Teachers' Knowledge and Experience on Trauma: A Qualitative Evaluation

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ABSTRACT

In this study, the knowledge and experiences of teachers working in schools regarding the traumas experienced by children were investigated. The study group of this research, which is based on a qualitative research design, was determined by purposive sampling and consists of 88 teachers working in secondary and high schools. The thematic analysis method was used in the analysis of the data. As a result of the analysis, four main themes and many sub-themes were determined, which represent the knowledge and experience of teachers about trauma, the effects of trauma on the teacher's life functions, obstacles to trauma intervention, and recommendations for the future. As a result, it was observed that teachers had significant educational and equipment deficiencies in both trauma knowledge and trauma intervention, as well as having experiences with student traumas. As a result, it can be said that increasing the knowledge and intervention skills of teachers about trauma will be an important approach.

The World Health Organization (WHO) emphasizes that a total of 40 million children under the age of 15 are exposed to violence and other traumas each year, and these traumas may change depending on the extent of violence and the child's personal experience, but may have long-term medical and psychosocial consequences (WHO, 2022). Studies conducted in this field report that two out of every three school-age children experience at least one traumatic event until the age of 17 (Perfect et al., 2016). It was determined that exposure to childhood trauma is associated with low academic achievement, low IQ scores, and deterioration in working memory, language, and vocabulary in students (Perfect et al., 2016). It was even reported that traumatized students exhibit poorer attention, destructive behaviors, aggression, hyperactivity and impulsivity, withdrawal from school, absenteeism, and grade repetition, as well as depression, anxiety, social withdrawal, and low self-esteem (Perfect et al., 2016). In a previous study, it was determined that children with Post-Traumatic Stress Disorder (PTSD) display more school-related problem behaviors than children without PTSD (Weems et al., 2013). Whatever the source and effects of trauma, workers who can support children (i.e., teachers and mental healthcare employees, etc.) must have a deeper understanding of how trauma affects child development and what intervention systems are effective in children's recovery.

It is already known that traumas have effects on children in the school system and their academic achievement. Considering that the primary mission of schools is to provide education and teachers are under tremendous pressure to make academic progress each year, the key point for adopting trauma-related early intervention services in school collaboration is the effects of traumas on academic achievement. As traumatic events continue to increase and affect large numbers of children, the community and schools must discuss the mental health services provided by schools, create trauma-informed school models, provide the necessary resources

for a trauma-informed school, and support the trauma-related staff (i.e., teachers) other than mental healthcare professionals in schools. However, it was reported in previous studies that both teachers' ignorance of their roles in supporting traumatized students and their limited knowledge of the uncertainty and traumas cause them to experience indirect traumas (Alisic, 2012; Berger et al., 2016). As well as the problems caused by teachers' incomplete knowledge of trauma, it was emphasized that they experience school-related dysfunction, including behavioral problems, social and emotional problems, and academic inadequacy because of their exposure to traumas. On the one hand, these dysfunctions experienced by the teachers, on the other hand, the failure of teachers who intervene in student traumas in the school setting in performing an accurate intervention process may bring bigger problems. Because it is considered that the people who can be consulted by students who are exposed to traumas in their childhood must have good mental health and have the necessary equipment for the intervention process.

As studies continue to show an association between school outcomes and traumas, limited literature has explored teachers' experiences with traumatized children. In this context, some studies reported that trauma-informed practices in schools facilitate the process to increase support for teachers, healing traumatized children, and reducing the behavioral and academic problems of students (Alisic, 2012; Alisic et al., 2012; Mendelson et al., 2015). In trauma-informed schools, staff from all levels have a basic understanding of traumas and an understanding of how trauma affects student learning and behaviors in the school setting (Cole et al., 2013). However, previous studies conducted on school teachers and students reported that teachers face uncertainties about childhood traumas, are inadequate, and have limited educational and policy information about traumas (Alisic, 2012; Dyregrov, 2009; Papadatou et al., 2002). In this context, more teaching experience, trauma-oriented training, and establishing relationships with traumatized children will play important roles in building trust based on traumas (Alisic et al., 2012).

Typically, trauma-focused training aims to create a shared understanding of the problem of trauma exposure, build consensus for trauma-informed approaches, and build attitudes, beliefs, and behaviors that help adopt trauma-informed approaches in the system. Previous studies showed that trauma-focused education given to service providers in clinical or school settings raises awareness, changes attitudes, and encourages practices appropriate for trauma-informed approaches (Brown, Baker & Wilcox, 2012; Green et al., 2015). Similarly, a school-based resilience program has positive effects on reducing PTSD and secondary traumas in teachers, increasing self-efficacy and optimism, and improving teachers' coping skills (Berger et al., 2016). It was also reported in previous studies that a universal, school-based, and trauma-oriented program will improve students' emotion regulation, social competence, academic performance, behavior in the classroom environment, and acceptance of authority (Mendelson et al., 2015). Also, in a recent literature review, Berger (2019) reported that whole-school trauma interventions and teacher training increase staff's knowledge of traumas and students' orientation, improve students' school engagement, reduce their disruptive behaviors and expulsions from school, and reduce post-traumatic stress and depression in traumatized students (Berger, 2019).

As in any traumatic experience, if teachers' knowledge of trauma is not increased and their experiences are not taken into account, this may force teachers on how to behave towards trauma and follow an intervention system, and may put students with trauma or who are likely to be exposed to traumatic experiences at risk. It can cause PTSD and Anxiety Disorders, which are psychiatric symptoms associated with stress. In general, it may not be a healthy approach to ask or expect only school mental healthcare staff to intervene in school-based traumatic experiences, without giving importance to teachers' knowledge and experience of traumas. For this reason, it is considered that faster solutions can be produced with the cooperation of school mental healthcare employees and trauma-informed teachers in preventive, protective, and remedial studies for traumatic experiences. Based on this perspective, the evidence supporting the effectiveness of school-based interventions (Jaycox et al., 2009; Kataoka et al., 2011) and aroused interest in the development and implementation of trauma-sensitive schools (Overstreet & Chafouleas, 2016) sparked an interest in the professional development of teachers regarding traumas in educational settings. Although the effects of education on traumas and their knowledge and experience regarding traumas have not been fully assessed, there are limited studies that directly investigate teachers' knowledge and experience regarding trauma (Berger, Bearsley & Lever, 2021). In this context, the present study aimed, to evaluate teachers' reactions, lack of education and resources, and school policy needs by examining teachers' knowledge and experiences about school-oriented traumas. The

results of the study are important in terms of improving the effectiveness and presentation of teacher resources and training, reducing student learning and behavioral problems, and achieving teaching and learning outcomes in a better school setting for teachers and students. As teachers' understanding of trauma exposure grows and uses trauma-based universal screenings to identify the needs of traumatized students, it will be critical to establishing effective prevention and intervention techniques in line with the identified needs. Based on this purpose and importance, the following questions were formed.

1. What are teachers' knowledge and experience about student traumas, and what are the sources they use regarding traumas?

2. What is the perception of teachers about the effects of the resources they use on traumas and what other resources do they need?

3. What obstacles do teachers face in dealing with traumas and what are their recommendations regarding this?

Background

Trauma

The American Psychological Association (APA) (2013) defined trauma as "an emotional response to a horrific incident, such as an accident, rape, or natural catastrophe. The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) defined trauma as "an event or series of events that is experienced by an individual as physically or emotionally harmful or life-threatening and that has a lasting effect on mental, physical, social, emotional, or spiritual health". Exposure to psychological trauma has become almost universal in human life. An estimated two out of three people worldwide have experienced one or more traumatic life events (McLaughlin et al., 2014; Norris & Sloan 2014). Examples of traumatic events are the witnessing of death or serious injury, physical or sexual assault, motor vehicle accidents, and childhood maltreatment. Although many individuals are mentally resilient, many are diagnosed with disorders associated with trauma, such as post-traumatic stress disorder (PTSD), as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Many childhood traumatic experiences are inflicted by those who are in their care and custody. These traumatized children may develop posttraumatic stress symptoms, but also impaired affect regulation and dysfunctional interpersonal relationships (Olff, 2013).

Complicated Trauma

Complex trauma describes both children's exposure to multiple traumatic events (often invasive, interpersonal in nature) and the far-reaching, long-lasting effects of this exposure. They often occur early in life and can disrupt many aspects of a child's development and sense of self. Because these events often happen to the caregiver, they can disrupt the child's ability to form secure attachments. Many aspects of a child's healthy physical and mental development depend on this essential source of security and stability. Adverse childhood experiences encompassed by complex trauma often begin in early childhood, are long-lasting or repeated, and are perpetrated by others. Where teachers need to be effective is in both monitoring and supporting children to recover from their complex trauma or other traumatic events (Rolfsnes & Idsoe, 2011). In addition to teaching academic skills, educators serve as role models, mediate interactions among children, and provide emotional support (Hamre & Pianta, 2001). If they are knowledgeable, they can also provide assistance with coping skills, including emotional processing, distraction, and the re-establishment of familiar roles and routines (Prinstein, La Greca, Vernberg, & Silverman, 1996). Although some studies suggest that teachers are uncertain about their role and what they should do to effectively help children after their students have been exposed to traumatic stressors (Alisic et al., 2012; Rodger et al., 2020), teachers can even be instrumental in supporting children's posttraumatic recovery. On the other hand, trauma-informed educational settings (teachers) are increasingly recognized as a critical environment for addressing the effects of trauma-informed and complicated childhood trauma that can thrive with trauma-informed educators, given the significant amount of time students spend at school, the relative safety of the school environment, and the buffering effect provided by supportive and positive relationships (Pelayo, 2020; McClain, 2021).

Adverse Childhood Experience (ACE). Adverse childhood experiences (ACEs) were developed to study the relationship between adverse childhood experiences (ACEs) and adult health problems. ACEs include emotional, physical, or sexual abuse; emotional or physical neglect and substance abuse; mental disorders; criminal behavior; domestic violence; or parental separation (Goldenson, Kitollari & Lehman, 202). Adverse

childhood experiences are events a child experiences that cause stress and can lead to chronic stress reactions and trauma. Studies show a strong relationship between the number of adverse events experienced in childhood and the number of health risk factors associated with leading causes of death in adulthood (Felitti et al., 1998). Globally, childhood adversity accounts for 29.8% of all disorders across life stages (Kessler et al., 2010) and is strongly associated with family dysfunction and maltreatment, physical/psychological suffering, and significant healthcare costs (Felitti and Anda, 2010). Indeed, in a study of 1784 socioeconomically and racially diverse samples, 73% of participants had at least one adverse childhood experience (Cronholm et al., 2015). Therefore, as these children enter the educational system, it is inevitable that school systems will be affected. School systems need to be prepared, and therefore teachers need to be informed about trauma, in order to provide intervention strategies for children exposed to trauma.

The Impact of Trauma in the School Environment. Since students spend most of their weekdays in the classroom, they experience cognitive, behavioral or academic problems when exposed to a traumatic event. The institution primarily responsible for dealing with these problems is the school and teachers. Traumatized students may lack a sense of security or trust in relationships due to previous unsafe experiences (Courtois & Ford, 2009). Therefore, students may misinterpret teachers' verbal or implicit language due to their previous negative experiences. Because unresolved and negative life experiences may condition them to be overly critical of teacher behavior. Trauma-induced behaviors often manifest as outbursts of anger, crying spells, peer and cyber bullying, or lack of engagement in academic and social life, all of which have a direct impact on student-teacher and student-student relationships and academic performance (Terr, 1991). Educators have a great responsibility to apply the trauma lens when delving deeper into the potential causes of traumatic and disruptive behaviors. However, educators need to be knowledgeable about traumatic stress symptoms, trauma-informed strategies, and how to create a trauma-informed learning environment for all students. Research suggests that teachers feel a responsibility to help students with and without traumatic experiences but feel unprepared to intervene due to a lack of knowledge about how to meet their mental health needs (Rothi et al., 2008). Some researchers emphasize that teachers and school-based mental health providers should consider screening for symptoms of mental health diagnoses to identify the functions of behaviors and the appropriate response or strategy (Porche et al., 2016). However, it is also known that this is not easy and that teachers should receive specialized trauma training.

The effects of psychological trauma and post-traumatic stress disorder (PTSD) are known to vary according to individual differences, the social and cultural context, and the culturally specific lessons and resources available to individuals, families and communities. The framework developed (Kira et al., 2011) distinguishes between the effects of (i) personal, unique physical characteristics of the individual or group, including skin colour, ethnic background, gender and sexual orientation; and (ii) family, ethno-cultural and community membership, including majority or minority group status, religious beliefs and practices, socio-economic resources and political and civic affiliations. Personal and social factors can be a positive resource contributing to safety and wellbeing, but they can also result in harming the individual or group concerned. This poses a unique challenge, particularly for refugee students who have migrated from countries experiencing protracted conflict and war to other countries. The multiple potential traumas and adversities they experience can have a cumulative effect and increase their risk of mental health problems and learning delays (Sullivan & Simonson, 2016). They are at high risk of mental health disorders (Derluyn et al., 2009). Therefore, students who have experienced difficulties in their home countries and schools due to various traumas, as well as students who have migrated from different countries and cultures, are likely to be unable to adjust to school. Therefore, a different approach is needed to support refugee students and their families (Szente et al., 2006). One of these approaches is that the integrity of the family, parental support, supportive friendships, and the sense of security felt at school after reacculturation can mitigate the effects of multiple traumas for students from different cultures (Reed et al., 2012). It has been reported that the role of educators is particularly important in providing these supports, but teachers lack training in trauma for students from different cultures. As a result, teachers lack cultural sensitivity and trauma-informed teaching skills (Nagasa, 2014). It has been found that teacher training that specifically focuses on improving intercultural relations, cultural identity support, language barrier management and the implementation of trauma-informed teaching practices will contribute to teachers' ability to support the adjustment of students from different cultures (Nagasa, 2014; Szente, Hoot & Taylor, 2006).

Method

Participants

The study group was determined by purposive sampling and the study was based on a qualitative design. In this context, 88 teachers who were working in secondary and high schools in Bingöl were contacted. The participants were identified in accordance with the interview form prepared by the author and in accordance with the inclusion criteria. The participants were selected according to the criteria of having previously experienced a traumatic event (violence, sexual abuse, death, disaster, accident, suicide, etc.) in the school environment, having been directly involved (intervened) in the traumatic events and not being from the field of school psychological counselling. In the present study, the author conducted qualitative interviews by selecting a small group representing teachers who make up a large part of the education community. Before the face-to-face interviews written consent was obtained from the participants. Also, informed consent of the participants was obtained through e-mails before the interviews. The sample of the study consisted of 88 teachers (49 male (46%) and 39 female (44%)). Regarding the years of service of teachers, 46 people (52.20%) had worked in their profession between 1-6 years, 11 people (12.50) between 6-10 years, and 31 people (35.30%) between 10 years and above. The types of traumas (cases) faced by teachers were sexual abuse in 12 cases (13.63%), violence in 51 (57.95%), natural disasters in 3 (03.40%), accidents in 4 (05.68%), suicide in 2 (02.27%), and death in 15 cases (17.04%). The sample consisted of 88 teachers and 10 subjects: 16 Turkish, 15 Religious Culture and Moral Knowledge, 13 English, 11 Mathematics, 9 Biology, 7 History, 6 Science, 5 Physical Education and Sports, 5 Philosophy Group and 1 Automotive. All teachers had at least one traumatic experience in the school environment. Forty-three of the teachers were compelled to take part in the events because of the pedagogical knowledge they had received in some in-service training, and the rest of the teachers experienced various difficulties as described in the findings.

Three open-ended questions were created by the author to receive the teachers' knowledge and experiences about traumas and these questions were asked to the participants in the interviews. Whenever possible, the participants were also asked probing questions to detail their knowledge and experience of school-related traumas. Teachers' knowledge and experience of student traumas, resources for responding to student traumas, interactions, and recommendations for their colleagues about education and the future were investigated with the semi-structured interview form. Sample questions were: "*What are teachers' knowledge and experience about student traumas and what are the sources they use for traumas?*", "*What is the perception of teachers about the effects of the resources they use regarding traumas and what other resources do they need?*", "*What kind of barriers do teachers face in dealing with traumas and what are their recommendations regarding this?*". Individual interviews with the participants lasted approximately 20 minutes for each participant and audio recordings of the interviews were taken to be deciphered later with the permission of the participants.

Data Analysis

The knowledge and experiences of the participants regarding student traumas were collected through qualitative semi-structured interviews. All interviews were transcribed verbatim and logged into NVivo 10 for thematic analysis. Qualitative analysis of interview transcripts was performed by using Inductive Thematic Analysis (Braun & Clarke, 2006). The thematic analysis includes the procedures of reading the data, identifying inclusive themes and blending sub-themes, and reviewing, identifying, and naming themes and sub-themes (Braun & Clarke, 2006). To facilitate familiarity with the data obtained in the interviews, the transcripts were read multiple times by the researcher and two experts who were competent in thematic analysis and were coded systematically throughout the dataset. The appropriate themes were then induced from the codes (Patton, 1990). The themes were reviewed for consistency by examining all sections of coded text for each possible theme and seeing whether the themes reflected the meanings evident in the data accurately and clearly (Attride-Stirling, 2001). Also, to ensure the reliability of the analysis, reflective notes were written by the researcher during the data analysis to record the early interpretations of the data and the relationships between the concepts (Birks & Mills, 2014). A journal was kept periodically throughout the data collection and analysis period to recognize the effects of the researcher's previous experiences, considerations, and assumptions and to avoid premature or biased interpretation of the data (Morrow, 2005) and all participants were given nicknames.

Results

As a result of the analysis, four main themes and many sub-themes that represented teachers' knowledge and experiences about traumas were determined. Sample citations, the gender of participants, and the number of ranks were included in each theme. A summary of the themes is given in Table 1.

Table 1. A Summary of The Themes

Themes	Sub-themes
Information on Trauma	1.1. Trauma Information
	1.2. Experiences of Trauma Faced
	1.3. Trauma Intervention
Effects of Trauma on Teacher's Life Functions	2.1. Effect on Mental Health and Social Relationships
	2.2. Effect on Academic Performance
Barriers to Trauma Intervention	3.1. Lack of Teacher Education
	3.2. Lack of Resources
	3.3. Lack of Trauma Informed Protocol
Recommendations for the Future	

Information on Traumas

Teachers' definitions of traumas vary. For example, "*The situation where the brain is affected biologically or the psychological structure is affected by a danger or distress*" (Female, 75), "*Emotional depression experienced by the individual" (Male, 66),* and *"Emotional processes affecting an individual's mental health*" (Female, 74). However, unlike their colleagues, some teachers made definitions of the effect of traumas on the psyche and body. For example, "*Injury in the soul and body*" (Female, 7) and "*The deterioration of the integrity of the soul and body*" (Female, 71). However, some teachers defined traumas and it was determined that there was a difference between traumas and other negative behaviors and that they experienced mental confusion about what exactly traumas were. For example, "*I say that they are bad events affecting an individual's life, but I have difficulty in distinguishing which situations occur as a result of traumas or which situations are considered as impertinence*"(Female 5), "*I can define the harassment of young students, especially the abuse of young girls by their boyfriends who break up or who decide to break up with their boyfriends, the effects of peer bullying on children, but I do not know if negative teacher attitudes and expressions cause traumas to the child*"(Female, 70).

Experiences Regarding the Traumas Faced. The traumas faced by the teachers and their experiences associated with these traumas are discussed in this theme. It was found that the traumas conveyed by the teachers were the traumas that the teacher personally encountered and the traumas experienced by their students. Regardless of whom the traumas were directed at, it can be argued that the teachers experienced significant difficulties in the traumas they faced. For example, "*There was an incident of harassment at our school and I did not know how to respond to it*" (Female, 58), "*Injuries that result from traumatic events that I faced, in general, were peer bullying among students, student fights (brass knuckles, knives, iron bars used in fights)*" (Male, 85), "*The biggest trauma I faced at school was the mobbing against me by the administration*" (Female, 4), "*My student lost his parents in a traffic accident* (Male, 80), "*Last year, I witnessed frequent fainting of a female student who came to our school after a transfer from another school. We always kept cologne in the classroom, she said when she was going to pass out. The family was informed and she was taken to the hospital. In the examinations, they said that the situation was psychological and that she acted like this to attract attention. We learned that her parents were in the stage of separation and for this reason, she acted like this. In such cases, I observed that the situation is very worrying and frightening for a student who constantly faints and for other students who see her*" (Female, 75). Also, although the teachers may be affected emotionally or spiritually by the traumatic experiences they face, it was observed that they guide the victims and have awareness about the subject. For example, "*I noticed that one of my students, whose parents were in the process of separating, was emotionally disconnected from reality. When I realized this, I consulted the school counselor*" (Male, 66), "*I had a student who stuttered after his brother was born, and it lasted for two years*" (Female, 5), "*I had a student who was bitten by a dog and he was very afraid of dogs. This fear even pushed him back academically. He was even afraid to go down the stairs in the apartment and school. Because he considered that if he went down the stairs, a dog would suddenly appear in front of him*"

(Female, 74), "*The traumas I have faced most were ... students growing up in a disinterested family environment, parents' divorces, peer bullying. For example, I had a student preparing for the LGS Exam. His parents were divorced, and the boy lived with his mother. This student was mocked and humiliated by his friends because of the low scores he received in the trial exams. He had had constant seizures for several weeks and he did not want to come to school. His mother also told about the negative situation at home in tears*" (Female, 6), "*I noticed that a student who was exposed to the traumatic death of a relative (Female, 2), was exposed to parental violence and also exhibited violent behaviors at school, he was constantly inflicting violence on his friends*" (Female, 9), "*I witnessed my student being physically and emotionally abused by his family*" (Female, 71).

Trauma Intervention. How teachers have intervened in traumatic experiences so far has also been assessed in the study. Except for psychotherapy, interventions such as psychoeducation, psychological first aid, and referral to a specialist were indicated in this context. For example, "*I did not take any action because I did not receive psychological first aid training*" (Female, 75), "*I conveyed the matter to the Guidance Service because I did not know the subject*" (Male, 80), "*I referred to the school counselor*" (Male, 66), "*I talked to the student's family and explained the situation*" (Female, 54), "*I referred the student to other institutions*" (Female, 9), "*I referred the student to the guidance service*" (Female, 7), "*Firstly, I provided psychological first aid support and then I directed him to the guidance service*" (Male, 16). However, it was also seen that the teachers who were supposed to help the students who had a crisis after the traumatic experience themselves had a crisis and were affected by the event. For example, "*I left the traumatized student and tried to calm myself down, but it did not work* (Female, 2), "*When I saw the crisis the student was in, I was afraid and ignored the student's request for help*" (Female, 71), "*I have never intervened so far, I have avoided, I have suppressed*" (Female, 19). On the other hand, it was also found that some teachers intervened in the incident directly and even performed preventive work. For example, "*In an incident of violence involving the students of our school and resulting in the benefit of seven people, we noticed the situation and reported it to the administration before this incident took place. The administration also reported the situation to the police, but we still could not prevent the incident. After the incident, we talked to the parents and tried to ensure the safety of the students*" (Male, 85), "*I removed the people at the scene, started to take control, and started talking to the student to stay in the moment*" (Female, 28).

Effects of Trauma on Teacher's Life Functions

Effect on Mental Health and Social Relationships. Teachers reported reactions such as emotional exhaustion, shock, fear, weakness, guilt, brooding, emotional pain, depersonalization, and anxiety when dealing with students' traumas. Teachers also reported the following regarding the psychological effects of the traumas they faced on them. "*I am constantly worried about what will happen at school today*" (Male, 85), "*The traumas I faced exhausted me both emotionally and psychologically. I started having nightmares at night*" (Female, 4), "*I still feel fear and anxiety when I think of it* (Female, 2). The teachers said that they felt the need for counseling, support, and information after being exposed to the reports and negative behaviors of the students affected by traumas. For example, "*I read a book, watched a movie to forget the event, but when I was idle, it would always come to my mind and it would make me unhappy. I went to a consultant as a last resort*" (Female, 74), "*I tried to forget the incident, but somehow it kept replaying in my memory. Then I received support from a mental health specialist about my experiences*" (Male, 25). On the other hand, the teachers also said that they were affected by the events mentally and this affected them negatively both mentally and in terms of social relations. For example, "*I was very touched spiritually and did not want to talk to anyone for days*" (Female, 7), "*I had trouble concentrating for a long time. When I was at school, my mind was always busy with that event*" (Female, 6). Participants also mentioned that their social relations were greatly affected by this during the process of encountering and helping students who were affected by traumas. "*Of course, seeing the events negatively affects our social life. We can be under the influence of the event for a few days and this affects our adaptation to social life*" (Female, 75), "*I was unhappy because of the trauma I faced at school and this started to reflect on both my family and my social relationships*" (Female, 4), "*I have a negative psychological atmosphere, I am unhappy in my social relationships*" (Male, 81), "*I started to withdraw, meeting people and spending time with them became a fear for me*" (Female, 74), "*The people around me trying to calm me down made me more crisis and I remember that I gave sudden reactions to those around me*" (Female, 2).

Effect on Academic Performance. Teachers said that the behaviors of traumatized students affected their ability to engage in effective and confident behavior management and their academic performance negatively and even create a domino effect. "*I am afraid of going to school. I cannot be productive during the classes*" (Male, 85), "*The events that I experienced keep my mind busy all the time, I have difficulty in continuing my profession*" (Male, 80), "*The negative events experienced by my students disrupted both my focus on the lesson and the motivation of my students. Other students who heard about the events were similarly affected negatively. Especially regarding the day of the incident, we cannot get efficiency from the education, because our mind is always on the incident*" (Female, 75), "*My former efficiency in the course has decreased, my motivation has decreased, I had difficulty focusing on my work for a while because I was emotionally affected. Teaching is a profession that requires energy, and my energy was exploited in other ways, which inevitably affected me in academic terms*" (Female, 9).

Barriers to Trauma Intervention

Lack of Teacher Training. The teachers also stated that they were incapable of intervening in students' traumas, and they had limited training in school-wide critical incident response training and trauma knowledge. They gave the following answers regarding the teachers' lack of training in trauma intervention. "*Unfortunately, I do not think I have enough equipment and experience in this regard*" (Male, 8), "*It depends on the type of trauma, but in general, I do not think I have enough equipment (training) on this subject*" (Male, 80). Teachers also expressed a lack of understanding of trauma and trauma-induced behaviors and difficulties with the realities of traumatized students. "*Our biggest shortcoming is our lack of psychological first aid training as teachers. On the other hand, we have deficiencies in school psychological counselors in controlling the events and in informing other teachers*" (Female, 75), "*As a teacher, I cannot say that I am equipped about traumas*" (Male, 66), "*Unfortunately, I do not have enough equipment, because I do not have any training in this field, but I think that training must be received*" (Female, 74).

Lack of Resources. Teachers also claimed that their trauma training level was positively associated with their confidence and effectiveness as teachers, and they felt more confident in supporting trauma-exposed students after the training. "*I do not have training in psychological first aid and I do not have both knowledge and experience in trauma. I need these and I think that when I receive training, I can intervene more effectively in traumatic experiences*" (Male, 80), "*Generally speaking, knowing the existence of clinical solutions and applying individual-centered therapies will provide better results with a low level consciousness*" (Female, 4), "*I think that there must be personnel who will provide security in the school before the events occur, and school psychological counselors must work in every school besides the school nurses*" (Male, 85), "*I do not think I have enough equipment. I do not know how to act in case of any crisis or seizure. I try to get help from other teachers in this regard*" (Female, 75). Teachers said that they needed professional development on traumas as well as training and recorded training such as books, short films, videos, and DVDs. "*As well as providing psychological support, I need books, especially on intervention in traumatic experiences*" (Female, 58), "*We have significant shortcomings in providing free psychotherapy support, especially to poor students with traumas because it is a serious problem for poor students to receive trauma treatment*" (Female, 6).

Lack of Trauma Informed Protocol. Teachers also said that there were deficiencies in school policies to intervene in student trauma. For example, "*The ministry and our school have significant deficiencies in terms of trauma policy, who will intervene in trauma first, what is the function of the teacher, can the teacher intervene in traumas, or is it just school psychological guidance service? I do not know if the advisors are intervening. There must be an explanatory and clear study on this issue*" (Female, 5), "*Informed protocols about trauma must be prepared especially in schools for parents. Conferences and seminars must be organized to inform parents about traumatic experiences. Psychological support must be offered immediately to parents who have a traumatized child*" (Male, 8), "*There are important deficiencies in identifying students who are at risk because of their traumatic experiences, on the one hand, and providing professional assistance support for these students on the other hand*" (Female, 6). On the other hand, it was also stated that the preventive, protective, and remedial system of the school for trauma-informed practices is not operated in due form. "*I think that schools must have trauma-informed protocols within the framework of certain laws and regulations because teachers lack knowledge about traumas*" (Male, 85), "*On the day of the incident, the families of the students came in front of the student and the school. Then, fights started between the parents of the students,*

and the students were involved in the situation. We could not protect our students. I do not know what kind of intervention must be made in such a situation" (Male 85).

Recommendations for the Future

Teachers suggested that more things must be done to help teachers in trauma responses, and trauma-related education and training will help in dealing with traumatized students in classrooms. For example, "*I think that teachers must be trained by experts on trauma, and students who are undergraduates in the teaching profession must be taught courses on trauma and its intervention*" (Male, 85), "*Symposiums can be organized, informative booklets and magazines can be published, and informative short videos can be released by establishing a commission consisting of experts and experienced people in this field*" (Male, 80), "*I think that the Ministry must provide all teachers with psychological first aid, psychoeducation, and crisis intervention training on traumas*" (Female, 75), "*I would recommend that all teachers receive training about traumas to better support students and psychologists must take part as well as school counselors*" (Female, 58)*, "In-service training on this subject must be made widespread*" (Male, 66), "*In-service training must be organized and mental health screenings must be performed at schools regularly by specialists to determine the mental status of students*" (Female, 74), *"Seminars on traumas can be given in schools, and meetings can be held at regular intervals to raise awareness of parents and teachers in this regard*" (Female, 9).

Discussion

This study aimed to explore teachers' knowledge, experience, training, and school policy needs related to student trauma. Teachers expressed their views on different responses to student trauma, different levels of training, policies regarding trauma-informed practices, and suggestions for the future of their colleagues. On the other hand, barriers and shortcomings to the success of trauma interventions by teachers in school settings were also highlighted. In this context, research examining a child's trauma and school staff's (i.e. teachers') experiences in defining trauma, identifying intervention needs and dealing with traumatised students was found to be lacking. However, the results of this study showed that teachers experience significant deficits in identifying student traumas, providing the necessary resources (teacher training and other resources) for trauma intervention, managing their mental processes, and providing the necessary assistance to students when they encounter traumatic experiences (Alisic, 2012).

The first outcome obtained in the present study was that teachers had limited knowledge about traumas and the difficulties they experienced in their interventions associated with traumas. Considering these, it can be argued that the most basic problem of teachers is that they do not have enough equipment for traumas during their undergraduate education and after they start their profession. Trauma knowledge is defined as knowing about traumatic events such as domestic violence, motor vehicle accidents, loss of a loved one, peer bullying, cyberbullying, and natural disasters. It was seen that schools also deal with crises, disasters, and other trauma-related issues, but the types of crisis or trauma students experience and teachers lack the trauma knowledge they need to best serve their traumatized students (Fu & Underwood, 2015). In some previous studies, consistent with the findings of the current study, it was reported that teachers and schools did not have enough knowledge about traumas (Overstreet & Chafou Leas, 2016), which intervenes student traumas difficult (Phifer & Hull, 2016). Although there are various support systems such as parents, teachers, and school counselors for children immediately after traumas, previous studies showed that there are inconsistencies in children's use and satisfaction with these support networks and services (Buckley, Holt & Whelan, 2007). The main reason for this is that teachers in general are poorly equipped and have not received adequate training on the subject of trauma (Reinke et al., 2011). Research continues to show that teachers are not yet prepared to adequately and comprehensively support students affected by trauma, despite the growing international interest and development of trauma-informed educational practices. This lack of preparedness has been reported to be even more pronounced among teachers and even among new graduates and pre-service teachers (Brown et al., 2020).

As a result, it can be argued that the fact that teachers do not have sufficient knowledge and equipment about traumas prevents the accurate and effective implementation of trauma interventions.

Another result obtained in the study was that student traumas negatively affect teachers' mental health, retardation in social relations, declines in academic performance, and deterioration in life functions. Teachers are exposed to various traumatic events during their daily work with children in schools. It is already known

that secondary exposure to traumatic events has significant impacts on teachers as the effects of exposure to these events become clear and schools have to learn more about traumas (e.g., the teacher and the school who have to learn the details of an abuse event or the details of a suicide event). According to the findings of the study, traumatic experiences (e.g., domestic violence, divorce, separation, and death) are the events that teachers are most exposed to. For this reason, it was found that teachers' apparent lack of confidence and knowledge about student traumas caused them to have secondary traumatic stress disorders (Berger, Abu-Raiya & Benatov, 2016). The results of previous studies that teachers exposed to traumatic experiences of students show academic regression, destructive behavior, and PTSD symptoms (Stein et al., 2003) also overlap with the finding of the present study. It was reported in another study that the teachers affected by the traumas of the students showed emotional exhaustion and fatigue behaviors, were disconnected from the students and were indifferent to them, and reported emotional burn-out, depersonalization, and decreased personal success, affecting their work performance and personal well-being, professional inadequacies, and problems in attending school (Leiter and Maslach, 2017; Skaalvik and Skaalvik, 2010). The main reason why teachers are so intensely affected by the traumas of their students may be that they do not have enough information on traumas and the traumas they face today are affected by their past traumas and they have difficulty in managing the spiritual process occurring because of this. It is stated in the literature that recent traumas (i.e., experiencing traumas in person, seeing traumatic experiences, and hearing about traumatic experiences) might trigger the traumas that the individual experienced in the past, and for this reason, although the individual seems to act under the influence of the current trauma the present trauma traces the past. A study supporting our findings (Eddy et al., 2020) states that the behavioral and mental health problems of children in schools inherently affect the mental health of teachers. In fact, approximately 30 per cent of young people with emotional and behavioral disorders show symptoms of post-traumatic stress (Mueser & Taub, 2008), which suggests that teachers who work with pupils may be more likely to be working with traumatized young people.

Another result obtained in the study was the obstacles experienced by teachers in intervening in traumas. Barriers to trauma intervention include the teacher's lack of trauma-related training, the lack of resources to consult in the trauma process, and the school's Lack of Trauma Informed Protocol. Recommendations included more training activities, trauma policies, and processes, access to staff and student counseling, and teacher information. It is stated that the trauma processes and frameworks in schools and the educational deficiencies and uncertainties of school mental health staff, teachers, and student traumas hinder the planned interventions for traumas (Alisic, 2012). Despite this fact, it was found that teachers intervene and provide mental health interventions to students who have problems, including traumas (Franklin, Kim, Ryan, Kelly & Montgomery, 2012). It was determined that these teachers generally intervene even though they are inadequately equipped and receive insufficient training in the intervention of childhood traumas (Reinke, Stormont, Herman, Puri & Goel, 2011). It's consistent with previous research that teachers experience barriers, such as lack of training and resources related to trauma, when intervening with students experiencing trauma. However, according to Alisic (2012), teachers who have more experience and training in trauma are more confident and have more knowledge about how to deal with trauma. However, such teachers are in the minority, with the majority of teachers reporting a lack of training and experience in dealing with trauma and in ongoing classroom management.

The limited number of studies conducted on teachers' trauma knowledge and trauma training, and the specific findings of this study, support the need for increased awareness and trauma training in the profession of teachers. Teachers can support their future colleagues by developing and integrating teaching materials about working with traumatized students into their current programs. It is reported in some studies that students can integrate issues associated with student traumas, such as lifelong development, crisis and trauma management, and family systems, or by offering in-service seminars and/or workshops in this regard (Rumsey, McCullough & Chang, 2020).

Another barrier to trauma intervention is the school's lack of trauma-informed protocols. Students who have a history of trauma may have difficulty controlling their emotions when exposed to trauma reminders and may even become physically aggressive and break the rules. School policies without trauma knowledge may not be able to address these issues and instead students who are exposed to trauma reminders and who become aggressive because of it may be suspended or subject to harsh or punitive reactions such as expulsion from school. Because the school has targets associated with safety on campuses, strict enforcement of these policies

might cause undesirable consequences, such as higher dropout rates or more dropouts of schoolchildren into the juvenile justice system. Some previous studies report that the lack of trauma-informed protocols is an important factor in teachers' intervention to traumas and it is critically important to have trauma-informed models within existing multi-level, school-based support systems to increase the delivery and accuracy of trauma-sensitive policies and practices in schools (Plumb, Bush & Kersevich, 2016; Reinbergs & Fefer, 2018). Although there are various frameworks for trauma-informed schools (Cole et al., 2013; Wisconsin Department of Public Instruction, 2013), empirical studies have not identified the factors that cause the adoption, successful implementation, and maintenance of trauma-informed approaches. However, initial reports from uncontrolled studies of trauma-informed schools reported drastic decrease rates in of expulsions (Stevens, 2012). However, it is still not clear (a) what specific elements of trauma-informed schools may have contributed to these changes, and (b) what short-term consequences (e.g., changes in classroom management approaches, changes in school discipline policies) are.

The participants made various recommendations to the authorities who are responsible for education and training (Higher Education Institutions and the Ministry of National Education) for their colleagues who have just started or will start their profession regarding the intervention of students exposed to traumas. Firstly, it was emphasized that as well as teaching the courses on trauma intervention during the undergraduate period, newly appointed teachers must receive training. Similarly, it was suggested that teachers, who are professionals in trauma intervention, organize meetings at regular intervals to receive seminars, and in-service training at schools, and to raise awareness among parents and teachers. The results were that expert support regarding student traumas was lacking, but when teachers were able to consult with more experienced colleagues, this resulted in improved strategies and more adaptive school responses to student traumas. It was emphasized that this result must also be assessed in light of studies that emphasize the inadequacies of teacher knowledge and education about student traumas and classroom management (Alisic, 2012; Howard, 2018). For this reason, the recommendations of this study focus on more general training and feedback for teachers, more specialized training and individualized counseling for school mental health staff, and whole-school graded approaches to training and supervision for the staff.

Results

The traumatic experiences that teachers encounter most are; harassment, abuse, peer bullying, violence at school, accidents, separation-divorce of parents, disappearances and deaths, domestic violence.

The teachers' lack of knowledge and skills related to trauma and trauma (psychological first aid, psychoeducation, crisis intervention, etc.) made it difficult to intervene in trauma.

Traumatic experiences at school, psychological problems such as emotional exhaustion, fear, helplessness, guilt, deep contemplation, emotional pain, and situations that affect academic performance such as inability to be productive in the lesson, difficulty in maintaining the profession, professional depersonalization.

The most important issues preventing teachers' intervention in trauma were identified as the lack of training of teachers on trauma, lack of resources, and the lack of protocols of schools regarding trauma.

Limitations

A limitation of the present study was that it was based on self-report measurements. Self-preservation and enhancement motives and potential self-deception and limited memory problems might have affected the reliability of the self-report measurements (Robins et al., 2009). The teachers might have answered the questions according to how they felt that day, rather than taking them as a whole. Participants might also have answered the questions in a socially desirable, self-sustaining, or self-improving manner.

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