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# Defining Trauma as a Key Part of Trauma Informed Practices (Part 1)

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> "Trauma is particularly damaging when it occurs in childhood"
> (Wall et al., 2016, p. 3).
>
> Liza didn't want to go to school—it was more than that—she felt physically unwell when she walked though the school gates, a simple act for many, but almost impossible for Liza. "People at school don't like me, I'm a bad person, why would I do well in school?" Liza's internal narrative was relentless. When someone spoke to her, she wondered what their ulterior motive was - what were they looking for? A mistake she'd made? She'd surely be in trouble... and Liza knew where that led...

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Everyone experiences trauma throughout their lives, but for some the impact of trauma is pervasive.

Like Liza, this can have extensive and profound impacts on a young person's life—school engagement, learning, behaviour, relationships, self-worth, mental health and wellbeing, health outcomes, and future employment trajectories (Bendall et al., 2018).

By the time a young person reaches the age of 16 years old, 60-75 percent of these youngsters have experienced one or more traumatic events in their lives (Mills et al., 2011). Consider that again—60-75 percent! That equates to between 18 and 23 students (in a classroom of 30 students), who have experienced, or are currently experiencing, one of more traumatic events/episodes!

Some scholars have said that childhood trauma is at epidemic levels; intrinsically connected to adverse educational and life outcomes (Chafouleas et al., 2019). These statistics are enormous and can have many life-long adverse effects on individuals.

Traumatic experiences in childhood and adolescence can impact on brain development and cognitive functioning—it is well-recognised that when the flight or fight response to stressors (or perceived stressors), is triggered it cuts off an individual's ability to learn (Teicher et al., 2016).

Brain imaging studies have repeatedly identified negative effects of the impact of trauma on brain structure and functioning (Teicher & Samson, 2016). Also, individuals who have experienced multiple traumatic events/episodes, have up to a 20-year reduction in their life expectancy (Brown et al., 2009)—let us put that in perspective— Table 1 shows the impact of trauma on average life expectancy in Australia.

Table 1 Impact of trauma on average life expectancy in Australia (ABS, 2020; Australian Institute of Health and Welfare, 2020).

| Life Expectancy | Average | Impact of Trauma |
|---|---|---|
| **Men** | 81 years | 61 years |
| **Women** | 85 years | 65 years |
| **Men (Aboriginal and Torres Strait Islander people)** | 72 years | 52 years |
| **Women (Aboriginal and Torres Strait Islander people)** | 76 years | 56 years |

Given the adverse and widespread impacts of trauma on young people, it is important to understand what is meant by trauma. As we collectively, through the ASSIST Network, start our shared exploration of trauma and trauma informed practices, it is important to look at the wide variety of definitions and terms that are used in this field, and what is actually meant by the term 'trauma'. In briefly exploring some relevant definitions, we can begin to form a shared understanding across the ASSIST Network, about what we mean when we talk about trauma, and how we can apply trauma informed practices in our classrooms and schools.

As Wall et al. (2016) advise, any discussions about trauma informed practices requires the consideration of the numerous definitions and terminology that surround trauma. The most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013)—which is the most widely accepted classification used by clinicians and researchers for classifying mental disorders, recognises trauma in the category on Trauma and Stressor Related Disorders.

In this chapter of the DSM-5, trauma and stressor-related 'disorders' are said to be related to "reactive attachment disorder, disinhibited social engagement disorder, posttraumatic stress disorder (PTSD), acute stress disorder, and adjustment disorders" (p. 271). All of these 'disorders' are a result of trauma, of course not all stressful events involve trauma (Suris et al., 2017).

With over 40 years of research about trauma in the fields of mental health and clinical care, multiple definitions have been proposed that do not all connect to the 'disorders' as defined by the DSM-5. SAMHSA (2014) has proposed the three "E's" of trauma; Events; Experiences; and, Effects, where "individual trauma results from an event, series of events, or set of circumstances that is 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 well-being" (p. 7).

The first 'E' in SAMHSA's (2014) definition, relates to Events and circumstances, which can include actual or perceived threat of physical or psychological harm (e.g., natural disasters, violence), life-threatening neglect of a child, bullying, physical and psychological harm. These types of events could be one-off or occur frequently/constantly and compound over time.

The second 'E', in SAMHSA's (2014) definition is for individual Experiences of events and circumstances. How an individual experiences (and responds to), a potentially traumatising event (or series of events), shapes if that event will impact as traumatic on an individual. We know from our own life-experiences, that one event may not be traumatising for one individual but can be traumatising for another person. How a person responds to a potentially traumatic event, shapes whether they experience it as traumatising or not—how a person labels, gives meaning to an event and how they are impacted (physically and psychologically), by that event helps to determine if events are traumatising. Feeling guilt, shame, humiliation, betrayal, lack of voice, on top of physical and psychological harm, can shape a person's experience of events (SAMHSA, 2014).

However, this is not to say that a person is responsible for being traumatised. It is vital that educators (and the wider community), understand that deficit thinking, and deficit perspectives have no place in understanding trauma, or in trauma informed practices. Importantly, schools and educators need to ensure that deficit views are not operationalised in school policy and practices, particularly in relation to those who have been historically marginalised in education in the past (e.g., Aboriginal and Torres Strait Islander Peoples).

Khasnabis and Golding (2020) provide an important diversion to addressing deficit views of trauma and traumatised individuals (and communities); defining both deficit and strength-based perspective taking:

- Deficit perspective: Describing a child/family/community by either explicitly or implicitly emphasizing their challenges, limitations, constraints, and/or pathologies. Often based on assumptions or assumed intentions.

- Strengths-based perspective/Asset perspective: Describing a child/family/community either explicitly or implicitly by emphasizing their strengths, assets, competencies, capabilities, and/or potential. Often rooted in viewing with generosity. (p.49)

The third 'E' in SAMHSA (2014) definition, is about the long-term Effects of traumatic events. These effects can happen straight away, or take some time to surface (e.g., PTSD). Traumatic effects can range from being hypervigilant to potential (or perceived) threats, to feeling numb, or avoidance of situations or talking about traumatic events.

In summarising SAMHSA's definition, Chafouleas et al. (2019), suggest that childhood trauma can be described as a result of an event (or series of ended or ongoing events), that 'poses a threat, which may be experienced by the child as harmful (physically or emotionally)", where the child's" reaction to the traumatic experience may have enduring effects on functioning and well-being" (p. 41). Bendall et al., 2018, define trauma according to their 'type' of trauma, with four types of trauma outlined—Single-incident trauma; Complex trauma; Secondary trauma; and, Intergenerational trauma (see Table 2).

Table 2 Some trauma definitions (adapted from Bendall et al., 2018)

| 'Type' of Trauma | Elaboration |
|---|---|
| **Single incident of trauma ('Simple' trauma)** | Unexpected events, such as bushfires, natural disasters, accidents, terrorist attacks, single incidents of assault, abuse (physical, sexual, emotional/psychological), or witnessing these types of incidents. |
| **Complex trauma** | Repeated/extensive traumatic events that can frequently start in childhood and extend over a long time; neglect, physical abuse, sexual abuse and psychological abuse. Complex trauma experiences are widespread in young people who have a range of mental health diagnoses and can intensify the complexity and acuteness of these. |
| **Secondary trauma** | Can impact on individuals who hear from someone else about another person's traumatic experience (e.g., mental health workers). This type of trauma can also occur through hearing from others about traumatic episodes, and/or from media reporting of traumatic events. |
| **Intergenerational trauma** | Intergenerational trauma is the impact of trauma experiences on caregivers, which can then be passed down to children. Intergenerational trauma is of particular significance for Aboriginal and Torres Strait Islander Peoples, refugees, children of veterans, and children of caregivers; indeed those caregivers who continue to be impacted by their own trauma experiences. |

Intergenerational trauma has been defined as "the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes as collective and cumulative emotional and psychological wounding" (Atkinson et al., 2010, p. 138). Some examples of intergenerational trauma are The Stolen Generations of Aboriginal and Torres Strait Islander Peoples; childhood abuse leading to cyclical abuse and stress
across generations; Child Migrants from the United Kingdom; and, the
pervasiveness of poverty.

It is also recognise that trauma is not necessarily the event itself, but rather the way in which a child is able to respond to the event/s when it is overwhelming, beyond their ability to cope and support structures are minimal or absent; this relates to a young person's coping systems and access to support. It is important to note that any single experience of trauma can have a negative impact on a young person's educational experiences, relationships in school, self-worth as a learner, self-esteem, academic self-concept and engagement in school and learning. How trauma is experienced in and through events is inextricably linked to a range of influences; including cultural background, developmental stage of a person, access to support structures, an individual's own predispositions and personality traits (SAMHSA, 2014), and historical and hierarchical structures and systems.



A range of protective factors and coping strategies can protect young people against trauma or support them in developing resilience to traumatising events (e.g., access to resources and supportive families/communities). However, when there is a lack of access to resources it can be difficult for individuals, families and their communities to address traumatising event. There is a flip-side to this, that those in so called 'privileged' communities, may be overlooked (Khasnabis & Goldin, 2020) for the impact of trauma.

No matter the definition of trauma that prevails, the evidence is overwhelming that trauma has reached epidemic proportions among young people (Chafouleas et al., 2019).

It is important to recognise and understand that trauma affects children from all backgrounds (e.g., cultural, socioeconomic status, disability etc.).

In summary, having a shared understanding of definitions and terminology surrounding trauma and trauma informed practices is very important; whether that is a single incident of trauma, complex trauma, secondary trauma, and/or intergenerational trauma—all types of trauma have widespread, long-lasting and adverse impacts on young people; particularly with educational attainment levels, mental and physical health, and life outcomes and life expectancy.

**In the next issue of the ASSIST Journal:** Dr Michelle Ronksley-Pavia presents 'Defining Trauma as a Key Part of Trauma Informed Practices' (Part 2), and will discuss trauma informed practices in schools and how system level support can help students and their families. In Part 2, the importance of educators' responsiveness in tackling deficit perspectives on trauma will be addressed, along with a focus on the importance of relationships and embedding trauma informed practices across school systems.

**References**

For a full list of references and sources cited in this article, please send an email request to Michelle via: m.ronksley-pavia@griffith.edu.au