



What can teachers do to help young people exposed to traumatic events? Young peoples' perspectives

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ARTICLE INFO

Keywords:

Teachers
Young people
Trauma
Traumatic events
Trauma-informed
Qualitative

ABSTRACT

Trauma in childhood is highly prevalent and can significantly impact students' social, emotional, behavioural, and learning outcomes. With a growing interest in trauma-informed education, limited research directly engages with young people's views on how educators and schools can support students exposed to trauma. This qualitative study explored the perspectives of young people on what actions teachers should engage in, and also avoid, to support young people exposed to traumatic events. Responses from 159 young people collected via an anonymous survey were analysed using thematic analysis. Several important themes were highlighted, with an emphasis placed on teachers as a pathway to support, the importance of adapting curriculum and practices to meet students' needs, and minimising behaviours that risk further harm or trauma. Participants stressed the importance of privacy and confidentiality, and the need for teachers to minimise behaviours that marginalise, exclude or perpetuate inequity, as these factors can discourage young people from seeking help. Implications from this study emphasise the need to incorporate young people's perspectives when developing and implementing school trauma programs and policies. Further recommendations include the need for increased access to professional development in trauma-informed practices in education, along with resources to assist teachers in supporting young people exposed to trauma.

1. Introduction

Trauma is increasingly recognised as a significant concern in the lives of children and adolescents, with implications across emotional, psychological, social, and academic domains. It can be described as a response to experiences of overwhelming stress that may occur following a threat, harm, violence, or events that significantly disrupt a person's sense of safety and stability (American Psychiatric Association [APA], 2013). Further, responses to trauma can differ depending on the nature of the event, ranging from

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<https://doi.org/10.1016/j.ijer.2025.102839>

Received 10 June 2025; Received in revised form 29 September 2025; Accepted 7 October 2025

Available online 11 October 2025

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single incidents to repeated or prolonged interpersonal harm, including childhood physical or sexual abuse and family violence. These are typically referred to as simple and complex trauma, respectively (Cloitre et al., 2018).

Studies conducted internationally suggest that trauma exposure is widespread among young people, with estimates indicating that between 62 % and 68 % of youth will encounter at least one traumatic event by age 16 (Bendall et al., 2018; Copeland et al., 2007; McLaughlin et al., 2013). In the Australian context, recent studies indicate that a substantial portion of the population is exposed to potentially traumatic experiences—ranging from one in three individuals experiencing physical, emotional, or sexual abuse during childhood (Mathews et al., 2023), to estimates of up to 75 % experiencing trauma at some point across their lifetime (Productivity Commission, 2020).

The consequences of early trauma can affect multiple areas of functioning including elevated risks of developing mental health difficulties (Fernando et al., 2014), such as anxiety disorders, depression, and posttraumatic stress disorder (PTSD; Bender et al., 2020; Valladares-Garrido et al., 2023). The effects of childhood trauma also extend into adulthood, where it is associated with increased likelihood of substance use, chronic physical health conditions and impaired social and occupational functioning (Dye, 2018; Nelson et al., 2020). In particular, difficulties in interpersonal relationships and attachment are commonly reported and may continue to shape a person's wellbeing across the lifespan (Fares-Otero et al., 2023; Fitzgerald, 2021). These far-reaching effects underscore the need for early identification and targeted support.

1.1. Young people and help-seeking

Despite the high rates of mental health concerns reported among adolescents (Australian Bureau of Statistics [ABS], 2023), many young people are hesitant to seek formal support. A range of relational barriers can impede help-seeking, including intersectional stigma, guilt, shame, lack of knowledge about available services, and difficulty trusting professionals (Bendall et al., 2018; Radez et al., 2021; Yates et al., 2024). Access issues such as cost, limited service availability, and long wait times can also impact youth engagement with appropriate care (Ellinghaus et al., 2021). These practical and relational barriers are particularly significant for young people exposed to trauma. For instance, a study by Ellinghaus et al. (2021) found that invalidating responses from health professionals or a lack of support from caregivers, can make young people less likely to disclose trauma or follow through with treatment. In some cases, stigma within the family may act as an additional obstacle, with parents or carers discouraging help-seeking behaviours (Lynch et al., 2022; Yates et al., 2024). These relational and practical barriers often intersect, meaning that even when services are available, a lack of trust or perceived stigma can still deter young people from engaging with formal supports (Yates et al., 2024).

Given these challenges, research suggests that adolescents are more likely to turn to informal sources of support than to mental health professionals (Achar & Mehrotra, 2024). In an Australian study, adolescents aged 14 to 15 mostly reported seeking help from friends (74 %) or parents (69 %), with only 9 % engaging with a mental health clinician (Australian Institute of Family Studies, 2018). Others have found that young people prefer to consult school-based staff such as counsellors or teachers, rather than psychologists or health services (Mok et al., 2021). Similarly, Lawrence et al. (2015) also reported older adolescents often prefer to discuss emotional challenges with peers or teachers and that nearly 40 % of those with a diagnosed mental illness had accessed school support services. These findings highlight the important role of school environments in shaping pathways to care.

1.2. The role of teachers in providing support to young people

Teachers occupy a unique position in the lives of students and can serve as a key point of contact for young people who are experiencing distress. Research has highlighted the important role teachers can play in identifying signs of trauma and offering initial support or referrals (Alisic, 2012; Berger et al., 2021). Russell et al. (2024) found teachers who receive support and training in trauma-informed practices were more likely to implement new strategies in the classroom, with significant changes in teacher attitudes over time. However, many educators report that they do not feel adequately prepared for this responsibility, with gaps in training, a lack of trauma-specific knowledge, and uncertainty about how to respond appropriately to students' needs (Berger et al., 2020; Reker, 2016). In Reker's (2016) study, teachers described feeling a sense of responsibility for students' academic, behavioural, and emotional wellbeing, but also identified constraints such as limited training, time pressures, and insufficient understanding of trauma's impacts. Other qualitative research has similarly found that teachers often feel ill-equipped to confidently support trauma-exposed students (Barrett & Berger, 2021; Berger et al., 2021). While teachers can be vital allies—offering stability, encouragement, and connection—they can also inadvertently cause harm. Poorly handled interactions, breaches of trust, or punitive responses to trauma-related behaviours may exacerbate distress (Dutil, 2020). Similarly Russell et al. (2024) found the attitudes and personal experiences of teachers mediated both positive and negative classroom environments, particularly for students who have experienced trauma. Both studies caution that without adequate training, teachers may misinterpret trauma signals, leading to missed opportunities for support or re-traumatisation.

1.3. Trauma-Informed school practices

In response to growing awareness of trauma's impact on student learning and behaviour, trauma-informed approaches have gained traction within education (Martin et al., 2023). These initiatives typically involve training for teachers on how to recognise trauma-related behaviours, respond with empathy and care, and create safe, supportive learning environments (Berger, 2019; Martin et al., 2023). One widely used framework for understanding and responding to trauma appropriately is the Substance Abuse and Mental Health Services Administration's (SAMHSA) "Four R's" of trauma-informed care: Realise the widespread impact of trauma;

Recognise its signs and symptoms; Respond appropriately; and actively seek to avoid Re-traumatisation (SAMHSA, 2014).

Evidence from school-based programs suggests that trauma-informed practice can reduce symptoms of anxiety, depression, and PTSD in students, while also improving academic engagement (Berger, 2019; Dorado et al., 2016). In addition to emotional wellbeing, benefits may include reduced behavioural incidents and greater consistency in attendance. There is a growing understanding about the efficacy of trauma-informed practice within schools, though, existing research often focuses on program outcomes rather than the views of those young people for whom it is intended to benefit. While teacher perspectives have been explored in previous studies (Berger et al., 2021; Kostouros et al., 2023), there is relatively little empirical research that captures young people's perspectives on how schools and teachers can best support them following trauma. Given that adolescents may be more likely to turn to a teacher than to a health professional, incorporating their insights may better inform teachers and educators on how best to provide support, and in turn increase the quality of resources available for future young people exposed to trauma. This study is informed by a participatory research lens, which emphasises the importance of including young people's voices in research that directly concerns them. In line with youth participatory research principles (Smith et al., 2024), we position adolescents as expert informants in their own experiences and acknowledges their perspectives as integral to informing educators on how to better support them in trauma-informed ways.

1.4. Study aim and research questions

This study aims to inform research and education by amplifying young people's perspectives on teacher behaviour in the context of trauma. Two research questions were framed around supportive practices, and those that hinder or act as a barrier to support:

1. According to young people, what actions should teachers take to support students who have experienced a traumatic event?
2. According to young people, what actions should teachers avoid when supporting students who have experienced a traumatic event?

2. Method

2.1. Study context

The study was conducted in Australia. Australian schools are characterised by increasing interest in trauma-informed education, yet many schools operate without standardised guidelines or mandatory training (Howard et al., 2022). The decision to use a national sample was intended to capture a broad and inclusive range of student experiences across different regions, school types and

Table 1
Participant Demographic Information.

Demographics	<i>n</i>	%
Age	23	14.5
15	50	31.4
16	55	34.6
17	29	18.2
18		
Age Missing	2	1.3
Gender:	83	52.2
Male	74	46.5
Female	1	0.6
Non-binary/gender diverse	1	0.6
Prefer not to say		
School level:	7	4.4
Year 8	18	11.3
Year 9	30	18.9
Year 10	54	34.0
Year 11	37	23.3
Year 12	4	2.5
Tertiary	8	5.0
No longer attend school		
School level Missing	1	0.6
Birthplace	137	86.2
Australia	20	12.6
Other		
Unknown	2	1.3
Country of Residence	141	88.7
Australia	14	8.8
Other		
Unknown	4	2.5
First Nations Peoples		
Aboriginal	49	30.8
Torres Strait Islander	35	22.0
Total Aboriginal and/or Torres Strait Islander	84	52.8

jurisdictions.

2.2. Participants

Participants were recruited using a purposive sampling strategy via targeted social media advertising. Eligibility criteria included being 15 to 18 years, and those who were currently or recently enrolled in secondary education. 159 young people aged between 15 and 18 years ($M = 16.6$, $SD = 0.9$), were recruited across Australia. Those who expressed interest under 15 years of age were excluded from the study due to the sensitivity of the research topic. No participants were excluded based on trauma history, gender or ethnicity. Recruitment aimed to ensure diverse representation of young people. The final sample included 83 male, 74 female, one non-binary young person, and one person who preferred not to disclose their gender. Participants were enrolled in school from Year 8 through to Year 12, with a small number no longer at school, or engaged in tertiary study. The majority were born in Australia (86.2 %) and currently lived in Australia (88.7 %). A notable proportion identified as Aboriginal (30.8 %) and/or Torres Strait Islander and (22.0 %) and represent more than half the participants included in the study. This outcome was unexpected. See [Table 1](#) for further details.

2.3. Materials

Participant responses were collected using an anonymous online qualitative survey using open ended questions developed for this study, which was administered via Qualtrics (online software website). The survey included two components, the first being a set of questions that captured demographic information, such as age, gender, country of birth and residence, ethnicity, and school grade. The second section included two open-ended prompts inviting participants to describe what teachers should, and should not do to best support young people exposed to trauma. Trauma was defined for participants using the [SAMHSA \(2014, p. 7\)](#) definition of “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening, and that can have adverse effects on the individual’s mental, physical, social, emotional, or spiritual well-being.” Participants were asked, “What do you think teachers should do to help young people your age who are exposed to a traumatic event?” and “What do you think teachers should not do when helping young people your age who are exposed to a traumatic event?”

2.4. Procedure

Ethics approval was granted by the Monash University Human Research Ethics Committee. Participants were recruited via social media advertisements on platforms including Facebook and Instagram, with snowball sampling encouraged through peer sharing. Those interested in completing the survey were directed to a link with further study information and provided their consent by clicking on a link to the survey. To protect anonymity and support participant wellbeing, no identifying information was collected within the main survey, and a separate optional form was provided for prize entry. Contact details for youth mental health services were available at the beginning and end of the questionnaire.

2.5. Data analysis and cleaning

Of the 2833 young people who accessed the survey, most were excluded due to incomplete responses or failure to answer the second section of the survey. Specifically, 2520 respondents were removed for answering only demographic items, while others were excluded for nonsensical responses (random strings of characters) or lack of consent. Therefore, data from 159 young people were included in the final analysis. Response length varied from a few words (e.g. “I don’t know”), to detailed paragraphs containing multiple sentences.

Thematic content analysis as outlined by [Braun and Clarke’s \(2006\)](#) six-phase approach was conducted to explore the perspectives of young people. This process involved: familiarisation with the data (responses to the surveys); generating initial codes; searching for themes amongst the codes; reviewing themes; defining and naming the identified themes; and finally presenting them in this report. Coding was conducted manually, with codes grouped into candidate themes through an iterative and reflexive process. Important components in establishing rigor and integrity within qualitative research, are ensuring trustworthiness, confirmability and dependability of the analysis process ([Nowell et al., 2017](#)). As such methods such as data immersion, researcher triangulation and peer discussion were employed. One author independently completed the initial analysis and coding of themes within the whole dataset, becoming immersed in the data. Following this, 20 % of their analysis was cross-checked by a second author, effecting researcher triangulation. Inter-coder reliability was assessed using Cohen’s kappa (κ) with values ranging from moderate to perfect agreement (.57–1.0; [Landis & Koch, 1977](#)). The two authors then came together, reviewing discrepancies through robust peer discussion until consensus was reached.

2.6. Transparency in research

These data were drawn from a broader survey on young people’s views of support following trauma. Findings related to parental support have been published separately ([Berger et al., 2025](#)); the current study reports a distinct analysis focused specifically on teacher support.

3. Results

There were 154 responses to the open-ended prompt “What do you think teachers should do to help young people your age who are exposed to a traumatic event?”, resulting in three primary and five secondary themes. For the second open-ended prompt “What do you think teachers should not do when helping young people your age who are exposed to a traumatic event?”, 148 participants responded, with three primary and 3 secondary themes emerging. Participants’ gender and age are indicated following each quote (e.g., G16 = girl aged 16; B15 = boy aged 15; NB16 = non-binary aged 16).

3.1. Research question one: according to young people, what actions should teachers take to support students who have experienced a traumatic event?

Three primary themes reflected students’ views on the types of actions and environments that are most helpful when navigating trauma in a school setting: Provide Support, Trauma-Informed Practices, and Uncertainty/Nothing. Five secondary themes were also identified and will be discussed within each of the main themes (See Table 2 for full list of themes).

3.1.1. Theme one: provide support

A large portion of participants identified teachers as a conduit for support to young people who have experienced trauma (65.9 % $n = 91$). Some participants noted teachers should generally “be supportive” (F18) and “offer support” (F16, F16, M15) 12.8 % ($n = 19$), however this concept was then further expressed in two ways: teachers and schools viewed as safe and supportive places in the context of students who have experienced trauma; and teachers as possible avenues to access guidance and support, either through school or additional resources.

3.1.1.1. School as a safe and supportive place. More than a third of participants (38.3 % $n = 57$) valued schools, classrooms and teachers as places they felt safe, understood, and not judged. To ensure the school environment feels safe and supportive it was not considered necessary for a teacher to know everything about all the details, but as indicated by one participant, just “be supportive ... I don’t think I would or will ever fully open up about everything to my teachers, but a supportive and safe feeling environment was all I needed” (F18).

Participant highlighted safety and support came from teachers withholding judgement and managing school performance in respectful ways: “there is nothing worse than when a teacher is condescending, especially when you haven’t had the ability to do their assigned work on time” (F16). Rather, participants indicated teachers “should be approachable, especially if a student has been triggered by something that they have said” (F17). Teacher accessibility and availability was considered particularly important should a student become distressed throughout their school day.

3.1.1.2. Providing guidance and support to students to seek professional help. Quite a few participants (14.8 % $n = 22$) noted that they would like more support to be available within the school environment. For example, it was suggested teachers could offer students support, and “provide resources such as counselling” (F16), and have more “school counsellors, who are more available, in addition to making it abundantly clear that they are open to listen and help” (M17). Participants indicated they lacked knowledge about how to seek help from mental health professionals. Therefore, it was suggested teachers should be proactive and “provide support and access to services they need” (F16), offering encouragement and recommendations to help young people access mental health support.

3.1.2. Theme two: trauma-informed practices in schools

Another significant theme that was identified in this study was around the desire for trauma-informed practices. This was identified by the researchers through individual elements of trauma-informed practices being suggested by many of the participants in the study. These included: teacher awareness of the impact of trauma; teacher education around trauma-informed practice; capacity to recognise relevant behaviours and support young people in adaptive ways; respond with empathy; and avoid further harm through systemic whole school support. These concepts have been organised into three secondary themes discussed below.

3.1.2.1. Recognising signs and understanding impact. Almost one quarter of participants (23.5 % $n = 35$) expressed a desire for teachers to better understand how trauma manifests in behaviour. “Notice the signs and reach out to ask them how they are. Understand their reasoning for misbehaving, acting out, falling asleep in class, etc.” (F17). When concerned it was suggested teachers should check in

Table 2

Question One: Primary and Secondary Themes.

Primary themes		Secondary themes
1	Provide support	School as a safe and supportive place Providing guidance and support to students to seek professional help
2	Trauma-informed practices in schools	Recognising signs and understanding impact Teacher education and being trauma-informed Tailoring the school curriculum to suit the needs of young people
3	Uncertainty/nothing	

with students: “check on students especially if they are acting different” (F15). It was suggested teachers look for signs such as “changes in mood and friendships” (M15), as this was seen as a potential indication of when a student may need extra support. While teachers should be aware of academic difficulties, flexibility and additional help within the classroom were also identified as important.

3.1.2.2. Teacher education and being trauma-informed. Some participants in this study (9.4 %, $n = 14$) stressed the need for all educators to be trained in trauma-informed practices. “Trauma-informed education has helped teachers to evolve from the question of ‘What is wrong with this student?’ to ‘What has this student been through?’” (M16). Participants indicated “teachers should be trauma-informed and understand trauma responses” (F17). By being so, teachers could “be understanding of kids situations” (M15) and “be more empathetic and understanding of a kid’s suffering and grief” (M17).

3.1.2.3. Tailoring the school curriculum to suit the needs of young people. Tying in with the previous two sub-themes some participants (14.8 %, $n = 22$) highlighted the need for adjustments to expectations, deadlines, and attendance. Teachers were advised that for some students exposed to trauma, attending school may be an achievement, with participants encouraging teachers to consider leniency and flexibility. “Try to go easy on them. They are not perfect but at least they are coming to school, they could have just thrown their hands up in the air and left but they didn’t” (F15). Likewise, some participants suggested academic accommodations would be beneficial for students’ wellbeing and help trauma-exposed young people stay engaged in school. One participant stated that they “think teachers should support students, make adjustments in the classroom and cater for their needs” (F17). Others suggested: “be lenient on extensions and grades to take the pressure off students mental health” (F17); and “seek to keep students up to date if they are missing school or struggling to focus in class” (F17); and “don’t have punishments for not doing work” (NB16).

3.1.3. Theme three: uncertainty/nothing

There was a small number of participants (6.3 %, $n = 10$) who stated “I don’t know” or did not answer the prompt relating to what teachers could do to help young people exposed to traumatic events. There could be a number of possible explanations for this, including an unwillingness to share their perspective, not being sure what to suggest, having had negative experiences around trauma and teachers, disinterest in the question, or any number of other explanations. However, it is important to include here that not all participants chose to engage with this research question.

3.2. Research question 2: according to young people, what actions should teachers avoid when supporting students who have experienced a traumatic event?

Three primary and three secondary themes were identified in response to question two (see Table 3). Young people articulated behaviours and attitudes that could worsen distress or discourage disclosures.

3.2.1. Theme one: breaching privacy and confidentiality

A clear issue for participants (23.1 %, $n = 33$) was one of privacy and confidentiality. Teachers “should not share some of the students’ privacy with everyone,” (M16) and “should never disclose any information to anyone else unless it is absolutely necessary” (M16). Some participants expressed this should also be extended to young people’s carers, stating teachers should “not immediately tell parents/carers (unless they need to)” (F15), as this often “makes it worse” (F16). Rather teachers were encouraged to manage conversations with consideration for privacy, and also explicitly offer support in ways that do not draw attention to the young person. For example:

If the person has brought it up and wants to discuss it, they should try to do so in an appropriate setting. If the person hasn’t brought it up, the teacher should make the whole group aware that they are available for help but not specifically mention any particular person. (M16)

3.2.1.1. Asking invasive questions. A secondary theme related to, and in contrast with providing confidential support and privacy, participants (7.7 %, $n = 11$) acknowledged this should also be tempered with respecting privacy. Asking “invasive questions, [or to] pester the students in any way” (M15) was identified as intrusive and could cause harm. They noted that “teachers should not ask excess questions about their situation” (M17), as this may trigger further distress, leaving the young person feeling even more unsupported:

Table 3
Question two: Primary and Secondary Themes.

Primary themes		Secondary themes
1	Breaching privacy and confidentiality	Asking invasive questions
2	Behaviours that marginalise, exclude and perpetuate inequity	Pressure and punishment
3	Uncertainty/nothing	Blame for behavioural responses to trauma

Being forced to discuss my trauma or getting thrown into a psychologist's office because of concern did not help me, and only push me further into a rabbit hole of feeling lost, scared, and even more mentally ill, and unsupported. (F18)

3.2.2. Theme two: behaviours that marginalise, exclude and perpetuate inequity

Many participants identified unhelpful responses to disclosure of trauma, were those behaviours (intentional or otherwise) that marginalised, excluded or perpetuated inequity. For example, some young people felt when teachers are “condescending, judgmental, [or] tell you to ‘just get over it’” (F16), it invalidated students’ lived experiences. Similarly, when teachers “ignore it or act like the student is overreacting” (F15), and “undervalue a person’s troubles in any way” (M17), this may prevent them from seeking support or disclosing their trauma in the future. Several participants also noted that when teachers drew comparisons to their own experiences or those of other students, this often left them feeling dismissed rather than supported: “I wish teachers would not do [*sic*] is compare us to other people and try to relate to our experiences and past life experiences. It often makes young people more stressed and upset” (F17).

3.2.2.1. Pressure and punishment. Overall, 25.2 % (n = 36) of participants described how academic expectations and classroom discipline practices can compound stress for students dealing with trauma. Participants warned that teachers should not “put too much pressure on students” (F15) and where teachers “only focus on academic performance” (M17), this “will contribute to lowering the students’ self-esteem” (F17). Participants reported punitive measures such as yelling, strict enforcement of rules, or punishments may be harmful, invalidating or even triggering. As one participant simply put it, teachers “should not yell at them” (F15), with participants expressing a preference for flexibility, empathy, and compassion.

3.2.2.2. Blame for behavioural responses to trauma. Similarly, participants (6.3 %, n = 9) expressed concern that teachers may misinterpret or penalise behavioural responses that are actually rooted in trauma. Participants highlighted the risk of further alienation, and that teachers should avoid actions that “blame the student for the way they act as a result [of trauma]” (F18). Participants explained that blaming may decrease the likelihood of students reaching out for help again. Participants also felt that teachers should not “make them feel guilty for doing things in reaction to trauma” (F17), and that recognising the roots of behaviour is essential for supporting rather than harming recovery.

3.2.3. Theme three: uncertainty/nothing

Finally, as with themes regarding the first research question, there were participants (12.8 %, n = 20) who were not sure what behaviours teachers should avoid when supporting young people exposed to traumatic events. Such responses included, “I can’t answer that question” and “I don’t know”, or alternatively left the answer blank. Again, it is not possible to extrapolate why this is the case, other than acknowledging some felt they either were unable to or unwilling to answer the question.

4. Discussion

This study explored young people’s perspectives on how teachers can best support students who have experienced trauma. While trauma-informed approaches in schools have grown in visibility, there remains limited research that focuses on the views of young people themselves. With growing emphasis on consumer or lived-experience consultation when developing, implementing, and evaluating trauma-informed programs (Stokes et al., 2019); the current findings recognise young people as key informants in trauma-informed education research, with important implications for policy and practice. We offer nuanced, experience-based insights into both helpful and harmful teacher responses from the perspective of young people aged 15–18. Three key outcomes from this study were: teachers as a conduit for support; the need for teachers to engage in trauma-informed practices, and considerations around curriculum flexibility in the context of youth who have experienced trauma. These priorities are consistent with prior trauma-informed education frameworks that emphasise the dual role of teachers in providing both relational support and instructional flexibility (Brunzell et al., 2019; McLean et al., 2022), yet our study extends this work by capturing these priorities directly from young people’s perspectives.

These outcomes can also be understood through the lens of established trauma-informed practice frameworks. In particular, the SAMHSA (2014) “Four R’s” (Realise, Recognise, Respond, and Resist re-traumatisation) and the Australian National Guidelines for Trauma-Aware Education (Howard et al., 2022) provide a useful conceptual anchor. For example, young people’s emphasis on confidentiality and avoidance of punitive responses reflects the importance of resisting re-traumatisation. Their call for teachers to notice behavioural changes and provide empathetic responses aligns with recognising trauma’s impact and responding appropriately. Similarly, young people’s advocacy for curriculum flexibility and adjustments to assessment expectations resonates with guideline recommendations to create inclusive learning environments that realise the pervasive effects of trauma on engagement and wellbeing. By explicitly mapping student perspectives to these frameworks, our findings provide support for the applicability of trauma-informed principles for educators, while also extending them by highlighting actionable practices that young people themselves view as most important.

Participants strongly emphasised the value of teacher support, both informally—through empathy, patience, and availability—and more formally, by facilitating access to school- or community-based mental health resources. This finding aligns with previous research showing that young people often turn first to trusted adults in their immediate environment, including teachers, rather than formal services, when dealing with emotional distress (Lawrence et al., 2015; Mok et al., 2021). In light of the issues raised by Ellinghaus et al. (2021) around barriers to mental healthcare for youth, the current study’s findings are important: it suggests teachers are perceived as

playing a key role in creating safe environments at school; and that teachers and schools may offer access points for further support. Building on the recommendations of [Dorado et al. \(2016\)](#), the findings from this study suggest the need for school policies and teacher professional development that equip staff to effectively support students and establish clear referral pathways to mental health services. Similar conclusions have been reached in other evaluations of school-based trauma-informed initiatives, where staff training combined with clear referral pathways has been associated with improved student engagement and wellbeing ([Howard et al., 2022](#); [Jacobson, 2020](#)).

The importance of teachers being trauma-informed and aware of trauma-related behaviours was a strong theme for this study. Young people recommended that teachers need to understand how trauma can affect students' social and emotional wellbeing and academic learning. Particularly, they indicated teachers be aware of how punitive or dismissive behaviours could worsen the experience of students. [Dutil \(2020\)](#) also comment on the negative impact teachers can have on students affected by trauma, when uneducated about normal trauma responses, and how to manage externalising behaviour. Young people of the current study suggested that rather than blaming students for their classroom behaviour, teachers respond in ways that were flexible, compassionate and free from judgement. Recommendations included consideration adjustments to the school curriculum based on students' learning needs, reduced academic pressure, flexible assignment deadlines, and the importance of teachers working at the student's pace. Young people suggest teachers understand that for some trauma-exposed young people, just attending school is an achievement. These insights align with many other prior studies of trauma-informed practice in education systems ([Barrett & Berger, 2021](#); [Jacobson, 2020](#); [McEvoy & Salvador, 2020](#)), including [Berger et al.'s \(2021\)](#) qualitative evaluation of teacher knowledge and responses to trauma, resulting in similar recommendations. Our findings provide validation from the consumer, lived-experience perspective of young people.

Key messages were also raised around other potentially harmful behaviours, that should be avoided, such as breaching confidentiality, and conversely applying pressure to disclose through invasive questions. As identified by [Hepp et al. \(2021\)](#) young people can become reluctant to seek mental health support due to past negative experiences with adults. Young people in our study reported reluctance to disclose trauma to teachers or seek support is impacted by concern about confidential information being shared with others. While teachers are not expected to act as counsellors, these findings highlight the importance young people place on fostering positive, nurturing, and trusting relationships between teachers and students, as a foundation for creating a trauma-sensitive learning environment. This emphasis on trust, empathy, and non-judgemental communication aligns with prior research highlighting the central role of teachers in providing emotional support and guidance to students navigating adversity ([Cowie & Myers, 2021](#); [McLean et al., 2022](#)), particularly within trauma-informed educational approaches ([Brunzell et al., 2019](#)). Future trauma-informed approaches may consider training teachers about the importance of student privacy and managing confidentiality of students within the school environment. However, it is also important that teachers are trained to understand when and how they should report that a child has been exposed to trauma, especially in the context of mandatory reporting of child abuse or neglect, or if a parent/guardian is the perpetrator of the student's trauma.

There are several established models of practice when delivering trauma-informed support to students in schools, though detailing specific approaches and models are beyond the scope of this study. Many include the pillars of promoting positive student-teacher relationships, developing the social-emotional skills of students, and building students' coping and goal setting capabilities. This study is one of the first to demonstrate that young people endorse these areas of practice as important for teachers when responding to students exposed to trauma. This alignment between young people's perspectives and established models reinforces the applicability of trauma-informed frameworks across diverse contexts, while also underscoring the value of incorporating student voice into program design and evaluation ([Howard et al., 2022](#); [Stokes et al., 2019](#)). Young people emphasised that the relationships teachers share with students, how they respond and react to students exposed to trauma, and how they work with students to support their social, emotional, and academic development are all important in the context of supporting young people exposed to trauma. The results of this study can be used to promote greater use and sustained application of trauma-informed practice in schools and classrooms to best support students exposed to trauma.

4.1. Limitations and future research

This study, like most, has some limitations that require acknowledgement. First, due to ethical considerations the study did not ask participants to disclose if they had experienced trauma. Therefore, participant responses and perspectives may reflect a wide range of young people's perspectives, rather than those only representing first-hand accounts. That said, several responses were provided from a personal and lived experience lens. Additionally, a strength of the study was understanding young people's perspectives in relation to any type of traumatic event, however this could also be considered a limitation due to not understanding young people's needs in relation to specific traumatic events. Future research could replicate this study by examining young people's needs in the context of different traumatic events (e.g., physical abuse, emotional abuse, accidents) to capture more nuance in their recommendations on how teachers can support these students.

Secondly, the use of an open-ended online survey design provided accessibility to participants who provided valuable qualitative insights, however this method did not allow for clarification, follow up questions or exploration of participant views. To expand this research, interviews could provide more detailed and extensive information on what actions young people believe teachers should do (or avoid), when supporting young people exposed to trauma.

Finally, the current sample included an uncommonly high representation of Aboriginal and Torres Strait Islander participants. In Australia, approximately 3.2 % of individuals identify as either Aboriginal and/or Torres Strait Islander people ([ABS, 2021](#)), however they accounted for more than half of the participants in this study. While the reasons for the high level of participation among young people identifying as Aboriginal and/or Torres Strait Islander are unclear, their strong representation in this study offers valuable

insight into how teachers can more effectively support students who have experienced trauma.

4.2. Implications

The outcomes from this study are timely, given the increased global recognition of the importance of mental health and wellbeing in educational policies and frameworks (e.g., Health-Promoting Schools [WHO] and Child-Friendly Schools [UNICEF]). In Australia, the National Guidelines for Trauma-Aware Education (Howard et al., 2022) provide evidence-based recommendations for embedding trauma-awareness across school systems and educational settings. However these guidelines have not been adopted as formal national policy, and their uptake and implementation remain inconsistent across states and territories, including rural and remote locations. While these guidelines are a positive step within the Australian context, guidelines for trauma-informed practices in educational settings are not prominently featured in global initiatives.

Findings from this study reinforce the importance of embedding trauma-informed practices within the daily operations of schools, through policies, teacher professional development, and as part of global initiatives around school culture. In particular, the perspectives of young people in this study highlight the need for professional development that is sustained, whole-school, and grounded in lived experience. Training content should include: recognising signs of trauma and understanding its impacts (Martin et al., 2023; Jacobson, 2020); fostering trust and appropriately managing confidentiality within mandatory reporting obligations (Hepp et al., 2021); adapting curriculum and assessment practices to support engagement (Howard et al., 2022; Jacobson, 2020); avoiding harmful or punitive responses (Dutil, 2020); and establishing clear referral pathways to specialist support (Howard et al., 2022). Implementation strategies might incorporate scenario-based learning and whole-school approaches (Howard et al., 2022), co-design of professional development for teachers with young people (Hine et al., 2024; Stokes et al., 2019), follow-up mentoring, and ongoing evaluation to measure impact on teacher practice and student wellbeing. Professional development should be ongoing and embedded in both preservice teacher education and in-service training (Russell et al., 2024), covering areas such as recognising trauma indicators, appropriately managing confidentiality within mandatory reporting obligations, adjusting academic expectations, and fostering inclusive classroom climates (Howard et al., 2022). Implementation should also be supported by clear referral pathways for teachers and students, peer mentoring, and access to specialist consultation when needed.

This study also underscores a critical need for integrating trauma awareness into teacher training curricula for preservice teachers. The findings can be directly integrated into university-based teacher education programs through either the development of specific modules or courses focused on trauma-informed practice, in line with recommendations outlined in the National Guidelines (Howard et al., 2022). These modules could be designed to provide future teachers with the knowledge and skills needed to recognise and respond effectively to trauma-related behaviours and the needs in their students. Such an initiative could be supported by professional membership bodies and registration organisations and should sit alongside further professional development opportunities available once teachers enter the teaching profession.

5. Conclusion

This study examined young people's views on what teachers should do—and avoid doing—when supporting students who have experienced trauma. By centring students' voices, the research offers valuable insights into both the supportive practices that foster recovery and the behaviours that may unintentionally cause harm or disengagement. Young people emphasised the importance of non-judgemental communication, flexibility in curriculum, and careful management of confidentiality. Given the prevalence of childhood trauma, these findings underscore the urgency of embedding trauma-informed approaches within teacher education and professional learning so that educators are equipped with the skills, confidence, and systemic supports needed to respond sensitively and effectively to young people affected by trauma.

The data for this study has not been made publicly available due to the qualitative nature, and ethical requirements. The data was drawn from a broader survey on young people's views of support following trauma. Findings related to parental support have been published separately (Berger et al., 2024); the current study reports a distinct analysis focused specifically on teacher support.

No authors have any conflicts of interest to disclose. Dr Kelly-Ann Allen is the recipient of an Australian Research Council Discovery Early Career Researcher Award (project number DE250100257), funded by the Australian Government. The current research however did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Author Contributions (CRediT): EB supervised the project. KA and EB contributed to the conceptualisation and methodology. GMB led the writing – original draft and conducted formal analysis. TH contributed to data curation and undertook secondary review analysis. All authors (EB, NM, GMB, KO, TH, KA, VM, GK) contributed to writing portions of the original draft. EB, NM, VM, KA were responsible for writing – review and editing and critical review. All authors approved the final manuscript.

CRediT authorship contribution statement

Emily Berger: Writing – review & editing, Writing – original draft, Supervision, Methodology, Conceptualization. **Natasha Marston:** Writing – review & editing, Writing – original draft. **Georgia M. Batsilas:** Writing – original draft, Formal analysis. **Katelyn O'Donohue:** Writing – original draft. **Taegan Holford:** Writing – original draft, Formal analysis, Data curation. **Kelly-Ann Allen:** Writing – review & editing, Writing – original draft, Methodology, Conceptualization. **Violette McGaw:** Writing – review & editing, Writing – original draft. **Govind Krishnamoorthy:** Writing – original draft.

References

- Achar, M., & Mehrotra, S. (2024). Online mental health peer-support forums for youth: an exploratory study on stakeholder perspectives. *Indian Journal of Psychological Medicine*. <https://doi.org/10.1177/02537176241265558>
- Alisc, E. (2012). Teachers' perspectives on providing support to children after trauma: A qualitative study. *School Psychology Quarterly*, 27(1), 51–59. <https://www.doi.org/10.1037/a0028590>.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders: DSM-5* (5th ed.). American Psychiatric Publishing <https://doi.org/10.1176/appi.books.9780890425596>.
- Australian Bureau of Statistics. (2021). *Aboriginal and Torres Strait Islander people: Census*. ABS. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/aboriginal-and-torres-strait-islander-people-census/2021>.
- Australian Bureau of Statistics. (2023). *National Study of Mental Health and Wellbeing: summary statistics on key mental health issues including national and state and territory estimates of prevalence of mental disorders*. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>.
- Australian Institute of Family Studies. (2018, November). *Most teenagers turn to parents and friends for help*. <https://aifs.gov.au/media/most-teenagers-turn-parents-and-friends-help>.
- Barrett, N., & Berger, E. (2021). Teachers' experiences and recommendations to support refugee students exposed to trauma. *Social Psychology of Education*, 24(5), 1259–1280. <https://doi.org/10.1007/s11218-021-09657-4>
- Bendall, S., Phelps, A., Browne, V., Metcalf, O., Cooper, J., & Rose, B. (2018). *Trauma and young people: Moving toward trauma-informed services and systems*. Orygen. https://www.orygen.org.au/Orygen-Institute/Policy-Reports/Trauma-and-young-people-Moving-toward-trauma-info/Orygen_trauma_and_young_people_policy_report?ext=-.
- Bender, A. K., Bucholz, K. K., Edenberg, H. J., Kramer, J. R., Anokhin, A. P., Meyers, J. L., Kuperman, S., Hesselbrock, V., Hesselbrock, M., & McCutcheon, V. V. (2020). Trauma exposure and post-traumatic stress disorder among youth in a high-risk family study: associations with maternal and paternal alcohol use disorder. *Journal of Family Trauma, Child Custody & Child Development*, 17(2), 116–134. <https://doi.org/10.1080/26904586.2020.1751016>
- Berger, E. (2019). Multi-tiered approaches to trauma-informed care in schools: A systematic review. *School Mental Health*, 11(4), 650–664. <https://doi.org/10.1007/s12310-019-09326-0>
- Berger, E., Bearsley, A., & Lever, M. (2021). Qualitative evaluation of teacher trauma knowledge and response in schools. *Journal of Aggression, Maltreatment & Trauma*, 30(8), 1041–1057. <https://doi.org/10.1080/10926771.2020.1806976>
- Berger, E., Marston, N., Faragher, B. C., Allen, K. A., Martin, K., & O'Donohue, K. (2025). Young people's perspectives on parents helping young people exposed to trauma. *Child & Youth Care Forum*, 54, 1–19. <https://doi.org/10.1007/s10566-024-09807-7>
- Berger, E., Martin, K., & Phal, A. (2020). *Dealing with student trauma: Exploring school leadership experiences and impact*. *Leadership and Policy in Schools*, 21(4), 780–790. <https://doi.org/10.1080/15700763.2020.1836231>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Brunzell, T., Stokes, H., & Waters, L. (2019). Shifting teacher practice in trauma-affected classrooms: practice pedagogy strategies within a trauma-informed positive education model. *School Mental Health: A Multidisciplinary Research and Practice Journal*, 11(3), 600–614. <https://doi.org/10.1007/s12310-018-09308-8>
- Cloitre, M., Shevlin, M., Brewin, C. R., Bisson, J. I., Roberts, N. P., Maercker, A., Karatzias, T., & Hyland, P. (2018). The International Trauma Questionnaire: development of a self-report measure of ICD-11 PTSD and complex PTSD. *Acta Psychiatrica Scandinavica*, 138(6), 536–546. <https://doi.org/10.1111/acps.12956>
- Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry*, 64(5), 577–584. <https://doi.org/10.1001/archpsyc.64.5.577>
- Cowie, H., & Myers, C. A. (2021). The impact of the COVID-19 pandemic on the mental health and well-being of children and young people. *Child & Society*, 35, 62–74. <https://doi.org/10.1111/chso.12430>
- Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy environments and response to trauma in schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health*, 8(1), 163–176. <https://link.springer.com/article/10.1007/s12310-016-9177-0>.
- Dutil, S. (2020). Dismantling the school-to-prison pipeline: A trauma-informed, critical race perspective on school discipline. *Children & Schools*, 42(3), 171–178. <https://doi.org/10.1093/cs/cdaa016>
- Dye, H. (2018). The impact and long-term effects of childhood trauma. *Journal of Behaviour in the Social Environment*, 28(3), 381–392. <https://doi.org/10.1080/10911359.2018.1435328>
- Ellinghaus, C., Truss, K., Liao-Siling, J., Phillips, L., Eastwood, O., Medrano, C., & Bendall, S. (2021). I'm tired of being pulled from pillar to post": A qualitative analysis of barriers to mental health care for trauma-exposed young people. *Early Intervention in Psychiatry*, 15(1), 113–122. <https://doi.org/10.1111/eip.12919>
- Fares-Otero, N. E., De Prisco, M., Oliva, V., Radua, J., Halligan, S. L., Vieta, E., & Martinez-Aran, A. (2023). Association between childhood maltreatment and social functioning in individuals with affective disorders: A systematic review and meta-analysis. *Acta Psychiatrica Scandinavica*, 148(2), 142–164. <https://doi.org/10.1111/acps.13557>
- Fernando, S. C., Beblo, T., Schlosser, N., Terfehr, K., Otte, C., Löwe, B., Wolf, O. T., Spitzer, C., Driessen, M., & Wingenfeld, K. (2014). The impact of self-reported childhood trauma on emotion regulation in borderline personality disorder and major depression. *Journal of Trauma and Dissociation*, 15(4), 384–401. <https://doi.org/10.1080/15299732.2013.863262>
- Fitzgerald, M. (2021). Developmental pathways from childhood maltreatment to young adult romantic relationship functioning. *Journal of Trauma & Dissociation*, 22(5), 581–597. <https://doi.org/10.1080/15299732.2020.1869653>
- Hepp, J., Schmitz, S. E., Urbild, J., Zauner, K., & Niedtfeld, I. (2021). Childhood maltreatment is associated with distrust and negatively biased emotion processing. *Borderline Personality Disorder Emotional Dysregulation*, 8(5). <https://doi.org/10.1186/s40479-020-00143-5>
- Hine, R., Gladstone, B., Reupert, A., O'Dea, L., Cuff, R., Yates, S., ... Foster, K. (2024). StigmaBeat: collaborating with rural young people to co-design films aimed at reducing mental health stigma. *Qualitative Health Research*, 34(6), 491–506. <https://doi.org/10.1177/10497323231211454>
- Howard, J., L'Estrange, L., & Brown, M. (2022). National guidelines for trauma-aware education in Australia. *Frontiers in Education*, 7. <https://doi.org/10.3389/educ.2022.826658>
- Jacobson, M. R. (2020). An exploratory analysis of the necessity and utility of trauma-informed practices in education. *Preventing School Failure: Alternative Education for Children and Youth*, 65(2), 124–134. <https://doi.org/10.1080/1045988X.2020.1848776>
- Kostouros, P., Scarff, B., Millar, N., & Crossman, K. (2023). Trauma-informed teaching for teachers of English as an additional language. *Traumatology*, 29(2), 183–190. <https://doi.org/10.1037/trm0000381>
- Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics*, 33, 159–174. <https://doi.org/10.2307/2529310>
- Lawrence, D., Johnson, S., Hafekost, J., de Haan, K. B., Sawyer, M., Ainley, J., & Zubrick, S. R. (2015). *The mental health of children and adolescents. Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Canberra: Department of Health. https://www.health.gov.au/sites/default/files/documents/2020/11/the-mental-health-of-children-and-adolescents_0.pdf
- Lynch, L., Moorhead, A., & Long, M. (2022). The role of informal sources of help in young people's access to, engagement with, and maintenance in professional mental health care. *Journal of Child Family Studies*, 32, 3350–3365. <https://doi.org/10.1007/s10826-022-02498-5>
- Martin, K., Dobson, M., Fitzgerald, K., Ford, M., Lund, S., Egeberg, H., Walker, R., Milroy, H., Wheeler, K., Kasten-Lee, A., Bayly, L., Gazey, A., Falconer, S., Platell, M., & Berger, E. (2023). International trauma-informed practice principles for schools (ITIPPS): expert consensus of best-practice principles. *Australian Educational Researcher*, 51, 1445–1468. <https://doi.org/10.1007/s13384-023-00648-2>
- Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Higgins, D. J., Erskine, H. E., Thomas, H. J., Lawrence, D. M., Haslam, D. M., Malacova, E., & Dunne, M. P. (2023). The prevalence of child maltreatment in Australia: findings from a national survey. *Medical Journal of Australia*, 218(Suppl 6), S13–S18. <https://doi.org/10.5694/mja2.51873>

- McEvoy, C. A., & Salvador, K. (2020). Aligning culturally responsive and trauma-informed pedagogies in elementary general music. *General Music Today*, 34(1), 21–28. <https://doi.org/10.1177/1048371320909806>
- McLaughlin, K. A., Koenen, K. C., Hill, E. D., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52(8), 815–830. <https://doi.org/10.1016/j.jaac.2013.05.011>
- McLean, L., Gaul, D., & Penco, R. (2022). Perceived social support and stress: A study of 1st year students in Ireland. *International Journal of Mental Health and Addiction*, 21, 1–21. <https://doi.org/10.1007/s11469-021-00710-z>
- Mok, K., Chen, N., Torok, M., McGillivray, L., Zbukvic, I., & Shand, F. (2021). Factors associated with help-seeking for emotional or mental health problems in community members at risk of suicide. *Advances in Mental Health*, 19(3), 236–246. <https://doi.org/10.1080/18387357.2020.1770109>
- Nelson, C. A., Bhutta, Z. A., Burke Harris, N., Danese, A., & Samara, M. (2020). Adversity in childhood is linked to mental and physical health throughout life. *BMJ (Clinical research ed.)*, 371. <https://doi.org/10.1136/bmj.m3048>. Article m3048.
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1). <https://doi.org/10.1177/1609406917733847>
- Productivity Commission. (2020). *Mental health: Productivity Commission Inquiry Report*. Commonwealth of Australia. <https://www.pc.gov.au/inquiries/completed/mental-health/report>.
- Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child & Adolescent Psychiatry*, 30(2), 183–211. <https://doi.org/10.1007/s00787-019-01469-4>
- Reker, K. (2016). *Trauma in the classroom: teachers' perspectives on supporting students experiencing child traumatic stress [Doctoral Dissertation, Loyola University Chicago]*. eCommons. https://ecommons.luc.edu/luc_diss/2146.
- Russell, B. S., Wink, M. N., & Hutchison, M. (2024). Mixed methods illustration of teachers' trauma-informed attitudes and practice. *Journal of Child and Adolescent Trauma*, 17(2), 349–362. <https://doi.org/10.1007/s40653-023-00583-5>
- Smith, K. E., Acevedo-Duran, R., Lovell, J. L., Castillo, A. V., & Cardenas Pacheco, V. (2024). Youth are the experts! Youth participatory action research to address the adolescent mental health crisis. *Healthcare*, 12(5). <https://doi.org/10.3390/healthcare12050592>
- Stokes, H., Turnbull, M., Forster, R., & Farrelly, A. (2019). *Young People's Voices, Young People's Lives: A Berry Street Education Model (BSEM) Project*. Melbourne: Youth Research Centre. https://www.berrystreet.org.au/uploads/publicResources/Young-Voices_BSEM-evaluation-with-UoM.pdf.
- Substance Abuse and Mental Health Services Administration Trauma and Justice Strategies Initiative. (2014, June). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (No. 14–4884). https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf.
- Valladares-Garrido, M. J., León-Figueroa, D. A., Dawson, F. M., Burga-Cachay, S. C., Fernandez-Canani, M. A., Failoc-Rojas, V. E., Pereira-Victorio, C. J., Valladares-Garrido, D., & Inga-Berrosipi, F. (2023). Association between childhood trauma and mental health disorders in adolescents during the second pandemic wave of COVID-19, Chiclayo-Peru. *Frontiers in Psychiatry*, 14, Article 1169247. <https://doi.org/10.3389/fpsyt.2023.1169247>
- Yates, S., Gladstone, B., Foster, K., Silvén Hagström, A., Reupert, A., O'Dea, L., ... Hine, R. (2024). Epistemic injustice in experiences of young people with parents with mental health challenges. *Sociology of Health & Illness*, 46(4), 702–721. <https://doi.org/10.1111/1467-9566.13730>