EVIDENCE BRIEF

Trauma-Sensitive Practices for Student Mental Health

This evidence brief synthesizes current research on trauma to inform a tiered, school-wide approach to supporting student mental health and well-being through trauma-sensitive practices. It is intended for **school staff** who work with students from kindergarten to grade 12.

This brief provides an overview of key concepts, including definitions, prevalence, how trauma may manifest in the school setting and the impact on learning and well-being. It also outlines the core components of trauma-sensitive practices in education and concludes with evidence-informed recommendations for practice.

Main messages

- **Students may experience trauma across multiple settings** including home, school and within the community (1).
- **Responses to trauma may vary across individuals and change over time,** depending on factors such as student context and available support (1,2). The effects of trauma may also vary depending on the developmental stage at which it occurs, with some periods representing greater sensitivity to long-term impacts (3).
- **Trauma can negatively impact brain development.** Repeated or prolonged exposure to trauma can disrupt healthy brain development, affecting the body's stress response systems, memory, attention, learning and emotional regulation (4).
- **Trauma affects learning, relationships, behaviour and overall well-being.** It influences how students engage, regulate emotions and connect with others (5).
- **Structural inequities (e.g., racism, poverty) increase both exposure to traumatic experiences and the intensity of their impact,** contributing to disparities in outcomes for students (6).
- **Trauma-sensitive practices have the potential to reduce harm** and support resilience and belonging (7). Trauma-sensitive practice emphasizes the creation of safe, predictable and inclusive environments that are grounded in core principles such as identity-affirming practice, safety, choice, trustworthiness, collaboration and agency, which together support connection, regulation and student well-being (8).

- **Collaboration between schools and families is essential** to effectively support students experiencing trauma, which ensures consistency, shared understanding and coordinated care across settings (9).

Overview

Trauma is a lasting emotional response resulting from exposure to distressing events (10). In clinical terms, traumatic events, as defined in the context of Post-Traumatic Stress Disorder (PTSD), involve actual or threatened death, serious injury or sexual violence. However, children and youth may experience a much broader range of highly distressing situations as traumatic. Trauma may emerge through direct experience, witnessing events or repeated exposure to adversity (11) and have lasting effects on development, functioning and mental health (12).

Importantly, trauma is shaped not only by the event itself but by how it is experienced and interpreted by the individual. For example, children who experience domestic violence, maltreatment or disruptions in caregiving (e.g., foster care or adoption) are at an increased risk of developing PTSD and other co-occurring mental health difficulties (13). As such, in this brief, the term *trauma* is used broadly to refer to events and experiences that may be perceived as traumatic for those who experience them.

Children and youth may experience a wide range of distressing and potentially traumatic experiences across the home, school and community. These include violence, neglect, racism, oppression and differential impacts of global or local crises or tragic events (1). Such experiences can have lasting impacts on mental health, learning and development (5), and may also extend across generations, shaping children's well-being and responses to stress (14).

Trauma shapes how students think, feel and act, which affects relationships, emotional regulation and learning.

> Students who experience trauma may exhibit a range of actions and changes that influence their day-to-day functioning, relationships and overall developmental trajectories.

Responses may present as internalizing (e.g., withdrawal, anxiety) or externalizing (e.g., aggression, defiance) behaviours and may change over time (5). Trauma is often cumulative and can disproportionately affect children facing structural inequities (2).

> Protective factors such as supportive relationships and stable environments can mitigate these impacts.

Childhood is a critical window because early experiences strongly shape development, making it both a time of heightened vulnerability to trauma and an opportunity for prevention and early intervention to change life trajectories. Thus, schools play a key role in promoting mental health and well-being with educators, families and school-based professionals uniquely positioned to support students.

> Trauma-sensitive practices that emphasize safety, predictability, connection and equity can mitigate the negative impacts while promoting resilience and recovery.

Supporting children during this period can lessen the long-term impacts of trauma and reduce the likelihood of developing mental health concerns.

Trauma-sensitive practices in schools

Trauma-sensitive practices involve recognizing the prevalence and impact of trauma and responding by creating safe, predictable and inclusive environments.

> Increasingly implemented across Ontario schools and other systems serving children and youth, **these approaches reflect an important shift from asking 'What is wrong?' to 'What has happened, and what is needed now?'**, emphasizing relationships, regulation and belonging as foundations for learning.

Trauma-sensitive approaches are widely viewed as a more effective and equitable alternative to exclusionary discipline, supporting student well-being while strengthening engagement, achievement and positive school climates.

A trauma-sensitive approach extends beyond individual classroom strategies. It requires consistent, system-wide alignment across school policies and practices (7). This includes fostering emotionally and physically safe environments, establishing predictable routines and building trusting relationships with students and families. It also involves supporting educator capacity through professional learning, reflective practice and attention to staff well-being.

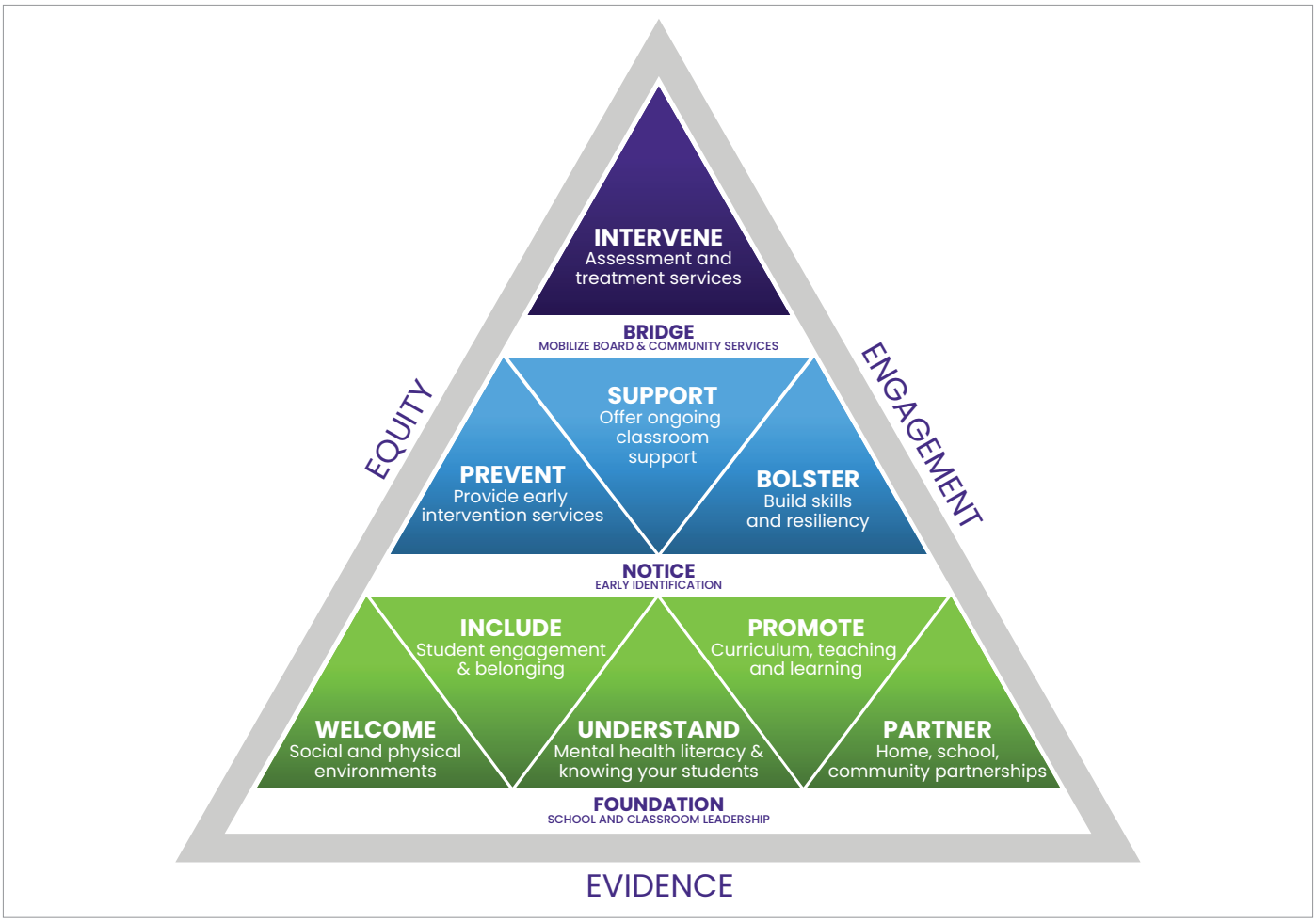
Importantly, trauma-sensitive approaches must be grounded in equity and cultural responsiveness. Student experiences of trauma and pathways to healing and connection are shared by intersecting identities, including race, culture, gender, socioeconomic status and ability. A trauma-sensitive lens must therefore attend to the impacts of systemic inequities including racism and historical and intergenerational trauma.

> The Substance Abuse and Mental Health Service Administration (SAMHSA) identifies six guiding principles that support the implementation of trauma-informed care across systems (8). Within school contexts, these principles can be understood as follows:
>
> - **Safety** – creating physically, emotionally and psychologically safe environments through predictable routines and supportive relationships.
> - **Trustworthiness and transparency** – fostering clarity, consistency and shared understanding in communication and decision-making.
> - **Peer support** – recognizing the value of connection and lived experience in promoting belonging and well-being.

- **Collaboration and mutuality** – engaging students, families and staff as active partners and reducing power imbalances.
- **Empowerment, voice and choice** – building on strengths and ensuring meaningful opportunities for student voice, agency and participation.
- **Cultural, historical and gender issues** – actively addressing bias and inequity and recognizing the impact of historical and ongoing systemic harm.

When implemented with consistency and care, trauma-sensitive approaches contribute to positive learning environments where students feel safe, connected and ready to learn. These approaches align closely with Ontario's commitments to student mental health and well-being, and support a coordinated, upstream focus on promoting mental health, preventing difficulties and responding effectively when additional support is needed. In practice, implementation requires attention at the system, school, staff and student levels, including leadership commitment, professional learning, policy alignment, family engagement and continuous improvement.

A tiered approach to trauma-sensitive practice



A tiered approach within schools provides a framework for supporting students with varying levels of need.

Tier One

At Tier One, universal strategies focus on creating safe, predictable and identity-affirming environments with regular routines, clear expectations and consistent rules (15) and fostering positive relationships across the school community. Effective trauma-sensitive practice includes promoting emotional and behavioural regulation through a combination of 'bottom-up' (somatic) strategies such as deep breathing and rhythmic movement and 'top-down' (cognitive) strategies that support thinking skills, such as identifying emotions, reframing thoughts and problem-solving. Together, these approaches reflect many classroom wellness practices and support the development of self-awareness and regulation skills. Examples include predictable schedules, welcoming physical spaces, proactive communication and emotionally responsive classroom practice.

School staff can help promote a sense of safety by providing an inclusive and supportive space for children to talk about their experience with hope for the future. Trauma-sensitive approaches can be strengthened by building staff understanding through whole-school trauma-sensitive training, embedding trauma knowledge as a core competency in education and adapting teaching frameworks to reflect the impact of trauma on learning and achievement (7,16,17). Relational safety is central to this work. Evidence consistently shows that access to at least one safe, supportive and caring adult can promote resilience and healing (18). These relationships may be provided by trusted adults in diverse roles within the school community.

Trauma-sensitive practice also involves structuring classroom environments to address systemic conditions that contribute to trauma, strengthening relationships with families, and recognizing signs of secondary traumatic stress among educators (19). These practices are most effective when adapted to local contexts, grounded in culturally responsive and community-informed approaches and implemented school-wide through collaboration among educators, mental health professionals and families. Safe, stable and caring relationships remain central, as they are among the strongest protective factors supporting student well-being and learning.

Programs and spaces for caregivers and families to cultivate wellness at home, and to strengthen protective factors, could also be provided in collaboration with schools and/or community service providers. Importantly, parents and caregivers should be engaged as active partners in school-based trauma-sensitive initiatives to enhance consistency across home and school environments (9).

In addition to these mental health promotion efforts, natural helpers at school and in the community can offer tailored non-clinical support for students who need more care. Resources may include small-group programming or regular check-ins with school staff (e.g., guidance counsellor, child and youth workers).

Tier Two

At Tier Two, targeted interventions are provided for students showing signs of distress or escalating mental health concerns. Brief, evidence-informed, culturally responsive interventions are an important way to help students identify activating situations and to learn strategies for managing their emotions and responses. These services are provided by regulated mental health professionals at school, or if preferred, in community mental health, health or culture-specific mental health settings. It is important to note

that not all children who experience trauma will require Tier Two or Three services. Many can learn and practice strategies at school and at home that will be sufficient for resilience and recovery. Trauma affects individuals differentially, depending on circumstances, proximity and protective factors.

Tier Three

At Tier Three, intensive support involves individualized interventions. In keeping with *Right Time, Right Care* approaches, referral pathways are used to connect students who require intensive therapy to support them through trauma responsive care. This includes support from regulated mental health professionals and evidence-informed approaches such as trauma-focused cognitive behavioural therapy (TF-CBT) (20). At times, students are unable or unwilling to receive help in the community setting, so school mental health professionals have an important role with stabilization, readiness for treatment/readiness for learning and ongoing support, as well as helping students to, from and through treatment.

Clear pathways between school and community services are essential to ensure coordinated, timely and appropriate care. Collaboration among educators, families and community partners supports continuity of care and helps ensure students receive the right level of support at the right time.

Together, these elements emphasize the importance of coordinated, system-wide implementation of trauma-sensitive approaches.

Digging deeper

Understanding trauma

In school settings, trauma often presents indirectly through student actions. Students may be perceived as disengaged, inattentive or oppositional, when in fact they are responding to stress or perceived threats. Understanding actions as communication is central to trauma-sensitive practice. Some indicators of trauma may include, but are not limited to:

- absenteeism and sudden changes in academic performance (21)
- difficulty regulating mood (e.g., anxiety, depression) or emotions (e.g., irritability, angry outbursts) (22)
- withdrawal from peers or learning (23)
- hypervigilance or reactivity (22)
- regression to early developmental behaviours (e.g., thumb-sucking, bed-wetting) (24)

Notably, because of the range of responses that can occur in response to a trauma, these reactions can often be mislabeled (e.g., as defiance, shyness, attention difficulties or lack of interest). Further, school staff may not know which students have experienced or are experiencing ongoing trauma, making trauma-sensitive practices an important part of every learning environment.

Prevalence and equity considerations

Trauma exposure is widespread among children and youth. Globally, approximately one in six youth experience violence by age 18 (25). In Canada, over one-third of adults report childhood adversity and emotional abuse with exposure to emotional intimate partner violence being highly prevalent compared to other forms of trauma (26,27). Roughly three in ten (27%) Canadian adults reported being victimized, including at least one instance of physical or sexual abuse, before the age of 15. Emotional abuse in this context would include parents and/or caregivers saying something towards the child that harmed their sense of self-worth, such as humiliation, rejection or withholding love or support.

Trauma can also be experienced within school settings. School-related experiences such as bullying and exclusion may be perceived as traumatic and can undermine a student's sense of safety and belonging. In Canada, research indicates that at least one in three youth report having been bullied in the recent past, although this includes a range of experiences from occasional incidents to more persistent patterns. Approximately 10% of youth experience bullying on a frequent or ongoing basis (28,29). Bullying is characterized by repeated harmful behavior within a context of power imbalance, and more persistent forms are associated with greater risk of negative mental health outcomes. During the school years, bullying represents one of the most common forms of peer violence (30).

Trauma is also shaped by systemic inequity and experiences of oppression and exclusion. Intergenerational trauma and structural barriers can increase exposure to and impact of trauma, particularly for Indigenous, racialized and marginalized students (31). National data indicate that 2S/LGBTQIA+ youth are disproportionately affected. For example, data from the Canadian Health Survey of Children and Youth found that approximately 77% of 2S/LGBTQIA+ youth reported experiencing at least one form of bullying in the past year (32). In addition, national school climate surveys conducted by Egale Canada (e.g., Still in Every Class in Every School) indicate that a majority of 2S/LGBTQIA+ students report feeling unsafe at school compared to their peers (33). Indigenous youth also experience disproportionately high rates of victimization and systemic involvement. Statistics Canada reports higher rates of victimization for Indigenous youth, and that Indigenous children account for over half of those in foster care despite representing a much smaller proportion of the population (34). These patterns highlight that trauma is not experienced equally and reinforce the need for culturally responsive and equity-informed trauma-sensitive approaches in schools.

Certain groups may experience unique intersections with trauma. Neurodivergent students, including autistic students and students with ADHD, may experience higher exposure to victimization and trauma, while trauma responses may overlap with neurodevelopmental characteristics (35,36).

Students with disabilities are at increased risk of experiencing abuse and other potentially traumatic events (37). Trauma can further affect speech, language and communication development, while communication differences may make it more challenging for students to share their experiences and access appropriate supports (38,39). Trauma-sensitive practice must also recognize the impacts of racism, including anti-Black racism, because experiences of systemic discrimination and marginalization can contribute to traumatic stress and create inequitable outcomes for students (40).

Impact on development, learning and mental health

Childhood trauma can have profound and lasting effects on cognitive, social and emotional development (41). Early adverse experiences shape how children perceive and interact with the world, influencing their sense of safety, trust and responses to authority, structure and relationships in school. Biologically, early childhood trauma is associated with disruptions in hormonal balance and brain development, impairing key cognitive functions such as memory, attention, language acquisition and executive functions (4). Trauma can also negatively affect self-concept (12) and contribute to social withdrawal (23), school avoidance (42) and isolation driven by shame, fear or regret (43). Students with a history of adversity are more likely to experience lower academic achievement, suspension and chronic absenteeism (21).

Exposure to trauma in childhood is both common and strongly linked to poorer mental health and well-being outcomes. Trauma exposure is associated with anxiety, depression, aggression and difficulties with emotional regulation (44). Depression and anxiety are among the most common co-occurring outcomes following a traumatic event (45). Some students may engage in substance use (e.g., alcohol, cannabis) as a coping strategy; longitudinal evidence shows that higher levels of childhood adversity increase this risk later in adulthood (46). However, strong social support during secondary school can significantly mitigate these risks (47).

Conclusion

Trauma can be a significant factor influencing student mental health, learning and overall well-being. Schools play a critical role in mitigating these impacts through trauma-sensitive practices that prioritize safety, relationships and equity. By integrating these practices within a comprehensive tiered system, schools can promote resilience, improved student outcomes and create environments where all students feel safe, supported and ready to learn (48).

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