CONCEPTUALISING AND ASSESSING TRAUMA-INFORMED PRACTICE IN TASMANIAN SECONDARY SCHOOLS

A Thesis submitted by

Cassandra Lobley

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ABSTRACT

Exposure to traumatic experiences in childhood, and the resultant experiences of traumatic stress, has been linked to several negative health, social and educational outcomes across the globe. Efforts to mitigate the negative educational outcomes of such experiences have focused on the use of trauma-informed practice (TIP). Secondary school students experiencing traumatic stress frequently present a myriad of complex social, psychological and health concerns due to the cumulative impact of adverse experiences in childhood. Given the advent of TIP practices in secondary schools, the current research program aimed to (a) assess the attitudes and knowledge of TIP amongst secondary school educators and (b) develop a conceptual framework of TIP in secondary schools. Study 1 of this research program utilised TIP's widely used psychometric measure, the Attitudes Towards Trauma Informed Care (ARTIC-45), with secondary school educators (*n = 135)* in State, Catholic and Independent systems. The ARTIC-45 survey investigated their knowledge, understanding, attitudes and confidence in TIP. The findings revealed that educators have a Moderate TIP knowledge and understanding with further professional development and training needed. Study 2 involved 13 educators and teachers in semi-structured interviews exploring TIP practices in the secondary school context. Thematic analysis of the data revealed specific pedagogical practices that informed a preliminary conceptual framework for TIP in secondary schools encompassing the major domains of Belonging; Reliability; Attachment; Voice; Emotional regulation; School policy; and Teaching pedagogy (BRAVEST). The findings of the two studies highlight key challenges and opportunities for providing TIP to adolescents in the secondary school environment.

Keywords: adverse childhood experience, adolescent, ARTIC-45, education, secondary school, Tasmania, teacher, trauma, trauma-informed practice

CERTIFICATION OF THESIS

I, Cassandra Lobley, declare that the Master's Thesis entitled Conceptualising and Assessing Trauma-Informed Practice in Tasmanian Secondary Schools is not more than 40,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references, and footnotes. The thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Date: 1 May 2023

Endorsed by:

Dr. Govind Krishnamoorthy

Principal Supervisor

Dr Zahra Izadikhah

Associate Supervisor

Dr India Bryce

Associate Supervisor

Student and supervisors' signatures of endorsement are held at the University.

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Thank you to my gorgeous husband, Aaron, for supporting me and making me feel like anything is possible. Thank you for your encouragement to push my boundaries, dig deeper and create something that could change the lives of young people we know, love, and teach. Thank you for believing in me. To my glorious children, Makayla and Xavier, thank you for your strength, love, and support. You've seen the ups and downs. You've seen the bravery and willpower it takes to complete this work, and I hope it gives you the courage to chase your dreams and make your mark on the world. You each have the same fire in you, so blow on the embers and do amazing things.

DEDICATION

To all the students over the years who have presented to my classes with lived experiences of abuse, neglect, and complex trauma, this work is for you. May all teachers know and understand your daily battles and the bravery, determination, and grit you demonstrate to attend and participate in school so that they may better help and support you to achieve your goals in the future.

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CHAPTER 1: INTRODUCTION

In Australia, it is estimated that up to 225,000 children have been exposed to inadequate or unsafe care (Australian Institute of Family Studies, 2017). Adverse Childhood Experiences (ACEs) refer to experiences of child maltreatment and deprivation. ACEs include household dysfunction, domestic violence, parental separation, child abuse and neglect. ACEs also include exposure to household members with mental health conditions, engaged in substance use, or had experiences of imprisonment (Felitti et al., 1998; Pataky et al., 2019). Research has found that exposure to ACEs has a range of negative consequences for an individual's health and social functioning in childhood and adulthood (Fecser, 2015). Of concern, the educational outcomes of children exposed to such adversity have been poor. Those subjected to ACEs were found to be more likely to report irregular attendance, conduct difficulties, and lower grades (Perfect et al., 2016).

Exposure to ACEs has an extensive range of effects whereby some children may experience difficulties immediately following the exposure, while others may develop pervasive difficulties for months or years (Gardner, 2021). These experiences can lead to trauma, a psychological and emotional response to an event or experience that is deeply distressing or disturbing (Perfect et al., 2016). Trauma can result in a wide range of negative consequences, including emotional and behavioural issues, difficulty forming relationships, physical health problems, and a higher risk of mental health disorders such as anxiety and depression (Perfect et al., 2016). Therefore, ACEs are closely linked to trauma, as the experiences of trauma during childhood can have lasting impacts on an individual's mental and physical health.

For some children, exposure to adverse events manifests in symptoms of Post-traumatic Stress Disorder (PTSD). PTSD is a complex mental health disorder characterised by irritability, intrusive thoughts, arousal, anxiety/fear, and difficulty concentrating

(American Psychiatric Association, [APA], 2013). Classified under the taxonomical conventions of the Diagnostic and Statistical Manual – 5th Edition (APA, 2013), the diagnosis of PTSD in children and adolescents has been criticised by researchers for not adequately capturing the impact of exposure to multiple adverse events (Schwartz et al., 2021). According to Van Der Kolk (2005), traumatic events involving repeated interpersonal threats, such as child abuse, are more likely to lead to severe and complex consequences than other forms of trauma. The cumulative psychological impact of these events has been referred to as 'developmental' or 'complex' trauma. Van Der Kolk (2005) defines developmental trauma as:

> "The experience of multiple, chronic, prolonged, developmentally adverse traumatic events, most often of an interpersonal nature and early-life onset. These exposures often occur within the child's caregiving system and include physical, emotional and educational neglect and child maltreatment beginning in early childhood" (p.2).

Children impacted by developmental trauma are at an increased risk of psychiatric disorders and psychological difficulties throughout childhood (Ratanatharathorn et al., 2021). A recent study reported that participants exposed to developmental trauma were significantly more likely to report anxiety disorders, depressive disorders, and disorders of dissociation throughout childhood and adolescence (Sharma et al., 2021). Individuals with developmental trauma may experience intense emotional reactions, heightened startle reactions, headaches, loss of appetite and engagement in antisocial behaviours (Schmid, 2013). Moreover, developmental trauma may result in experiences of emotional numbness, distressing images, feelings of detachment, fear of trusting and disrupted sleep (Cicchetti et al., 2011).

In the school setting, children exposed to adverse events have been found to be more likely issued with disciplinary referrals and suspensions, higher rates of absences and greater

use of special education services (Porche et al., 2016). In Australia, Homel and colleagues (2012) concluded that developmental trauma is associated with increased primary and high school suspensions. According to their study, individuals who were suspended from school at any point during their education had a 19% lower likelihood of completing school than those who were not. In other words, being suspended from school has a negative impact on an individual's educational attainment.

In their systematic review of how trauma exposure impacts school-related outcomes, Perfect et al. (2016) found that maltreated young people and youth reported higher rates of grade repeating, absences, and special education provision than individuals with no trauma exposure. Amongst the students impacted by ACEs, a disproportional number were from minority and Indigenous backgrounds (Perfect et al., 2016).

Research has explored the impact of trauma-exposed students on teachers and other supportive adults, resulting in burnout, compassion fatigue, and secondary traumatic stress (Figley, 1995; Figley, 2002; Jennings et al., 2011). Burnout is a psychological syndrome marked by feelings of emotional exhaustion, ineffectiveness at work, and cynicism towards clients or students (Figley, 1995). Academic achievement, school satisfaction, and students' perceptions of teacher support have all been negatively linked to teacher burnout (Figley, 2002). Teacher burnout and the resulting teacher shortages across the country are receiving more and more publicity recently (Pressley, 2021). Teachers leave the profession due to insufficient support for managing the increasing prevalence of externalising student behaviour as well as their emotional exhaustion (Sutcher et al., 2019). The emotional distress of caregivers supporting people with trauma reflects PTSD symptoms, and is known as secondary traumatic stress (Pearlman, 1995).

Secondary traumatic stress is another aspect of compassion fatigue (Figley, 2002). In response to direct or indirect exposure to traumatic events, secondary traumatic stress, also

known as vicarious trauma (Pearlman, 1995), is characterised by fear, intrusive thoughts, and/or avoidance (Hydon et al., 2015; Figley, 2002). Working with traumatised children can put professionals at risk of developing secondary traumatic stress due to exposure to their stories of violence, abuse, or crises. Research indicates that females are more prone to developing symptoms of secondary traumatic stress, as shown in Figley's study in 2002.

Secondary trauma symptoms might appear suddenly, unlike burnout (Stamm & Com, 2010). The impact of ACEs, therefore, not only has a significant impact on students but also on the care provider and therefore organisations need to engage in practices that reflect this knowledge and respond effectively. Organisations such as schools and healthcare providers can engage in trauma-informed practice (TIP) to better support their clients as well as their employees.

Efforts to reduce the impact and harm of ACEs have focused on providing trauma-informed practice in schools and healthcare environments. First coined by Harris and Fallot (2001), trauma-informed practice refers to an organisation that is sensitive to and informed by trauma-related issues (Cutuli et al., 2019). Notably, such practices are not explicitly designed to treat trauma and adversity symptoms but rather to aid individuals who have faced such experiences (Harris & Fallot, 2001).

The Four "R's" is a frequently cited framework for integrating existing systems with trauma-informed practices. This framework was developed by the Substance Abuse and Mental Health Administration (SAMHSA, 2014) whereby there is a focus on the: realisation of the prevalence of childhood adversity, developmental trauma and its cumulative consequences for individuals; recognition of the symptomology of developmental trauma; responding appropriately by embracing an understanding of trauma and its effects on social and emotional functioning; and resisting re-traumatisation by avoiding practices that might

create an unsafe and stressful environment for those impacted by such adversity (Chafouleas et al., 2016).

With increasing recognition of the pervasiveness of ACEs and the impact of traumatic stress on children, knowledge regarding the significance of trauma-informed approaches is growing (Christian-Brandt et al., 2020). TIP continues to be applied and adapted to many contexts, including education systems, whereby there is a growing amount of literature on the topic (Record-Lemon & Buchanan, 2017).

TIP refers to the delivery of education and healthcare services that are influenced by the knowledge of how trauma affects a child's development (Chaflouleas & Overstreet, 2016). Schools have developed TIP models to decrease students' psychological distress and physiological arousal following trauma. These models also include individualised adjustments that support the development of safety, trust, and academic success among students. Specifically, TIP involves enhancing student engagement and relationships at school, teaching emotional and behavioural regulation skills, and providing students with academic choice and flexibility to personalise their educational objectives (Berger & Martin, 2020; Brunzell et al., 2016). Evidence shows that schools are best placed to implement these mediating interventions to reduce the lifelong impact of ACEs (Cohen, 2021).

There are currently various challenges and complexities for school organisations to implement consistent trauma-informed practice. Schools do not currently have consistent, comprehensive, nor practical training in TIP for teachers and therefore they may not have the knowledge and understanding they need in order to cater for their students effectively nor appropriately (Rothe, 2019). Schools are still using traditional models for behaviour management that do not necessarily take into account the symptoms of traumatic stress and therefore students are being suspended and expelled at an alarming rate which has devastating personal, economic and societal long-term effects (Mallet & Mackenzie, 2018).

Teachers are leaving the profession in droves as a result of secondary traumatic stress or burnout (Stamm & Com, 2010). Government policy in Australia is urging schools to become more trauma-informed (Department of Education, 2018). However, there is currently a lack of a conceptual model that is suitable for the secondary school environment and the necessary processes required to provide appropriate responses to interventions (McIntyre & Rose, 2019).

Research on trauma-informed practice (TIP) enables teachers and school leaders to reflect, review, and effectively embed TIP in their practice. This research is crucial because it helps teachers to understand the impact of traumatic events on their students, recognise the symptoms of trauma, and respond in a trauma-informed way. Equally important is the need for educational systems to understand teachers' attitudes towards TIP, so that they can identify strengths and challenges and provide the necessary systemic support. By prioritising TIP, schools can create a safe and supportive learning environment that meets the needs of all students, including those who have experienced trauma.

Research Aims

Through a situational analysis, this research aims to understand and explore the use of trauma-informed practice in mainstream secondary school environments. A situational analysis refers to a collection of methods that researchers use to analyse an organisation's internal and external environment to understand its capabilities, customers, and environment (Clarke et al., 2022). Specifically, the two studies of this program of research include:

- Study 1: Situational analysis of trauma-informed care knowledge, attitudes, and practices amongst mainstream secondary school teachers using the leading measurement, Attitudes Related to Trauma-Informed Care (ARTIC-45) measure.

- Study 2: Qualitative study of educator views on trauma-informed pedagogical practices to inform the development of a conceptual TIP framework in secondary school settings.

The findings of this research will contribute to the growing body of evidence that explores the experiences and perspectives of secondary teachers in mainstream schools and their knowledge and efficacy of trauma-informed practice, including the barriers and challenges they face in implementing effective practices consistently. This document will introduce literature regarding trauma-informed practice in secondary schools, the rationale for the current study, and outline the methods and results of the research. This study provides an opportunity to improve secondary school response to a range of student cognitive, social-emotional, sensory, and behavioural concerns by understanding the current attitudes and beliefs of teachers towards trauma-informed practice and identifying what interventions are being put in place across all mainstream, educational systems in Tasmania to conceptualise trauma-informed practice in the mainstream, secondary school setting for the first time.

CHAPTER 2: LITERATURE REVIEW

2.1 Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are events or experiences within the broader definitions of abuse, neglect, and household dysfunction (Anda et al., 2009; Felitti et al., 1998). Within these three areas, there are currently ten recognised categories of adverse childhood experiences: psychological, physical, and sexual abuse; physical and emotional neglect; and exposure to substance abuse, mental illness, violence towards the female caregiver, criminal behaviour, and divorce (Anda et al., 2009; Feletti et al., 1998). A growing body of evidence shows poverty as being highly comorbid with ACE exposure with children being more likely to experience frequent and complex ACEs (Choi et al, 2019).

Due to the profound effects across the lifespan, Adverse Childhood Experiences (ACEs) are now considered a global health epidemic (Quarmby et al., 2021). Extensive epidemiological studies have looked at child and adolescent exposure to a variety of Adverse Childhood Experiences (ACEs) (Perfect et al., 2016; Schilling et al., 2007) such as The Developmental Victimisation Study (Finkelhor et al., 2005), The National Survey of Adolescents (Kilpatrick & Saunders, 1996), and The Great Smokey Mountain Survey (Copeland et al., 2007; Costello et al., 2002). ACEs significantly impact a wide range of functioning (Quarmby et al., 2021; Diamanduros et al., 2018) and influence health and wellbeing throughout the lifespan (Felitti et al., 1998; Zeanah et al., 2018).

The most recent statistics on the prevalence of trauma was conducted by Perfect et al. (2016) who found that over half (54%) of all adolescents aged 12 to 17 years in the United States have experienced at least one ACE. Over one-quarter (28%) experienced two or more. Mathews et al. (2021) are undertaking an Australian prevalence study with similar statistics predicted. Their study includes measuring the prevalence of ACEs and its associated impacts on the participant's lifetime including diagnosis of mental health issues, health concerns, and

disability. Across the lifespan, exposure to ACEs puts a person at higher risk of developing disability, disease, and social problems in the community, and can ultimately lead to early death (Centers for Disease Control and Prevention, 2020; Felitti et al., 1998*;* Zeanah et al., 2018). ACEs have been linked to disrupted neurodevelopment; social, emotional and cognitive impairment; and adoption of risky behaviours among other negative outcomes (Hughes et al., 2017). Due to several factors, including the current pandemic of Covid-19, world wars, and societal factors, the prevalence of ACEs is increasing at an alarming rate, and they are having a critical impact on the economy and the health of Australians (Mathews et al., 2021).

2.2 Trauma

According to the Substance Abuse and Mental Health Services Administration (SAMSHA) (2014), trauma is a psychological reaction that can result from an event, a series of events, or a set of circumstances experienced by an individual as "physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing" (Eades, 2019, p. 1.). The chronic experience of traumatic stress can affect brain development, leading to focus, memory, executive functioning, and academic performance issues (Perry, 2006). A young person's perceived threat level and coping skills influence how they react to a stressful experience (Compas et al, 2001). Risk factors can affect a child's susceptibility to the effects of a traumatic experience, such as a history of mental health issues or exposure to violence (SAMSHA, 2014). Early childhood trauma significantly impairs social cognitive functioning in youth with persistent delinquency (Baer & Maschi, 2003). Protective elements such as a loving family, a solid network of friends, and well-developed coping mechanisms can aid a young person in controlling their emotions to stressful events (Diamanduros et al., 2018).

2.2.1 How Trauma is Classified

Based on epidemiological research, the effects of ACEs on the developing adolescent brain can be long-lasting (Coleman, 2019; Romeo, 2013). According to van der Kolk (2005), a single traumatic incident, a small cluster of traumatic events, or cumulative trauma can cause various disorders such as Post-traumatic Stress Disorder (PTSD), Acute Stress Disorder (ASD), Secondary Trauma, Reactive Attachment Disorder (RAD), Disinhibited Social Engagement Disorder (DSED), and Adjustment Disorders. It can also cause other Unspecified Trauma- and Stressor-Related Disorders such as anxiety and depression. Adolescents exposed to complex trauma from abuse and neglect can develop widespread symptoms of Developmental Trauma Disorder (DTD) (van der Kolk, 2005). Trauma in early childhood can cause psychological and physical disorders, including attention deficit, conduct disorders, mood disorders, phobic disorders, and complex traumatic stress syndrome in later life (Perry, 2001; van de Kolk, 2005).

Post-traumatic Stress Disorder is a debilitating condition characterised by post-traumatic stress symptoms, including severe behavioural, psychological, and emotional reactions (APA, 2013). Post-traumatic stress symptoms (PSS) can include a sense of helplessness, vulnerability, a loss of control, and fear (NCTSN, 2005). Van de Kolk (2005) suggests that the most common psychiatric diagnosis in young people is not Post-traumatic Stress Disorder (PTSD), but rather Developmental Trauma Disorder (DTD). DTD can develop in young people who have experienced multiple traumatic events. Developmental Trauma Disorder can include the following symptomology that directly affects learning outcomes in school: dissociation issues; somatic symptoms; physical illness; relational issues in the family, school, and community; self-harm; suicidal ideation/suicide; criminality; and restricted employment chances (Perfect et al., 2016; van der Kolk, 2005).

The diagnosis of complex post-traumatic disorder (C-PTSD) was recently defined in the International Classification of Diseases, version 10 (ICD-10) and was described as 'enduring personality change after catastrophic experience' (Maercker, 2021, p.2). Cook et al. (2003) described complex trauma as the wide-ranging, long-term impacts of exposing young people to numerous traumatic events—often of an invasive, interpersonal type. They describe the condition as experiencing multiple, chronic, prolonged, developmentally adverse traumatic events, most frequently of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) (Cook et al., 2003). The symptom onset in early life (van de Kolk, 2005) can interfere with many elements of a child's growth and sense of self. These occurrences frequently include a caregiver, making it difficult for the child to develop a strong relationship and impact future attachments (NCTSN, 2020). Parental attachment is a source of safety and stability that is crucial for a child's healthy physical and mental development and their ability to form positive attachments and social relationships later in life (Bowlby, 1958).

2.2.2 Social, Emotional and Cognitive Effects

Early childhood trauma significantly impairs social cognitive functioning in youth with persistent delinquency (Baer & Maschi, 2003). Adolescents who have experienced complex trauma may withdraw from and avoid close relationships, making interpersonal interactions more challenging and causing poor boundary observance (Frydman & Mayor, 2017). Trauma-induced impairment of executive functioning, or the brain's capacity for complex decision-making in adolescents can predict delinquent behaviour (Mayzer et al., 2009). Adolescents' emotional, behavioural, social, and physical health is affected by exposure to traumatic situations and reactions to such events (Johnson et al., 2013).

The neurobiological, cognitive (e.g., reasoning, memory, attention, language, intelligence), and social-emotional (higher levels of aggression, assaultive behaviour,

disruptive behaviour, hyperactivity, impulsivity, sexual promiscuity, sleep dysfunction, and substance abuse and dependence) functioning are impacted by trauma (Feletti et al., 1998; Perfect et al., 2016). Traumatic stress symptoms can lead to behavioural challenges that may interfere with a student's academic performance and school functioning. These challenges can manifest as difficulties in learning, lower academic achievement, increased absences, problematic behaviour, and a higher likelihood of being suspended or expelled (Perfect et al., 2016). Diamanduros et al. (2018) found that some traumatised children may have trouble controlling their emotions and show wrath, aggression, and impatience, while others may seem depressed, hypervigilant, aroused, anxious, or overwhelmed. Diamanduros et al. (2018) also found the symptoms of trauma can adversely impact the educational outcomes of children and adolescents.

2.3 Impact of Trauma on Adolescent Development and Learning

Adolescence (12 – 17yrs) is a developmental stage of rapid growth, during which physical, cognitive, social, and emotional changes coincide (Bridges et al., 2015). Adolescents undergo physical and sexual growth during this period as well as abstract and long-term thinking development (Steinberg, 2014). This stage of life is characterised as a period of growing autonomy from parents, experimentation and sometimes risk-taking behaviours (MacMillen, 2020). Researchers have discovered that more changes occur in the brain in childhood and adolescence than in any other developmental stage, contradicting the conventional wisdom that the brain develops only in the very early years (Steinberg, 2011). Through adolescence, young people must complete various developmental activities, such as starting the process of individuating from their families towards like-minded peers, making social and emotional transitions, and going through cognitive changes related to maturation (Liem & Martin, 2011).

Experiencing trauma during adolescence can impair and complicate developmental skills, leading to risky and disruptive classroom behaviours (Frydman & Mayor, 2017). In addition, adolescents who have experienced trauma may exhibit psychological symptoms such as self-isolation, hostility, attention deficit, hyperactivity, and other factors outlined in Table 1. These symptoms can significantly impact an individual's learning and achievement, as well as the school environment for others. Due to the serious consequences of traumatic experiences on their emotional and cognitive development, a possible lack of support at home or school, and their need for independence, adolescents who have suffered ACEs and trauma may find it more challenging to navigate this transformational stage successfully (Liem & Martin, 2011; MacMillen, 2020). It is common to observe that young people may defy authority and exhibit unsafe or risky behaviour however, unsupported or unguided, it can lead to a loss of self-control, increased risk-taking behaviours, and drug and alcohol experimentation with long-term health and community impact (Frydman & Mayor, 2017). Table 1 summarises the psychological impact, symptomology of associated disorders, and functional impact on development and learning as cited in the above research.

Table 1

Psychological Impact of Trauma and the Functional Impaction on Adolescent Development & Learning

Psychological Impact	Symptomology	Functional Impact on Development & Learning
Trauma Disorders	Mood: loss of interest or pleasure in activities, guilt, or loneliness Behavioural: agitation, irritability, hostility, hypervigilance, self-destructive behaviour, or social isolation Sleep: insomnia or nightmares Social/Emotional: forming healthy relationships, losing core values and beliefs, limited ability to show positive emotions, lack of response to comfort loved ones, social isolation, impaired emotional response, emotional withdrawal or inhibition Psychological: flashback, anger, fear, severe anxiety, or mistrust Also common: emotional detachment or unwanted thoughts	Social Emotional Development • Isolation • Avoiding relationships • Interpersonal challenges • Violence and Anger • Difficulties with maintaining boundaries Cognitive dissonance • Difficulty determining threat from non-threatening events • Withdrawal • Associating blame • Criticism and judgement Family to Peer transitional development phase • Challenges with positive peer attachment • Challenges with secure caregiver attachment Emotional regulation • Executive functioning deficits • Flight-fight-freeze-fawn response • Emotional dysregulation • Low tolerance/ patience • Behavioural challenges • Depressive symptomology • Anxiety disorders • Conduct disorders Learning & Achievement • Complex and co-morbid disabilities • Emotional regulation challenges • Working memory deficits • Long and short-term memory deficits • Inhibition deficits • Executive functioning challenges • Adaptive behaviour deficits
Mood Disorders	Mood: anxiety, apathy, general discontent, guilt, hopelessness, loss of interest, loss of pleasure in activities, mood swings, or sadness Behavioural: agitation, excessive crying, irritability, restlessness, or social isolation Sleep: early awakening, excess sleepiness, insomnia, or restless sleep Whole body: excessive hunger, fatigue, or loss of appetite Cognitive: lack of concentration or slowness in activity Weight: weight gain or weight loss Also common: poor appetite, repeatedly going over thoughts, or thoughts of suicide	

2.4 Functional Impact of Traumatic Stress on Learning

There is a rising number of young people in Australia in mainstream secondary schools who have experienced at least one ACE and this could have negative implications on their physical and mental health, their overall development, as well as affecting their ability to learn and achieve (Wang et al., 2016). Children and adolescents who have experienced childhood trauma are at an increased risk of developing cognitive, academic, social, emotional, and behavioural problems (Felitti et al., 1998).

Students with trauma may face a variety of academic challenges, including deficits in long and short-term memory; attention deficits; impaired concentration; poor organisational and executive functioning skills; school refusal or avoidance; poor academic outcomes; diagnosed disabilities; and behavioural challenges that result in disciplinary referrals and school suspension (Bilias-Lolis et al., 2017; Brunzell et al., 2016; Tishelman et al., 2010; Wamser-Nanney & Vandenberg, 2013). Research indicates that students who have experienced ACEs and trauma are at an increased risk of developing academic, social, emotional, and behavioural problems (Felitti et al., 1998; Flannery et al., 2003; Hughes et al., 2017).

In light of these challenges, it is crucial for schools to have a better understanding of the impact of ACEs on students' learning, development, and wellbeing in order to respond effectively (Murphy et al., 2020). Teachers and healthcare providers are in the best position to implement trauma-informed practices (TIP) that can help students cope with the effects of ACEs (Henderson et al., 2019). Therefore, an understanding of ACEs and trauma is essential for providing effective TIP interventions (Van der Kolk, 2014).

2.4.1 Prevalence of Adverse Responses in Tasmanian Schools

In Tasmanian schools, the suspension rate is high, with 8478 suspensions reported in 2021, well above the 6830 in 2020 (Tasmanian Times, 2022). The data did not encompass the

Catholic and Independent schools statistics, so the number could be far higher than reported. More than 1500 students were suspended due to violence in Tasmania in 2021 (*More than 1500 Students Suspended for Physical Abuse amid Jump in School Violence*, 2022). According to a media release by the Labor government (Times, 2021), 1,774 students in grades 7-9 were suspended for physical abuse incidents involving another student, and 267 incidents of physical abuse towards a teacher or school staff member were reported. Furthermore, one in seven students with disability were suspended from a Tasmanian school last year, some as young as 5. Students in Year 8 with disability represented the highest number of suspensions in 2021 (*Report Reveals Massive Number of Students with Disabilities Suspended from School in 2021*, n.d.).

The instance of student exclusion from school for physical abuse of another student has increased by 25 percent in four years. Tasmania has the lowest statistics for male student retention, with just 68.3% completing year 12. The national retention rate is 83.1% (ABS, 2020). There is no more apparent evidence that our students are not coping with the current systems, and schools are not supporting the needs of the young people enrolled. The rising level of violence and disruptive behaviours occurring in classrooms has a significant and long-term effect on all students, staff, and the wider school community. Students presenting in mainstream secondary schools in Tasmania with commonly exhibited behaviours associated with the functional impact of trauma are frequently suspended or excluded from mainstream schools with no flexible or alternative schools in the region and therefore are dropping out with no other options, which has lifelong effects on the economy, health, and community (Feletti et al., 1998; Tasmanian Times, 2022).

Historically, attempts to mitigate the impact of trauma were primarily focused on clinical interventions aimed at treating PTSD in individuals (Watkins et al., 2018). However, the growing awareness of the prevalence of ACEs, and their related traumatic stress, has

produced public health-based approaches aimed at changing the delivery of routine services, primarily in health care and community services, to understand and accommodate difficulties linked to the experience of traumatic stress.

2.5 Trauma-Informed Practice

Trauma-Informed Practice (TIP) is a strengths-based, holistic approach to understanding and responding to the impact of trauma (Hopper et al., 2010). It recognises the widespread impact of trauma, particularly on marginalised populations, and aims to create environments and relationships that are safe, supportive, and empowering for individuals who have experienced trauma (SAMHSA, 2014). TIP is centred on the principles of safety, choice, collaboration, and trust and involves understanding the role that trauma has played in individuals' lives and its potential to interfere with their ability to function in various settings. It emphasises the importance of considering trauma when providing services and support and working to minimise re-traumatisation.

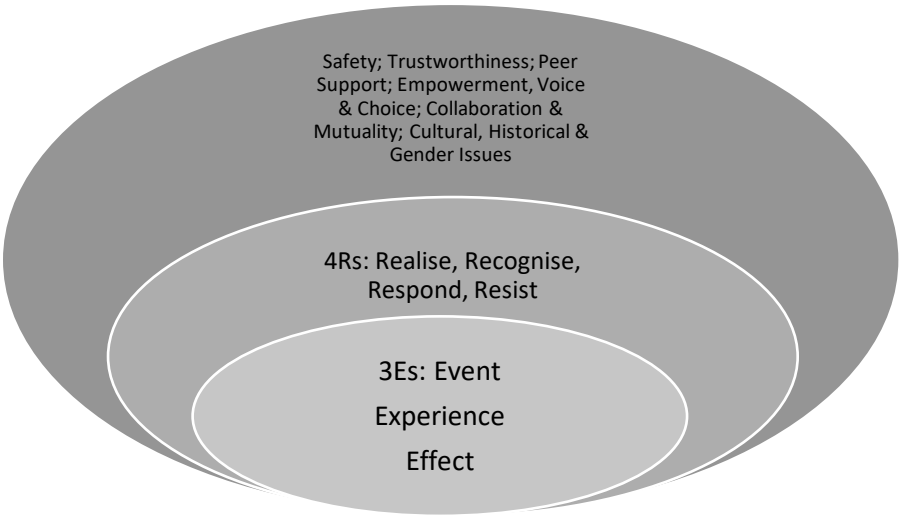
TIP can be applied in various settings including healthcare, education, criminal justice, and social services. The most widely accepted model is outlined by SAMHSA (2014), which identified three interrelated, multi-tiered concepts. As seen in Figure 1, the 3E concept is a fundamental aspect of SAMHSA's trauma-informed approach. It refers to the interconnected relationship between an event, a person's experience of the event, and its effects on the person. The first E, Event, refers to a traumatic or adverse experience that can impact a person's mental, emotional, and physical well-being. The second E, Experience, refers to how the individual perceives and reacts to the event, including their thoughts, feelings, and behaviours. The third E, Effect, refers to the long-term impacts of the traumatic event on the person's overall functioning, including physical and mental health, relationships, and daily activities. Understanding the 3E concept helps individuals, organisations, and communities to recognise the impact of trauma and to adopt a trauma-informed approach that

promotes healing and resilience, which are further elaborated in the next level of their conceptual model known as the Four “R’s”.

The Four “R’s” of the SAMHSA model is a frequently cited part of the conceptual framework, known for integrating existing systems with trauma-informed practices. This level focuses on the: Realisation about the prevalence of childhood adversity, developmental trauma and its cumulative consequences for individuals; Recognition of the symptomology of developmental trauma; Responding with practices that appropriately embrace an understanding of its effects on social and emotional functioning; and Resisting re-traumatisation by avoiding practices that might create an unsafe and stressful environment for those impacted by such adversity (Chafouleas et al., 2016). With increasing recognition of the pervasiveness of ACes and the impact of traumatic stress on children, knowledge regarding the significance of trauma-informed approaches is growing (Christian-Brandt et al., 2020). Trauma-informed practice continues to be applied and adapted to many contexts, including education systems, whereby there is a growing amount of literature on the topic (Record-Lemon & Buchanan, 2017).

Figure 1

SAMSHA's Trauma-Informed Care Framework



Note: Figure created by the author to summarise the SAMHSA's trauma-informed approach as described by Lang et al., (2015) and Maynard et al., 2021.

In addition to the 4R conceptual framework of trauma-informed care SAMHSA (2014) have proposed six key principles of TIP in organisations - Safety; Trustworthiness; Peer Support; Collaboration and Mutuality; Empowerment, Voice and Choice; Cultural, and Historical and Gender issues as featured and elaborated on in Table 2 (Lang et al., 2015; SAMHSA, 2014).

Table 2

SAMSHA's Six Key Principals of Trauma-informed Practice

Principle	Elaboration
Safety	A sense of emotional, relational and environmental safety in the school
Trustworthiness	Policies, procedures and decisions are transparent to promote trust in the organisation and with those it serves including students, staff and school community.
Peer Support	A sense of belonging and support for individuals who have experienced ACEs
Collaboration & Mutuality	Positive relationships across the school (e.g. student-student, student-teacher, staff-staff) that are collaborative, meaningful and share power of decision making
Empowerment, Voice & Choice	Understanding the history of marginalised voices and eliminating power differentials, cultivating self-advocacy and supporting choice in decision making
Cultural, Historical & Gender Issues	The school actively rejects cultural stereotypes and biases, and works on equitable access to supports, and being responsive to racial, ethnic or cultural needs of students

Adapted from: Substance Abuse and Mental Health Services Administration (SAMHSA, 2014).

The first SAMSHA (2014) TIP principle, Safety, encompasses physical, emotional, and interpersonal safety. It includes the following domains: physical, psychological, social, and moral. Trauma-informed organisations build the principle of Trustworthiness and transparency. When trustworthiness and transparency are upheld, it implies that members are upfront about how they make challenging decisions, and they welcome alternative voices and perspectives (SAMSHA, 2014). According to the principles of trauma-informed practice, trustworthiness in organisations is upheld by valuing and prioritising both staff and the individuals they serve (SAMHSA, 2014). An essential aspect of this is the implementation of techniques such as peer support, which infuses the institution with a culture of peer support and shared values (Hopper et al., 2019). Peer support can be integrated into various workplace efforts, including those that support administrative staff (SAMHSA, 2014). Organisations that offer peer assistance emphasise reciprocity and opportunities for mutual

support (Campbell, 2013). However, authenticity and vulnerability are crucial for this principle to be successful, creating a safe and supportive environment for all individuals involved (Hopper et al., 2019).

Sperduto et al. (2019) highlight the importance of collaboration in a trauma-informed organisation for all members involved. The approach is shoulder-to-shoulder, and there is an effort to dismantle hierarchies. While acknowledging that different roles have varying degrees of responsibility, the focus is on mutuality and standing together. This approach aims to overcome power imbalances and create a sense of cohesion within the school community. An organisation prioritising being trauma-informed and forging connections centred on healing also encourages its staff and stakeholders to take stock of their wellbeing. Every policy should promote the wellbeing of the personnel and those they serve.

SAMHSA (2014) emphasises that empowerment comes from within rather than from external sources. It allows for individuals to recognise their own strengths and abilities, including those they may not have previously recognised. It is particularly important for those who have experienced trauma to have a sense of agency and choice. To support this, a trauma-informed organisation ensures that individuals have options and actively works to reject cultural biases and stereotypes based on factors such as race, ethnicity, sexual orientation, age, and geography. The organisation should also provide gender-responsive services, make use of traditional cultural ties, and acknowledge and address historical trauma.

Trauma-informed practice is a strengths-based approach that recognises the impact of trauma and aims to respond to it in a positive way (Henderson et al., 2020). Trauma-informed practice focuses on improving relationships with and support for people who have experienced trauma, to enhance their learning and long-term welfare outcomes (Baker et al., 2021).

Trauma-informed practice involves all members of the organisation providing interventions to mitigate the impact of trauma (Henderson et al., 2020). It is crucial because people who have experienced trauma are at risk of re-traumatisation and may struggle to reach their full potential without appropriate support (Baker et al., 2021). Overall, trauma-informed practice can play a pivotal role in supporting and mitigating the impact of Adverse Childhood Experiences (ACEs) on young people in both the short and long term (Baker et al., 2021).

2.6 Trauma-Informed Practice in an Education Context

Trauma-Informed Practice in education refers to the pedagogical approach to teaching and learning as well as overall school culture that recognises the impact of trauma on students and addresses their needs in a supportive and understanding manner (Berger & Martin, 2020). This approach considers the prevalence of traumatic experiences among students, including abuse, neglect, homelessness, exposure to violence, and other adverse experiences. It aims to create a safe and supportive learning environment that fosters resiliency and reduces re-traumatisation. Trauma-Informed Practice in education involves implementing strategies and policies that promote physical, emotional, and psychological safety, build strong relationships, and address students' behavioural and mental health needs in a multi-tiered response (Berger, 2019; Berger & Martin 2020; 2021; Chafouleas et al., 2016).

Given the pervasive impact of trauma exposure on children in the educational system, school-based interventions could benefit traumatised young people for the rest of their lives. Additionally, the school environment offers a convenient location where broad-based strategies and more specialised interventions for trauma exposure can be provided to various students who might not otherwise have access to resources. There has been significant interest in implementing a trauma-informed approach throughout educational systems to address the effects of childhood trauma exposure (Chaflouleas et al., 2016; Cole et al., 2005;

Oehlberg, 2008). This approach goes beyond providing intervention in response to trauma that has already occurred and includes prevention services at both universal and targeted levels (Chafouleas et al., 2016). The burgeoning interest in TIP in schools has led to a number of models of trauma-informed education.

2.7 Current Models of Trauma-Informed Practice in Schools

Alisic et al. (2012) found that teachers who implemented trauma-informed practice in their classrooms could mitigate the negative impact of ACEs. One of the best-known models in Australia is the Berry Street Education Model (BSEM) (Davis & Bailey, 2019; Brunzell, 2019), which focuses on training teachers and educators in primary classrooms and whole-of-school strategies to promote an understanding of their conceptualised model, which encompasses five domains: Body, Relationship, Stamina, Engagement, and Character. The Berry Street model (Brunzell, 2019) reports results reflecting more than two years of learning in one academic year. The evaluation of the program identified significant links to academic improvement, increased student engagement, and better teacher-student relationships following the implementation of the model (Stokes & Turnbull, 2016). This program was conducted in an Independent 7 – 12 school with 170 students with significant, complex trauma experience. Unfortunately, this school demographic does not necessarily reflect a mainstream secondary school that can have upwards of 500 or even 1500 diverse students with competing priorities. While the emerging evidence is positive, this model has elements of trauma-informed practice that could apply but does not address the complexity of a mainstream secondary school.

Doctor Joyce Dorado, the Executive Director of SAMSHA and National Child Traumatic Stress Network (NCTSN) (2020), developed a well-known trauma-informed school model called HEARTS (Dorado et al., 2016). HEARTS is an acronym for Healthy Environments and Responses to Trauma in Schools framework and is based on six principles:

Understanding Trauma & Stress; Cultural Humility & Equity; Safety and Predictability; Compassion and Dependability; Empowerment and Collaboration; and Resilience and Social-Emotional Wellness. This approach uses a multi-tiered approach which is best practice. Again, this approach was designed for early learning and kindergarten and the study featured three small schools only. Although their data indicated improvements in attendance, engagement, and educational outcomes, as well as reductions in negative behaviour outcomes, it did not focus on the unique needs and complexities of adolescent development. If trauma is not addressed in early years and leads to secondary issues during adolescence, these complexities can be even more pronounced.

Graham-Bermann et al. (2021) emphasise the importance of implementing trauma-informed practices across all age groups, including secondary schools. It is important to note that trauma-informed practice can be implemented across different age groups and settings, including secondary schools. The implementation may require adaptations and modifications to meet the specific needs and challenges of the environment, but the principles of trauma-informed care remain relevant. It is essential to rely on evidence-based sources and research when discussing trauma-informed practice to ensure accuracy and avoid misinformation (NCTSN, 2020).

Frydman and Mayor's (2017) research centred on the 'Animating Learning by Integrating and Validating Experience' (ALIVE) program, a trauma-informed intervention for social workers in schools that is based on a public health framework and aims to animate learning by integrating and validating experience. Rather than focusing on the students identified with PTSD and other trauma-related disabilities, their model used psychoeducation, cognitive differentiation, and brief stress reduction sessions to promote socioemotional development and academic progress. Their model relied on the interventions implemented by external health professionals or social workers employed by the schools

rather than in a holistic framework within existing multi-tiered systems, which is best practice (Maynard, 2021). It also did not provide extensive training to all staff in the approach but instead stood as a stand-alone project. Trauma-informed practice must be the responsibility of all staff within an organisation, and that includes teaching staff.

Trauma-informed Positive Behaviour Support (TIPBS) offers educators a personalised and inclusive approach to behaviour management where staff and students can flourish (Karaman & Turan, 2020). For school employees, it specialises in professional development training and coaching, as well as consultation on trauma-informed entire school policies and procedures that increase learning and decrease disciplinary problems (Ayre & Krishnamoorthy, 2020). In order to build environments based on strengths that promote children's healing, resiliency, and learning, educators are provided with useful tactics and resources. Teachers are given information in their online course and a textbook about the systemic effects of traumatic stress and trauma-informed methods they can employ to support workforce development that improves the standard of pedagogical practices while fostering the safety and wellbeing of the school community. This program is currently in its infancy and has been predominantly implemented in primary and early years environments thus far (Ayre & Krishnamoorthy, 2020; Karaman & Turan, 2020).

Overall, there are limited studies investigating the use of trauma-informed practice in mainstream secondary school settings, which is why this research is so important given the unique challenges present in this setting (i.e. school timetable structures and staffing ratios, adolescent development, and future academic and workplace pathways). While there exist some conceptual frameworks of trauma-informed practice, such as Berry Street, and guiding principles for the provision of trauma-informed practice provided by the Tasmanian and Australian Government State Education sectors (Key Projects, n.d.), there is no consensus on specific pedagogical practices relating to TIP in mainstream secondary school environments

and currently no studies measuring the impact of implementing TIP in these unique environments over time.

Significant attempts at the local, state, and federal levels have been made to make Australian systems "trauma-informed" because of growing research on trauma and increased awareness of the prevalence, consequences, and costs associated with trauma (Lang et al., 2015; Mathews et al., 2022). The focus on trauma-informed practice is gaining ground in educational settings, especially in Australian schools (Gordon & Stafford, 2020). Despite early evidence of the positive impact of trauma-informed educational systems, the implementation of such still lacks sufficient funding and is under-researched (Dorado et al., 2016). Furthermore, trauma-informed practice solutions do not always coincide with broader community and government objectives (Chafouleas et al., 2016). Because of the absence of policy and program reform or consistency in practice, some educators may have been unable to go beyond a typical "behavioural management" approach to a "behavioural understanding" perspective, which is necessary when dealing with the effects of childhood and adolescent trauma (Dorado et al., 2016).

In recent months, some Tasmanian Education Systems began their journey to become more trauma-informed as a response to the thoroughly investigated Commission of Inquiry (2021), which provided critical recommendations for schools. The Department of Education provided a broad guideline document titled, "Good Teaching: Trauma Informed Practice" to school leaders to help their decision-making. Some schools have anecdotally engaged with their own professional development and implementation. However, there is no explicit framework or specific model being implemented at the time of this thesis.

2.8 Trauma-Informed Themes in Educational Models

2.8.1 Belonging

Several studies have investigated the relationship between adolescents sense of belonging and the role of teachers in fostering a supportive and inclusive environment. Allen et al. (2018) found that teacher support and positive personal qualities were directly related to an adolescent's sense of belonging. Keifer et al. (2015) also emphasised the importance of teachers and peer interactions in creating a sense of community and belonging for students. In addition, Eccles and Roeser (2011) found that belongingness and classroom community were significant predictors of students' positive attachment and psychological wellbeing. Furthermore, Ma (2003) highlighted the impact of school disciplinary climate on the sense of belonging for secondary students, emphasising the importance of consistent and applied positive or negative consequences in contributing to a sense of belonging.

2.8.1 Trust, Safety and Routine

Cooperative behaviour is essential for the effective functioning of secondary school classrooms where students trust their teachers and actively participate in academic studies (Gregory & Ripski, 2008). However, the false ideal of conformity brought by rules and consequences is not an effective way to develop cooperative behaviour, as its implementation is inconsistent between staff and across schools (Crosnoe et al., 2010). Traumatised young people require stability and familiarity-promoting strategies to reduce the stress response that is amplified by unpredictability and inconsistency in routines and reactions from others (Saxe et al., 2011). Thus, implementing consistent, evidence-based strategies for effective classroom management is crucial, emphasising building safe and supportive environments, trust in relationships, and predictability in routine (Hulac & Briesch, 2017). The unpredictability and variation between teacher behavioural expectations and relationships remain a cause for concern for students with traumatic experiences, leading to defiance and

disruption in the classroom (Fletcher et al., 2015). Positive student-teacher relationships built on trust, safety, and routine are crucial for mitigating the effects of post-traumatic stress disorder and trauma-related learning challenges (Walsh, 2007). Additionally, teachers' safety in the classroom is essential for effective instruction and student-teacher relationships (Anthony, 2021). This study highlights the importance of creating a safe and positive environment in the classroom, both for students and teachers, through positive student-teacher attachment built on trust, safety, and routine.

2.8.2 Student-Teacher Attachment

Attachment theory suggests that secure attachment is linked to successful involvement in school, including social competence, curiosity, effective play and investigation, and empathy for others (Cozolino, 2013; Bergin and Bergin, 2009). Secure attachment with teachers is also associated with higher academic achievement, greater emotional regulation, social competence, and resilience (Park, 2018). However, the results vary depending on the developmental stage of the student. For students who do not have secure or positive attachments with their parents or caregivers, the teacher's role in developing and maintaining the student-teacher attachment is critical in predicting their level of motivation and regulation (Park, 2018).

To build a secure attachment with their students, teachers can use specific strategies, such as being open, friendly, and approachable. They can also use non-verbal behaviours. However, the practice of physical and psychological closeness requires more clarification and examples due to its ambiguity and the historical context of inappropriate physical closeness between staff and students. Teachers must be cautious and address this in professional development opportunities because of the potential legal and psychological consequences for all parties involved.

The importance of positive teacher-student relationships in trauma-informed practice is supported by previous research (Henderson et al., 2016; O'Connor et al., 2019). According to O'Connor et al. (2019), students who have experienced trauma may have difficulty trusting adults and forming relationships, making it essential for teachers to establish a positive and supportive environment. Positive relationships with teachers can serve as protective factors for students with ACEs and promote resilience (Henderson et al., 2016). Therefore, creating positive relationships with students is a critical component of trauma-informed practice.

Dan Hughes (2009) proposed the PACE methodology to assist teachers in developing a secure attachment with their students. PACE stands for Playfulness, Acceptance, Curiosity, and Empathy. This approach encompasses four personal qualities of a teacher to support adolescents in developing their own self-awareness, emotional intelligence, and resilience. The key is unconditional positive regard towards any student and deep respect for their experiences and inner life. Acceptance entails actively communicating to the young person that you accept their wishes, feelings, ideas, urges, reasons, and perceptions that underpin their apparent behaviour. Teachers in this study acknowledged that behaviour was a sign of communication and not inherently who they were. However, further understanding and professional development in recognising trauma-related behaviours, identifying triggers, and implementing effective de-escalation strategies require further development and support.

2.8.3 Student Voice & Choice

"Student voice" is a concept that emerges in trauma-informed practice literature. In fact, trauma-informed secondary schools often focus on advancing student voice as a way to address young people's alienation and strengthen overall school reform initiatives (Toshalis & Nakkula, 2012). Additionally, seeking student voice is seen as a way to culturally align preventative and early intervention approaches to better match the lived experiences of youth from varied backgrounds and experiences (Giraldo-Garcia et al., 2020).

The term "student voice" refers to a diverse set of programs and activities that include active student engagement in identifying needs in their schools, making decisions about improvement tactics and goals, and implementing and evaluating such efforts (Giraldo-Garcia et al., 2020). Furthermore, incorporating student voice into learning is seen as vital to keeping young people engaged and motivated in their education (Toshalis & Nakkula, 2012).When young people have a voice, learning becomes alive with curiosity, discovery, and education. When their voice is not incorporated into learning, young people tune out, disengage, and eventually fail (Toshalis & Nakkula, 2012).

Student voice is defined as educational practice whereby young people have the opportunity to influence the school decisions that will shape their lives and those of their peers within their classrooms and school community (Reaume, 2017). At the foundation of student voice is the idea that young people have more of a say in what happens to them in their educational setting. Collaborating with students can provide an opportunity to develop critical democracy in a multi-tiered system from class to school community. Collaboration values open conversations about what is most important to students and what helps their learning and achieve overall success. This trauma-informed and inclusive practice promotes equity and participation from all participants and strives to have young people cultivate their creativity and higher-order thinking to empower them and build self-competence.

A rising endeavour and focus of trauma-informed secondary schools is on advancing student voice to address young people's alienation and to strengthen overall school reform initiatives. Despite the increased interest in student voice and the adoption of student-voice initiatives, few institutional policies or procedures are in place to encourage student engagement in school decision-making (Mitra et al., 2014). The term "student voice" refers to a diverse set of programmes and activities that include active student engagement in identifying needs in their schools, making decisions about improvement tactics and goals,

and implementing and evaluating such efforts (Giraldo-Garcia et al., 2020). Actively seeking student voice can provide a new chance for school staff who are unsatisfied with the current quo to culturally align preventative and early intervention approaches, thereby mapping more closely onto the lived experiences of youth from varied backgrounds and experiences (Giraldo-Garcia et al., 2020).

In Reaume's (2017) paper, "Listening, Learning & Relationships", she noted the challenges of applying the practical application of student voice through a variety of forms and notes the importance of the response of teachers and leadership as being a key driver to make the difference between tokenistic youth participation and that of a truly meaningful relationship between a school and their students.

Pasquinelli (2015) analysed teachers' perceptions for considering student voice and found an overwhelming amount of teachers who expressed concern with student voice influencing their professional evaluations. Through their teacher evaluation process, students were asked to anonymously provide feedback about their teacher as it pertained to their effectiveness as a teacher. The results were not just confronting for some teachers but personal and left some teachers emotionally devastated reading the comments.

Toshalis & Nakkula (2012) concluded that empowering young people to express their opinions and have personalised influence over their education and feel that they have a stake in the learning outcomes and was found to be one of the most powerful trauma-informed strategies secondary schools have. Providing opportunities for choice, empowerment, and flexible collaboration with the teacher are powerful trauma-informed practices for increasing academic achievement. Many adolescents have difficulty engaging in school, even if they are motivated to achieve despite their difficulties. It is also necessary to teach young people the skills to communicate their voice effectively and build their voice through emotional regulation and supportive relationships built on trust and respect for all involved.

Actively seeking student voice can provide a new opportunity for school staff to culturally align preventative and early intervention approaches. Collaboration values open conversations about what is most important to students and what helps their learning and achieve overall success. However, teachers' perceptions and the response of teachers and leadership are key drivers to making the difference between tokenistic youth participation and of a truly meaningful relationship between a school and their students. It is also necessary to teach young people the skills to communicate their voice effectively and build their voice through emotional regulation and supportive relationships built on trust and respect for all involved. (Toshalis & Nakkula, 2012; Mitra et al., 2014; Giraldo-Garcia et al., 2020; Reaume, 2017; Pasquinelli, 2015)

2.8.3 Social Emotional Learning

A trauma-informed school is an educational institution where teachers, administration and student support services are trained to identify and respond to how trauma and culture impact the brain (NCTSN, 2019). This helps to address the dysregulation of emotions and behaviours commonly exhibited by adolescents who have experienced adverse childhood experiences (ACEs). Teachers can support emotional regulation by offering mindfulness activities, de-escalation plans, and physical and mental brain breaks (Henderson et al., 2018). Peer role modelling is also an effective strategy to promote emotional regulation among secondary school students (Schwartz et al., 2021). Universal social-emotional learning (SEL) curricula can also help students to identify and manage their emotions and promote social problem-solving (Durlak et al., 2011). Animal-assisted therapies, including the use of therapy dogs, have also been found to promote self-regulation, social skills, and motivation among students (Flynn et al., 2020).

According to Plumb et al. (2016), a trauma-informed school is one where teachers and administration are trained to recognise how trauma and culture impact the brain, which

affects emotional regulation and behaviour in ACE-affected adolescents. Barlow et al. (2017) suggest that teachers can support emotional regulation by offering basic concepts and skills, coaching, and motivation. Furthermore, peer role modelling can promote emotional regulation among secondary school students. Egger et al. (2019) found that incorporating brain breaks into classroom activities can enhance classroom learning behaviour, improve academic achievement, and mitigate the effects of trauma.

Blome and Zelle (2018) suggest practical strategies for supporting emotional regulation in students by enhancing teachers' engagement strategies and providing a flexible and supportive learning environment. Additionally, de-escalation plans for specific students, including access to safe spaces, can help students manage their emotions. Universal SEL curricula can promote emotion identification, management, and social problem-solving, and several evidence-based programs, such as Mind Matters and Beyond Blue (2021), have been developed for secondary school students.

Animal-assisted therapies, including the use of therapy dogs, have been found to promote self-regulation, social skills, and motivation among students (Flynn et al., 2020). Jones et al. (2019) conducted the first canine-assisted psychotherapy (CAP) analysis and found evidence of the benefits of using dogs in psychotherapy to reduce mental health symptoms in adolescents. However, they state that further research is needed to explore the specifics of animal-led, therapist-led, and adolescent-led interventions and responses.

In summary, trauma-informed schools use evidence-based strategies to support emotional regulation and promote academic success among students who have experienced ACEs. Teachers can support emotional regulation by incorporating brain breaks, mindfulness activities, and de-escalation plans into classroom activities. Universal SEL curricula can also help students to identify and manage their emotions and promote social problem-solving.

Finally, animal-assisted therapies, such as the use of therapy dogs, have been found to be an effective tool in promoting self-regulation, social skills, and motivation among students.

2.8.4 Educational TIP Systems and Policies

Research has steadily examined multi-tiered systems for supporting traumatised individuals in educational settings (Berger, 2019; Maynard, 2019). The use of multi-tiered programmes to provide trauma-informed treatment for traumatised adolescents in schools has been increasingly suggested by research (Berger, 2019). However, there have been limited assessments of these systems, and there hasn't been a thorough analysis of the available data (Berger, 2019). To improve the implementation and fidelity of trauma-informed policies and practices in schools, it has been suggested that trauma-informed models be better integrated within the current multi-levelled, school-based support systems (Chafouleas et al., 2016). Reviewing the current school systemic policies and processes from a strengths-based, multi-tiered, 'wrap around' approach, is critical for further research. These policy reviews should include the voice of all key stakeholders including staff, students and school community for buy-in, empowerment in decision-making, and transparency.

Trauma-informed School policy analysis conducted by Hampton et al. (2019) confirmed the same findings as this research in that teachers need the information about their students in a timely, accurate manner. Hampton et al. (2019) recommended in their research that all schools should provide information on a universal screener to use for students with guidance on how to use the data to create an individualised plan for each student who is identified as at-risk, just as they do for students with a learning difficulty, disability or wellbeing challenges. Universal screeners should be recommended in the school's strategic plan, with a clear process for each multi-tiered level to abide by. Further study into suitable adolescent screening tools is highly recommended.

2.8.5 Risks to Educational Staff

Preservice and practising teachers can suffer secondary trauma as a result of building relationships with students and listening to their personal stories about their adversity and trauma (Choi et al., 2019; Miller et al., 2019). Despite the fact that many educators who work with adolescents with ACEs leave the profession, the participants in this study confirmed those of other studies (Alisic, 2012; Peterson, 2019) that with adequate training, continued professional development, and regular self-care practice, the attrition rate can be significantly reduced. Alisic (2012) described how difficult teachers felt it was to support students who had experienced trauma because of their own lack of knowledge, exposure, expertise, and confidence, as well as their ability to maintain their own health and wellbeing. Teachers also found it difficult to balance the needs of the students with ACEs and the needs of the rest of the class (Alisic, 2012). This delicate balance and the competing priorities and needs of secondary schools were concluded in the results confirming Alisic's findings.

Czechowski (2015) found that the number of trauma-exposed students a teacher taught over their career had no bearing on burnout. Demographic characteristics, workload, community, role conflict, reward, fairness, and values contributed to teacher burnout, according to this study and Czechowski (2015). Even before the COVID-19 pandemic, there was a distinct need for awareness of one's own health and wellbeing in the secondary education setting (McMakin et al., 2022; Pressley, 2021; Taylor, 2021). In today's current climate, the need for self-awareness and focus on wellbeing and mindfulness is magnified for both teachers and students. Frequently, secondary educators neglect their own wellbeing and self-care for the sake of their students (Lesh, 2020).

Bernstein et al. (2013) found that focussing on relationships within staff improved the personalised educational experience for staff and students. For secondary teachers, they found that relationships are the underpinning of pedagogical and curricular endeavours and

leads to increased investment in students' growth, development, and academic success. Students with such relationships with their teachers feel more comfortable in their learning environments, interested in the material, and motivated to perform well.

Miller et al. (2019), found that teachers can experience secondary trauma when building relationships with students and listening to their personal stories about adversity and trauma, which can lead to high rates of attrition. However, the attrition rate can be significantly reduced through adequate training, continued professional development, and regular self-care practice. Alisic (2012) found that teachers struggled to support students with trauma due to their lack of knowledge, exposure, expertise, and confidence, as well as their ability to maintain their own health and wellbeing. Additionally, Czechowski (2015) found that burnout among teachers was related to demographic characteristics, workload, community, role conflict, reward, fairness, and values, rather than the number of trauma-exposed students taught over their career. To improve the educational experience, Bernstein et al. (2013) recommended that secondary teachers focus on building relationships with their colleagues, which leads to increased investment in students' growth, development, and academic success. Furthermore, secondary educators need to prioritise their own wellbeing and self-care to create a supportive learning environment (Lesh, 2020; McMakin et al., 2022; Pressley, 2021; Taylor, 2021).

2.8.6 Teaching Practices

Schools and teachers are uniquely positioned to aid young people, especially those with ACEs, by helping buffer the effects of trauma and facilitating access to appropriate care in multi-tiered levels of support because of their regular and ongoing contact with students (Martin et al., 2017). Schools are an important element of a much-needed community-wide solution that encourages recovery through empathy and compassion and allows young people to be successful students and evolve into successful adults through a comprehensive multi-

tiered and coordinated approach. This study showed in both quantitative and qualitative results that teachers' current perception is that TIP had moderate prioritisation or support in their schools.

All secondary schools are required to develop and maintain effective policies that are reputable, inclusive, accessible and driven by the research of best practices. However, not all school leaders have the required skills, time or expertise to do this effectively. Secondary schools must review their policies and collaboratively enhance them to reflect trauma-informed practice to benefit all levels of the educational organisation and be reflective of the current needs, despite the personal preferences of Principals or other stakeholders.

According to Campbell and Schwarz (1996), while mental health treatment could be beneficial for many young individuals to process and recover from traumatic experiences, they often exhibit reactive behaviour towards their surroundings and have a strong urge to express their emotions. Such behaviour is commonly observed in classrooms, as shown in this study, and may manifest in misbehaviour. As a result, the importance of being able to understand and recognise the needs of all students, as well as the role of teachers in their students' lives, cannot be overstated, especially given that schools are perceived as safe spaces in which student emotional stress should not be heightened (Downey, 2007; Willis & Nagel, 2015). This study showed that teachers responded moderately well with empathetic and compassionate pedagogy when managing behaviour.

Trauma-informed pedagogy acknowledges a teacher's needs and their diverse student's needs. By analysing the observations, feelings and needs of everyone in the classroom, it enabled educators to leads to making informed requests for actions to create a supportive learning environment where both the teacher and student can be successful and effective. According to Hao (2011) trauma-informed pedagogy includes cultural, ethnic, racial, linguistic, socio-economic, and educational needs .

The teacher's role in applying critical compassionate pedagogy conducted by Hao (2011) encourages educators to criticise school and classroom practices that ideologically place trauma-informed students in further disadvantaged positions. He urges teachers to self-reflect on their actions through compassion as a daily guarantee. Hao (2011) suggests that this pedagogical approach helps teachers better counter school barriers and oppressive pedagogical practices that inhibit student success and self-competency.

This research discusses the role of schools and teachers in aiding young people, especially those with ACEs by buffering the effects of trauma and facilitating specific pedagogical strategies that promote self-competence, wellbeing, and academic achievement. This include explicit scaffolding, modelling, positive feedback, celebrating success, peer mentoring, varying modes of learning, and encouraging student choice. The literature emphasises the importance of recognising the needs of all students, including those with trauma, and responding with empathetic and compassionate pedagogy when managing behaviour. Trauma-informed pedagogy acknowledges the needs of both teachers and students and encourages educators to be self-reflective and critical of existing classroom practices to ensure the success of all students.

2.9 Tasmania's Response to Childhood Trauma & Education

In addition to the five-year, Australia-wide Royal Commission into Institutional Responses to Child Sexual Abuse, the Tasmanian Government also conducted a Commission of Inquiry (2021). The recent Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (2021) revealed harrowing statements and stories from key stakeholders and witnesses, which has had a significant impact on the Education and Health sector in the past 12 months as they grapple with responding to the findings of systemic failure of multiple agencies, systems and organisations. In 2017, 409 recommendations were provided by the Royal Commission.

Further recommendations will be provided in 2023 as a response from the Tasmanian Inquiry, which will significantly impact all sectors, especially those with extensive contact hours with young people, such as the Education systems.

Further investigation in this research revealed that in Tasmania, children who were subjects of child protection substantiations during 2016 – 2017 showed that the most common forms of abuse included emotional abuse, neglect, physical abuse, and sexual abuse (The Health and Wellbeing of Tasmania's Children and Young People Report 2018, 2018). The prevalence of child notifications in Tasmania (54.5 per 1,000) during 2016 – 2017 was the third highest of all of the states and territories in Australia and was higher than the national rate (42.6 per 1,000). In 2017, more than 1200 children in Tasmania were in out-of-home care, which has steadily increased yearly. The Tasmania Police Corporate Performance Report June 2017 recorded that children were present at 1,749 family violence incidents (56.5 percent of the 3,098 incidents). During 2016 – 2017, Tasmania Police recorded 3098 family violence incidents under the *Family Violence Act 2004* and 465 related to violence towards children. This number has grown every year since 2014.

Children and young people in Tasmania with care and protection orders are supposed to be able to access specialist homelessness services (Australian Institute of Health and Welfare, n.d.). However, the rate of young people presenting alone in Tasmania (23%) is higher than the National rate (17%), and almost half (48%) of the unmet needs relate to children and young people (The Health and Wellbeing of Tasmania's Children and Young People Report 2018, 2018). These young people in our secondary schools are expected to learn and behave within the constructs of a system that may not recognise their unique needs let alone be implementing practices to help support them. The statistics for young people experiencing ACEs are increasing, and the traumatic impact of such events affects their overall health and wellbeing. In particular, their increased rates for engaging in risky

behaviours, school absenteeism, school disciplinary actions, school dropout rates, diagnosed mental disorders and disabilities, and suicide rates (The Health and Wellbeing of Tasmania's Children and Young People Report 2018, 2018). The adverse childhood experiences that young people live with have traumatic effects and lifelong consequences which schools can help to mitigate with trauma-informed practice.

In a Tasmanian news report published in February 2022, Dr. Lisa Denny reported that 49.5% of Tasmanian Year nine students had performed at or below the national standard for writing. She stated, "Low literary and numeracy affects the type of jobs we can offer in Tasmania, the industry investment we can attract, support and sustain, our productivity potential, and the level and distribution of public revenue for critical health, education, and social services" (Tasmanian Students Performing Worse than a Decade Ago, NAPLAN Analysis Shows, 2022). Year 9 reading benchmarks in 2021 were at a four-year low in the Department of Education's annual report (DoE, 2020-2021), with just 86% meeting the minimum national standard. The article states that "more than a third of Tasmanian students are considered 'developmentally vulnerable' when they start school, and that cohort is still struggling in Year nine" (p.1). The data for declining academic results and the comparison with the other Australian states highlight the current failing systems and the critical need to review current school frameworks to meet the needs of a growing number of young people.

In a statement from the Department of Health Tasmania (April 2022), Professor Brett McDermott responded to the recent Commission of Inquiry in regards to the current provision of trauma-informed care of young people who stated, "there is limited ability and expertise within Child Adult Mental Health Services to provide trauma-informed care to consumers with severe trauma-related presentations…. Stakeholder feedback obtained through the CAMHS review process identified a reluctance within CAMHS to provide interventions for trauma-related mental health diagnoses such as reactive attachment disorder

(RAD), Complex PTSD, or related complex challenging dysregulation and behaviour experienced by these individuals." It is possible that chools are relying on these failing external organisations to support the growing number of young people with ACEs rather than implementing multi-tiered, trauma-informed responses within their systemic educational systems. The current practices are severely affecting all critical stakeholders, including high teacher turnover due to developing secondary trauma and burnout (Riley & Macfarlane, 2016), students failing educational outcomes, students impacted by outdated disciplinary policies, and students having to navigate the impacts of their ACEs unsupported.

In June 2021, the Minister of Education, Jeremy Rockcliff (2021), released the information to the public that the Tasmanian Government would be "investing in trauma support for Tasmanian students" and promised $8 million to support an additional 100 students with intensive trauma-support bringing the total to 256 identified students. This number is not close to the actual number of students presenting in Tasmanian schools with trauma-related challenges who are being suspended, excluded, and expelled. The money was allocated for the initiative titled, "The Model for Supporting Students Impacted by Trauma" and included support for schools to implement individual learning programs, provide additional teacher-aide time, and engage students through Youth Mentoring programs. This action is not intensive trauma support, nor is it trauma-informed or best practice according to the literature and current research (Cohen et al., 2021; Maynard, 2019). Interestingly, it was only for 'identified' students and 'based on need', but without trauma screeners, specialist staff, school staff training, provision of conceptualised models of best practice, or rigorous assessment tools of trauma-related behaviours and presentations in schools, teachers cannot comprehensively know how to identify young people with ACEs to get them access to this support.

In June 2022, the Minister of Education Child and Youth committed $24 million to 30 schools in Tasmania to support trauma-informed practice (Jaensch, 2022) with the priorities for these schools to "build a trauma-informed learning environment through staff professional learning, building staff capacity with the support of a lead teacher, and reviewing school policies and procedures" (p.1). The professional learning included sending nominated staff from these schools to attend a 1-day workshop (9 am – 3 pm) which focussed on "what trauma is; how to develop an approach to trauma sensitivity; how to support traumatised students to feel safe to learn; and how to work with colleagues to encourage positive behaviour that results in quality teaching and learning" (Trauma Informed Practice to Improve Student Learning, n.d.). This approach is not an holistic, systemic change and has resulted in schools interpreting the broad generalisations into their approaches and policies with little supporting evidence of impact or consistency in approach.

Educational systems and the government are funding Tasmanian schools to review their policies and procedures to better reflect the needs of their students and therefore this research is critical to review the current models and frameworks, to assess teachers' understanding and their current knowledge of adverse childhood experiences and the negative impact of trauma on educational outcomes. This research is vital in the process of making informed decisions because it conceptualises trauma-informed practice and provides practical responses for schools to implement for this specific mainstream, secondary school context which currently does not exist.

While schools may be implementing trauma-informed practice, it is unclear to what extent or how much disparity there is in what they are implementing or how much emphasis they are placing on various components (e.g., staff development versus organisational change versus practical implementation). It is also unclear how schools implement trauma-informed approaches depending on the characteristics of the students or their site-specific needs

(Cohen et al., 2021; Maynard et al., 2019). This research not only analyses the current models in the literature but investigates the approaches and practices currently being implemented in mainstream secondary schools in Tasmania. The purpose was to understand what trauma-informed practice is currently being implemented that aligns with the SAMSHA 4Rs and 6 Principle domains that are known to be best-practice and how consistently these approaches are implemented to inform future research.

CHAPTER 3: STUDY 1 – EXPLORING ATTITUDES TOWARDS TRAUMA-INFORMED PRACTICE

3.1 Research Design

This study aimed to explore the attitudes and beliefs towards trauma-informed practice in mainstream secondary school environments in Tasmania. It is a situational analysis of trauma-informed care knowledge, attitudes, and practices amongst mainstream secondary school teachers using the leading, quantitative measure, Attitudes Related to Trauma-Informed Care (ARTIC-45) tool.

3.1.1 Research Framework

A research paradigm is a philosophical framework which is what the research is based upon. It offers a pattern of beliefs and understandings of theories and practices in order for the research project to be conducted and interpreted. A research paradigm comprises ontology, epistemology, and methodology (Creswell, 2014).

According to Creswell (2014), ontology refers to the researcher's assumptions about the nature of reality, including what exists and how it can be known. It deals with the researcher's beliefs about the world and what can be known about it. Epistemology is concerned with the nature of knowledge and how it is acquired. It looks at the researcher's beliefs about what counts as knowledge and how it can be generated. For example, a researcher who adopts a positivist epistemology may rely on quantitative research methods to generate knowledge, while a researcher who adopts a constructivist epistemology may use qualitative research methods to explore subjective experiences. Research methodology refers to the strategies, techniques, and tools that researchers use to collect and analyse data. It is concerned with the practical aspects of research, including the design of experiments, the selection of participants, the collection of data, and the analysis of results. Research

methodology is influenced by both ontology and epistemology, as the researcher's beliefs about the nature of reality and knowledge will shape their choice of research methods.

This research was designed to provide a representative description of the personal experience of secondary school teachers catering for students with ACEs in Australian educational settings. It draws on Bronfenbrenner's (1979) ecological systems theory of human development, which recognises how the layers of surrounding social environments play a crucial role in cognitive, emotional, and social development in addition to individual qualities. This research recognises the importance of Bronfenbrenner's (1979) 'wrap around approach' as a multi-tiered, trauma-informed interventions and practices that provide comprehensive wrap-around support for children and families impacted by traumatic events with coordinated supports across a variety of settings and sectors such as child protection, youth justice, health and education (Cohen et al., 2021; Maynard et al., 2019).

The impact of ecological system levels on development, from relationships with self and others to wider social structures that impact the individual's life, is demonstrated by ecological systems theory (Bronfenbrenner, 1979). Individual, social, physical, and wider cultural and emotional system-level policies and protocols may have an impact on a national educational intervention for educating students with trauma when using the ecological model (Bronfenbrenner, 1979). Therefore, examining a teacher's knowledge, attitudes and efficacy for trauma-informed education using quantitative data provided a more comprehensive, practice representation of their multi-tiered, systemic approach.

3.1.2 Researcher Reflexivity

The researcher is a qualified and registered teacher studying psychology who has worked in schools since 2004 and has extensive experience working with young people with adverse childhood experiences. The researcher has experience working in the Department of Education system, Catholic Education system and the Independent School system. The

researcher was employed in one of the Catholic Education secondary school participating in the study and also at one of the Independent secondary schools where this research took place. The researcher understands that her relationships with staff within the schools may have influenced their willingness to participate however no favours or rewards were provided and some could remain anonymous if they wished. The concept of trauma-informed practice in educational settings appealed to the researcher as a potential solution to better supporting young people to achieve academic and social success. During the analysis of the interviews, process care was taken to recognise and mitigate inherit subjectivity by engaging in reflexivity. However, the researcher recognises they inevitably viewed the data from the lens of their personal values, ideas and experiences.

3.2 Participants & Recruitment

As outlined in Table 3, participants in this study were qualified, registered, and practising secondary school teachers in Tasmania. Catholic Education Tasmania and Independent Schools in Tasmania approved the researcher to contact Principals to ask for approval to conduct the research in their schools. The researcher obtained approval from school Principals via email and followed up with phone calls to answer any questions about the interviews and to share the consent information.

The researcher requested approval from the Tasmanian State Education Ethics committee to conduct research. However, they declined due to already committing to other studies at the time; hence recruitment for State education secondary teachers occurred through social media and networking platforms. The researcher posted the study's information on several social and networking platforms in groups for secondary teachers in Tasmania and asked them to complete it to help capture information from the State system.

Of the 135 participants in Study 1, 77% were female, which is a slightly higher ratio that than the 71% of female teachers in Australia cited in the 2019 Australian Bureau of Statistics sample (*Australian Bureau of Statistics*, 2020) but very close. The group was fairly evenly distributed across all three educational systems, with 34% from State, 23% from Catholic, and 43% from Independent schools. The group was asked to indicate their years of experience in ordinal categories, with the largest group (42%) experiencing more than 21 years of teaching young people. All participant demographics can be found in Table 3.

Table 3

Participant Demographics for ARTIC-45 surveys

Demographics	*n*	%
Gender		
Female	104	77
Male	31	23
Years of Experience		
0-5	25	18.5
6-10	21	15.6
11-15	27	20
16-20	20	14.8
21+	42	31.1
Education System		
State	46	34
Catholic	23	23
Independent	58	43

Note: $n = 135$

3.3 USQ Ethics

The USQ Human Ethics Committee approved the study under reference: H21REA168. Participants provided consent to participate by selecting the option on the online survey and indicating their interest in conducting the follow-up interview. Debrief and support were offered on the consent information page, including details for contact.

3.4 Measure: ARTIC-45 (Quantitative)

The online ARTIC-45 survey was hosted by a secure, confidential USQ platform for surveys. Respondents were asked to complete the 45-item questionnaire (ARTIC-45) and report on demographics and teaching experience. Data from the ARTIC-45, demographic factors, and school factors were organised and analysed in SPSS for descriptive purposes. The ARTIC-45 was co-developed by Dr. Courtney Baker of Tulane University and the Trauma Network. This measure was developed to determine the extent to which an organisation or individual is trauma-informed including their attitudes, beliefs and skills (Baker et al., 2016). This instrument was selected because it measures attitudes toward trauma-informed care.

3.4.1 Validity and Reliability

The internal consistency of the ARTIC-45 scale has been found to be high in multiple studies. For example, a study by Byrd et al. (2018) reported a Cronbach's alpha coefficient of 0.95, indicating excellent internal consistency. The test-retest reliability of the ARTIC-45 scale has also been demonstrated. In a study by Byrd et al. (2018), the scale was administered to participants twice, with a one-week interval between administrations. The test-retest correlation coefficient was 0.81, indicating good stability over time.

The ARTIC-45 scale has been found to have good convergent validity with other measures of trauma-informed care attitudes. For example, a study by Byrd et al. (2018) found a significant positive correlation between the ARTIC-45 scale and the Trauma-Informed Care Implementation Scale (TICIS), which measures the implementation of trauma-informed care practices. The ARTIC-45 scale has also been found to have good discriminant validity. In a study by Byrd et al. (2018), healthcare providers who reported higher levels of trauma-informed care attitudes on the ARTIC-45 scale were less likely to report using punitive disciplinary measures with patients, indicating that the scale is measuring a unique construct.

3.4.1 ARTIC Scales

The seven subscales for attitudes are: (1) Underlying causes of problem behaviour and symptoms, (2) Responses to problem behaviour and symptoms, (3) On-the-job behaviour, (4) Self-efficacy at work, (5) Reactions to the work, (6) Personal support of trauma-informed care, and (7) System-wide support for trauma-informed practice (Table 4). The survey utilised a bipolar 7-point Likert scale (1 = least favourable, 7 = most favourable). The mean scores are used to determine ratings on the ARTIC scale. Low scores are shown by mean scores of 1-3, medium scores by mean scores of 4-5, and high scores by mean scores of 6-7. A teacher's overall attitude toward trauma-informed care is determined by averaging

the subscales. Table 4 describes the tool's scale focus as well as a brief description with a featured exemplar of a polarised question in the set.

Table 4

ARTIC Scales, Descriptions and Example Survey Items

ARTIC subscale	Description	Example item	
		TIC unfavourable attitude	TIC favourable attitude
Underlying Causes of Problem Behaviour and Symptoms	Understands behaviour that is external and malleable vs. internal and fixed	Students' learning and behaviour problems are rooted in their history of difficult life	Students' learning and behaviour problems are rooted in their behavioural or mental health condition.
Responses to Problem Behaviour and Symptoms	Understands students need flexibility, to feel safe, and build healthy relationships vs. rules, consequences to eliminate challenging behaviour	Rules and consequences are the best approach when working with people with trauma histories.	Focusing on developing healthy, healing relationships is the best approach when working with people with trauma histories.
On the Job Behaviour	Supports empathy-focused behaviours	It reflects badly on me if my students are upset.	Being very upset is normal for many of the students I serve.
Self-Efficacy at Work	Confident to meet demands of working with a traumatised population vs. feeling unable to meet the demands	I do not have the skills to help my students.	I have the skills to help my students.
Reactions to the Work	Understands and appreciates the effects of vicarious traumatisation and coping by ignoring	Sometimes I think I'm too sensitive to do this kind of work	The fact that I'm impacted by my work means that I care
Personal Support of TIC	Is supportive of implementing TIC vs. concerned about implementing TIC	I do not have enough support to implement trauma informed care.	I have enough support to implement trauma-informed care
System-Wide Support of TIC	Feels supported by colleagues, supervisors, and the administration to implement TIC vs. not feeling supported	The trauma-informed care approach is not effective	The trauma-informed care approach is effective.

Note: This table was adapted by the author from the Baker, C. N., Brown, S. M., Wilcox, P. D., Overstreet, S., & Arora, P. (2016). Development and Psychometric Evaluation of the Attitudes Related to Trauma-Informed Care (ARTIC) Scale. School Mental Health, 8(1), 61–76, p. 507.

3.5 Methodology & Analysis

This quantitative, descriptive study assessed secondary teachers' attitudes toward trauma-informed practice and their perceptions about the implementation of trauma-informed practice within their mainstream secondary school. According to Taherdoost's (2017) formula, the number of respondents required to have a confidence interval of 95% and an error rate of 5% was 77. According to the Q*Power Analysis for T-Tests measuring the differences from one sample, 67 were required for .80 power.

The researcher received 149 total responses to the survey. Once the data was cleaned, and incomplete surveys, outliers (5,5,5,5,5), or falsified surveys (1,2,3,4,5,4,3,2,1) were removed, 135 total responses were input into SPSS for analysis. Using SPSS, various analytical tests, including correlation bivariate, independent t-tests, descriptive analytics, factor analysis, and frequency analytics, were conducted to measure item validity, scale reliability, and bivariate correlations to determine any significant relationships between the seven scales and between the scales and the demographic factors.

3.5.1 Chronbach's Alpha

Scales of the ARTIC-45 were created manually in SPSS by combining the relevant, related questions and calculating the weighted mean of the items to determine Chronbach's Alpha (Table 5). When Cronbach's alpha was calculated for the ARTIC's seven scales, they were accepted with all scales $a > 0.7$. by mean scores of 1-3, medium scores of 4-5, and high scores by mean scores of 6-7. A teacher's overall attitude toward trauma-informed care was determined by averaging the subscales.

Table 5

Internal Reliability of ARTIC-45 and Subscales

Subscale	Item No	Cronbach's Alpha
1 Underlying causes of problem behaviours and symptoms	1, 6, 11, 16r, 21, 26r, 31	.82
2 Responses to problem behaviour and symptoms	2r, 7 , 12r, 17r, 22r, 27, 32r	.82
3 On the job behaviour	3r, 8, 13r, 18, 23r, 28, 33r	.77
4 Self-efficacy at work	4, 9r, 14, 19r, 24r, 29, 34r	.82
5 Reactions to work	5, 10r, 15r, 20, 25r, 30, 35r	.76
6 Personal Support of TIC	36r, 38, 40r, 42r, 44	.82
7 System Support of TIC	37, 39r, 41r, 43, 45r	.84
All 45 Items	1 – 45	.86

All scales were scored from 0 (lowest) to 7 (highest). Items were averaged into subscales and frequencies were run to obtain means, standard deviations, and ranges for each subscale, including the total scores. Two-tailed Pearson's correlations were also run between scales and the demographic items to examine the relationship between the teachers' attitudes toward trauma-informed practice and demographic factors.

3.5.1 Correlations between Scales

A correlation table is a table showing correlation coefficients between variables. Table 7 below shows the correlations between ARTIC-45 subscales which are all statistically significant at the 0.01 level (2-tailed). A correlation coefficient measures the strength of that relationship. The relationship between two scales are considered weak when they're below 0.2, moderately related between 0.2 and 0.4, relatively strong when they're above 0.4 and strong when their r value is larger than 0.7 (Rosenthal & Rosnow, 2008). The subscales in Table 7 were all positively correlated with a strong relationship measured between Scales 1 and 2, Scales 1 and 3, and Scales 2 and 3. The majority of other scales were all correlated with moderate to strong relationships which indicate the ARTIC-45 is a reliable source to measure trauma-informed practice.

Table 6

Correlation Table of ARTIC-45 Subscales

	Scale 2	Scale 3	Scale 4	Scale 5	Scale 6	Scale 7
Scale 1	.78**	.78**	.53**	.32**	.65**	.36**
Scale 2		.78**	.45**	.23**	.56**	.30**
Scale 3			.55**	.23**	.62**	.32**
Scale 4				.22*	.57**	.54**
Scale 5					.32**	.26**
Scale 6						.66**

*Note: n=135. ** Correlation is significant at the 0.01 level (2-tailed)*

3.5.1 Confirmatory Factor Analysis

A confirmatory factor analysis (CFA) was conducted to verify the factor structure on each scale scores 1 – 7 (7 variables). A CFA is designed to test the hypothesis that a relationship between variables and their underlying latent constructs exists. The main advantage of CFA lies in its ability to assist the researcher in bridging the gap between theory and observation. For example, the ARTIC-45 was developed by creating five items for each of seven specific theoretical constructs or scales. The purpose of CFA for this study's methodological analysis was to test the extent the proposed factor structure could be replicated from its original validation to this sample data.

Calculated Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy is a test to assess the appropriateness of using factor analysis on the data set. The maximum likelihood method used, as completed by Baker et al. (2020) in their validation of the ARTIC measure study, used an eigenvalue cut-off of 1 as a threshold. A Direct Oblimin (DO) rotation was used, despite it not being referenced in Baker et al. (2020) study, and is generally suitable for social science research where variables can be correlated to one another which seems likely in the case of this dataset.

The KMO and Bartlett's test measured .832. KMO was >.80 which indicates adequate sampling. Two components (scale score 1 and scale score 2) were identified that explained 71.5% of the variance in responses. This suggests that if the only data collected was for questions pertaining to scale scores 1 and 2, this could explain 71% of the variance in the dataset, i.e. the scale scores 3 to 7 only contribute 29% of variance information and in theory could be discarded from the analysis. Similarly, one could examine scale scores 1 to 4 and explain 90.3% of the variance in the dataset. The extension of this interpretation is that the questions comprising scale score 1 are assessing a similar construct from a data perspective, i.e. they are heavily correlated to one another. Caution should be taken to not over-interpret this point though as the analysis does not know what constructs are being examined by the questionnaire – it just groups responses together based on correlations.

3.6 Results

3.6.1 Research Question 1

What can the Attitudes Related to Trauma-Informed Care (ARTIC-45) measure tell us about teachers' knowledge and understanding of trauma-informed practice in Tasmanian mainstream secondary schools?

3.6.1.1 Descriptive Statistical Results

Trauma-informed practice items were rated with overall scores between 1-7 with the least favourable outcome =1, and most favourable outcome = 7. The mean scores for each scale were calculated to provide a quantitative and descriptive TIP Rating: High favourability attitudes (6-7); Moderate favourability attitudes (4-5); & Low favourable attitudes (3 – below neutral). From the survey results in Table 5, Secondary teachers in Tasmania showed a moderate level of knowledge, attitudes and beliefs in relation to trauma-informed care overall with only two scales in the high level: Scale 2 – Response to Problem Behaviour and Symptoms (5.7), and Scale 3 – On-the-job Behaviour (5.7).

Table 7

Descriptive Statistics of ARTIC-45 Subscales for all Participants

Scale	Min	Max	Mean	Std. Dev	TIP Rating
1 Underlying causes of problem behaviours and symptoms	1.57	6.71	5.31	.90	Moderate
2 Responses to problem behaviour and symptoms	2.57	7.00	5.73	.89	High
3 On the job behaviour	3.29	7.00	5.72	.89	High
4 Self-efficacy at work	1.43	7.00	5.45	.75	Moderate
5 Reactions to work	2.71	5.43	4.22	.99	Moderate
6 Personal Support of TIC	2.20	7.00	5.32	.45	Moderate
7 System Support of TIC	1.00	7.00	4.63	1.02	Moderate
All ARTIC Scales	**2.38**	**6.46**	**5.20**	**.68**	**Moderate**

Note: n=135. Trauma-informed care items rated 1-7, least favourable =1, most favourable = 7. Means TIP Rating: High favourability (6-7); Moderate favourability (4-5); & Low favourability (3, below neutral).

The data in Table 6 illustrates the results of the ARTIC-45 survey, which includes 135 participants. The participants provided their years of experience, gender, school system and completed ARTIC questionnaire. Descriptive statistics were conducted to determine the minimum and maximum values for each scale. The results can be found in Table 6.

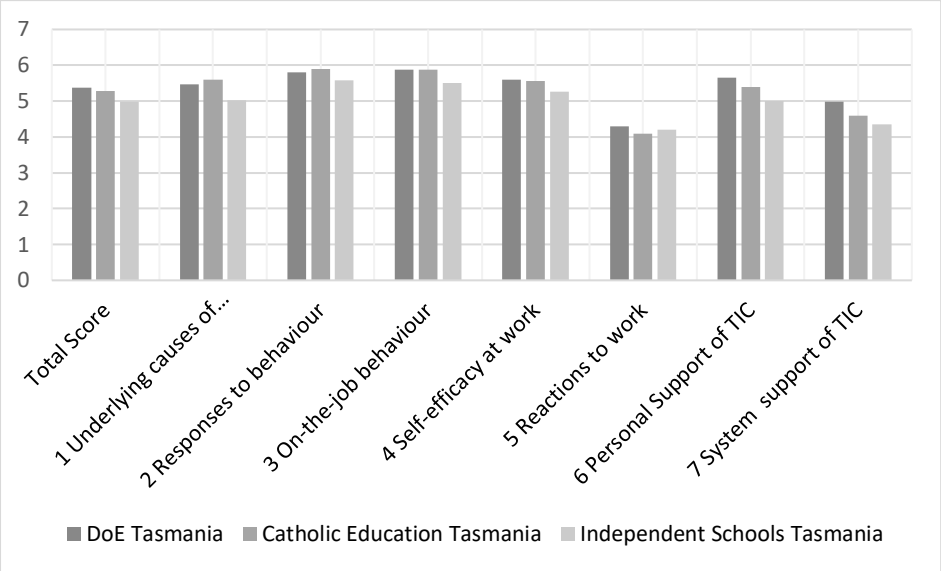
Participants showed moderately favourable overall attitudes to TIP (M = 5.20, SD = .68, *Range* = 2.38 to 6.46). The most favourable attitude and belief scale was Scale 2: Responses to Problem Behaviour scale (M = 5.73, SD = .89), which reflects the teacher's ability to understand students' need for flexibility, to feel safe, and build healthy relationships vs. rules and consequences to eliminate challenging behaviour. Another highly favourable attitude is their ability to support students using empathy-focussed behaviours, On the Job Behaviour Scale (M = 5.72, SD = .89). Moderately favourable attitudes were reported for all other scales with no low favourable scores in any subscale. Reactions to work (M = 4.22) and System Support for TIP (M = 4.63) scored the lowest average overall.

The participants' years of experience are categorised into five groups: 0-5 years, 6-10 years, 11-15 years, 16-20 years, and 20+ years. The frequency and percentage of participants for each group are shown in Table 6, with the total number of participants being 135. The gender distribution of the participants shows that 77% (104) are female, and 23% (31) are male.

Figure 2 shows the mean ARTIC-45 scores between Educational Systems for each scale. The participants' school systems are categorised into three groups: DoE, CET, and IST. The frequency and percentage of participants for each group are shown in the table, with the total number of participants being 135. The majority of the participants (43%) are from IST, followed by DoE (34.1%) and CET (23%).

Figure 2

Mean ARTIC-45 scores between Educational Systems



Note: n = 135

3.6.1.2 Independent T-Test Results

An independent T-test is a method that determines whether two populations such as gender (male or female) are statistically different from each other. In this case it was regarding differences in gender and ARTIC-45 overall scores or subscale scores. The test was

conducted to compare the means of seven scales between male and female groups. The results showed that there was no significant difference between the means of Scales within gender $t(133) = 0.70$, $p = 0.25$.

3.6.1.3 ANOVA 1: School System and Mean Results

The purpose of running an ANOVA statistical analysis for the ARTIC-45 data is to investigate whether there are any significant differences in means between three or more groups on several scales, and whether years of experience have an impact on the scores of these scales. The ANOVA analysis will help determine the statistical significance of any differences found and provide insight into the relationships between the examined variables. We conducted Levene's test of homogeneity however, Scale 1, 3, 4, and 6 did not meet the assumption so we tested using the non-parametric Independent Kruskal Wallis test.

For Scale 1, the results indicate a statistically significant difference in means between at least two of the three groups (DoE, CET, IST), $F(2, 132) = 1.99$, $p = 0.29$. Upon pairwise comparison, we found IST-DoE and IST-CET are different.

For Scale 2, the results indicate no statistically significant difference in means between at least two of the three groups (DoE, CET, IST).

For Scale 3 the results indicate no statistically significant difference in means between the three groups (DoE, CET, IST).

For Scale 4, results indicate that there is no statistically significant difference in means between at least two of the three groups (DoE, CET, IST).

For Scale 5, the p-value for the F-test is greater than 0.05, indicating no statistically significant difference in means between the three groups (DoE, CET, IST).

For Scale 6, the results indicate a statistically significant difference in means between at least two of the three groups (DoE, CET, IST), $F(2, 132) = 1.82$, $p = 0.14$.

For Scale 7, the p-value for the F-test is greater than 0.05, indicating that there is no statistically significant difference in means between the three groups (DoE, CET, IST). Upon pairwise comparison, we found IST-DoE are different from each other.

For Scale ALL, results indicate a statistically significant difference in means between at least two of the three groups (DoE, CET, IST), $F(2, 132) = 1.66$, $p = 0.30$. Upon pairwise comparison, we found IST-DoE are different.

Based on the results of the ANOVA, the three groups (DoE, CET, IST) differ significantly in terms of their scores on several scales.

3.6.1.4 ANOVA 2: Years of Experience and Scale Means Results

ANOVA was conducted to investigate the difference between the scores among the different years of teaching experience categories. None of the scale scores differed by years of experience. However, Scale 2 was approaching significance, $F(4, 130) = 2.37$, $p = 0.56$.

3.6.1.5 Regression Analysis Results

A regression analysis examines the relationship between two or more variables to investigate the influence of one or more independent variables on a dependent variable. A regression analysis was conducted to investigate the relationship between the School System, Gender, Years of Experience, and Scales of the ARTIC-45. The overall regression was statistically significant, $R^2 = .093$, $F(3, 131) = 4.49$, $p = 0.005$. Results found that School System significantly predicted the overall ARTIC-45 scores ($\beta = -.281$ $p = 0.002$), and Year of Experience significantly predicted the overall ARTIC-45 scores ($\beta = -.119$ $p = 0.02$). Gender did not significantly predict the overall ARTI-45 scores ($\beta = .146$ $p = 0.43$).

3.7 Discussion

3.7.2 Attitudes to TIP Measure

The results of the study indicate that teachers generally have moderately favourable attitudes towards trauma-informed care in educational settings. The study found that the most favourable attitude and belief scale was Scale 2: Responses to Problem Behaviour, which reflects the teacher's ability to understand students' needs for flexibility, safety, and building healthy relationships. Another highly favourable attitude is their ability to support students using empathy-focused behaviours, as reflected in the On the Job Behaviour Scale. The results also show that there was no significant difference between the overall ARTIC-45 scores or subscale scores among male and female teachers. However, there were significant differences in mean scores between the three educational systems (DoE, CET, IST), and pairwise comparisons showed that IST had the highest scores on most scales however it should be considered that teachers change systems throughout their careers and this study looked at where they were employed at the time. The study also found that years of experience did not significantly impact scores on the ARTIC-45 scales however it didn't consider levels of training in their years of experience. Overall, the results suggest that teachers have positive attitudes towards trauma-informed care, but there are differences between educational systems that should be taken into consideration when implementing trauma-informed practices.

3.7.2 Educator Attitudes to TIP

The pervasiveness of trauma-related health impacts is currently being researched in Australia with possible implications for government policy and funding initiatives linked to the National Consistent Collection of Data (NCCD) system in schools as it begins to recognise the physical, cognitive, social/emotional, and sensory impact of trauma on learning and development. Schools must be able to use a tool that can be implemented quickly and

accurately to measure and better understand their staff's knowledge, understanding, attitudes, and beliefs to provide the necessary training and policy reforms that will impact the lives of all involved in the education systems. Currently, the best tool to do that is thought to be the ARTIC-45 measure for an education setting (Maynard et al., 2019). While it is a valid measure, there is a critical need to extend the tool to help school leadership pinpoint areas for further development rather than generalised care environments.

We know from the broader dissemination of information and training in schools that it is one thing to know and understand particular behaviours, but it is another to action them and action them consistently. While a teacher may have high attitudes and beliefs towards trauma-informed practice, the ARTIC-45 does not measure specific actions, frequency, intensity, or consistency of practice. A future tool that measures observable pedagogical practices within a school as they relate to specific school-related principles and themes that include school leaders, teachers, students, and parent voices would give a more accurate and rigorous assessment of the knowledge, understanding, attitudes, and beliefs of the whole school community and organisation as it relates to trauma-informed practice. Further research into a rigorous assessment measure of trauma-informed practice for Australian schools is an essential next step now that the overall knowledge and understanding are in the moderate range.

3.7.2 Implications for School Leaders

To address the lowest scoring educator attitude of Scale 5, Reactions to Work, highlights the critical work of schools and systems to conceptualise better what trauma-informed practice is and why it is essential to prevent secondary trauma, burnout and adverse effects on staff, which also impact students. This research indicates that there is a pressing need to focus on the requirements of school leaders, teachers, and students in Tasmanian secondary schools. This would involve reviewing systemic policies and procedures that

reflect the students' needs while also promoting staff collegiality and self-care. By doing so, it could help to shift teachers' overall attitudes from moderate to high levels concerning the ARTIC scales and overall scores.

3.8 Conclusion

There is evidence of educators displaying moderately favourable attitudes towards TIP, and some evidence of engaging in TIP in the secondary school environment. To further understand the nature of these practices, a qualitative study was undertaken with the educators. A qualitative methodology will aid in the development of a conceptual framework of TIP in secondary school settings.

CHAPTER 4: STUDY 2 – CONCEPTUAL FRAMEWORK OF TRAUMA-INFORMED PRACTICE IN SECONDARY SCHOOL SETTINGS

4.1 Research Design

This study aimed to conceptualise the trauma-informed, pedagogical practices being implemented in mainstream secondary schools in Tasmania. Through semi-structured interviews using the adapted questionnaire in Appendix 1 replicating Alisic's (2012) study, anecdotal data was transcribed summarising educator's experience teaching young people with ACEs, their school policies and protocols, collegial support in their schools, and their personal needs to improve their effectiveness. The data was collected and analysed using NVIVO for common themes and sub-themes which were compared to the SAMSHA's 4Rs and six principles.

4.1.1 Research Questions:

1. What specific trauma-informed practices are being implemented in mainstream secondary schools to mitigate the effects of ACEs, and how do they relate to the SAMHSA conceptual model?

2. What specific trauma-informed pedagogical practices do these participants implement, and how do they relate to the six principles of trauma-informed care?

4.2 Participants

It has been recommended that qualitative studies require a minimum sample size of at least 6 to reach data saturation (Braun & Clarke, 2013; Fugard & Potts, 2014). Data saturation is the process of acquiring enough information to provide a sufficient conceptualisation of the topic or the point at which no new information is being provided (Braun & Clarke, 2012). Although there are no set sample size criteria in qualitative research (Braun & Clarke, 2006), the sample is often smaller than in quantitative research (Morrow, 2007). For thematic analysis, Braun and Clarke (2013) recommend 6-10 interviews as

sufficient for a small project such as an Honours thesis. Additionally, 6-10 participants are ideal for generating rich data, allowing for diverse perspectives and engagement from individual participants (Braun & Clarke, 2013; Creswell, 2014). Therefore, a sample of 13 was deemed sufficient for this study's qualitative analysis and scale. Thirteen secondary teachers with diverse experience and subject specialties were interviewed in this study, above the recommended ten by Braun and Clarke (2013), to increase the validity and scope of practice.

The participants in this study (Table 8) were selected to represent the broad, multidisciplinary perspectives of secondary teachers (n=13). The sample of teachers chosen represented a wide range of perspectives and experiences. This enabled the study to capture a diverse range of viewpoints on the topic being investigated. The participants came from different subject areas and teaching specialisations with varied levels of teaching experience. The saturation of themes identified through the data analysis was determined by the number of participants and the interviews that were conducted (Creswell, 2014). This enabled the study to capture insights from various disciplines and teaching contexts, providing a more comprehensive understanding of the issue being investigated (Bazeley, 2013).

4.3 Methodology

Recruitment involved purposive sampling, with the participant teachers invited to interview via their school email accounts. Diversity was sought in gender, years of teaching experience, learning area of the secondary school (Middle school, Senior School), role within the school (Classroom Teacher, Middle Management, Senior Leadership), and across subject areas. The researcher contacted participants upon completing Study 1's online ARTIC-45 survey tool (using their initials and school to identify them). The researcher sent them an email explaining the purpose of the study (mentioning the future development of tailored

information materials) and the informed consent procedure, followed by a phone call to answer any questions. The participant information and demographics are featured in Table 8.

Table 5

Semi-Structured Interview Participant Demographics

Demographics	*n*	%
Gender		
Female	7	53.8
Male	6	46.1
Teaching Area		
7 – 10	9	60
Senior School	5	33.3
Leadership	1	.06
Years of Experience		
0-5	3	23
6-10	1	0
11-15	4	30.7
16-20	3	30.7
21 – 25	1	7.6
26 – 30	0	0
30+	1	7.6

Note: n=13, Mean Years of Experience 15.3 years

Table 9 shows the various gender, teaching experiences, systems, teaching areas, and subjects the participants teach within their schools. Throughout the results, they will be referred to as their Participant number.

Table 6

Semi-Structured Interview Participant Education Experience

Educator Participant	Gender	Years Experience	School System Experience	Teaching Area	Subject/s taught
1	F	0-5	Catholic	7 – 9	HPE, Math, Science
2	M	0-5	Catholic	7 – 9	HPE, Wellbeing, Math
3	F	0-5	State/ Independent	7 – 10	HPE, Eng, HASS, Christian Studies
4	F	6 – 10	Catholic	7 – 9	Religious Education, Math, English, Humanities & Social Sciences,
5	M	11 – 15	State / Catholic	9 – 12	Outdoor Ed, Technology & Design, Vocational Education
6	M	11 – 15	State/Catholic	9 – 12	Hospitality, Home Economics
7	M	11 – 15	Independent	8 – 12	Philosophy, Humanities & Social Sciences, English
8	M	11 – 15	Catholic	7 – 12	Technology, ICT, Outdoor education, Math/Science
9	F	16 – 20	State/Independent	7 – 12	Agricultural science, Science
10	M	16 – 20	Catholic	7 – 12	Math, Science, HPE, Middle Leadership
11	M	16 – 20	State / Independent	7 – 9	Math, English, Science, Humanities & Social Sciences, ICT
12	F	21 – 25	State/ Catholic	7 – 12	English, Humanities & Social Sciences
13	F	30+	State/ Catholic	7 – 12	English, History, Geography, Humanities & Social Sciences

4.3.1 USQ Ethics

The USQ Human Ethics Committee approved the study under reference: H21REA168. Participants provided consent to participate by selecting the option on the online survey and indicating their interest in conducting the follow-up interview. Debrief and support were offered on the consent information page, including details for contact.

4.4 Measure: Semi-Structured Interviews (Qualitative)

In qualitative research, especially in the context of care environments such as schools, interviews are the most regularly used data-gathering method (DiCicco-Bloom & Crabtree, 2006; Taylor, 2005), and the semi-structured format is the most commonly used interview style (Kallio et al., 2016). The semi-structured interview has proven versatile and flexible, which is why it is a popular data collection approach. It can be used in conjunction with

individual and group interview approaches (DiCicco-Bloom & Crabtree, 2006), and the rigidity of its framework can be adjusted based on the study's goals and research objectives (Kelly, 2010). The semi-structured interview method successfully enables reciprocity between the interviewer and the participant (Galletta, 2013). This allows the interviewer to adapt follow-up questions based on the participant's responses and allows space for respondents' verbal expressions (Polit & Beck, 2010;Rubin & Rubin, 2005).

As outlined in Appendix 1, the semi-structured interview questions were adapted from Alisic's (2012) qualitative study investigating participants' perspectives on providing support to children after a traumatic experience. Each interview took between 45mins to an hour. This study semi-replicated the Alisic (2012) study, added additional trauma-informed, open-ended questions, and modified some questions to suit the secondary school environment better. Some questions were rewritten to include the terms young people or 'adolescents' in exchange for 'children' as in the Alisic (2012) study.

The semi-structured interview questionnaire contained three types of questions: general demographic closed questions (D), open-ended introductory questions (I), and follow-up questions (F), depending on the participant's responses to prompt clarification or further detail. The questionnaire focussed on five specific areas: Participant demographics; Experience; School Protocols & Procedures; Support; and Future Needs, which narrowed the study's focus to answer the research questions.

4.5 Research Framework & Reflexivity

The ontological paradigm for this research was realism, and the data was analysed through a postpositivist epistemological lens. Because the goal of this study was to explain human experience, these positions were chosen. According to realism, there is only one authentic reality, which can be discovered through observation and communication (Braun & Clarke, 2013). Realism implies that the participants' explanations of their experiences are

accurate representations of reality. The postpositivist paradigm proposes that there is a truth that may be discovered through research, but that the setting and the researcher's theoretical expertise will impact their work (Braun & Clarke, 2013). Accepting this, I, the researcher, interpreted the teacher's knowledge and experience to cater for their students with my own contextual and theoretical lens. Post-positivism allowed the descriptions of participants' experiences with students with ACEs presented in the interviews to be recognised as truth.

In qualitative research, the researcher is also a participant in the research process, and their prior experiences, assumptions, and beliefs will have an impact on the results (Hiller & Vears, 2016; Watt, 2007). Qualitative research is likely influenced by the researcher's ideas, values, and experiences (Braun & Clarke, 2012), necessitating reflexivity on the part of researcher in order to maintain objectivity. Reflexivity is a continuous self-awareness process that is used to recognise the researcher's participation in the data collecting and analysis process (Braun & Clarke, 2012; Finlay, 2002). The researcher engaged in reflexivity through (1) making notes about participants' comments during the interviews, (2) making interview summaries as soon as possible after an interview, and (3) developing and continually editing the researcher's subjectivity statement.

The researcher's role in qualitative research is crucial as their prior experiences, assumptions, and beliefs can influence the results. Reflexivity is a necessary process for researchers to maintain objectivity and awareness of their participation in the data collection and analysis process. In this study, the researcher engaged in reflexivity by taking notes during interviews, making interview summaries, and developing a subjectivity statement that was continually edited. By engaging in these practices, the researcher was able to acknowledge their influence on the research process and maintain objectivity.

4.6 Thematic Analysis

Thematic analysis is the process of identifying patterns or themes within qualitative data and Braun and Clarke (2006) suggest that it should be the first qualitative method that should be learned as "..it provides core skills that will be useful for conducting many other kinds of analysis" (p. 50). The themes, sub-themes, and elaborations from the interviews provided insight to the researcher to delve deeper into the hierarchy of TIP strategies using NVIVO software. This research followed the six steps outlined by Braun and Clarke (2006) which included: 1. Familiarisation with the data, 2. Coding, 3. Generating Themes, 4. Reviewing Themes, 5. Defining and Renaming Themes, and 6. Writing up.

The analytical procedure was based on the Braun and Clarke (2006) thematic analysis, which gave the option of some semantic coding and researcher interpretation. Semantic coding is often used in NVIVO, a qualitative data analysis software, to help researchers organize and analyse their data. With NVIVO, researchers can assign codes to segments of data and then sort and analyse the data based on these codes. It involves identifying words or phrases within the data that have a specific meaning or relate to a particular concept, and then assigning a code or label to these segments of data. Semantic coding can help researchers to identify patterns in the data, explore relationships between different themes or concepts, and gain a deeper understanding of the research topic.

The interviews were conducted in person at the school or via video conferencing. The interviews were recorded with the interviewee's consent and then transcribed using FireFlies AI software verbatim. Participant names being substituted with applicable codes and stored confidentially on the USQ Onedrive cloud platform as audio and written transcripts.

To assist familiarisation of the data, the researcher listened to the audio interviews between three and five times, reviewing notes of possible themes and commonalities to assist the thematic analysis. Analysing the data in this manner encouraged the researcher to

investigate themes within the narratives to identify commonalities with the SAMSHA principles and domains of trauma-informed practice and to identify unique pedagogical strategies being used in this context in a condensed manner. The researcher then coded the transcripts using NVIVO, a software package for qualitative analysis. The researcher reviewed the codes and themes and then subsequently sorted the themes into a hierarchical system based on the number of references and the strength of common themes. The researcher then discussed the code tree of the themes with the supervisory panel who cross-checked the final coding system of qualitative research results.

4.7 Results

4.7.1 Research Question 1

What specific trauma-informed practices are being implemented in mainstream secondary schools to mitigate the effects of ACEs, and how do they relate to the SAMHSA conceptual model?

The semi-structured interviews consisted of a series of questions to explore secondary teachers' experience working with young people with ACEs, their beliefs surrounding a secondary teacher's role, and the specific strategies they put in place to support these students (Appendix 2) and themselves. It then asked questions to identify current school protocols, how they receive feedback on their pedagogical practices, and what behaviours and processes were in place for students seeking support to access internal and external support through these systems.

SAMHSA's four elements of trauma-informed practice include: Realise (understand trauma and how it impacts a person); Recognise (identification of trauma related symptoms), Respond (supports and intervention to mitigate the effects of trauma), and Resist re-traumatisation (prevention and support). Table 10 below documents how the participants Realise, and Recognise trauma in young people. Realise was evidenced through the

participants' acknowledgment that behaviour is a form of communication. Participants were able to Realise ACEs affect children differently and they could all give examples of their experiences working with young people with these challenges. Participants were able to Recognise the different ways trauma affected their students physically, socially and emotionally, cognitively and sensory.

Secondary teachers in this study elaborated on a variety of pedagogical practices to explain how they Respond to young people. These trauma-informed practices were categorised into seven main themes, which are addressed in the results for research question 2 and are featured in Table 11. Resist was the area that participants had the most difficulty understanding and enacting due to their schools' complex challenges, barriers, and staff wellbeing and is documented in Table 12. Overall, the findings of this study were consistent with the 4Rs of the SAMSHA conceptual framework.

Table 7

SAMHSA 4R – Realise, Recognise: Summary with Example Statements from Interviews

SAMHSA 4R	Summary	Response example
Realise	Realises that behaviour is communication	P 2 – I remember lots of things from university, but the thing for behaviour management is all behaviour is communication. If they're being defiant, I ask myself "What are they trying to tell me?" They don't have the capacity to articulate. They're not emotionally intelligent enough to articulate what they want. So, half of the fun of teaching is figuring out the problem.
	Realises that ACEs affect children differently. Realise that teachers often don't know what children have experienced Realise there are different types of trauma Realise that trauma affects the brain and development inc physical, cognitive, social & emotionally and sensory	P 6 – It's funny because when TIP is put into that kind of terminology, you'd suspect that most of the students in a class would have had, maybe not to an extreme level, but had some part of trauma and with parents getting divorced or fights without us releasing and stuff like, that starts to feel like a lot of low level trauma building up. P 7 – She went from this high achieving student to not being able to focus or stay awake. She was hypervigilant and anxious.
Recognise	Behaviour: impulse control, hypervigilance, control, aggression, eating / sleeping patterns etc Emotional: levels of regulation, impulse control, mood swings, difficulties with expressive or receptive language, levels of distress Relational: lacking trust, resists social interactions, preoccupation with adult attention, difficulties with conflict and asking for help Cognitive: deficits in memory, focus, attention, and planning. Literacy and numeracy deficits Self-esteem: low self-concept, lack of confidence or overly confident, low self-competency, high guilt or shame	P 10 – He'd play pornography aloud in class to get peers reactions. He'd constantly be mimicking the noises of people having orgasms. He lacked personal space, especially around female peers P 3 – It'd be nothing for him to pick up a chair or table and launch it across the room in anger. P12 – I wasn't teaching her curriculum, I was just talking to her about life, making sure she was fed and clean. P13 – I had to completely write his own curriculum plan on a similar topic but at a much lower grade access point as he couldn't access anything at year 10 level. He was ashamed to answer any questions aloud in class because he just didn't know what was going on. Once he had his own project though, he was able to achieve success on his project and even the other kids in the class congratulated him.

Table 8

SAMHSA 4R – Respond: Summary with Example Statements from Interviews

SAMHSA 4R	Summary	Response example
Respond	Belonging to school, cohort, peer groups and class. Extra curricular opportunities in secondary school for all faculties. Various communication methods.	P9 "I build our classroom to be like a class family with photos of them all on the walls, celebrating their work on display, and encourage them to bring in items that represent what's important to them as talking points to build a sense of belonging"
	Reliability: safety, routine, trust	P4 "I'm not just their teacher but I'm their safe person, their advocate, the person they can come to for advice and they trust that I'll listen and be able to help them. Some of my kids don't have that at home and so they need to know they have someone they can count on, day in and day out."
	Attachment relationships: student-student, teacher-student, staff – staff	P8 "Teachers need to be approachable, firm but fair, and not take themselves too seriously. I use a lot of humour to connect with kids, talk about the things that interest them and really connect with them as a human and see what makes them tick."
	Voice: student and teacher, flexibility, choice, decision-making power	P13 "Once I knew he was really interested in racing cars, we then worked together on redesigning his curriculum task and assessment around this so it was engaging and so that he could achieve his goals. His parents were also really appreciative and noticed the difference in his attitude towards the subject and within his peer group when he could share his knowledge and understanding with others instead of giving up because it was boring or too hard."
	Emotional regulation: safe spaces in class, SEL programs, introspection, brain breaks, self-care, wellbeing	P12 "I didn't focus on curriculum with her, she was not ready for any of that. I just talked to her about life and made sure she had eaten and helped her wash her uniform and do her hair. We'd walk around and practice her self-regulating strategies and sometimes she'd even relax enough to have a sleep in sick bay. We were her safe space."
	Systemic policies and processes: Behaviour Management plans, Pedagogical frameworks	P1 "I looked everywhere on our website, on our Schoolbox pages and even on the system webpages and I couldn't find anything to do with trauma-informed practice. We have a polices for behaviour but it depends on who is actioning them as to consistency. I just kind of talk to their house head and they deal with it but I don't know what happens."
	Teaching Pedagogy: rules and expectations, explicit scaffolded and universally designed curriculum, personalised learning, engagement, verbal and non-verbal communication & behaviours	P2 "I spend the first few weeks of every year setting up and practicing our rules and expectations for consistency."
		P5 "I spend a lot of time differentiating my curriculum to engage all my learners and set personalised goals so everyone can be successful, despite their learning or emotional challenges."

Table 9

SAMHSA 4R –Resist: Summary with Example Statements from Interviews

SAMHSA 4R	Summary	Response example
Resist	Staff Wellbeing Teams and schoolwide programs Professional development and training Regular reviewing of policies and documentation Teacher observation and feedback All key stakeholders have voice in decision making	P12 – Sometimes we get an affirmation at briefing or a chocolate but that doesn't help much. We're constantly asked to mentor and support others who aren't coping with little in return P2 – I looked up our school policies to see if we had any and I couldn't find them. I even looked on the system website and couldn't see it P 11 – When you've been here awhile you know who to see and where to go but it's not always written down. P 4 – I work parttime because it's better for my mental health and work life balance. P 6 – I've never had any trauma training and the one I asked to go to was cancelled P 5 – No one from leadership has ever been in my classroom P 7 – No one has ever seen me teach nor given me feedback

4.7.2 Research Question 2

What specific trauma-informed pedagogical practices are being implemented by Tasmanian secondary teachers and how do they relate to the six principles of trauma-informed care?

When coding the interview transcripts for thematic analysis, the researcher found and organised similar themes to those identified in the SAMSHA (2014) research and the intended semi-replication of Alsic's (2012) study. Interestingly, each theme or sub-theme within the model also correlated with the trauma-informed practice themes described by SAMSHA: Safety; Trustworthiness; Peer Support; Collaboration and Mutuality; Empowerment, Voice and Choice; Cultural, and Historical and Gender issues.

The dominant semantic themes identified as trauma-informed pedagogical practice by educators in secondary schools in Tasmanian included practical teaching strategies to develop students' sense of: Belonging (to peer groups, class and school); Reliability (Routines, Trust & Safety); Relationships (Positive connections between student-student, and teacher-student); Voice (Choice, Flexibility, Empowerment, and Feedback); Regulation (Brain breaks/Mindfulness, Social Emotional Learning programs, Reflective and Restorative practices, and the design of Safe Spaces for private self-regulation); Systemic Policies (School Policies and Protocols, Multi-tiered Systems of Support, and Confidentiality); and Teaching Pedagogy (Differentiation, Professional Learning in Trauma-informed Practice, Attitudes & Beliefs, and Self Care & Wellbeing).

Figure 3 shows the relationships between the six Principles of SAMSHA's Trauma-Informed Practice conceptual framework and how it fits within the identified seven pedagogical practices that the participants in Study 2 identified.

Figure 3

Relationship between the Six SAMSHA Principles and Seven Pedagogical Practices Occurring in Tasmanian Secondary Schools

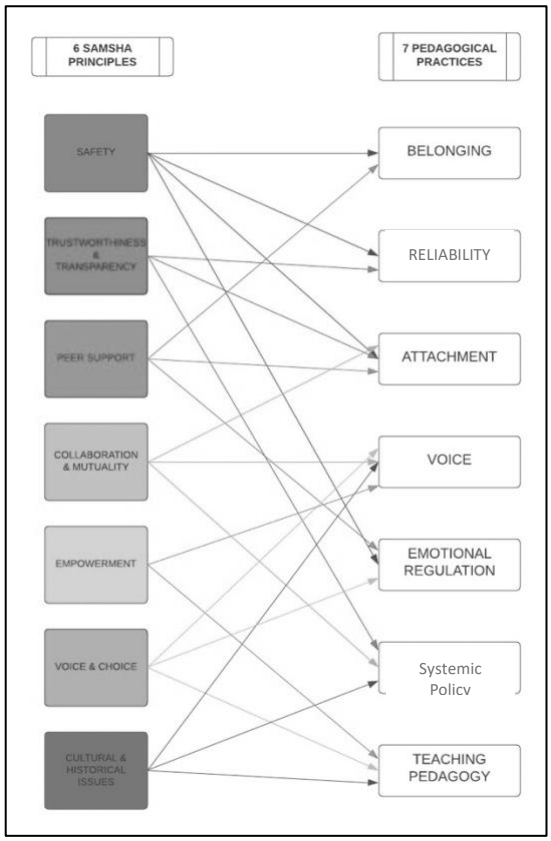


Figure 3 shows the overarching six SAMSHA principles of trauma-informed practice and how they relate to the seven major themes identifying specific trauma-informed pedagogical practices occurring in Tasmanian secondary schools to some degree. Each of the SAMSHA principles is being actioned in between two and four ways through specific pedagogical practices, according to these results. For example, the SAMSHA principle of Safety is being actioned by teachers by actively building a sense of Belonging to the school community, classrooms, cohorts, house groups, and peer groups. Participants are actioning it by establishing reliable and consistent routines in timetables and classroom structures and by establishing safe environments when students know what will happen and why. Participants are actively developing and maintaining safe, positive attachment through student-teacher

relationships, building rapport, focussing on getting to know students, and having an approachable, open demeanour.

When students feel safe, they are more likely to be able to enact the skills being taught to regulate their emotions and physical needs, which was evidenced throughout the interviews by teachers recognising a reduction in negative behaviour exhibition in their classes, increased attendance and engagement in learning, and increased academic achievement. Therefore, the SAMSHA principle of Safety is being actioned by participants and secondary schools in four specific pedagogical practices: by assisting students in building a sense of Belonging to the school, class and peer groups; by establishing and maintaining reliable routines and expectations; by developing Reliable structures through routines and predictability; by establishing and maintaining positive student-teacher Attachment between student-teacher, student-student, and teacher-teacher; and through explicitly teaching Emotional regulation skills and techniques. Table 13 shows the Master Table of Themes and Sub-Themes found in the interview analysis of Study 2. Further results for each theme are explored in the next section of this study.

Table 10

Semantic Themes and Sub-themes for Trauma-informed Practice Being Implemented in Secondary Schools

Theme	Sub-Theme
Belonging	To peers, class/cohort, school, community
Reliability	Safety, Routines & Consistency, Predictability, Trust
Attachment	Student-Student, Teacher-Student, Leaders-Teachers-Support Staff
Voice	Choice, Empowerment, Flexibility, Feedback
Emotional regulation	Mindfulness, Introspection, SEL programs, Safe spaces, Reflective & Restorative practices
Systemic Policies and Processes	Policies and protocols, Multi-tiered response systems, Confidentiality v's Mandatory reporting, Self-care and wellbeing
Teaching Pedagogy	Differentiation, TIP Professional Learning, Attitudes & Beliefs

4.7.3 Theme 1: Belonging

4.7.3.1 Belonging to Peer Groups:

Connectedness with peers is an important aspect for all students, especially during the adolescent development phase. Participants identified specific strategies that they role-modelled with their students to practice and build understanding, compassion and support of students with challenging social and emotional behaviours which they often acted out as a result of isolation, exclusion or misunderstood social cues. Participants targeted a group of students to have a discreet conversation about a peer to encourage them to understand, empathise, accept and respond accordingly. For example, one student identified in the study by Participant 2 often exhibited sexualised behaviours and externalised frustration by making sexualised noises or performing inappropriately in class. The function of the behaviour was to gain male peer attention and therefore the teacher had pre-empted their response in a

private conversation earlier where they were given alternative ways to respond to promote acceptance but deter the behaviour.

Participants frequently mentioned how they deliberately and thoughtfully developed seating arrangements to achieve various goals. Examples given by participants included separating students who do not work well together, seating similar-minded students together for peer support, mixing different ability levels for peer tutoring opportunities, and assigning group tasks and classwork that align with the interests and support systems of each student, to enhance their sense of belonging within their peer group.

Some participants identified strategies they used as finding common interests with the student and other groups and then facilitating their introduction to the group. Some participants may share some background knowledge discreetly with potentially kind, socially accepting peers to encourage empathy, compassion and social understanding prompting the students to seek out and invite the young person to join their group.

School leadership, prefects, captains and other similar roles were evident in all secondary schools and the emphasis on building connections with other young people in the school was a main priority. Belonging to specific groups was then facilitated by student leadership initiatives in team spirit practice, team/group uniforms or specific symbols such as a badge, hat, or sewn ribbons on blazers identifying membership.

4.7.3.2 Belonging to Class and Groups:

Teaching participants consistently described specific strategies they believed to be important in supporting secondary students with ACEs to build their sense of Belonging; to school, their classrooms, and their peer groups. One participant described her strategy for building a Year 7 classroom space by asking students to bring in an item of importance to them as a discussion point. Students brought photos of their families, special items that meant something to them, art and expressive pieces offering insight into them. These items were

brought in to create a sense of ‘family’ through shared experience, to build discussion points and opportunities to connect. Participant 9 described her class as ‘our core class family’, ‘the [school name] family’ and self-named groups to reinforce their sense of belonging. She specifically celebrated the diversity and acceptance of all students in the class, despite their challenges. Other participants used photographs of their students engaging positively in classroom experiences or with peers as a visual reminder that they belong to the class or core group, which were shared on school tv, social media and school newsletters with the broader community.

All secondary schools in Tasmania offer a variety of extra-curricular clubs, teams, and groups to opt into with both Catholic Education Tasmania and Independent Schools Tasmania making school extra-curricular compulsory such as a sport, and the Arts. Belonging was reinforced through pastoral activities built into the school day through tutor groups which are small groups of students within a larger House or sub-house. They meet daily to discuss school-related initiatives, plan fundraising and social events, and focus on student wellbeing and connection over time. Tutors were structured in vertical groups (7 – 12 groupings x house) rather than just their year level, and they remained in this small ‘tutor family’ for the entirety of the secondary school. This strategy worked well for younger students to be matched with older role models and allowed opportunities for peer mentoring and peer tutoring for those who had missed significant amounts of school or had difficulty remaining in class due to dysregulation or dysfunction.

Unlike primary teachers or teachers in specialist settings, teachers in secondary schools can teach upwards of 200+ students in a fortnightly cycle. Developing a sense of belonging to class and school was seen as a shared responsibility between familiar teachers, year levels, and multi-tiered groups (referred to as House groups, Schools within the School, and Core Curriculum groups).

4.7.3.3 Belonging to School Community:

Connection to the school community was discussed with examples showcased and celebrated on social media, in the local newspapers, and in school bulletins such as celebrating and welcoming the new refugee students to the community, sharing in the celebration of alumni students, and regularly inviting the school community into the school. Schools hold open days and showcase student work on display. Interpreters were used in the Catholic system to assist the parent/student/teacher feedback sessions, and the school organised paid taxi vouchers to encourage families to attend despite the financial difficulty. Belonging to the School community was reinforced through school songs, morning mantras, shared norms and student agreements on display, and schoolwide positive behaviour with an explicit focus on selected school values.

4.7.4 Theme 2: Reliability

All teachers interviewed stressed the need to create safe classrooms based on establishing routines, trust and safety through teacher behaviour, developing shared rules and expectations, predictable lesson structure and sequence, and supporting additional preparation for upcoming changes in the day sequence. These aspects of predictable routines, building trust through behaviour, and establishing a sense of safety through these actions gave the impression that they were a reliable adult. For students with trauma who often lack a reliable caregiver, this theme was critical for every teaching participant.

What varied were the specific strategies the participants believed created this sense of trust, safety, and routines. There was also a large diversity in responses on how reliability was established in classrooms between middle school teachers and senior school teachers, with middle school (12 – 14yrs) students seeming to need stricter boundaries which could be a reflection of their maturity and early to the middle phase of development compared with senior adolescence. One teacher who had immigrated to Australia from a strict and

regimental education system, who was an early career teacher, explained how they built reliability by "expressing their authority consistently and not allowing students to test their boundaries. They must know that I am in control and mean what I say." (Participant 5). Whereas another teacher created their sense of reliability by consistently using visual and auditory reminders, daily plans and communicating upcoming events or changes, providing 1:1 discreet instruction and cues to young people with challenges in attention and memory, and using non-verbal signals to cues to keep adolescents on track. They identified how they use a casual, friendly and low, gentle tone with positive, frequent feedback stating, "*I use my positive student rapport to build a supportive, safe environment where my students feel safe to not just come to class but to try. They trust me that I'm here for them*" (Participant 1).

Building and maintaining reliability in a secondary setting was also reported as a dominant challenge due to the complexity of events, external and extra-curricular opportunities, and school proceedings. These changes often occurred last minute with little to no forewarning and often led to unpredictable behaviours from students as a result. Having up to a dozen different teachers in the space of a few days was another leading challenge to maintaining stable routines and a sense of safety because participants reported the variability in rules and expectations between teachers. For example, an adolescent with ACEs may feel safe and supported with one teacher and then have the rules changed in a matter of minutes or hours by another teacher. This challenge is compounded if a teacher is absent and a relief teacher takes the class without forewarning the student.

Several participants explained their student's experiences and how school was often "*the safest place they could be due to their home life and external factors*" (Participant 2). Many participants explained how their students knew they could seek them out to support them by providing food, equipment, and even clothing. While the emphasis was on building this sense of safety and trust, it was evident that this also comes from developing positive

relationships and guidance, which lead to the third dominant trauma-informed theme; positive Attachment/relationships.

4.7.5 Theme 3: Attachment

When asked what the most critical trauma-informed practice a secondary teacher could implement, the resounding response from all participants was to create positive relationships with the students.

> I spend the first few weeks of term getting to know my students, finding out what makes them tick. We play games and have discussions about what's happening in their lives. I try to be open, supportive and responsive. I use humour and banter a lot to build rapport with my kids. Teenagers won't learn from people they don't like. They'll just act out so they can get out (Participant 4).

Many adolescents with ACEs, discussed by participants in this study, had challenging relationships with their parent/s and family members, which often led to isolation and loneliness. For some students, the school was their only safe and reliable environment and therefore, the relationships they formed with their teachers and adult role models in the school made a difference, as evident by participants acknowledging their student's consistent attendance, effort, and engagement in learning, and their reduction in negative external behaviours.

Strategies purported to be implemented by participants to establish and maintain positive relationships with adolescents were similar in theory; however, many could not give examples of how they do this but presumed they already had good relationships. When asked how they knew the strategies they implemented worked, many participants were unable to answer, which led the researcher to ask about how often they received

feedback from their students or other colleagues about their teaching and relationships with all-but-one participant reporting that they had never received formal or informal feedback from their students or colleagues.

Being a secondary teacher means you may teach between 50 and 250 students in any given week and can depend on many factors and specialities. Strategies identified by participants in this study to assist secondary teachers in formulating positive, authentic teacher-student attachment included being an active member of the school community. It helps secondary teachers connect with students outside of a curriculum class to build rapport and get to know students deeper through casual and informal conversations. Being a coach, going on camp, or facilitating a club provides opportunities to celebrate student success above and beyond the curriculum and to share common interests in daily conversations.

> Thinking back, being involved in the pastoral care team, extra-curricular teams, and coaching, and being a tutor helped me to get information about so many students. It gave me a feel for things, understanding who I can talk to and what I shouldn't talk about outside of the classroom is probably the biggest help because when you know that, it helps form a safe and positive relationship… It's much easier than making assumptions (Participant 6).

Most participants shared information about particular students with colleagues who also taught them at the time or previously to collaborate or consult about how to support them, 'find their hooks', and maintain a positive relationship based on common interests. Participants use opportunities to teach in the micro-moments and to take time out to share in the successes of a student 1:1 with them to reinforce the united team of support like "Hey mate, I heard from Mr. C that you are making a real effort in maths and he was so proud of you. Keep it up!" (Participant 2). These strategies provided the student with a

shared understanding that teachers cared enough about them to discuss them and share the feedback in a positive manner.

When discussing the role of secondary teachers, the majority of participants agreed it was a balance between teaching a curriculum to achieve results and "moulding young people into successful adults who can contribute to society in a healthy and positive manner through role modelling, positive behaviour support and pastoral care" (Participant 10).

Participants also reported focussing on supporting students to connect with their peers positively and responsibly through group work, role modelling, class discussions, class reflections and social-emotional programs. Participants believed that if their students could make friends and build their sense of belonging to their peer group, they had a better chance of succeeding academically and mentally. Again, the variation in strategies used by participants to do that was diverse, with most participants explaining that they "were winging it and hoping they were doing the right thing" (Participant 7) because they'd been given no formal or informal training or professional development.

More than half of the participants were unsure if they had the skills or knowledge to support young people with ACEs to establish and maintain healthy relationships with their peers or teachers and they often outsourced or referred the students to over-burdened social workers, counsellors or leadership within the school to follow up. When prompted with follow-up questions by the researcher to gauge what support they were provided with, the participants could not answer because "no one told me if they'd followed up with them" (Participant 12) or "they will get to them when they can, but their waiting list is months long so they may not be seen for a long time" (Participant 11).

Whilst most participants doubted their ability to implement consistent trauma-informed strategies to assist their diverse classes, many participants said they simply asked the students how best they could support them.

4.7.6 Theme 4: Voice, Flexibility & Empowerment

Participants who specifically asked their students how they could help and support them as learners recognised the power of student voice by enhancing empowerment. "*Just a quiet word often will support them along that journey of becoming more confident and more empowered and more comfortable to do things, to try things*" (Participant 3). Teachers said seeking student voice benefited their students and prevented them from making assumptions or applying inadequate or inappropriate strategies.

Participants shared the experience highlighting the advantages of listening to and acting on student voice include: increasing student participation in learning; developing and maintaining positive relationships, connection and a sense of belonging; fostering collaboration between students and their teachers; building and maintaining a positive environment and culture; developing personal and social capabilities; and building self-competence.

> Adam[1] was in year 10 and had been adopted by his primary school Principal and his husband after learning about the neglect and abuse he was enduring in his family home before entering foster care. Adam had significant learning disabilities and needed to access the curriculum at an early primary level, despite being 16. When teacher assistants worked in our classroom, they'd ask him questions about our curriculum and he was never able to answer them. He just didn't get it and then he'd retreat in embarrassment which also didn't help him socially in the class with his

[1] Name was changed for anonymity

> peers. He was passionate about cars and racing so I talked with him privately and we negotiated his own task based on this and then he chose how he would show his knowledge and understanding. He got really into it. His parents were really supportive and so happy that he was engaging in the learning for the first time. The other kids in the class were also intrigued and it opened up dialogue with his peers and affirmation. Giving him voice over the curriculum and assessment choices really made a difference. (Participant 13)

Participants highlighted the importance of seeking student voice as a trauma-informed practice. Student voices are heard and listened to in various aspects of school life. In secondary schools, student voice was expressed through school-wide feedback opportunities in panels, surveys, and daily tutor or home group conversations which were fed up to middle leaders to action. There was much disparity in the actioning of student voice between schools and systems and most participants in this research could only give examples of listening to student voice in regards to social or house events but didn't consider student voice in the review or development of school systems, policies or other higher-level impact opportunities that affect them directly. Participants in this research mainly identified opportunities to hear student voice in their own private classrooms.

In a classroom, student voice was generated through a continuous opportunity for feedback and reflection. Participants described providing students with flexible choice in making personal decisions and deciding how and what to participate in. In secondary classrooms, students make decisions about how they learn and are evaluated, especially when they were working on individual learning projects to suit their ability and readiness to learn. Secondary schools promote connectedness, active citizenship, and democratic practices through student voice and choice. The nature and quality of participation are critical factors

in improving student well-being and achievement. The following four aspects of participation have been identified as having the most impact: student voice, influence, choice, and collaboration (Graham, et al., 2017). Schools that provide students with opportunity for greater participation in all activities and settings will create the best conditions for student wellness and the advantages that come with it.

> Teachers would email me and complain about David[2] sending pornography to others in the class and making sexualised noises. As his House Head, I made the decision to be his point of call and to support the teachers in following up with him 1:1. It helped because it showed the teachers we were supporting them but it was really helpful to have consistency for David. We would talk it through and he would identify what his teachers could do to help him. He was able to identify behaviours teachers demonstrated that triggered him like addressing his behaviours publicly or standing too close to him. His voice gave him empowerment and we were able to provide a safe space through flexible choices (Participant 11).

4.7.7 Theme 5: Emotional Regulation

The exhibited behaviours faced by teachers of young people with ACEs often results from a dysregulation of core emotions and a lack of self-competence (Paccione-Dyszlewski, 2016). Therefore, emotional regulation enhancement could be a major focal point for trauma-informed education at all levels. Emotional regulation is learned through social learning, i.e., modelling and reinforcement from essential people in a young person's support system (Barlow et al., 2017). Participants in this study all considered themselves to be an influence and role model for their students who, with varied levels of training, were implementing Tier 1 (universal interventions for all students in their class), Tier 2 (targeted support to identified

[2] Name was changed for anonymity

students or small groups according to their school procedure or their level of training), and referred students to Tier 3 (internal and external specialist or professional supports). Schools as a whole also had a variety of timetabled social emotional learning opportunities built into the timetables for all students including daily tutor, wellbeing lessons, research-based whole school programs such as Be You which is the expansion of Kinds Matter and Mind Matters (Wyn et al., 2000). Catholic Education schools are also implementing The Resilience Project (Van Cuylenburg, 2019) which focusses on positive emotions that one experiences that increase their resilience. It focuses on three key pillars that promote positive emotion; Gratitude, Empathy and Mindfulness (GEM). This project has a strong focus on "Connection, Purpose, Kindness, Emotional Literacy and Physical Health" (Van Cuylenburg, 2019).

4.7.7.1 Tier 1 Supports

One Catholic secondary school in Tasmania implemented a Wellbeing period into the timetable for all students in year 7 and 8 which focused on explicit lessons supporting emotional regulation, resilience, sleep habits, wellbeing initiatives and introspection. "Since teaching Wellbeing with the middle school students, I've not only taught some great strategies to help my students but also learned a lot myself through things like the Resilience Project (Van Cuylenburg, 2019). The kids see the teachers who really get it, who are doing it with them and they're the ones who get something out of it" (Participant 5).

In Year 9, a Catholic Secondary school implemented a specific developmental program called "The Rite Journey" (Lines & Gallasch, 2009) which focussed on respectable and responsible relationships with a year-long teacher guide. The school had adapted the research-based program to also respond to female students and the program was used to enhance their existing pastoral care program to include solo camp, hikes, community service,

and other social/emotional initiatives. The program ran for 2hrs every Friday afternoon and featured explicit emotional regulation focus and practice including introspective, yoga and meditation, art therapy, being in nature and guided young people to communicate honestly in a safe, trusted and respectful group to gain a better understanding of this developmental phase.

4.7.7.2 Tier 2 Supports

Emotional dysregulation was one of the most frequent symptom for teachers to Recognise and Respond to with one teacher explaining that that was their only focus while at school attending her class:

> Sam[3] wasn't able to spend more than 15mins in a classroom before he would leave to go for a walk or visit the Safe Space. He would explode into so much emotion, like yelling and screaming, and he had no ability to regulate. He would be like throwing tables, and chairs, just yelling in your face, storming off, walking laps of the school and there was no point trying to talk him down because we knew you just had to let him do it in his own time. He just couldn't regulate at all. We had to do a lot of work with him about recognising his emotions and triggers and helping him build strategies to manage them. We set up a Safe Space where he could have time out in private. Eventually he was able to stay in class and even do some of his work." (Participant 3).

Two secondary schools in this study were using therapy animals to support students emotionally as a targeted Tier 2 response. Teachers in the Independent system with a therapy dog expressed their support for the animal to be able to support students with low engagement, emotional dysregulation, and brought a sense of calmness to the environment.

[3] Name was changed for anonymity

The therapy dog at one Independent secondary school in Tasmania was reported to work with Tier 2 and Tier 3 students as part of their emotional regulation and engagement but also had brought assistance to the staff in the school or regularly visit her for short periods for their own personal regulation, especially after a challenging lesson.

The use of "Safe Spaces" was evident in both the Catholic system and Independent system who both utilised a dedicated space in the school where students were supervised in private with a trained or specialist staff member as a tiered response to dysregulation where the universal supports from the teacher had not been sufficient in response. These dedicated spaces were described by participants as including sensory items such as popping tabs and fidget toys, sand and toy therapy tools, with therapy pods and lounges to sit or rest, weighted blankets, dimmed lighting, and quiet music. The walls featured motivational posters and plants in their décor. The spaces were referred to as "The Zen Space" in one of the Catholic schools (Participant 1) and "The Sanctuary" in an Independent school (Participant 3). Other schools and staff used their offices as a similar space when they had students in their house/class who needed Tier 2 or 3 support to regulate and calm themselves. Participant 3 said she loved the way students and staff reacted to her presence and the sense of calm she brought to the space when people were stressed or anxious.

Scheduling brain breaks between double periods (every 45-50mins) was considered standard practice in all secondary schools however the type of breaks permitted were diverse. Some participants in this study used the breaks for emotional regulation, to reduce cognitive overload, and stimulate the brain for engagement and retention. Participant 3 had training in the state system on the benefits of brain breaks for the adolescent brain and was also HPE trained. She utilised a large variety of short exercises with a specific purpose as a response to student behaviour in her classroom that were designed to calm, stimulate/energise, or to build connection. These short 'brain breaks' were highly regarded by the students, according to

participants of this study, with their purpose clearly articulated to benefit their needs. This was considered a Tier 1, universal intervention to support emotional regulation with Tier 2 students requiring additional support with their House Head or member of the school's pastoral care team.

Many of these students had their own 'exit cards' as part of their Learning plan which were shared between all their individual teachers as a Response to their needs. The 'exit card' was used by the teacher or the student at their discretion to exit the student to access 'their negotiated, safe people' according to Participant 10. Once the student returned from their break, a reflective conversation may take place where the teacher and student "discuss privately what happened before, during and what to expect next to repair the relationship" (Participant 7). Having authentic, restorative conversations between teacher and student after a Tier 2 intervention was not consistent with secondary teachers and many teachers had no formal training in how to have these conversations and therefore avoided them despite the research on the benefits of such in developing positive relationships and creating safe and peaceful schools free from conflict or violence (Deth, 2018; Winslade & Williams, 2011). Some participants explained that they would continue on with the lesson with hope that the student would return regulated and ready to learn (Participant 6).

Other Tier 2 responses to emotional regulation included moving the student to a 'break out space' with or without some supportive peers depending on the situation and task. Sometimes reducing the size of the audience, providing some physical proximity or space between the student and teacher, or changing the task so as to discontinue the source of dysregulation through distraction were also identified as Tier 2 strategies. Using 'teacher assistants' or 'student support officers', if available in the school, to supervise the student in a chosen activity for a short period was also identified, however, the availability of staff to support teachers in classrooms was one of the greatest challenges in the secondary school

environment as each school used these support staff in different ways and timetables for availability were rarely supportive of this approach. Teacher assistants were, however, timetabled to classrooms with identified students with traumatic stress symptoms more often than not for this reason.

4.7.7.3 Tier 3 Supports

Many students discussed by participants in this study also needed to access Tier 3 support which included using the 1:1 Safe Space with supervision or access to the school psychologist or social worker. Only 50% of partipants were confident in their referral process in their schools with no participants referring to external agencies directly but rather to their school's leadership to do so. This Tier 3 level of support was one of the largest disparities between schools. Tier 3 level of trauma-informed support is designed for students with substantial needs and who have not responded successfully to the Tier 1 universal interventions to support their emotional regulation, nor Tier 2 supports including the restorative conversations and time out. Tier 3 students were most often met with highly varying responses with more often than not, "students are sent home, suspended or expelled" (Participants 6, 7 and 9).

Despite every teacher in this study knowing and teaching between 1 and 5 students who required Tier 3 support, they all described their schools as under-resourced in people, specialists and training, impacting their options. Participants acknowledged the extensive waiting lists to see school counsellors, psychologists and social workers, with many referring but knowing "they wouldn't be seen for more than 6 months or even a year" (Participant 12).

A major challenge is to understand the purpose of behaviour in order to implement the best intervention. However, limited school leaders are responsible for Tier 2 and 3 support in secondary schools. These leaders are not trained in trauma-informed practice or specialised educational assessments, such as Functional Behaviour Assessment. This limits their ability

to respond effectively to the behaviour. Participant 10 was confident and experienced in implementing "Student Support Plans" to reduce problematic classroom behaviour. However, these were done without formal training nor parental consultation with agreed goals and therefore were not as effective as they could be according to best practices outlined by Yunji & Copeland (2020).

In all three secondary educational systems in Tasmania, there are similar roles in middle and senior leadership with responsibilities to support teachers and students, however, there is much overlap between an Inclusive Educational leader (previously known as a Special Education Leader or Learning Support Leader), leaders of Teaching & Learning, and Pastoral Care or House Head leader roles when it comes to students with ACEs due to the complexity of their learning needs, behaviours and their functions, and the student's possible diagnosed or undiagnosed disorders. The school lacked structured and consistent processes or procedures for adequately screening and collecting data to build a comprehensive understanding of the functional impact of a student's presentation. This made it difficult to create effective personalized learning plans, leaving students with ACEs unsupported in a formal capacity. Students with plans are not monitored regularly through an observational process nor are they reviewed in a timely manner with all key stakeholders consulted therefore participants in this study claim appropriate adjustment responses are rarely consistently being implemented for these students in any system.

Furthermore, participants who were expected to teach students every day who required this Tier 3 level of support were often unsupported themselves. Due to a lack of professional learning about trauma-informed practice, they admitted to often Responding emotionally or reactively risking the Re-traumatisation of students or developing secondary trauma themselves. This is an area for further research and review across all Tasmanian secondary school systems.

4.7.8 Theme 6: Systems, Policies and Protocols

The domain of Systems, Policies and Protocols refers to the ability for a school to clearly articulate their beliefs, attitudes and actions to support all members of the school community. Not only is it a major part of school governance but a legal requirement and upheld by National law, Acts and State guidelines. Whilst all schools must have relevant, rigorous and researched documents, it was clear from this study that this is not always clearly shared, communicated or reviewed regularly from a teaching staff perspective.

When asked if each participant's school had any specific trauma-informed policies, guidelines or procedures to support young people with ACEs or the staff, there was a resounding common answer: "I don't know." Although all schools had multi-tiered levels of support overseeing student pastoral care with accountability for student wellbeing, the participants in this study were using this system predominantly for punitive referrals rather than referring for support from a strength approach. Although all schools had generic school expectations and behaviour management policies, it was unclear as to how consistent they were being implemented.

> I would assume so because we have protocols and procedures for everything which are stuffed away in some digital handbook, which is stuffed away in a school management system on the computer. I would not for the life of me be able to find it though (Participant 6).

All participants in this study had experiences in their school with crisis responses, including student suicide, teacher death and other trauma-related experiences. One participant who had more than a decade of experience in their school noted their confusion in that they knew there must be some sort of policy or procedure but they described themselves as '*someone on the ground and not in a leadership position*'

(Participant 8), and didn't know what they were or how to enact them or what their role and responsibilities were if it were to happen. Another participant said,

> You would have been here for some of the tragedies that have happened within the school and the students. I wasn't closely involved, but I don't know what the processes were. In those incidents you might know more, but I don't. Not in that sense (Participant 12).

The resounding barrier to implementing trauma-informed practice in this study was the lack of systemic policy and protocols around sharing information about students with necessary people within the organisation. Results in this domain for every school included: multiple misconceptions and confusion around the dissemination of information, including its correct storage processes and the roles and responsibilities of key stakeholders. Every participant referred students to multiple people within their organisation (in a multi-tiered positive behaviour support manner) but also reported not receiving feedback on actions (Participant 12), not receiving advice or forewarning about student triggers despite leadership knowing (Participant 2), not having timely conversations about support or a shared understanding about a student's needs (Participant 5 and 8); and a lack of teacher support when things did go 'pear shaped' for many reasons (Participant 12). Whilst not a commonly reported action, there was a member of middle leadership and active teacher interviewed who said,

> …having that clear understanding of the system showing where that information goes and how it's reported and things like that is vitally important for everyone to know….That needs to be clearer in all our school policies and protocols and we don't. I take the time to speak to teachers face-to-face about kids in my House so they know and they feel supported (Participant 10).

This study showed a significant difference in how teachers managed the externalising behaviour of students with ACEs. Some participants felt confident in their ability to manage, support, and follow up according to their school's positive behaviour support tiers. However, others referred the behaviour to other staff in the school to manage and were unsure of the processes or responsibilities they had. This inconsistency and lack of transparency in school systems indicate there is more work for school leaders in this space to document and share with all members of the school community.

4.7.8.1 Staff Self-care and Wellbeing

All schools in this study attempted to implement staff wellbeing initiatives, including supporting staff to attend personal training sessions, focusing on holistic wellness, sharing in social outings to build connections, adopting mentor or buddy systems, and promoting safe spaces in study bays to collaborate and consult with like-minded colleagues. Some used extrinsic rewards such as canteen vouchers, duty swaps, time off, and prizes. There were mixed reactions when participants were asked if it was making a difference for them with most saying that they felt it was "an attempt to help those who need it" and not necessarily getting buy-in from all staff nor achieving measurable results from their perspective.

Self-care can help to reduce some of the impacts of secondary trauma, but teachers who felt they had failed to recognise their own personal wellness reported burnout and feelings of inadequacy and failure. Worse, just one participant identified the link between self-care and trauma-informed teaching. One participant shared their experience as, "trying to manage a class of 30 adolescents, all with varying needs, having to meet curriculum deadlines, implement learning plans, and manage the behaviour by yourself is exhausting." (Participant 12).

Interestingly, it was the younger teachers with five or fewer years experience who were more likely to report this feeling whereas some of the more experienced teachers shared, “You get to know your limits over time and experience helps you to keep that balance.” (Participant 13).

4.7.9 Theme 7: Teaching Pedagogy

Specific strategies that teachers described as important trauma-informed pedagogical practices focussed mainly on the importance of flexibility and differentiation to suit individual student’s needs and interests. Examples included teachers re-writing curriculum assignment tasks based on student-interest and providing alternative access points to ensure engagement, empowerment and success. Participants recognised the need for multi-modal delivery of information and repetition of information to assist memory and retention. Other examples included everyday negotiation and incorporating the other domains to develop positive and supportive learning environments. Participants also highlighted the importance of knowing the students and recognising their triggers or signs of distress and enacting proactive strategies to diffuse and re-engage the student in learning.

Teachers in this study identified non-verbal teaching behaviours from a teacher as an essential factor with one participant explaining, “Teenagers have an attuned bulls*it detector, and they can tell straight up if you’re genuine or trying to be something you’re not. Be honest with yourself and in front of them. Sometimes we make mistakes, we can model that it’s ok to make mistakes every day instead of putting ourselves on a pedestal” (Participant 12).

Adolescents are fearful of judgement from all angles and young people with trauma are even more likely not to risk that failure or experience of negative judgement and for a teacher to model that behaviour in real life then it is more likely to build relationships, trust, and a sense of safety for a young person to try. Two participants noted that their physical position in relation to a student was highly important with one

noting that they'd approach the student to talk to them from a distance and from the side being sure not to obstruct the exit and providing additional notice of the slow and intentional approach. This reduced the risk of surprise and intimidation. Another teacher referred to a physical sense of height and being on the same face-to-face level rather than standing over a student when in any conversation.

> You're always having conversations with students about how they're going. I've found often these students aren't going well; their lives are pretty complex and they're often quite intimidated or don't know how to answer. As part of developing that relationship so you can teach them, if you're on the same level and talking with them and listening to them and, it sounds obvious doesn't it, but I think that can make a real difference in getting them to listen and try (Participant 3).

4.8 Discussion

4.8.1 Theme 1: Belonging

The first theme identified as trauma-informed practice in Tasmanian secondary schools was building a sense of belonging for students within their peer groups, class and at a school level. The study found that building strong connections between students and their peers was essential for promoting their sense of belonging to the school community. Participants used various strategies to build connectedness among students, including developing seating arrangements that fostered peer support and organising extracurricular activities. Additionally, participants encouraged student leadership initiatives and facilitated belonging to specific groups through symbols of membership, such as badges, hats, or sewn ribbons on blazers.

The study also revealed that creating a sense of belonging to class and groups was equally important for promoting a sense of connectedness for students. Participants described

various strategies that they used to support students in building a sense of belonging to their classes, including celebrating diversity, using photographs of students engaging positively in classroom experiences or with peers, and organising tutor groups, which were small groups of students within a larger House or sub-house that met daily to discuss school-related initiatives, plan fundraising and social events, and focus on student wellbeing and connection.

Connection to the school community was also found to be essential for promoting students' sense of belonging. Participants discussed various examples of how the school community was showcased and celebrated on social media, local newspapers, and school bulletins. Schools held open days, showcased student work on display, and used interpreters to assist the parent/student/teacher feedback sessions. Moreover, schools used school songs, morning mantras, shared norms, student agreements on display, and school-wide positive behaviour with an explicit focus on selected school values to reinforce a sense of belonging to the school community.

The findings suggest that educators can promote students' sense of belonging and reliability by implementing strategies such as developing peer support systems, promoting student leadership initiatives, organising tutor groups, showcasing the school community, and establishing routines, teachers and school administrators can create a safe and supportive environment that fosters students' academic success and well-being.

4.8.2 Theme 2: Reliability

The theme of reliability was developed by establishing predictable routines, building trust through teacher behaviour, and creating a sense of safety were identified as critical components of trauma-informed practices by all teachers interviewed. The importance of these themes is further emphasised for students with trauma who often lack a reliable caregiver.

The study highlights the variation in strategies used to establish these components of trauma-informed practice. Middle school teachers, for example, were found to require stricter boundaries to establish reliability, whereas senior school teachers relied on positive student rapport and non-verbal cues. Furthermore, the study highlights the challenges of maintaining stable routines and a sense of safety in secondary settings due to the complexity of events, external opportunities, and the variability in rules and expectations between teachers.

The findings of this study align with previous research on trauma-informed practices, which emphasises the importance of creating a safe and supportive environment through predictable routines, building trust through teacher behaviour, and positive relationships (Kreuger et al., 2020; National Child Traumatic Stress Network, 2014). The study's findings also emphasise the need for ongoing training and support for teachers to implement trauma-informed practices effectively.

This study highlights the importance of trauma-informed practices in creating safe and supportive learning environments for students with trauma. The findings suggest establishing predictable routines, building trust through teacher behaviour, and positive relationships are critical components of trauma-informed practices. The study highlights the need for ongoing training and support for teachers to implement trauma-informed practices effectively.

4.8.3 Theme 3: Attachment

The third theme found was Attachment which teachers referred to as establishing and maintaining positive, authentic relationships in the school environment also known as teacher-student attachment. Participants 1, 3 and 6 gave examples of their use of playfulness in a secondary classroom, including using friendly controversy, humour, motivating and inspiring students, celebrating success, being enthusiastic and having regular social conversations to “get to know students” (Participant 3).

The results of this study highlight the importance of positive teacher-student relationships in promoting academic success and reducing negative external behaviours among adolescents with ACEs. Participants identified that being an active school community member, getting to know students through informal conversations, coaching, and facilitating extracurricular activities are effective strategies for establishing positive teacher-student relationships. Moreover, participants acknowledged the importance of collaborating and consulting with colleagues to support students' success and build a sense of belonging to their peer group.

The findings suggest that secondary teachers need to balance teaching a curriculum with providing pastoral care and positive behaviour support. However, participants reported a lack of formal or informal training or professional development on supporting students with ACEs, and often outsourced or referred them to over-burdened social workers, counsellors, or leadership within the school. This teacher training and support gap highlights the need for trauma-informed professional development to equip teachers with the skills and knowledge to support students with ACEs and establish positive relationships with them.

The findings of this study highlight the importance of positive teacher-student relationships in promoting academic success and reducing negative external behaviours among adolescents with ACEs. The study underscores the need for trauma-informed professional development for teachers and the importance of teacher collaboration and consultation in supporting students' success. These findings have important implications for the development of trauma-informed policies and practices in secondary schools.

4.8.4 Theme 4: Voice, Flexibility and Empowerment

This study highlight the importance and relevance of seeking student voice in creating trauma-informed practices in schools. Participants in this study recognised the power of student voice in enhancing empowerment and preventing assumptions or inappropriate

strategies. Seeking student voice also had several advantages, including increasing student participation in learning, developing positive relationships, fostering collaboration, building a positive environment and culture, developing personal and social capabilities, and building self-competence. One of the key messages from participants in this study was their concern for lack of consistency in this trauma-informed practice as it applied to student's voices and while teachers said they took their student's feedback onboard and worked with them to differentiate and provide them with flexible choice to succeed, this practice was not consistent at a multi-tiered level nor between staff.

One example provided by a participant illustrated the positive impact of giving students voice over the curriculum and assessment choices. The participant negotiated with a student who had significant learning disabilities and developed a task based on his interest in cars and racing. This allowed the student to engage in learning for the first time, and it also opened up dialogue with his peers, which further affirmed his engagement.

Furthermore, seeking student voice is an essential trauma-informed practice in schools. Participants in this study highlighted the importance of listening to and acting on student voice to promote connectedness, active citizenship, and democratic practices. The quality of participation, including student voice, influence, choice, and collaboration, has been identified as critical factors in improving student well-being and achievement (Graham et al., 2017).

Participants in this study identified opportunities to hear student voice mainly in their own private classrooms. However, there was much disparity in the actioning of student voice between schools and systems. Participants did not consider student voice in the review or development of school systems, policies, or other higher-level impact opportunities that affect them directly. This suggests a need for schools and systems to provide greater

opportunities for student participation in all activities and settings to create the best conditions for student wellness and the advantages that come with it.

One example provided by a participant illustrated the importance of student voice in addressing challenging behaviours. By being the point of contact for a student who was sending pornography and making sexualised noises in the class, the participant was able to provide a safe space through flexible choices. The student was able to identify behaviours that triggered him, and his voice gave him empowerment, which ultimately supported his behaviour change.

The findings of this study suggest that seeking student voice is a powerful tool in enhancing empowerment, preventing assumptions, and promoting trauma-informed practices in schools. It is essential for schools and systems to provide greater opportunities for student participation in all activities and settings to create the best conditions for student wellness and the advantages that come with it.

In addition to these findings, when participants were asked about what feedback they sought to know their teaching was effective, there was a unanimous response in a lack of professional feedback in all educational systems and there was no opportunity in place with any regularity or rigor for students to provide feedback. A recommendation for further research would be to seek student voice to investigate their perspectives of their school's knowledge and application of trauma-informed practice to compare with teachers' responses. A new comprehensive assessment measure could be developed to provide student voice on general teaching and learning experiences to identify areas for improvement and trauma-informed changes within the school's climate, culture and community.

4.8.5 Theme 5: Emotional Regulation

The results of the study suggest that emotional regulation enhancement should be a major focus for trauma-informed education at all levels. Participants in the study considered

themselves as influencers and role models for their students, implementing Tier 1, Tier 2, and referred students to Tier 3 interventions. The Catholic Education schools and Independent schools also had various social emotional learning opportunities built into their timetables, such as wellbeing lessons, research-based whole-school programs, and The Resilience Project, which focuses on positive emotions that increase resilience.

The study identified Tier 1 and Tier 2 supports that schools were utilising. One Catholic secondary school in Tasmania implemented a Wellbeing period into the timetable for all students in Year 7 and 8, which focused on explicit lessons supporting emotional regulation, resilience, sleep habits, wellbeing initiatives, and introspection. A Catholic Secondary school implemented a specific developmental program called “The Rite Journey,” which focused on respectable and responsible relationships with a year-long teacher guide. Two secondary schools in the study were using therapy animals to support students emotionally as a targeted Tier 2 response. The use of "Safe Spaces" was also evident in both the Catholic and Independent systems.

The findings highlight the importance of providing targeted and individualised supports to students facing emotional dysregulation. It is crucial to identify the needs of individual students and provide the appropriate level of support, whether it be Tier 1, 2, or 3 interventions. Additionally, schools should provide a safe and supportive environment, where students can feel comfortable and have access to resources that will help them regulate their emotions. The use of therapy animals, "Safe Spaces," and specific programs such as "The Rite Journey" can be effective tools in addressing emotional dysregulation. The findings also suggest that social emotional learning opportunities, such as The Resilience Project, can promote positive emotions, increasing resilience among young people. Future research investigating the impact of these programs on student educational outcomes over time would

be beneficial and should include students' voice to highlight their personal experience as well school data as part of the data collection process.

4.8.6 Theme 6: Systems, Policies and Protocols

The results of this study highlight the crucial role of clear policies and protocols in supporting the implementation of trauma-informed practices in schools. The domain of Systems, Policies and Protocols was identified as a key factor in enabling schools to articulate their beliefs, attitudes and actions to support all school community members. National laws, Acts and State guidelines mandate the existence of relevant and researched documents, yet this study found that such policies were not always clearly shared, communicated, or reviewed regularly from the teaching staff's perspective.

Participants' responses regarding their schools' specific trauma-informed policies, guidelines or procedures were concerning, as most reported a lack of knowledge in this area. Despite all schools having multi-tiered levels of support overseeing student pastoral care with accountability for student wellbeing, the participants predominantly used this system for punitive referrals rather than referring for support from a strength-based approach. It was also unclear how consistently generic school expectations and behaviour management policies were being implemented.

The lack of systemic policy and protocols around sharing information about students with necessary people within the organisation was identified as a significant barrier to implementing trauma-informed practice in this study. Participants reported multiple misconceptions and confusion around the dissemination of information, including its correct storage processes and the roles and responsibilities of key stakeholders. This lack of clarity led to a lack of teacher support when things did not go as planned, which could have serious consequences for students with ACEs.

There was also inconsistency in how teachers managed the externalising behaviour of students with ACEs, with some feeling confident in their ability to manage, support, and follow up according to their school's positive behaviour support tiers. However, others referred the behaviour to other staff in the school to manage and were unsure of the processes or responsibilities they had. This inconsistency and lack of transparency in school systems indicate that school leaders need to document and share trauma-informed policies and protocols with all members of the school community.

This study highlights the need for schools to have clear policies and protocols in place to support the implementation of trauma-informed practices. The lack of clarity and consistency in how schools manage student behaviour and support students with ACEs needs to be addressed by school leaders. There is a need for greater transparency in school systems and a shared understanding among all members of the school community to ensure that students with ACEs receive the support they need to succeed in school. Further research is needed to identify effective policies and protocols for implementing trauma-informed practices in schools.

4.8.5.1 Teacher Wellbeing Systems

The findings of this study suggest that although schools attempted to implement staff wellbeing initiatives, there were mixed reactions about their effectiveness. While some participants felt the initiatives were helpful, others believed they were not making a significant difference. These findings are consistent with previous research, which has shown that staff wellbeing initiatives can be challenging to implement and measure (Zirkel, 2020).

It is also noteworthy that the link between self-care and trauma-informed teaching was not well understood by the teachers in this study. This is concerning because teachers who fail to recognise the importance of self-care may be at greater risk of burnout and feelings of inadequacy and failure. These results suggest a need for greater education and

training on the importance of self-care, particularly in the context of trauma-informed teaching.

Interestingly, younger teachers with five or fewer years of experience were more likely to report feelings of burnout and inadequacy compared to their more experienced counterparts. This finding is consistent with previous research, which has shown that early-career teachers are particularly vulnerable to stress and burnout (Ingersoll & Strong, 2011). As such, schools may need to consider providing additional support and resources to early-career teachers to help them manage the demands of the job.

Overall, these findings suggest that while schools are making efforts to promote staff wellbeing, there is still work to be done in terms of understanding the link between self-care and trauma-informed teaching, and in providing effective support and resources to all teachers, particularly early-career teachers.

4.8.6 Theme 6: Teaching Pedagogy

Specific pedagogical strategies identified by secondary teachers in this study include providing explicit scaffolding of tasks, including checklists to keep on track; modelling and providing multiple opportunities to practice before being assessed to build trust and self-competence, providing frequent positive and task-orientated feedback for improvement and encouragement; celebrating student success no matter how small; differentiating success criteria based on a student's zone of proximal development to ensure success; supporting class discussion and peer mentoring/tutoring opportunities for adolescents to learn from each other, varying the modes of learning and demonstrating knowledge and understanding; providing and encouraging student choice, and encouraging students to set their personal goals. These specific strategies are strong predictors for building a student's self-competence, wellbeing and overall academic achievement (Hattie, 2009).

The results of this study highlight the importance of trauma-informed pedagogy as a way to create positive and supportive learning environments for students who have experienced trauma. Teachers identified the need for flexibility and differentiation to accommodate individual student needs and interests, including multi-modal delivery of information, repetition of information, and everyday negotiation. The importance of knowing the students and recognising their triggers or signs of distress was also emphasised, with proactive strategies to diffuse and re-engage the student in learning.

Importantly, non-verbal teaching behaviours from a teacher were also identified as crucial to creating a safe and supportive learning environment. Teachers who modelled honesty and vulnerability with their students were more likely to build relationships, trust, and a sense of safety for young people to try. Furthermore, physical positioning and body language were also identified as essential factors, with teachers approaching students from a distance and from the side to avoid surprise and intimidation, and being on the same level during conversations to promote active listening.

These findings are consistent with previous research emphasising the importance of trauma-informed pedagogy in promoting positive outcomes for students who have experienced trauma (Davis et al., 2018; Osher et al., 2018). Moreover, the study highlights the significance of teacher behaviour and attitude in creating a safe and supportive learning environment for students, aligning with research emphasising the importance of teacher-student relationships in promoting positive student outcomes (Pekrun et al., 2017; Wang et al., 2018).

This study's findings suggest that trauma-informed pedagogy has the potential to promote positive outcomes for students who have experienced trauma. Teachers who incorporate flexible and differentiated approaches, recognise individual student needs and

triggers, and model positive non-verbal behaviours and attitudes, are more likely to create supportive and engaging learning environments for their students.

4.9 Conclusion

Schools are complex institutions with multiple faceted dimensions of responsibility and actions and therefore, the role of teachers, while best intentioned to reflect trauma-informed practice, is often difficult to enact. Teachers were generally aware of trauma-informed practice but were unaware of all the associated behaviours that students exposed to trauma often exhibit. Therefore, many teachers inconsistently recognise the impact of ACEs and trauma in their classrooms. Teachers do not often respond to challenging behaviour with consistent, effective trauma-informed practice, possibly due to a lack of training, preparation and teacher self-care processes. Although every teacher in this study had taught at least one student who exhibited significant trauma-related behaviours, it was unclear how to recognise these behaviours consistently for some participants. Teachers often relied on student information from school leaders, which presented a significant challenge and barrier to their ability to support these students effectively. Both the quantitative and qualitative data showed low scores in staff support of each other to implement TIP and systemic support of trauma-informed practice at the school level in Tasmania.

Teachers demonstrated a moderate level of knowledge and understanding related to trauma-informed practice. Therefore, increasing the awareness of behaviours to look for and reasons why they present would contribute to a better understanding and see a more consistent approach taken. Having staff confident in their knowledge and understanding of trauma-informed practice in a secondary school would assist in creating more positive school environments and impact teaching and learning (Wilson, 2019).

CHAPTER 5: GENERAL DISCUSSION

This research aimed to understand and explore the use of trauma-informed practice in mainstream secondary school environments. The program of research consisted of two studies that focused on secondary teachers' attitudes and beliefs towards trauma. More specifically, it included a situational analysis examining these attitudes and beliefs. The second study delved deeper into secondary teachers' pedagogical practices to conceptualise a trauma-informed practice framework specifically for this secondary school environment.

The ARTIC-45 survey completed by secondary teachers in this study, revealed that they had a moderate attitude and belief related to trauma-informed practices in educational systems. A moderate level of understanding of trauma-informed care suggests that the teachers have some knowledge and understanding of trauma-informed practices, but there is room for improvement. It implies that educators require more training and education in this area to enhance their knowledge and skills to a higher level.

Although there were no significant differences found between demographic groups, there was a significant difference in attitudes towards trauma-informed care among different educational systems. This difference in attitudes may be due to the fact that some schools in Tasmania has already invested in some training in this area, which may have contributed to a higher level of understanding and positive attitudes towards trauma-informed care in their system. Overall, despite all systems having a moderate level of understanding, some systems may be more advanced due to varying levels of investment in training and education.

When the attitudes of Tasmanian secondary teachers towards trauma-informed practice were measured using the ARTIC-45 scale, and compared to similar studies conducted in Australia and America, there were similarities in the level of attitudes among teachers prior to and after training being implemented in trauma-informed practices in their schools. Furthermore, the confirmatory factor analysis of the ARTIC-45 indicated that the

sample of teachers was suitable for the research. In this study, the confirmatory factor analysis indicated that the sample of teachers was suitable for the research.

The second study's results investigated specific trauma-informed practices that are being implemented in mainstream secondary schools to mitigate the effects of ACEs. The dominant themes were categorised as Belonging – to peer groups, class and school community; Reliability – trust, safety and predictability; Attachment – with peers, teachers and parents; Voice – choice, flexibility, and empowerment; Emotional regulation; Systemic Policy and Procedures; and Teaching pedagogy. Each category related to the SAMHSA (2014) conceptual model's domains and principles and included education-specific domains for the first time. Future research to test this pilot model and the development of a trauma-informed measure specifically designed to measure these domains is critical for schools that are attempting to become 'trauma-informed' with only the guidance of current emerging research.

Practical application of this research includes informing Tasmanian Educational leaders and system leaders to better understand their teachers' current attitudes towards trauma-informed care as well as inform future discussions and strategic plans to focus on specific domains within their school contexts i.e. reviewing their current policies and procedures as they pertain to student behaviour and support, multi-tiered responses to student support and ensuring all staff are clear on these. Schools should be focussing on developing their environments to better support students' sense of belonging to their peer groups, classes and wider school community through engagement strategies, support and opportunities to connect. School teaching and learning leaders need to understand the impact of trauma on learning outcomes and provide professional learning to all staff on trauma and ways to practically differentiate their curriculum to suit individual students in their classes to build self-competence and success. Tasmanian secondary schools should be investing in

practical professional development for all staff in a multi-tiered response i.e. Tier 1–- universal knowledge of trauma and the impact on children's physical, cognitive, and emotional wellbeing; Tier 2–- targeted professional development for middle leadership, lead teachers and senior leadership which focusses on whole school identification and intervention strategies for young people impacted by ACEs; and Tier 3 – Specific professional development for school Principals and leaders, school counsellors, psychologists and allied health professionals to better inform the intensive, educational 'wrap around' approach needed to support students with complex needs.

The methodological approach to trauma-informed practice in education has primarily focused on assessing educators' attitudes or knowledge before and after training. However, this approach has not typically included mixed methodology, which would allow teachers to share their specific responses to support students with ACEs and identify any specific barriers and challenges within their schools or systems. Additionally, this field of research has been limited almost entirely to flexible learning centres, early childhood or primary settings rather than mainstream secondary schools and therefore this research is leading-edge and vital to inform this specific context.

CHAPTER 6: LIMITATIONS AND FURTHER RESEARCH

The first limitation is that the ARTIC-45 measure has had limited use in the literature, making it challenging to compare study findings with those from other studies and offer explanations based on such comparison. Another limitation of this study includes the participants interviewed. The study surveyed 135 secondary teachers and interviewed 13 secondary teachers purposefully selected to represent the diversity in years of experience, subject specialties, and training across Tasmania's three secondary school systems. The research focussed on their awareness and knowledge of trauma-informed practice. It does not include all staff from every school. Although this limited the study to a generalised view, the focus was on teacher knowledge and understanding in general in mainstream secondary schools. Further research into the comparisons with other ARTIC-45 usages in Australian studies would assist in determining if this sample of the population was reflective of the whole state and how that fits within an Australian model. Future research could include all staff in every school to capture site-specific knowledge, especially if it was a trauma-informed school measure that included student, teacher and parent voice for the first time.

Future research would benefit from correlating teacher attitudes and practices with the parent/community body and secondary students' experiences to determine if a teacher's trauma-informed practice was indeed being implemented and in what capacity. Additional research with mainstream secondary students would significantly add to the body of research to formulate effective systemic school policy and identify specific pedagogical practices that could benefit students with ACEs and all students. Developing a trauma-informed, self-reflection audit tool would also help secondary schools as they transition to being trauma-informed or when they review their policies and systems for improvement.

This research highlights the difficulty for teachers to identify adolescents with ACEs consistently and therefore provide them with a multi-tiered response to intervention as their

greatest battle. The literature is minimal on the use of adolescent trauma screeners (Witt et al., 2022). Therefore an adapted tool that could be administered quickly and efficiently in a secondary school system would greatly benefit the identification of at-risk students and areas of support to direct resources within the school more accurately and equitably.

Developing a trauma-informed classroom observation tool for teachers' self-reflection and professional development that identifies and measures specific BRAVEST pedagogical practices (Study 2 themes) would significantly add to the body of research as well as help schools to measure the intensity and frequency of evidence-based, trauma-informed pedagogical practices being implemented in their schools. It could help to determine the sub-themes' frequency and intensity of implementation and their effect over time on reducing negative behaviours, increasing attendance and engagement, and increasing student achievement. Very little research shows conclusively that trauma-informed practice benefits all students and improves academic outcomes over time. Therefore, further research into a rigorous assessment tool for TIP in secondary schools is critical.

CHAPTER 7: CONCLUSION

These two studies were conducted in Tasmanian secondary schools to measure teachers' attitudes, knowledge, and understanding of trauma-informed practice. The aim was to establish a baseline for further investigation by the researcher in conceptualising trauma-informed practice in mainstream secondary schools and how specific trauma-specific pedagogical practices relate to the SAMSHA domains and principles. The ARTIC-45 gave a quantitative foundation to understand secondary teachers' attitudes and beliefs as a baseline before intensive training and support. The semi-structured interviews considered the experience of secondary teachers and how they respond to young people with trauma.

The results of Study 1 found that teachers were aware of trauma-informed practice to a moderate level which suggests further professional learning needs to occur at all levels of the educational organisation in Tasmanian schools to review over time. The second study investigated what trauma-informed pedagogical practice secondary teachers implement to support students with ACEs. Participants were somewhat knowledgeable of trauma-informed practice to support their students, and many participants were implementing it to support student presentation but could not always articulate the strategies that may be considered trauma-informed due to a lack of formal training and development to highlight what they were doing was best practice. This lack of clarity can be problematic as it may result in inconsistency in implementation and a limited understanding of what constitutes best practices.

Formal training and development in trauma-informed practices can provide teachers with a deeper understanding of the effects of trauma on students and equip them with strategies to support those who have experienced it. This can improve the consistency and quality of implementation across classrooms and schools, resulting in better outcomes for students. It can also provide teachers with greater confidence in their ability to support

students who have experienced trauma and lead to a more supportive and compassionate classroom environment.

Teachers who have a better understanding of trauma-informed practices are more likely to recognise and respond to the signs of trauma in their students. They can create a safe and supportive learning environment, which is crucial for students who have experienced trauma. By recognising the signs and symptoms of trauma and providing appropriate support, teachers can help students feel more understood, connected, and supported, which can lead to improved academic and personal outcomes.

With the recent Commission of Inquiry into educational institutions, the prevalence of ACEs research being conducted in Australia in 2022 (Mathews et al., 2022), and now the injection of funding to schools to implement trauma-informed practice in Tasmania, it is time for governments to be investing in specific trauma-informed research in schools. Schools need to make fully informed decisions affecting policy-making and systemic educational processes for funding, support, and staff training. The intense attention given to the effects of childhood trauma on a country's health system, economy, and the wider community is perhaps the most significant global epidemic the world has ever encountered.

We need a rigorous, comprehensive response to support our institutions in implementing research-based, effective, trauma-informed practices to help mitigate long-term effects, especially in all our education systems. This research identified specific trauma-informed, pedagogical practices that align with the SAMSHA 4Rs and six principles and can be applied to all secondary settings which have not existed until now. This research found significant trauma-informed practices and include: Belonging, Reliability, Attachment, Voice, Emotional regulation, Systemic practices, and Teaching pedagogy. Further research into the BRAVEST conceptual framework's effects on student learning outcomes will assist this process and is the focus of the researcher's future work.

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APPENDIX A

Semi-Structured Interviews Questions For Teachers

Type	Question
General	
D.	What year level/s do you teach?
D.	What learning areas do you teach?
D.	How many years have you worked as a secondary school teacher?
D.	What is your age?
Experience and strategies	
I.	How do you develop and maintain positive behaviour in your classroom?
F.	Is this consistent with other teachers in the school? How does it differ?
I.	What is your experience with regard to adolescents and trauma/ACEs?
F.	Can you give an example? What did you do? How did you feel in this situation? How did the young person react? How did other young people in the class react? How did parents react?
I.	What do you believe the role of a secondary teacher to be?
F.	Could you elaborate on that? Would that be the same for your colleagues?
I.	What trauma-informed pedagogical practices do you currently implement in your class to support young people with ACEs?
F.	How do you know they are effective strategies? What strategies are the most important do you think? Why do you think that?
I.	What aspects of trauma-informed practice in secondary schools would you like to have more knowledge or skills of, if any?
F.	Could you elaborate on that? Would that be the same for your colleagues?
School protocols	
I.	Does your school have a protocol regarding trauma-informed practice?
F.	What does it look like? What do you think of it? What are the effects when using it for the child/ the class/parents?
I.	What are your habits for guiding young people and their families to accessing mental health care?
F.	Who do you refer to? Which organisations do you refer to? How do you do that?
I.	How do you get feedback as a teacher to support your implementation of trauma-informed practice in your classroom?
F.	How often does that occur? Could you elaborate on that experience? Would that be the same for your colleagues?
Support	
I.	How do you discuss the topic of teaching adolescents with trauma experiences with your colleagues?
F.	How often does that occur? What has been your experience in these discussions?
I.	How does the school support you to promote teacher self-care and wellbeing?
F.	What do you think of this support? To what extent does it answer your wishes?
I.	How do you support each other as teachers in the school?
F.	What do you think of this support? To what extent does it answer your wishes?
Needs	
I.	To what extent would you want to have more information than you have now?
F.	What information or training do you think is the most important? In what form should this information be provided?

I.	What kind of situations or experiences would make you anxious or ill-prepared to manage effectively in a secondary classroom?
F.	What kind of support would you like to have in those situations?

Note. Each interview to include the first four questions about demographics (starting with D), and researcher to fill out the gender of the participants. Subsequently, each topic (e.g., Experience and strategies) to be discussed with mostly open-ended introductory questions (examples starting with I) and follow-up questions dependent on the participants' response (examples starting with F).