

Trauma-Informed Practice

Literature Review



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Overview

Trauma-informed practice is increasingly becoming a focus in schools. In the last eight years, there have been at least seven academic literature reviews into various aspects of trauma-informed practice (Berger, 2019; Fondren et al., 2020; Maynard et al., 2019; Perfect et al., 2016; Roseby & Gascoigne, 2021; Stratford et al., 2020; Thomas et al., 2019). These reviews often lament the lack of hard evidence regarding its effectiveness, particularly regarding its impact on student outcomes. However, Howard et al. (2022) pointed out that literature reviews often have stringent inclusion criteria (e.g. Maynard et al. [2019] found no literature that met their criteria) and that given the delicate nature of children with trauma, experimental or quasi-experimental research would be ethically questionable. They suggested more attention be given to the qualitative data produced by various studies.

This paper examines a range of peer-reviewed journal articles on trauma-informed practice, including but not limited to empirical research. It addresses trauma and its impact on young people in schools, trauma-informed practice and professional learning for it to occur in schools, and finally, how trauma-informed practice fits within broad wellbeing models.

Following the review, a guide to online resources available is provided.

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TRAUMA-INFORMED PRACTICE

TRAUMA

Academic papers about trauma-informed practice frequently refer to the USA Substance Abuse and Mental Health Services Administration (SAMHSA) for definitions and foundational concepts in the field. For example, they often use SAMHSA's definition of 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 well-being. Traumatic events may be experienced by an individual, a generation, or an entire community or culture.”

(SAMHSA, 2023, p. vii)

The three 'e's of event, experiences and effects are considered the essential components of this definition. Therefore, according to Chafouleas et al. (2016), it is how an individual experiences an event that determines if it becomes a trauma. Many internal and external factors influence how the event is experienced. Trauma goes beyond stressful experiences because trauma involves “exposure to actual or threatened death, serious injury or sexual violence” (Australian Institute of Health and Wellbeing, 2024b) that can be as a result of direct experience, witnessing an event, learning that a close friend or family member has endured such an event, or being consistently or significantly exposed to aversive details of an event (Fondren et al., 2020).

There are multiple forms of trauma that are sometimes split into two types. Type 1 or simple trauma is a result of a one-time event (Brunzell, 2021; Howard et al., 2022).

Examples of such events are the death of someone close (Brunzell, 2021), a sexual assault (Martin et al., 2023), a motor vehicle accident (Martin et al., 2023), human-made disasters such as a mass shooting, terrorism, war and displacement (Dirkzwager et al., 2006; Orcutt et al., 2014) and natural disasters like bushfires, cyclones, floods, prolonged droughts and disease (Brunzell, 2021; Eastman & McMaugh, 2022; Howard et al., 2022; Martin et al., 2023). In a study of the impacts of bushfires, Gibbs et al. (2019) found there can be a delayed impact of the trauma on academic performance not revealed in the first three years after the event.

Type 2 trauma is also known as complex trauma or betrayal trauma (Brunzell, 2021; Fondren et al., 2020; Howard et al., 2022). It can involve relational harm or maltreatment through direct physical, sexual and emotional abuse or via neglect (Howard et al., 2022) such as domestic violence or bullying. Type 2 trauma can also occur as a result of household dysfunction, such as incarceration or substance abuse in the family (Felitti et al., 1998). Other examples include exposure to war, ongoing racism, and prolonged traumatic medical experiences (Martin et al., 2023).

However, the lines between Type 1 and 2 traumas are becoming blurred due to some people experiencing multiple traumatic experiences, increasing how long the trauma lasts and the harm of its impact (Howard et al., 2022). For instance, Koslouski (2022) claimed the COVID-19 pandemic led to an increase in reported experiences of trauma. In Australia, children have experienced COVID-19, flood and/or bushfires in quick succession meaning that these so-called one-off events have become one seemingly never-ending experience (Howard et al., 2022).

Children who live in more adverse conditions (e.g. poverty or living with a disability) are at higher risk of experiencing trauma (Centers for Disease Control and Prevention, 2023). *Racial trauma* can occur due to the stressful impact of discrimination on the basis of race (Palma et al., 2023). For instance, racial trauma can lead to hyper-vigilance from a constant feeling of foreboding and threat (National Child Traumatic Stress Network, 2017). *Intergenerational trauma* occurs when the impact of trauma transmits through to following generations, such as experienced by Australian Indigenous Peoples who have been subjected to colonisation, forced removal of children and other major social disruptions (Howard et al., 2022).

Eastman and McMaugh (2022) pointed out that figures of child neglect, child abuse and out-of-home care of children in some ways reflect the number of children who experience trauma. In 2021–22, approximately 1 in 32 (178,000) children in Australia were involved with the child protection system of which around 1 in 124 (45,500) were found to have been subjected to or at risk of substantial maltreatment, of which 11,800 (26%) were Indigenous (Aboriginal and Torres Strait Islander) children (Australian Institute of Health and Welfare, 2024a). The high representation of Indigenous children in these already high statistics indicate the over-representation of Indigenous experience of trauma in Australia.

THE IMPACT OF TRAUMA

Trauma can create social and emotional concerns such as depression, anxiety, withdrawal and low self-esteem (Berger, 2019; Garcia et al., 2023; Perfect et al., 2016) and exacerbates existing mental health issues (Eastman & McMaugh, 2022). There are also possible physical health consequences, such as changes to the structure and function of the brain (Bick & Nelson, 2017; Garcia et al., 2023; Stratford et al., 2020), that impair cognitive performance (Bick & Nelson, 2017; Howard

et al., 2022) and emotional regulation (Bick & Nelson, 2017; Stratford et al., 2020). This intellectual impairment reduces academic achievement and the capability of the working memory and can delay the attainment of language skills (Berger, 2019; Fondren et al., 2020; Perfect et al., 2016). Behavioural issues also arise as seen in poorer attention, disruptive behaviour, aggression, defiance, hyperactivity and impulsivity (Berger, 2019; Fondren et al., 2020; Garcia et al., 2023; Perfect et al., 2016). The behavioural issues may in turn lead to absences from school, grade retention and disciplinary action such as school suspensions (Berger, 2019; Fondren et al., 2020; Garcia et al., 2023; Roseby & Gascoigne, 2021). Type 2 trauma can also result in feelings of shame, guilt, and isolation (Brunzell, 2021).

TRAUMA-INFORMED PRACTICE

Trauma-informed practice involves recognising that anyone may be experiencing or have experienced trauma and responding with empathy and understanding.

“ *An individual (or organisation) who understands and responds sensitively to the impact of adversity or trauma on behaviour, avoids traumatisation, and educates the community, is said to be trauma informed, trauma sensitive, and/or trauma responsive.* ”

(Martin et al., 2023)

In education, trauma-informed practice is a system or school-wide framework for the awareness of trauma and the knowledge and implementation of actions to support, nurture and encourage students who have experienced trauma. It is not a one-off information session or something that is selectively applied to individual students, but an approach undertaken by all within an organisation (Maynard et al., 2019). Trauma-informed practice can include school policies (e.g. guidelines for trauma-informed practice), programs (e.g. a series of lessons focused on building

students' self-regulation or professional learning for teachers), or actions that are avoided or enacted (e.g. not flicking lights or making sudden loud noises to prevent retraumatisation) (Stratford et al., 2020).

The aim of trauma-informed practice is to reduce the barriers to learning created by trauma and improve academic outcomes and life more generally for all students (Howard et al., 2022).

A program, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands the potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices, and seeks to actively resist retraumatisation. (SAMHSA, 2023, p. vii)

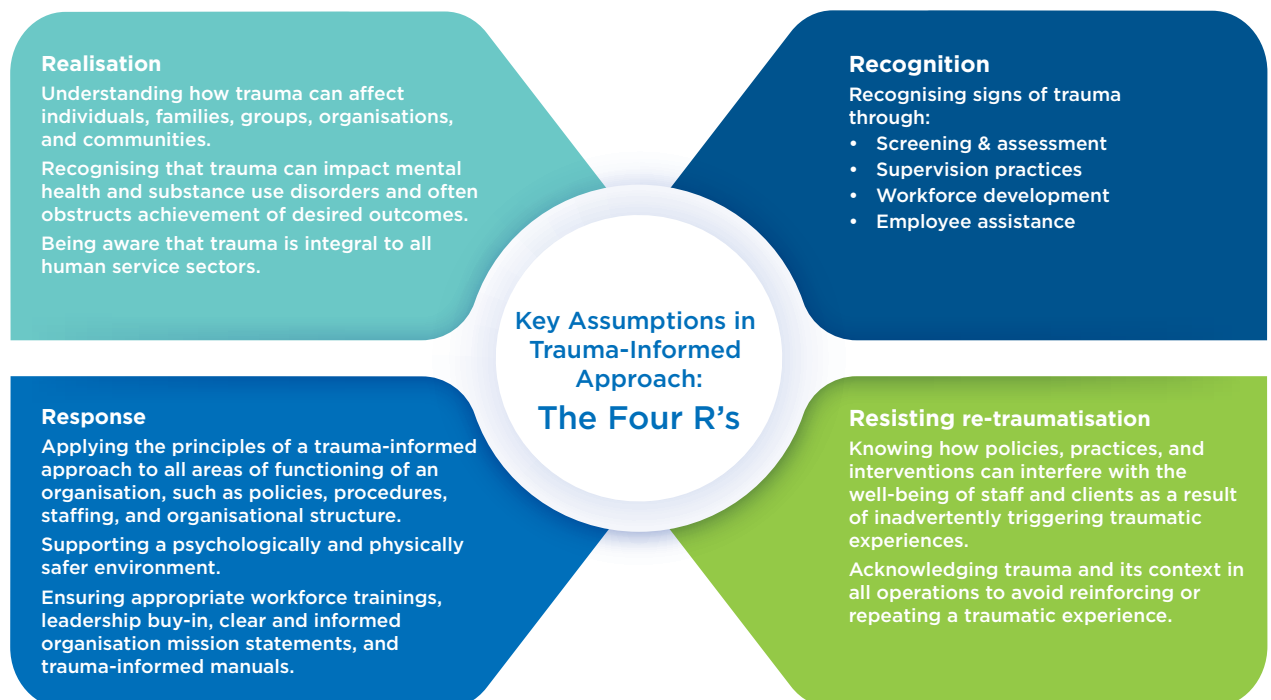
SAMHSA (2023) breaks the definition in the above box into "The four R's":

- realisation of trauma and its effects
- recognition of signs of trauma
- response across organisation appropriately practice
- resist retraumatisation.

Further detail can be seen about these in Figure 1.

According to Brunzell (2021), the USA and UK delineate the terms trauma-informed and trauma-aware so that trauma-informed refers to clinical and therapeutic practices while trauma-aware refers to schools. In Australia the terms are more interchangeable. Brunzell (2021) uses trauma-informed to indicate there is empirical evidence behind the approach and trauma-aware for the more conversational aspects.

Assumptions of a Trauma-Informed Approach



▲ **Figure 1:** The four R's of trauma-informed practice (SAMHSA, 2023, p. 9)

A group of Australian researchers across several universities have developed the International Trauma-Informed Practice Principles for Schools (ITIPPS) by investigating the expert opinion of others in the field around the world and obtaining their feedback on the results to refine the principles (Martin et al., 2023). These principles are listed in Figure 2, separated into four overarching principles that all schools are encouraged to encompass and 10 practice principles that can be integrated according to the cultural contexts in which they are being implemented.

In response to racial or intergenerational trauma, strategies can include educating school staff about the traumas involved and the history behind them, creating a safe environment for raising and addressing issues arising from the trauma and providing opportunities for cultural healing (National Child Traumatic Stress Network, 2017).

Research into trauma-informed practice is limited. There are several literature reviews which reveal this to be the case, with one literature review (Maynard et al., 2019) finding zero research conducted

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 practices

▲ **Figure 2:** International Trauma-Informed Practice Principles for Schools (ITOPPS) (Martin et al., 2023)
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as random comparison trials or quasi-experimental trials. Empirical research is lacking for school-wide programs focused on student trauma (Fondren et al., 2020; Garcia et al., 2023; Stratford et al., 2020). However, Howard et al. (2022) argue that empirical research in the field of trauma-informed practice is difficult since investigating traumatised students is ethically troublesome. Some research has been conducted that examined the impact of training in trauma-informed practice on teachers' knowledge and their practices (Berger, 2019; Garcia et al., 2023; Koslowski, 2022).

PROFESSIONAL LEARNING FOR TRAUMA-INFORMED PRACTICE

To have a successful program of trauma-informed practice it is important that professional learning is provided for school staff (not just teachers). Professional learning for trauma-informed practice is most effective when it builds the knowledge and confidence of staff (Brunzell et al., 2019), promotes the use of a common language within the school, and connects with critical stakeholders such as families and medical providers in partnership with the school (Chafouleas et al., 2016). Professional learning should be supported with a clear system in place across the school and by both the leadership team and grass roots champions (Garcia et al., 2023). Without these supports in place there may be low adoption by teachers, difficulty engaging parents and a stigma associated with mental health. When trauma-informed practice is part of an overall wellbeing and relational culture of a school, it does not compete as much with other responsibilities of teachers (Garcia et al., 2023, Thomas et al., 2019).

Thomas et al. (2019) examined websites of USA Department of Education and national advocacy institutions to determine what trauma-informed practice entailed. They concluded that there are three main areas

addressed: "(a) Building knowledge—understanding the nature and impact of trauma; (b) Shifting perspectives and building emotionally healthy school cultures; and (c) Self-care for educators" (p. 426). Shifting perspectives was summarised as:

Using a trauma lens when handling difficulties with students means shifting the question from "what is wrong with you?" to "what is happening with you?" While some specific Tier II and III school trauma interventions address trauma symptoms explicitly, the literature places greater importance on creating and maintaining a school environment where everyone is treated with compassion and understanding and is empowered and validated in who they are as students and educators. This includes intentionally building and sustaining meaningful relationships between staff and administrators, staff and students, and among the students themselves." (Thomas et al., 2019, p. 428)

Case study research by Koslowski (2022) into the impact of teachers' professional learning found that three introductory after-school sessions and fortnightly coaching sessions improved teacher understanding and empathy for students who have possibly experienced trauma. As a consequence, teachers reassessed their interactions with students to be more supportive and slowed down their reaction times to student behaviour so they could be more considered in their responses. Berger's (2019) systematic review of 13 studies on trauma-informed practice identified several projects where training improved teachers' knowledge and confidence. However, the review's authors questioned the validity of the measures and the qualitative methods used in these studies. Finally, as a result of Thomas et al.'s (2019) review of website resources and studies of trauma-informed practice in academic literature, it was recommended that there needed to be (1) more appreciation, knowledge and understanding of trauma and its impact on children, (2) less of a deficit approach to trauma – students are not wholly defined by their experience of trauma, (3) a culturally responsive approach to teaching and learning and (4) support for

school employees' wellbeing, as well as students. In the conclusion of this review, Thomas et al. (2019) stated that, "Educators must also recognise their role and accept their responsibilities to ameliorate the consequences of trauma on youth" (p. 447), a fitting summary for the aims of professional learning in trauma-informed practice.

TRAUMA-INFORMED PRACTICE AND OTHER WELLBEING FRAMEWORKS

Trauma-informed practice is often conducted to align with existing wellbeing programs but there are many different approaches. Berger (2019) noted that there is limited research of trauma-informed practice within existing school-wide frameworks such as Multi-Tiered System of Supports (MTSS), Positive Behaviour Interventions and Supports (PBIS) and restorative practices.

Norrish and Brunzell (2023) examined 20 different programs of trauma-informed practice. They divided classroom strategies into (1) bottom-up approaches that focus on the somatic (physical bodily reactions to stress) needs of students to enable them to feel safe and have their sensory, relational and attachment needs met, and (2) top-down approaches that focus on students' psychological capacities such as their social and emotional learning and their academic focus. Brunzell (2021) claims the focus of trauma-informed practice should be on increasing self-regulatory and relational capacities of students and that as a result, students will achieve better academically, improve their behaviour, and experience less depression and PTSD.

Many schools have shifted from an 'identify and refer' approach in what many might view as the 'special education' era, to more preventative models (Chafouleas et al., 2016), such as MTSS, PBIS and restorative practices.

Multi-Tiered System of Supports (MTSS)

MTSS is a popular framework for trauma-informed practice. It has six core features:

1. the use of evidence-based practice when providing support to students
2. tiered organisation of supports with increasing intensity
3. the use of a data-based problem-solving framework for support decisions
4. decision rules for evaluating student response to support and subsequent modifications
5. measuring and maintaining treatment fidelity
6. identifying students who need support early.

(Chafouleas et al., 2016; Sugai and Horner, 2009)

Three tiers of support feature but what each of the tiers exactly involve differs to some extent (Berger & Martin, 2021). In very general terms, Tier 1 is a universal approach, Tier 2 is targeted and Tier 3 is intensive. Some programs focus on the personnel involved with administering trauma-informed practice. For instance, Tier 1 involves training all school staff. Tier 2 focuses on collaboration between teachers and school wellbeing staff. Tier 3 emphasises communication between school wellbeing staff and external professionals (Brunzell, 2021). More often, the tiers are focused on the practice and the students. For example, Tier 1 is a proactive whole school approach for all students, Tier 2 takes a targeted group intervention approach and Tier 3 is providing intensive support for students when required, often on a 1:1 basis (Chafouleas et al., 2016; Fondren et al., 2020; Howard et al., 2022). Chafouleas et al. (2016) include the creation of a positive environment, teaching problem solving skills, growth mindset and establishing behaviour expectations at the Tier 1 level. For Tier 2, they promote targeted strategies and interventions such as assisting students with self-regulation skills and strengthening social support systems. At the Tier 3 level, Chafouleas et al. (2016) suggest intensive support with cognitive-behavioural therapy and/or community-based services and wrap-around care.

Positive Behaviour Approaches

Positive behaviour approaches form the foundation of Positive Behaviour Support (PBS), Positive Behaviour Interventions and Supports (PBIS), School Wide Positive Behaviour Supports (SWPBS) and School Wide Positive Behaviour Interventions and Supports (SWPBIS). These frameworks are commonly associated with trauma-informed practice. Positive Behaviour for Learning (PBL), a framework promoted by NSW Department of Education, is also based on PBS (Centre for Education Statistics and Evaluation, 2021). PBIS will be used for the remainder of this article, interchangeable for all these terms.

PBIS is the organisation of a school-wide teaching and learning approach for research-based behavioural interventions that encompasses all students but particularly aimed at students with more challenging behaviour (Sugai & Horner, 2009). It involves clear behavioural expectations implemented with positive teacher relationships and approaches to keep students meeting these expectations. This includes a range of responses along a continuum according to the inappropriate behaviour being presented (Department of Education, Victoria, 2023). Similar to MTSS, Tier 1 is at the school and classroom level, with Tier 2 as group intervention to support students who require more support to meet behaviour expectations and Tier 3 provides individualised interventions for students displaying high-risk behaviour (Department of Education, Victoria, 2023). Chafouleas et al. (2016) found many similarities between PBIS and trauma-informed practice, particularly the prevention approach and cultural awareness being couched in a positive focus, rather than being negative or reactive. However, other aspects of PBIS veer from trauma-informed practice quite significantly.

According to Howard et al. (2022), trauma-informed practice shifts away from a behaviourist approach of rewards and consequences, such as in PBIS. Instead, it uses a neuroscience informed approach to develop students' capacities. This approach helps students feel safe at school, build positive relationships, and self-regulate

their emotions. Kim and Venet (2023) are highly critical of PBIS because behaviour is viewed as its outward expression, as seen with the commonly used terms *inappropriate behaviour*, *problem behaviours* and *unwanted behaviour*, instead of looking at the person behind the behaviour. They provide the example of rocking on a chair as a self-soothing behaviour being treated as inappropriate under PBIS. The suggestion is this approach reduces the humanity of the student exhibiting the behaviour. The behavioural consequences can become more trauma-inducing than trauma-informed. As a result, Kim and Venet (2023) advocate for justice-centred approaches to trauma-informed practice. Palma et al. (2023) likewise argue "trauma-informed schools that do not prioritise replacing punitive and exclusionary discipline practices with restorative justice frameworks and culturally responsive behaviour support systems are not addressing a demonstrated source of retraumatisation, particularly for students of colour". It is therefore important to also examine restorative practices in conjunction with trauma-informed practice.

Restorative Practices

Restorative practices evolved out of *restorative justice*. The main difference between these terms is that restorative justice is reactive whereas restorative practices are also preventive, by establishing social capital and maintaining a positive community (Wachtel, 2016). According to NSW Government – Education (2024),

“ A restorative approach focuses on building, maintaining and restoring positive relationships, particularly when incidents that involve interpersonal conflict or wrongdoing occur. ”

The main aim of restorative practices is to repair any harm caused by conflict or behaviours that have a negative impact on others. It is a shift away from punitive consequences that fixate on behaviour to a people-centred approach to restore positive relationships.

An American study revealed that combining restorative and trauma-informed practices in a culture of educational care created more positive learning environments (Lipscomb et al., 2023). A School Based Research Project conducted by Key College (Youth of the Streets) and supported by AISNSW, investigated the implementation of restorative practices through affective questions, learning circles and restorative mediation. As a secondary school for students who are disengaged from mainstream schools or unable to attend them for other reasons, it was deemed particularly important for students to feel safe in order to learn. The research found that

“ *restorative practice is an all-pervasive way of being for the staff and students in their care develop positive living skills, accept responsibility and accountability and evolve with new found understandings of empathy and their place in the world.* ”

(Key College, 2017, p. 43)

Philosophically, restorative practice appears to align better with trauma-informed practice than PBIS.

CONCLUSION

Trauma-informed practice is essential in education for addressing trauma's complex impacts on students. While empirical research is limited, partly due to ethical concerns, qualitative data and case studies show its benefits. Schools should endeavour to adopt holistic, system-wide implementation, integrating professional learning, supportive policies, and a compassionate culture. A shift to more supportive environments can mitigate trauma's adverse effects, and thereby improve student wellbeing and academic outcomes. Integrating frameworks like MTSS, PBIS and restorative practices may further enhance the effectiveness of trauma-informed practice.

It is imperative for schools to continue developing and refining trauma-informed approaches, leveraging the insights from research and experts in the field. Professional learning should be at the core of trauma-informed practice to equip educators with the knowledge and skills to understand, recognise and respond to trauma. Additionally, fostering strong partnerships with families and external stakeholders is crucial in creating a supportive network for students.

Ultimately, the goal of trauma-informed practice is not only to address the immediate impacts of trauma but also to create resilient, inclusive, and nurturing school environments where all students can thrive. By prioritising the mental and emotional health of students, schools can play a pivotal role in breaking the cycle of trauma and promoting long-term positive outcomes for young people.



TRAUMA-INFORMED PRACTICE RESOURCES

1. Many of the cited articles refer to the Substance Abuse and Mental Health Services Administration (SAMHSA):
 - [Practical Guide for Implementing a Trauma-Informed Approach](#) (2023)
 - [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#) (2014)
 - [Trauma and violence](#) (2022).
2. [National Guidelines for Trauma-Aware Schooling](#) was developed for education in Australia via a collaboration between the Queensland University of Technology and the Australian Childhood Foundation:
 - An academic article about the formation of these guidelines: Howard, J., L'Estrange, L., & Brown, M. (2022, June). [National Guidelines for Trauma-Aware Education in Australia](#). In *Frontiers in Education* (Vol. 7, p. 826658). Frontiers.
 - An [Australian Association for Research in Education blog post](#) by the lead author about these guidelines and her book
 - Howard, J. (2022). [Trauma-Aware Education](#). Australian Academic Press. (The lead author's book)
3. [Thoughtful Schools](#) is a collaboration between The University of Western Australia, University of Tasmania, Monash University, Neami National, Curtin University and Edith Cowan University, as seen in this study:
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4. This article is good for how trauma-informed practice fits in with tiered models: Chafouleas, S.M., Johnson, A.H., Overstreet, S., & Santos, N. (2016). [Toward a Blueprint for Trauma-Informed Service Delivery in Schools](#). *School Mental Health* 8, 144-162.
5. [Berry Street Education Model](#):
 - Brunzell, T. (2021) Trauma-aware practice and positive education in M.L. Kern & M.L. Wehmeyer (Eds.) [The Palgrave handbook of positive education](#) (pp. 205-223). Springer International Publishing. [CHAPTER 8]
 - YouTube video (24 Sep 2021): [How to Create Trauma-Informed Strengths-Based Classrooms | Dr. Tom Brunzell](#).
 - [Wagtail Institute](#) - Megan Corcoran was with Berry Street but now consults in trauma-informed practice.
6. Center on Positive Behavioral Interventions and Supports (July 2023). [Positive Behavioral Interventions and Supports \(PBIS\) Implementation Blueprint](#). University of Oregon.
7. [Trauma Sensitive Schools](#)
8. [Trauma Sensitive School Checklist](#) (Learning for Justice Website)
9. [International Institute for Restorative Principles - Restorative Justice Conferencing](#)

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