TRAUMA AWARENESS RESOURCE
FOR SCHOOLS

SAFE SPACES.
SAFE FACES.
SAFE PLACES.

What is it to be 'trauma-aware'?

An introductory resource for educators in their work with children and young people who have experienced trauma.

Children who are adopted, or who have spent time in the out-of-home care (OOHC) system, have often experienced trauma to an extent that their ability to learn is compromised.

In 2016, a research report by Adopt Change 'Post Adoption Support in Australia: Is it Time for a Triple A approach?'[1] found that the cohort of children affected by trauma appears to be growing, and this is highlighted universally across the community services and welfare sectors as an issue of deep concern. The research also highlighted the increasing body of evidence that suggests that unless safe environments can be created for children who have experienced trauma, their ability to recover and restore resilience may be compromised in the long term.

The role of teachers and schools in the life of these children is key. This information paper presents current research on complex trauma, and seeks to provide teachers with an introduction to:

- the concept of complex trauma;
- the reasons why children who have spent time in OOHC and/or have been legally adopted may be at particular risk of experiencing longer term trauma; and
- practitioner reflections on the implementation of trauma-aware practices when working with children and young people.

What is trauma and how might a discussion on trauma supports begin?

The term 'trauma' can incorporate a wide range of events and experiences. For example, there is a general distinction between traumatic injury and the generic term 'trauma' as it is being used in the mainstream vernacular. A wide range of physical injuries and accidents can lead to trauma. 'Head trauma' for example, refers to the long term impacts of a brain injury that means victims will require additional supports during and after recovery[2]. However, the term 'trauma' within the welfare lexicon has come to assume a quite specific meaning and is used as a catchall to describe the unseen injuries (mental and emotional) and impacts arising from traumatic events.

EXPERIENCES SUCH AS: TIME IN OOHC; DISRUPTION IN A KEY EMOTIONAL RELATIONSHIP FOR THE CHILD; AND/OR A TRAUMATIC SEPARATION FROM A PARENT OR CARER CAN ALL LEAD TO FEELINGS OF INTENSE LOSS FOR CHILDREN.

For those working with children, the term 'trauma' is often used to capture the range of social, emotional, psychological, physiological, developmental and behavioural outcomes that can arise after experiencing loss and upheaval and/or being exposed to frightening events of such significance that a child's ability to recover is compromised.

While physical and emotional abuse and/or neglect are acts that are well acknowledged to cause psychological harm to children, a wide range of other events can result in complex trauma. The loss of a family member is a traumatic event. Being exposed to, and/or witnessing a violent act, is also a traumatic event, particularly for children. There is a much wider range of events, however, that also have the potential to create trauma for children, but of which there is much less concrete understanding. Other experiences such as: time in OOHC; disruption in a key emotional relationship for the child; and/or a traumatic separation from a parent or carer can all lead to feelings of intense loss for children. In fact any child, regardless of their current living arrangements, may have experienced prior trauma.

While the definition of a trauma was once considered to include a fairly narrow range of events which were catastrophic and severe (eg tragedies, disasters, survivors of war), there is now widespread acceptance that a wide set of factors and experiences can adversely impact an individual's social, emotional, physical and/or psychological well being. Muskett notes: "As attention to the pervasive impact of trauma has spread, people for whom trauma-specific services were originally established are no longer considered a small, discrete subset of the population"[3].

SOCIETY AS A WHOLE NEEDS TO BECOME TRAUMA-INFORMED IN ORDER TO PROPERLY UNDERSTAND AND HELP CHILDREN MANAGE ITS IMPACTS.

Over the last twenty years, researchers have begun to document more extensively that trauma can encompass a range of experiences including acute events (eg a single event such as a death or disaster) and/or complex experiences (ongoing and multiple episodes of trauma). Medical advances have also permitted us to understand the physiological impacts of trauma in unprecedented ways. Marusak et al's 2015 study notes that childhood trauma, particularly in the early years, can disrupt the automatic regulation of emotional processing, and this has significant physical and psychological consequences[4]. In addition, a growing level of commitment to qualitatively tracking and measuring longer-term outcomes for children who have experienced trauma has also emerged in the social welfare field.

This growing body of knowledge about trauma is leading to awareness that society as a whole needs to become trauma-informed in order to properly understand and help children manage its impacts.

1. Trauma can impact many facets of a child's growth and development

Due to the unique way that children experience and process trauma, every facet of a child's growth and development can be impacted by a prior trauma event, and sometimes long after any immediate danger or threat to a child has gone. The notion of trauma, as researchers and practitioners now characterise it, could be said to have both a short and long term therapeutic horizon. Muskett's work in 2013 summarises a number of significant studies over the last decade and concludes that trauma which occurs in childhood can lead to long-term health consequences[7]. Stressful events, particularly when there is prolonged exposure can lead to toxic stress, and this according to the work of Hornor profoundly effects both "body and brain" of the child[8]. Heightened levels of cortisol and adrenalin to the brain, for example, can make children more vulnerable to stress, and can impact their ability to maintain focus.

HEIGHTENED LEVELS OF CORTISOL AND ADRENALIN TO THE BRAIN, FOR EXAMPLE, CAN MAKE CHILDREN MORE VULNERABLE TO STRESS, AND CAN IMPACT THEIR ABILITY TO MAINTAIN FOCUS.

Healthy child development is relationship based. While there is immense cultural variation in how families care for children, all children need one or more caregivers with whom they closely bond or attach. When there is a disruption in a relationship between child and key carer, and this has occurred due to abuse, neglect or absence, the child experiences significant trauma. A child can also experience trauma when they have been unable to attach or form connection with a person that society has defined to be a key person in the child's life (for example a mother or a father). This attachment-related trauma is of growing concern amongst researchers as it is becoming increasingly clear that this sort of trauma, when it occurs during key developmental stages, causes significant alterations to the way the child's brain develops. It must also be noted that the experience of trauma is deeply subjective and that it can and usually does alter over time[9]. This is particularly the case for children as they face key transitional milestones (eg going from primary to high school, or incrementally gaining independence from carers/guardians).

HEALTHY CHILD DEVELOPMENT IS RELATIONSHIP BASED.

Trauma can affect the physical body, cognitive processing, psychological patterns of response and the emotional stability of a person. This can all work to shape the thinking and the behavioural response of a child long after exposure to a trauma, or multiple traumatic events. The impacts of complex trauma on a child or young person can be extensive and can include: dysregulated sleep; toileting problems; poor memory; impulse-control issues; emotional withdrawal; gastrointestinal problems; abnormal adrenal function; impaired neurological development; and hypervigilance and/or anxiety and depression. As McAloon notes: "In people with complex trauma, research suggests that repeated exposure to traumatic events early in development not only inhibits the neural system's ability to return to normal but changes the system to appear like one that is always anticipating or responding to trauma... For this reason, people who have experienced complex trauma may display symptoms including poor concentration, poor attention and poor decision-making and judgement. They may also appear highly reactive and respond to threat even if it is not present. Their behaviour may be aggressive in response, or they may take flight or simply freeze"[10].

2. Children are particularly vulnerable when trauma occurs, and it can be difficult to assess how deeply they have been affected by a traumatic event

There is a growing awareness that when a child is exposed to trauma early in life, this can have significant consequences for the child's development. Over the last decade, professionals in a wide range of fields including neuro-science, psychology and education have been working to try and lift understanding of the impacts of trauma. This area of work has been broadly termed the 'zero to three' movement, which refers to the fact that the early years of a child's life represent the most important time for brain development, with 85-90 percent of the brain having developed by age three[11]. Trauma that occurs in this period of a child's life is believed to be particularly damaging.

The impacts of trauma can vary greatly between children and can manifest as a wide range of behavioural and developmental challenges in which a child struggles to adapt to social situations, experiences emotional disturbances disproportionate to the event/s at hand, and struggles with the academic demands of school. While these perceptions of trauma outcomes were once encapsulated in the notion of PTSD (post traumatic stress disorder), there is now a more nuanced idea of post-trauma outcomes, upon which researchers and practitioners continue to build[12].

THE OUTWARD SIGNS OF A CHILD WHO HAS A LEGACY OF TRAUMA CAN BE DIFFICULT TO READ BECAUSE THE SPECTRUM OF THEIR BEHAVIOUR IS BROAD, VARYING FROM "HYPERVIGILANCE" AT ONE END TO "NUMBNESS AND INATTENTIVENESS" AT THE OTHER.

The outward signs of a child who has a legacy of trauma can be difficult to read because the spectrum of their behaviour is broad, varying from "hypervigilance" at one end to "numbness and inattentiveness" at the other[13]. The intensity of the repercussions to trauma can also vary from chronic, to episodic (in which a child is retraumatised when exposed to a trigger) and from mild to severe. As the American trauma network notes: "Be aware of both the adolescents who act out AND the quiet adolescents who don't appear to have behavioural problems. These students often "fly beneath the radar" and do not get help. They may have symptoms of avoidance and depression that are just as serious as those of the acting out student"[14]. What is not well understood is whether the ongoing anxiety (a common long-term outcome of childhood trauma) is the key factor that ultimately compromises the ability of individuals to adapt to social situations and to focus on the academic requirements of school[15].

Children process trauma events in unique ways that are both deeply individual and different to the way that adults might interpret and make sense of these experiences. For this reason, a child who has experienced significant trauma in their life requires not just a family capable of providing a supportive environment, but a society that has some level of baseline awareness of the depth of the struggle they face in their journey of healing.

All children who have experienced a prior separation trauma, irrespective of whether they are legally adopted, governed by a guardianship order, live with a foster family, or have been restored to an immediate or extended member of their birth family, will develop coping strategies in the aftermath of trauma, do re-shape their identity in light of these events, and continue to seek recovery and healing long after a traumatic experience has occurred.

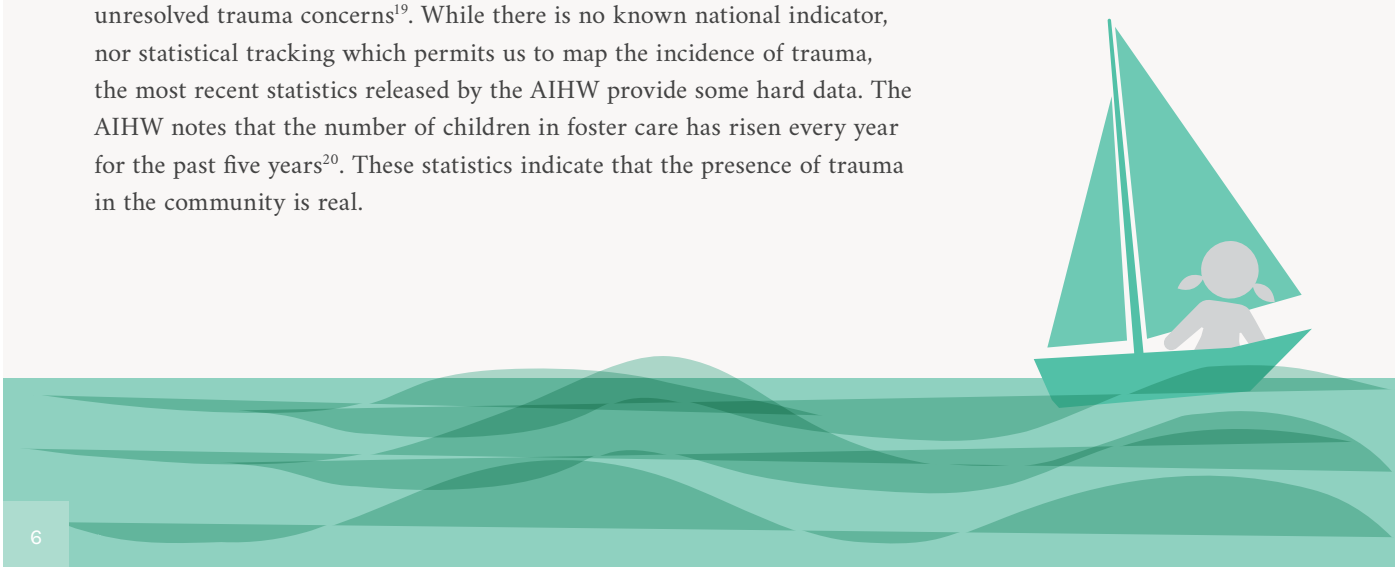
3. Just as trauma impacts the whole child, so must effective responses to trauma assume a holistic form as well

Research insights now permit us to understand trauma in unprecedented ways. Medical advancements and deeper levels of understanding of the qualitative impacts of tragedy, grief and loss allow us to understand trauma in more nuanced ways. While research continues to re-shape ideas regarding the degrees of damage done to the brain by these events, it is generally agreed that trauma can re-shape the way in which the brain copes with stress and can predispose children to a range of mental-health conditions including depression and anxiety in the long term.

Some researchers highlight that complex traumas represent the far more profound threat to children. Bath for example, suggests the greater the trauma, and the greater the child's exposure to it, the more prolonged the impacts. "It stands to reason that the treatment of children exposed to complex trauma will itself be complex and long-lasting"[16]. Bath's work also makes important observations about what is required in order for children to achieve healing from complex trauma. While conventional forms of psychiatric interventions can help (eg therapy, counselling, support groups), children who are the victims of complex trauma require support from a wider range of institutions and professions beyond the mental health sector. As Bath notes: "One does not need to be a therapist to help address these three crucial elements of healing: the development of safety, the promotion of healing relationships, and the teaching of self-management and coping skills"[17]. Indeed, the work of Greenwald highlights that any therapeutic measures designed to heal trauma can only be genuinely effective when generalised atmospheres of safety exist around the child[18]. In this context, restructuring the associations with key adults who lie beyond family, to ensure they are positive, becomes absolutely vital for the child post-trauma.

The long-term quality-of-life outcomes for children who have experienced trauma are particularly concerning. A range of physical and mental health problems, relationship difficulties and poorer quality-of-life outcomes on a range of measures including employment and education, socio-economic status, health and well-being are likely to beckon for children with unresolved trauma concerns[19]. While there is no known national indicator, nor statistical tracking which permits us to map the incidence of trauma, the most recent statistics released by the AIHW provide some hard data. The AIHW notes that the number of children in foster care has risen every year for the past five years[20]. These statistics indicate that the presence of trauma in the community is real.

"ONE DOES NOT NEED TO BE A THERAPIST TO HELP ADDRESS THESE THREE CRUCIAL ELEMENTS OF HEALING: THE DEVELOPMENT OF SAFETY, THE PROMOTION OF HEALING RELATIONSHIPS, AND THE TEACHING OF SELFMANAGEMENT AND COPING SKILLS."



Why do we need to be trauma-aware?

The need for a better response to children who are vulnerable, and/or have experienced trauma, is highlighted by a national agreement negotiated and endorsed by the Commonwealth government and all the states and territories in Australia. The National Framework for Protecting Australia's Children 2009-2020 identifies that "protecting children is everyone's business". This agreement highlights that every citizen in Australia shares responsibility in ensuring that:

- children live in safe and supportive families and communities;
- children and families access adequate support to promote safety;
- risk factors for child abuse and neglect are addressed and children who have been abused or neglected receive the support and care they need;
- Indigenous children are supported and safe in their families and communities; and
- child sexual abuse and exploitation is prevented and survivors receive adequate support.

In 2016, a research report by Adopt Change 'Post Adoption Support In Australia: Is it Time for a Triple A Approach' highlighted three important findings with regard to trauma and children. First, the catchall term of trauma covers a diverse range of experiences, so flexibility and adaptation is required in any trauma response. Second, an increasing body of evidence suggests that unless safe environments can be created for children who have experienced trauma, their ability to recover and restore resilience may be compromised in the long term. Third, the cohort of children affected by trauma appears to be growing, and this is highlighted universally across the community services and welfare sectors as an issue of deep concern[21].

While the numbers of children in Australia who are currently affected by trauma is unknown, what we do know is that as at June 2017 there were 47,915 children living in OOHC. It is widely acknowledged by practitioners and researchers alike that there is clearly insufficient provision being made for the trauma inevitably experienced by children who are at the centre of a substantiated abuse/neglect claim, and for those children who ultimately experience a removal.

The placement instability that children typically face when they enter the OOHC system compounds these existing traumas. A number of research studies suggest some alarming trends with regard to impermanence for children in the OOHC system. As it stands however, there is a dearth of reliable, nationally comparable data. From the published findings available, trauma is consistently flagged as a major concern. Johnson et al closely followed the trajectory of a sample of children in the OOHC system and found that almost one third experienced up to eleven foster care placements by the time they had reached adolescence[22]. While data on multiple placements is not systematically gathered nor published by any child protection agency in Australia and it is difficult to precisely monitor the number of children caught in 'system drift'*, this is clearly a very alarming

* 'Drift' is the informal jargon used across the child protection frontline to describe children who suffer the effects of multiple foster care placements, year after year, and the system seems unable to find them permanent, safe and happy homes.

finding. There is also a growing body of research which suggests that children in OOHC not only experience loss, abandonment and trauma from removal but continue to suffer from trauma even after safety and stability is re-established with kin, with new carers or with an adoptive family.

Similar investigations corroborate that trauma amongst children is an issue of growing societal concern. For example, according to the AIHW data, one in every thirty-three children in Australia has spent some time in OOHC[23]. When this statistic is considered in the education context, some very concerning conclusions can be drawn. Thirty-three students constitute a fairly typical class size in many schools across Australia. This means that the presence of trauma, even if left unacknowledged, is still felt in every classroom in Australia.

How might educators begin to develop trauma-awareness: where do we start?

The emotional range which a child can experience post-trauma, and the range of behaviours these children can exhibit is vast. As Morgan et al note, in citing the seminal work of Downey: "The impacts of trauma, neglect and abuse are varied, but may include: neurological and learning difficulties; affect dysregulation; relationship difficulties; shame; mood and attention problems; problem behaviours and/or hyperarousal and dissociation"[24].

To complicate the issue even further, the range of behaviours that might manifest for trauma survivors are not exclusive to trauma experiences. "Not all children or young people who exhibit challenging behaviour have suffered abuse and neglect. They may have other issues related to temperament, disability, or medical and health conditions that make learning in classroom settings extremely difficult"[25]. How then can teachers be trauma-informed in their engagement with children, young people and their families, when they may not know who the trauma-affected are? The answer, which is discussed below, is to understand not what trauma is, but what it does.

Acknowledging and understanding the damaging impact of fear

While the impacts of trauma can be highly diverse, because every individual and their trauma history is unique, there is a resounding consensus on what might be labelled the key universals of trauma. In particular, the notions of fear, anxiety and a perceived lack of safety are identified to be common amongst children who have significant trauma histories. While children and young people may manage these emotions differently, and intensity of feelings may change over time, the fear of abandonment and rejection is common. Children who have experienced complex trauma, in particular, are likely to have periods in which they experience intense (yet not always openly visible) stress, anxiety, fear and discord. While some children and young people may erupt, others may remain withdrawn. While some children may actively seek out intense attachments with peers, others may distrust others and therefore vehemently resist seeming to be reliant on others. Put in powerfully succinct terms by trauma researchers Murray & Crowe, "trauma causes fear"[26].

THE NOTIONS OF FEAR, ANXIETY AND A PERCEIVED LACK OF SAFETY ARE IDENTIFIED TO BE COMMON AMONGST CHILDREN WHO HAVE SIGNIFICANT TRAUMA HISTORIES.

The sense of fear that comes from significant loss can impact children profoundly. In their work on trauma and children in the OOHC, Murray & Crowe note that "children who are in foster care experience not just some, but all of the following losses: control and power; identity and a sense of belonging; privacy; a sense of personal history through tactile artefacts like photos; trust; safety; innocence; hope; and the feeling that they are normal. The internal narratives that children derive from these experiences are therefore saturated in very negative ideas about their identity trust and self worth"[27]. High profile psychotherapist in the area of trauma treatment, Peter Levine, argues that survivors of trauma can often be helped not necessarily by ongoing exploration of the traumatic act, but through recognition and understanding that trauma itself can manifest in the physical body and that survivors need gestures of comfort. In Levine's work on somatic experiencing and the notion of 'felt security', he emphasises two important findings of relevance to trauma-awareness. First, that the perception of the person who has experienced trauma is vital to understanding healing. Second, the symptoms (including physical symptoms) associated with trauma in the long term can be vast. Researchers and practitioners note that the legacy of fear left after the danger of trauma has passed is significant because it inevitably shapes child behaviour, and therefore shapes child engagements with institutions and the professionals working within them. Researchers Murray & Crowe note that acknowledgement of this fear can still occur amongst professionals, even when there is not full knowledge of a child's history[28]. In this context it is important to note that teachers cannot and should not be expected to be specialised counsellors or therapists in grief, loss or trauma. It is however vital that educators maintain an awareness that significant loss and unknown trauma may form the backdrop of any child's life.

TEACHERS DO NOT NECESSARILY HAVE TO UNDERSTAND TRAUMA, BUT THEY DO NEED TO UNDERSTAND THE NOTION OF SAFETY, AND OFTEN IN NEW WAYS.

Responding to fear

In developing trauma awareness, practice wisdom from overseas yields some important insights for the Australian context. Interestingly, a comparative examination of trauma-awareness programs overseas (in the UK and US) highlights a common theme. Teachers do not necessarily have to understand trauma, but they do need to understand the notion of safety, and often in new ways.

Educators are very aware of their responsibilities with regard to preserving the safety of children and removing children from imminent danger and harm through mandatory reporting protocols. While many teachers may know how to identify signs of abuse and/or neglect, and understand the risks these pose to the child, they may be less well versed in the ongoing dangers and risks for children when their trauma remains untreated. It is also important for educators to have a generalised understanding of complex trauma so that they can minimise the risk of perpetuating trauma or triggering re-traumatic experiences.

In a 2017 study by Martin et al (2017), triggering of a previously traumatised child or young person can occur anywhere, anytime[29]. Martin et al note: "Even when in a safe environment, adolescents who have experienced trauma may encounter situations that trigger a distressing memory associated with a traumatic event"[30]. These trauma triggers "need not be truly threatening situations; rather, they may be sights, sounds, touches, smells or tastes linked in memory to the original traumatic event"[31]. For teachers dealing with children who may be in the midst of a resurfacing or re-imagining of their trauma, knowledge of the traumatic event actually provides little practical insight into how best to respond. However, if an educator responds mindful of the need to create a safe haven for the child, with measures and techniques appropriate to the needs of children with trauma histories, this can help children to manage their fear.

" EVEN WHEN IN A SAFE ENVIRONMENT, ADOLESCENTS WHO HAVE EXPERIENCED TRAUMA MAY ENCOUNTER SITUATIONS THAT TRIGGER A DISTRESSING MEMORY ASSOCIATED WITH A TRAUMATIC EVENT. "

Trauma-awareness: safe faces, safe spaces and safe places

The following discussion highlights how education providers might begin to implement some safety protocols and approaches in light of increased awareness of trauma. Based on an analysis of relevant research findings and insights provided by practitioners, some key themes emerge. Three core facets of safety are particularly important for children and young people who have experienced complex trauma and these have been distilled into three workable concepts with which educators might engage. Children who are recovering from trauma need: safe faces; safe spaces; and safe places.

Why do children need 'safe faces', and what does this mean for educators?

Safe 'faces'

Children dealing with the emotional aftermath of a trauma require predictable, consistent and kind adults, who engage with the child in a transparent and coherent way. Adults can convey a 'safe face' to children after trauma, through a range of techniques including facial expressions, body language, tone of voice, every day phrasing and words that offer security and reassurance.

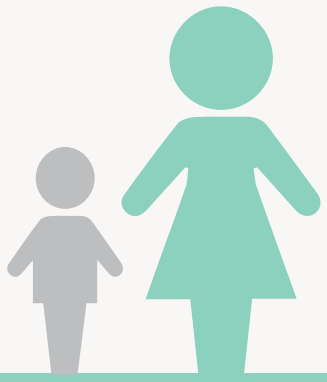
CHILDREN DEALING WITH THE EMOTIONAL AFTERMATH OF A TRAUMA REQUIRE PREDICTABLE, CONSISTENT AND KIND ADULTS, WHO ENGAGE WITH THE CHILD IN A TRANSPARENT AND COHERENT WAY.

Martin et al note "the presence of a caring, responsive adult who helps the child to deal with such situations provides a buffering effect that helps regulate the brain's stress response systems to promote healing and healthy development"[32]. This could include gestures, tone, body movements that convey calm, quiet, and low tone of voice.

In contexts where there is daily and ongoing contact with the same group of children (e.g. school) the pattern of communications between the same child and the same adult assume even greater importance. Ingram notes that while a positive environment for children post-trauma is especially important, this does not mean that children can only receive positive critiques: rather that the balance or ratio of commentaries on children must be tipped firmly towards positive reinforcement[33]. Ingram suggests a good rule of thumb is 10:1, meaning that for every one negative critique,

a child suffering complex trauma needs about ten that are positive. While practitioners may use a range of ways to articulate and advocate for the notion of a 'safe face' for children post-trauma, a common theme emerges: kindness toward and acceptance of the child is paramount.

Looking exclusively at schools, the work of Boles (2017) highlights that, while all teachers need to show kindness and empathy towards students, for children who have trauma histories this need is amplified. "It is recommended that staff interact with students in this way at all times, regardless of the student's behaviour or response"[34]. From this, it is argued, students will slowly develop an ability to self-regulate. The work of Muskett highlights that there must be professional intent to recognise the impact of trauma because it is only through this that no further harm will come to survivors of trauma[35].



Safe faces: some strategies for change at the school level

In implementing a safe faces approach, schools will need to consider the characteristics and demographic of their school students, and the operational environment in which the educators work. Children who have experienced prior trauma often find changes to routine to be a significant emotional challenge. If a school relies heavily on casual teachers to fill ratios, for example, it may be important to ensure that efforts are made to: develop and train a stable pool of casual workers whom students know and trust; and ensure that students are advised in advance if a regular teacher will be absent for a period of time. Breaks to routine can also be problematic for children who have experienced prior trauma (for example school carnivals and excursions may not be events that these children look forward to, but instead cause great anxiety). Notifying children ahead of these events which teacher/s will be present on the day and ensuring students always know where to go in order to find a teacher, may help to offer reassurance to students experiencing anxiety about being away from familiar surroundings and schedules.

The interaction between the student and the teacher is also all important. For children and young people who have trauma histories, being singled out or 'put on the spot' to answer a question in class may elicit great fear. Tempering teaching strategies around the notion of choice has also been shown to be effective in engaging children with prior trauma histories, children with additional needs, and children with anxiety disorders. In early childhood education settings, the notion of transition is often incorporated into the daily classroom routine in ways relevant to the cultural and demographic composition of the community from which the children are drawn. A transition is a gentle warning signalling that change is not happening now, but it will come. Individual teachers usually incorporate the transition signal they think is most appropriate for their class. Examples of transition techniques include: a soft bell ringing, a specific song (which the children may sing themselves) or a piece of instrumental music that may play.

Framing directions as a choice, rather than a direct order which has absolute 'yes' or 'no' overtones, can also help to ease anxiety in some children. While the choice offered to the child still remains defined and controlled very strictly by the teacher, children still feel they are more involved and are participating in the process. Examples of a constructed choice in a classroom setting include: *Would you like to finish doing your artwork now or complete this worksheet? Would you like the red or the blue crayon to complete this activity?* These small techniques can help some children to feel involved in the decision making, and not be triggered by a lack of control over their circumstances.

Safe spaces

The term 'safe space' is used to emphasise the importance of positive emotional space and energy to exist between the teacher and the child in a post-trauma state. Kindness and consistency in particular are important in creating the groundwork for a safe relationship to be built between educator and child. Ingram (2015) emphasises the need for teachers to focus on connection and genuine relationship. Bruce Perry, leading child psychiatrist and specialist in trauma in the US notes: "There is no more effective neurobiological intervention than a safe relationship"[36].

In beginning to understand how to create positive relationship-building with children and young people who have trauma histories, educators must challenge assumptions regarding 'bad' behaviour and in particular, resistant behaviour. Research in this field in particular notes that there is great value in seeing difficult behaviours as a response, or a symptom, rather than the problem itself. As Boles notes, while challenging and disruptive behaviours may not appear to adults to be productive, they are in fact a form of coping strategy[37].

Ingram notes, in characterising the work of other practitioners in the trauma space: "It's about changing the helping paradigm from 'What is wrong with you?' to 'What happened to you?'"[38]. Survivor behaviours as some practitioners call them, can be highly diverse, unexpected and deeply unique to the individual and this does shape the range of strategies that teachers need to deploy (Ingram 2015).

Safe spaces: some strategies for change at the school level

In the provision of 'safe spaces', the relationship built between adult and child exists around a set of communications which some practitioners define as 'messaging'. While the term 'safe face' is used to describe the words and gestures between child and adult, the notion of a 'safe space' captures the complexity of the accumulated meanings that are built, over time, between child and adult. Murray and Crowe note (in their description of appropriate messaging for children who have experienced trauma) that language can inadvertently risk reinforcing existing negative narratives the child has about themselves and the loss they have experienced. Common negative messaging for children who have experienced trauma includes "I am not good enough" and "Bad things happen to me because I'm bad". Murray & Crowe note "loss can create who children are"[39]. Put another way, a child's identity is built not just from accumulated beliefs about self, but by what they perceive reflected back to them from adults within their proximity. In this context, the emotional impact of punishment becomes amplified to the child subjected to it. Positive messaging, note Murray and Crowe, does not condone difficult behaviours, but instead, seeks to address behaviour by reinforcing the importance of the child. Positive messaging communicates to the child "you are important to us", "we are glad you are here and want you to stay", "what happens to you matters", and "we want you to feel safe and secure"[40]. In this way, safe situations that a child perceives as frightening can slowly be transformed into situations in which the child feels comfortable and more confident. Or as another researcher explains it, with somewhat more abstraction, "co-regulation of emotions not coercion" is vital between the adult and the child, the teacher and the student[41].

Safe places

Altering the physical environment of a school in ways which might diffuse stress for the student has been noted by researchers to be part of an effective trauma-informed approach. Ingram describes these measures as trauma-sensitive classrooms, and argues that a range of benefits can be derived from implementation including: improved academic outcomes, improved teacher satisfaction and safety, a reduction in stress and distress amongst students and teachers, and a reduced need for student disciplinary measures (e.g. 'go to the office!')[42].

Theoretical frameworks regarding child development highlight that teachers play a vital role in trauma recovery. Ecological systems theory for example, a deeply influential underpinning for much social welfare practice for vulnerable children, highlights that while stable families are important for healthy child development, there are also systems of influence on children including institutions like schools, peers and community[43].

Safe places: some strategies for change at the school level

Within a school, the creation of a safe place can occur within the classroom, but also in the design of the school itself, and how playground or free time for students is actively managed by educators. "Many studies identified attention to the physical environment as a significant, positive (and relatively inexpensive) trauma-informed care strategy. The refurbishment of units to provide a welcoming physical environment included using comfortable home-like furniture; warm and inviting colour schemes; art and craft hangings; soothing soft furnishings, such as snuggle rugs and pillows; calming auditory stimulation, such as soft music"[43]. Creating an age-appropriate break out space for students to de-compress may also be helpful. By building these places into a classroom or health unit, available for anyone to use, this can also destigmatise feelings of embarrassment and shame when children do experience stress. For younger children this might include a comfortable and safe space including sensory materials such as pillows, play dough or paper and pencils. For older children this might include a place for meditation, or smart device linked to a high-quality meditation app.

Schools can also be places that instigate policies with an awareness of the types of issues that can trigger trauma recurrence across the calendar year. Anniversary dates of trauma event can trigger some children. For other children, father's or mother's day activities may be particularly difficult times. Projects such as family-tree activities may also act as a trigger. It is important that local schools reflect on methods (developed in consultation with local parent committees and appropriately trained trauma professionals) that serve to minimise the possibility of compounding existing trauma.

In addition, the basis of many standard school policies may represent a good starting point for consideration of trauma concerns within a school. The notion of 'anti-bullying', for example, forms part of state-wide education policy and each school usually has their own local set of policies, programs and/or management structure with which to discuss and address bullying concerns. This may represent a good place to launch initial conversations about trauma, and start schools on the road to becoming more trauma-aware.

Conclusion

This paper highlights that redesigning education service delivery in ways which lift trauma-awareness do not need to be predicated on the assumption that teachers will need to commit to large amounts of training or retraining. Rather, skill development in the area of trauma management could be developed from pedagogies that form part of baseline level of teaching knowledge and already have strong currency amongst some educators. For example, in developing a trauma-aware response to students it is important for the teacher to perceive the student as capable. As US-based trauma-support advocacy summarises it, '**connect before you correct**'. This remains an important tenet of trauma-informed practice.

In this paper, the broad concept of trauma-informed teaching manifests as three separate principles to guide future practice in this space. '**Safe faces**' embodies the notion that teachers need to remain steady and calm in their approach to students. '**Safe spaces**' is used to describe the positive emotional interactions and rapport that exist between student and teacher, and how beneficial this process can be for children and young people who are healing from trauma. '**Safe places**' describes the configuration of a school and a classroom in ways which serve to provide a secure and stable setting in which students who are still struggling with a legacy of trauma might learn more effectively.

About the Researcher

Dr Tanya Bretherton is a Sydney-based research consultant, sociologist and writer. Dr Bretherton has twenty years experience in the fields of early childhood development, education and care, organisational culture and professional development. She has published both domestically and internationally on a wide range of issues that impact the safety and security of children and young people.

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