the functional impact of trauma on the student; in some instances, this may be used as evidence for the NCCD. Students affected by trauma must only be included in the NCCD if they have a disability as defined in the DDA and meet the other criteria for inclusion (NCCD Guidelines, 2025).

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Benefits of implementing trauma-aware practices in schools

Building on the earlier points, implementing trauma-aware practices positively benefits all students and their wellbeing. This has the potential to enhance academic outcomes, improve engagement, and reduce the economic burden of mental health challenges that impact on schools.

Implementing universal Tier 1 trauma-aware practices reduces the need for more specialised support services. Universally all students are receiving appropriate adjustments, interventions and/or strategies to engage in education and a space is created where students are encouraged to seek help, develop coping skills and learn in a safe, predictable environment.

This may subsequently reduce the costs of specialists, group interventions, teaching time spent managing risk and time spent in complex case collaboration. Strong universal practices grounded in trauma-aware principles may assist all staff in identifying students needing support earlier and empower schools to be the bridge between more specialised support for students and their families.

Increasing the understanding of trauma-aware practices may enhance productivity and staff confidence in working with all students. It is also important to recognise that any person may experience trauma, including staff members. These practices may also benefit staff who have experienced trauma or increase the knowledge and ability of staff to recognise signs and respond to their signs of vicarious trauma, carer fatigue or burnout.

Conclusion

Trauma-aware educational approaches recognise the impact of trauma on students' learning and overall wellbeing, aiming to create a safe and supportive environment for all learners. These approaches are grounded in understanding how trauma affects emotional regulation, behaviour, and academic performance, fostering empathy and resilience within the classroom. The benefits may include improved student engagement, better mental health outcomes, and a reduction in disruptive behaviours, as students feel understood and supported. By implementing trauma-aware practices, educators can help create an inclusive space where all students have the opportunity to thrive.

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