

**BUILDING TRAUMA INFORMED
TEACHERS: A CONSTRUCTIVIST
GROUNDED THEORY STUDY OF REMOTE
PRIMARY SCHOOL TEACHERS'
EXPERIENCES WITH CHILDREN LIVING
WITH THE EFFECTS OF COMPLEX
CHILDHOOD TRAUMA**

Meegan Nola Brown

**BSc, GradDipEd (Preservice), MEd (Special Education),
MEd (Guidance and Counselling)**

Submitted in fulfilment of the requirement for the degree of
Doctor of Philosophy

School of Early Childhood and Inclusive Education
Faculty of Creative Industries, Education, and Social Justice
Queensland University of Technology

2021

Keywords

complex childhood trauma; transgenerational trauma; constructivist grounded theory; building relationships; culturally aware; culturally responsive; domestic and family violence; intergenerational trauma; primary schools; professional development; remote; support networks; teacher, teacher experiences; teacher wellbeing; trauma informed practices

Abstract

Children from Australian remote areas are vulnerable to complex childhood trauma (CCT) as their communities face higher rates of disadvantage and exposure to potentially traumatic circumstances such as natural disasters, and family and community violence. This is compounded by difficulties associated with the tyranny of distance in accessing effective support. In such contexts, the role of schools and teachers in addressing trauma's debilitating effects is both vital and amplified. This Doctor of Philosophy study utilised constructivist grounded theory methodology to generate a new theory, *Building Trauma Informed Teachers* from data collected in individual interviews with 23 teachers and a focus group with 7 teachers. *Building Trauma Informed Teachers* explains the social processes teachers undergo in their work with children living with the effects of CCT. This study contributes important insights into the scope and nature of teachers work with children experiencing CCT and recommends ways in which cognate systems can prepare and support teachers in remote areas for their important role as key professionals in the lives of children who have experienced CCT.

Table of Contents

Keywords	i
Abstract.....	ii
Table of Contents	iii
List of Figures	vi
List of Tables	viii
List of Abbreviations	ix
Acknowledgements.....	xi
Chapter 1: Introduction	1
1.1 Definitions	1
1.2 Position as a researcher.....	4
1.3 Background.....	8
1.4 The research gap and research question for this study	16
1.5 Thesis outline.....	18
Chapter 2: Literature Review	19
2.1 Introduction: The literature review in grounded theory research is a contested space	19
2.2 What is known about children living with the effects of complex childhood trauma (CCT).....	20
2.3 Teachers working with children living with the effects of complex childhood trauma (CCT).....	40
2.4 School system responses: trauma informed strengths and challenges.....	52
2.5 Chapter summary.....	64
Chapter 3: Methodology & Research Design	65
3.1 Overview	65
3.2 Theoretical underpinnings	66
3.3 Constructivist grounded theory methodology.....	71
3.4 Data collection.....	78
3.5 Participants	80
3.6 Procedure	81
3.7 An overview of constructivist grounded theory analysis	86
3.8 Quality criteria for constructivist grounded theory.....	125
3.9 Chapter summary.....	126
Chapter 4: Findings	127
4.1 Overview of findings chapter	127
4.2 Introduction to the study's grounded theory.....	127
4.3 Journeying to remote teaching.....	137

4.4	Learning about complex childhood trauma (CCT)	142
4.5	Becoming culturally aware and responsive.....	151
4.6	Building and maintaining relationships	156
4.7	Understanding children’s experiences	167
4.8	Supporting children.....	173
4.9	Identifying what they need to do the work.....	179
4.10	Chapter summary	193
	Chapter 5: Discussion & Conclusion.....	195
5.1	Chapter introduction	195
5.2	Returning to the literature	196
5.3	Contribution to knowledge, practice, and research	213
5.4	Recommendations.....	221
5.5	Evaluating grounded theory	223
5.6	Strengths and limitations.....	226
5.7	Future research opportunities.....	228
5.8	Conclusion	228
	References	232
	Appendices	294
	Appendix A Examples of Analytical Memos – My position as a researcher	294
	Appendix B Participant Information Sheet and Consent Form.....	299
	Appendix C Individual Semi- Structured Interview Protocol including complex childhood trauma definition	303
	Appendix D Conference Presentations.....	307
	Appendix E QUT Ethics Approval	308
	Appendix F Department of Education and Training Approval Letter.....	310
	Appendix G Recruitment Email to Principals.....	312
	Appendix H Department of Education and Training (Queensland) Rural and Remote Primary Schools as at February 2017.....	318
	Appendix I Demographic Questionnaire.....	320
	Appendix J Focus Group Information Sheet and Consent Form.....	323
	Appendix K Focus Group Protocol.....	327
	Appendix L Preparatory Memo – Full version from Figure 3.21	338
	Appendix M Conceptual Memo – Full version from Figure 3.22.....	342
	Appendix N Analytical Memo – Full version from Figure 3.23	345
	Appendix O Memos incorporating an ongoing literature review – Full version from Figure 3.25 & Figure 3.26	347
	Appendix P Participant details in full – Table 4.1, Table 4.2.....	353

Appendix Q National Guidelines for Trauma-Aware Education (Queensland University of Technology & Australian Childhood Foundation, 2021)	355
Appendix R Trauma Informed Practice Guides and Building Trauma Informed Teachers .	361
Appendix S Charmaz & Thornberg (2020) Grounded Theory Guidelines	367

List of Figures

Figure 1.1 <i>Map of the 2016 Remote areas of Australia – Australian Bureau of Statistics (2016)</i>	3
Figure 2.1 <i>The trauma continuum by de Thierry (2015, p. 24)</i>	26
Figure 3.1 <i>Department of Education NQR (DET, 2017e, p.3)</i>	81
Figure 3.2 <i>Study flow diagram</i>	82
Figure 3.3 <i>Example of field notes and journal reflection</i>	87
Figure 3.4 <i>Examples of line-by-line coding using gerunds and in vivo codes</i>	89
Figure 3.5 <i>Initial codes spreadsheet</i>	91
Figure 3.6 <i>Focused code development</i>	92
Figure 3.7 <i>Analysis 1</i>	93
Figure 3.8 <i>Analysis 2</i>	94
Figure 3.9 <i>Analysis 3</i>	95
Figure 3.10 <i>Analysis 4</i>	96
Figure 3.11 <i>Focus group outline</i>	99
Figure 3.12 <i>Confirming categories for considering working in a remote area</i>	101
Figure 3.13 <i>Focus group category development</i>	102
Figure 3.14 <i>Comparing interview data with focus group data – excerpt</i>	103
Figure 3.15 <i>Analysis 5</i>	104
Figure 3.16 <i>Analysis 6</i>	106
Figure 3.17 <i>Analysis 7</i>	107
Figure 3.18 <i>Analysis 8</i>	109
Figure 3.19 <i>Analysis 9</i>	110
Figure 3.20 <i>Analysis 10</i>	111
Figure 3.21 <i>Excerpt from a preparatory memo</i>	115
Figure 3.22 <i>Excerpt from a conceptual memo</i>	116
Figure 3.23 <i>Excerpt from an analytical memo</i>	118
Figure 3.24 <i>Examples of diagramming used at different stages of analysis in this study</i>	119
Figure 3.25 <i>Excerpt from a memo incorporating a literature review</i>	123
Figure 3.26 <i>Second example of a memo incorporating a literature review</i>	124
Figure 4.1 <i>Building Trauma Informed Teachers</i>	129
Figure 4.2 <i>Jenga – “building relationships”</i>	131
Figure 4.3 <i>Journeying to remote teaching</i>	137

Figure 4.4 <i>Learning about complex childhood trauma</i>	142
Figure 4.5 <i>Becoming culturally aware and responsive</i>	152
Figure 4.6 <i>Building and maintaining relationships</i>	157
Figure 4.7 <i>Understanding children’s experiences</i>	167
Figure 4.8 <i>Supporting children</i>	173
Figure 4.9 <i>Identifying what they need to do the work</i>	180
Figure 5.1 <i>Focus group participants confirming the study findings</i>	225

List of Tables

Table 2.1 <i>Student Disciplinary Data 2015-2019 (Department of Education, 2020b)</i>	32
Table 3.1 <i>Demographic details of study participants (n=23)</i>	85
Table 4.1 <i>Interview participant details (short form)</i>	134
Table 4.2 <i>Focus group participant details (short form)</i>	135
Table 5.1 <i>Areas of alignment between the National Guidelines for Trauma-Aware Education and findings of this thesis</i>	217
Table 5.2 <i>Interview participant details in full from Table 4.1</i>	353
Table 5.3 <i>Focus group participant details* in full from Table 4.2</i>	354

List of Abbreviations

ACARA	Australian Curriculum, Assessment and Reporting Authority
AIHW	Australian Institute of Health and Welfare
AITSL	Australian Institute for Teaching and School Leadership
ASCA	Adults Surviving Child Abuse
CCT	Complex Childhood Trauma
DET	Department of Education and Training
DoE	Department of Education
FGP	Focus Group Participant
GO	Guidance Officer
ICSEA	Index of Community Socio-Educational Advantage
IP	Interview Participant
NAPLAN	National Assessment Program: Literacy and Numeracy
NCTSN	National Child Traumatic Stress Network
NQR	North Queensland Region
OOHC	Out-of-home care
QUT	Queensland University of Technology
RAIS	Remote Area Incentive Scheme
SAMHSA	Substance Abuse and Mental Health Services Administration
SDA	Student Disciplinary Data
WHO	World Health Organisation

Statement of Original Authorship

The work contained in this thesis has not been previously submitted to meet requirements for an award at this or any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signature: [QUT Verified Signature](#)

Date: 4th August_ 2021

Acknowledgements

Undertaking a PhD has been a wonderful experience and privilege which has enabled me to grow in so many ways. There are many people who have played an important part of this experience.

This was a study of teachers' experiences and would not have come to fruition without the amazing teachers who volunteered to participate in my research. It was a privilege to listen to your experiences. I thank you for your commitment and passion for the work you do and the support you provided towards my research.

It is with sincere gratitude that I thank my supervisors, Professor Kerryann Walsh and Associate Professor Judith Howard for their ongoing support, guidance and wisdom. You have had a major impact on me, and I will be forever grateful for your unwavering belief in me.

Thank you to Sheldon, Lexie, Noel and Helen, and Claire who have provided unconditional love, support and encouragement to enable me to follow my dreams. I would not have achieved what I have without you.

Chapter 1: Introduction

This constructivist grounded theory (Charmaz, 2014) study set out to develop a theoretical explanation of how teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT). CCT can have a profound impact on the educational and life outcomes of children. It also impacts the teachers who teach and care for them daily. Teachers are often the first responders to children living with the effects of CCT (Ko et al., 2008). In remote areas, teachers may be the only support these children have (Chafouleas et al., 2016). Yet teachers in remote primary schools are often early-career teachers, that is, within their first five years of teaching (Hazel & McCallum, 2016; Moffa & McHenry-Sorber, 2018; Weldon, 2018). This adds another layer of complexity to their work. They may be located in a remote community with potentially limited services, and also an early career professional without the skills, knowledge, and experiences to know how to support children who are living with the effects of CCT.

This chapter presents the definitions of key terms used in this study (Section 1.1), my position as a researcher (Section 1.2), the background to the study (Section 1.3), and the research gap and purpose of the study (Section 1.4). A thesis outline is provided (Section 1.5).

1.1 DEFINITIONS

At the outset it is important to define the key terms that are used in this study. These key terms include *Aboriginal* and *Torres Strait Islander*, *remote*, *complex childhood trauma*, and what is meant by the term *teacher experience*.

It is important to clarify the terminology used in this study that refers to the First Nations people of Australia, the *Aboriginal* and *Torres Strait Islander* people (Oxfam, 2015). In Australia there are two distinct First Nations cultural groups – *Aboriginal* and *Torres Strait Islanders*. *Aboriginal* refers to the First Nations people who live on mainland Australia and whose identities are linked to the language groups and traditional country from which they are from (Australian Institute of Aboriginal and Torres Strait Islander Studies [AIATSIS], n.d.). *Torres Strait Islanders* are the people from the Torres Strait Islands located to the north of mainland Queensland (Australian

Institute of Aboriginal and Torres Strait Islander Studies [AIATSIS], n.d.; Queensland Health, n.d.). There is great diversity within Aboriginal and Torres Strait Islander cultures. There are high populations of Aboriginal and Torres Strait Islander people in remote areas across Australia (Australian Institute of Health & Welfare [AIHW], 2019a).

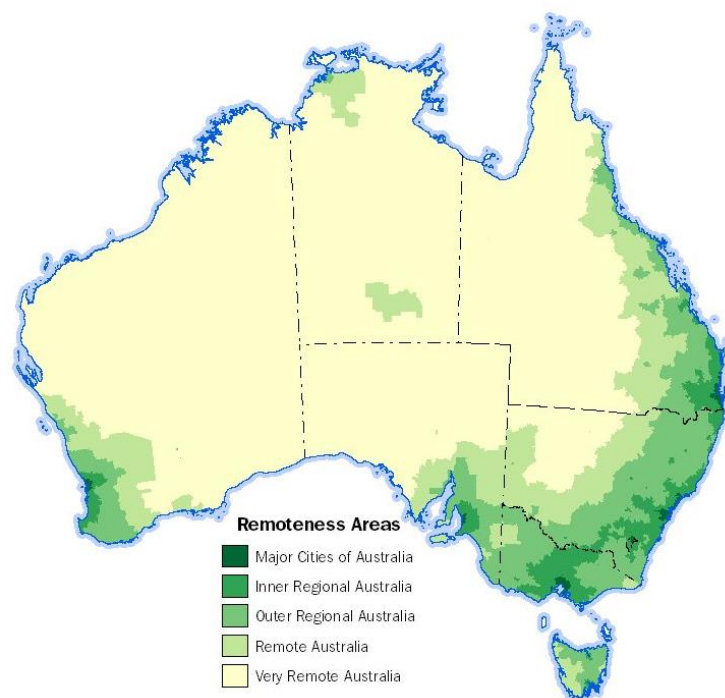
Indigenous tends to be a term used by Australian governing authorities to refer to the First Nations people of Australia (Kickett-Tucker, 2021). There is much conversation in the literature and in society regarding terminology (Australian Government, 2021; Kickett-Tucker, 2021; Madsen et al., 2021; Oxfam, 2015) and this exists alongside discussion about Indigenous knowledges (Janke, 2018; Kutay, 2018; Warin et al., 2020), Indigenous constitutional recognition (Commonwealth of Australia, 2018; Morris, 2020; Twomey, 2012), and reconciliation (Greenwood, 2018; Palmer & Pocock, 2020; Reconciliation Australia, 2021).

Although this study did not set out to investigate aspects of Aboriginal and Torres Strait Islander people's experiences, as will become clear in Chapter 4, this surfaced in the data collection, analysis, and reporting. The terms *First Nations*, *First Australians*, *Aboriginal*, *Torres Strait Islander*, and *Indigenous* are often used interchangeably (Australian Government, 2021; Kickett-Tucker, 2021; Madsen et al., 2021; Oxfam, 2015; United Nations, 2007) and there are different views about how these terms should be used in different contexts and by whom. Although fully reviewing these views is beyond the scope of this study, I instead offer a proposal for how terms will be used in the context of this study, including by the research participants and myself as the researcher. In this study, the terms *First Nations*, *Aboriginal* and *Indigenous* are used. These terms are used based on the context of the chapter and the speaker/writer. In Chapter 2 (Literature Review) and Chapter 5 (Discussion and Conclusion) the terms used are those adopted in papers by specific study authors and include all of the terms mentioned above. In Chapter 4 (Findings), terms used are those used by the participants themselves, and they tended to use the terms *Aboriginal* and *Indigenous* to describe themselves and others. Thus, the term *Torres Strait Islander* has not been used in this study unless it has been specifically referred to in the literature reviewed in Chapter 2 or Chapter 5. The term Torres Strait Islander was not used at all by the participants even though there are both Aboriginal and Torres Strait Islander people who live in remote Australia.

There are many different definitions within Australia and internationally on how to define *remote* (Hardwick-Franco, 2019). These definitions can sometimes be seen as conflicting due to the criteria used (e.g., population, economic factors, location, distance from larger cities, and socio-cultural characteristics (Preston & Barnes, 2017; Stokes et al., 1999). The Australian Statistical Geography Standards identified five levels of geographical remoteness which are determined by using road distances between localities and service centres of different sizes (Australian Statistical Geography Standards [ASGS], 2018). These classifications are: major cities, inner regional, outer regional, remote, and very remote and are shown in Figure 1.1 (Australian Bureau of Statistics, 2018). Using these classifications, participants from this study were living and teaching in schools located in *very remote* centres in the state of Queensland, Australia. In line with the terminology used by Queensland's education systems (Australian Institute of Teaching and School Leadership [AITSL], 2019; Queensland Department of Education, 2018), *remote* will be the term used in this study to describe the geographical context in which this research was conducted.

Figure 1.1

Map of the 2016 Remote areas of Australia – Australian Bureau of Statistics (2016)



Of all Australian schools, 46% ($n=4,452$) are located in regional and remote areas; 30% of teachers work in these regional and remote schools ($n=94,941$); and 28% of Australian students ($n=3,993,840$) reside and attend schools in regional and remote

areas (AITSL, 2019). At the time of this study, more than half of Queensland's state schools were located in regional and remote locations (DET, 2017a).

The *complex childhood trauma* definition that was adopted for this study is from the United States of America's (USA) National Child Traumatic Stress Network (NCTSN) (2014) who defined *complex childhood trauma* (CCT) as,

Children's exposure to multiple traumatic events and the wide-ranging, long term impact of this exposure. These events are severe, pervasive, and often interpersonal, such as abuse or profound neglect. They usually begin early in life, may disrupt many aspects of the child's development, and interfere with the child's ability to form secure attachment bonds. (p. 1)

This definition is used over other definitions of CCT for several reasons. The NCTSN (2014) definition is widely used within the literature and reflects Perry's (2004) claim that much of the trauma experienced during childhood is potentially complex. This definition also recognises the effect of trauma on all aspects of human functioning throughout the lifespan. This includes the effects of CCT manifest as myriad difficulties associated with learning at school.

In the context of this study, the term *teacher experience* refers to the lived experiences as defined by the participants themselves: teachers living and working in remote areas with children living with the effects of CCT. The teachers' stories define their experiences and therefore each participant's lived experience is unique. Experiences vary depending on the teacher's knowledge, personal encounters, access to professional development and support, within this context. The purpose in doing this research was to construct a transparent, comprehensive, and credible theory without overgeneralising teachers' experiences or the complex phenomenon of CCT.

1.2 POSITION AS A RESEARCHER

This study is a constructivist grounded theory study. From a constructivist grounded theory perspective, the position of the researcher is an important consideration regarding data collection and analysis, and theory construction (Keane, 2015; Keane, 2021). To conduct constructivist grounded theory research requires deep reflexivity, which the researcher must analytically cross-examine their personal history, and socio-demographic position to identify their assumptions and points of view in connection to their research (Charmaz, 2014; Keane, 2021) and then, "put it

on the table” (Clarke, 2005, p. 12). Bowers (1988) stated that ideally, a researcher needs to be able to keep “one foot in the world” (Bowers, 1988, p. 44) of the participants and the other foot in the outside world. This enables the researcher to view actions from the viewpoints of the participants while also having the space to stand back and ask questions about what the participants maybe taking for granted (Bowers, 1988). Researchers using constructivist grounded theory must engage in reflexivity from the conception of the research design, throughout the data analysis, to the writing and dissemination of findings. Reflexivity supports grounded theory researchers to recognise the shifting and multiple realities, positions, and standpoints of both themselves and the research participants (Charmaz et al., 2018; de Eguia Huerta, 2020).

Analytic memoing (addressed in Chapter 3, Section 3.7.6) is a process that can be used to help researchers with positionality as it pushes them to cross-examine who they are, who they think they are, and how this effects the relationships, research development, and outcomes (Keane, 2021). This cross-examination includes a focus on the relationships between researcher and research participants and an awareness of the researcher’s position of power and privilege relative to the research participants (Keane, 2021). When writing analytic memos, “we ask if and in what way(s) our position impacts on the data we collect, and what we ‘see’ and interpret in the data” (Keane, 2021, p. 15). Below, I will provide a deeper account of my own experience during the research process. In Appendix A I share a selection of my analytic memos to explain my changing position as a researcher in relation to the research process.

Until January 2020, I lived and worked as an educator in remote areas for twenty-two years. During this time, I held positions at a regional level as a Regional Complex Case Support Officer and Senior Guidance Officer. At this level, I was working with schools to find ways of supporting children sometimes referred to as “complex”: These were children having multiple suspensions (sometimes leading to expulsion), who were quickly becoming disengaged with learning, and who were also consuming high levels of human and physical resources of the school with little or no success. I worked on multiagency teams supporting these vulnerable children and their families and in these remote locations there were very limited services available. I also worked in small schools as a school Principal and Guidance Officer. Guidance Officers, akin to school counsellors in other countries, provide expertise, leadership and support to

school communities so that positive educational, developmental and lifelong learning outcomes for students can be achieved through the provision of a responsive comprehensive student support programs (Queensland Government, 2020a). Principals and Guidance Officers have front line roles working with teachers and children. I worked with many children who had been exposed to trauma in their childhood. The fellow teachers I worked with in supporting these children demonstrated a wide range of responses in how they worked with and supported children living with the effects of CCT. I observed teachers becoming frustrated, anxious, angry, helpless, and disengaged with teaching. As a result, some teachers ended up leaving remote areas and quitting teaching altogether. As a school Guidance Officer, I worked individually with children who were living with the effects of CCT. A common theme I identified in my work with these children was the importance of the relationship they had with their classroom teacher. This relationship influenced their engagement at school more than anything else I could see. The teacher-child relationships I observed seemed to exist on a continuum. At one end of the continuum were good relationships formed and maintained between teachers and children. At the other end of the continuum were poor relationships where teachers did not want to have these children in their classrooms for a myriad of reasons (e.g., perceptions of students as defiant, being continually off task, disruptive, aggressive, abusive). The teacher-child relationship seemed to matter, and its effects were felt by both teachers and children.

My professional experiences presented to me a series of “uneasy moments” (Luke & Gore, 1992, p. ix). I worked with colleagues and school systems who were needing support to know how to work with children living with the effects of CCT, while at the same time teaching other children in their classes and trying to stay positive and engaged with some of the most complex and challenging children. These experiences prompted me to ask questions about how teachers experienced their work with children living with the effects of CCT.

During the early phase on my PhD journey when I was doing initial reading and learning about grounded theory, I had the privilege to attend a constructivist grounded theory master class taught by Dr Kathy Charmaz at my university in 2017. It was during this masterclass that I became immersed in and began to develop skills required

to reflect on my positionality as a researcher, and to build knowledge of constructivist grounded theory and its processes.

Consistent with the constructivist perspective, I must acknowledge, as a researcher, that I am positioned *within* not *above* or *out* of the research process (Charmaz et al., 2018). Suspending what I already knew, was not possible. As a researcher I could not be a “passive receptacle into which data are poured” (Charmaz, 2014, p. 27). In constructivist grounded theory “what we bring to study also influences what we *can* see” (Charmaz, 2014, p. 27). What I brought to this research did not fully become aware to me until close to the end of my PhD: I realised that I approached my research in a trauma informed way and this was influenced, fundamentally, by my work as a Guidance Officer. As Charmaz stated, “our preconceptions may only become apparent when our taken-for-granted stand points are challenged” (Charmaz, 2014, p. 156) and this can occur during the research process (Charmaz, 2014). Taking a trauma informed approach to research alerted me to possibilities and processes in the data and gave me a way to work with research participants (Charmaz, 2014). For example, I was mindful that participants may have their own trauma histories. When developing the participant information sheet and consent form, this was a central consideration (Appendix B). The questions in the interview guide were open ended and could be answered in any way (Appendix C). The wording of the interview questions ensured that the focus was on participants’ experiences and there were no right or wrong answers (Appendix C). Prior to the interview, I addressed questions that participants had about the topic and the research process. I also enabled breaks for participants when required. At the end of each interview, I checked in with the participants to see how they were feeling after the interview and reminded them about self care (Appendix B).

In conducting the research, I came to view myself as working in concert with the research participants. That is, I was active in the construction of the findings (de Eguia Huerta, 2020; O’Connor et al., 2018). I came to see the research participants, teachers working in remote primary schools in Queensland (North Queensland Region), as having constructed their own conscious and unconscious meanings in relation to their experiences of working with children living with the effects of CCT. As will be shown later in this thesis, the participants had constructed their own experiences, yet may have different interpretations and perspectives to bring to understanding how they

experience their work with children living with the effects of CCT. Participants' accounts were necessarily influenced by their own experiences in remote primary schools and communities and with the children they taught. How they drew on these experiences has been carefully explored insofar as this was possible from my position as a researcher. Also, consistent with a constructivist perspective, the data obtained from the participants were taken as their perspectives and not as 'facts', with the analysis and theory development, having emerged from the co-construction of views and interpretations from the participants and myself (Charmaz et al., 2018).

What has been clear to me throughout this journey, is that to be very mindful on my position as a researcher and aware of my own biases which I brought into the research process. What helped me address this was reflecting through the writing of memos and discussing this with my PhD supervisors. My position as a researcher and my understanding of my positionality evolved over the course of this PhD study (Appendix A).

1.3 BACKGROUND

This study investigated how teachers in remote primary schools experienced their work with children living with the effects of complex childhood trauma (CCT). CCT was defined in Section 1.1 and will be explained further in Chapter 2. It is one of a number of different types of trauma reported in the literature. This study documents how teachers in remote primary schools experienced their work with children living with the effects of CCT which has led to the development of a new grounded theory which I have called: *Building Trauma Informed Teachers*.

Trauma during childhood may be the result of single events such as an accident, natural disaster, death of a loved one (Australian Childhood Foundation, 2010; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014), or longer-term adversities such as family violence, sexual abuse, physical abuse, emotional abuse, and neglect (Terr, 1991; van der Kolk, 2007). The long-term effects of childhood traumatic events as mentioned above, can have substantial downstream costs to health, education, and social systems (Anda et al., 2010; Askew et al., 2013; Kezelman et al., 2015). Determining these costs can be difficult. Costs can be related to services provided, for example, special health care provisions, educational interventions, child abuse prevention programs, statutory child protection services, and

out-of-home care (Australian Institute of Family Studies, 2018). Long term costs occur because of decreased quality of life and the increased need for specialist services as adults (e.g., housing, substance abuse problems, poor physical health, mental health issues, and crime) (Australian Institute of Family Studies, 2018). In the USA, annual direct and indirect costs resulting from child maltreatment, which is only one type of CCT, is estimated to cost \$USD830,928 across the lifespan of one victim/survivor, and \$USD2 trillion per year nationally (Peterson et al., 2018). In Australia, the cost of addressing child maltreatment in 2013-2014 was estimated at AU\$9.3 billion (or \$176,437 per child maltreated) with lifetime costs estimated to be at AU\$328,757 per maltreated child (McCarthy et al., 2016). More recently in Australia, AU\$5.2 billion was spent in 2016-2017 on child protection, out-of-home care services, and family support (Australian Institute of Family Studies, 2018). This was an increase of 8.5% from 2015-2016 (Australian Institute of Family Studies, 2018). In Japan, a recent study researched the additional medical costs among 978 elderly Japanese who had a history of childhood maltreatment. It was estimated the extra costs associated with childhood maltreatment to be approximately \$USD3.1 billion yearly nationwide (Isumi et al., 2020). These costs highlight the importance of preventing and addressing child maltreatment and its traumatic effects.

The effect of trauma on children can be cumulative and extend across the life span. Effects can include poor academic performance (Algood et al., 2011), higher disciplinary incidences (Tishelman et al., 2010), and higher rates of school drop-out (Porche et al., 2011). Schools are recognised as the first places in which children can access mental health support (Chafouleas et al., 2016; Jaycox et al., 2006; Ko et al., 2008; Nadeem et al., 2011). Children's mental health concerns due to trauma are widespread, usually untreated, and create significant barriers to academic achievement leading to children not gaining the skills and experience required to eventually participate fully in society including in workplaces (Aber et al., 2011; Kezelman et al., 2015; Strom et al., 2016). One way to address traumatic effects that cause such suffering may be to ensure teachers are equipped with knowledge and skills in trauma informed practices.

Trauma informed approaches are increasingly recognised as a way of enhancing service provision for vulnerable children and adults in contexts outside of education such as healthcare (Beckett et al., 2017; Isobel & Edwards, 2017; Ravi & Little, 2017;

Williams & Smith, 2017), therapeutic service provision (Bartlett et al., 2016; Capezza & Najavits, 2012; Cross, 2012; Harden et al., 2015; Isobel, 2016; Keesler, 2014; McLoughlin & Gonzalez, 2014), and foster care (Conradi et al., 2010; Hanson & Lang, 2016; Kerns et al., 2016; Lang et al., 2016; Manley et al., 2014). However, education systems are only just beginning to become familiar with these approaches (Maynard et al., 2017; Overstreet & Chafouleas, 2016; Porche et al., 2016), and little is known about how teachers are currently experiencing their work with children who are living with the effects of CCT. Teachers appear to be managing children with a variety of behavioural manifestations consistent with trauma responses such as children being frustrated, defiant, demanding, avoidance of tasks, lower competence and flexibility, significant deficits in attention, difficulties in abstract reasoning, long term memory recall, reading difficulties, and a lower intelligence quotient (Ban & Oh, 2016; Brunzell et al., 2016; Howard, 2013; Porche et al., 2011). Teachers are in a unique position to identify and respond to children who have experienced trauma. Collier et al. (2020) in their evaluation of frameworks implemented in schools for supporting children experiencing developmental trauma, that trauma experienced at key developmental periods in childhood stated, “teachers are best placed to respond in a therapeutic manner to children who may exhibit behaviours indicative of developmental trauma” (Collier et al., 2020, p. 2). The purpose of this study is to shine a light on the experiences of teachers in remote primary schools and how they experience their work with children living with the effects of CCT.

1.3.1 The remote context

This study was conducted in the state of Queensland in Australia. It is a study of teachers from remote primary schools in the North Queensland Region (NQR) of the Queensland Department of Education and Training (DET), now known as Queensland Department of Education (DoE). Participants ($n=23$) were teachers from remote primary schools located in the western part of the NQR.

Remote communities in Queensland are diverse. They may be small communities or towns, mining, pastoral, and Indigenous communities. Remote communities are changing (Miller, 2015), and research suggests that living and working in these communities can provide enjoyment for those who live and work there (Clarke & Wildy, 2011; Holt, 2008; Neill & Hammatt, 2015). Remote areas are “different and have special qualities not found in urban areas” (Lightfoot et al., 2008,

p. 507). Remote communities are also “complex social spaces” (Reid et al, 2010, p. 263) due to their diversity. Each community is different based on location, norms, and cultures.

Part of this diversity is the cultural make-up of the populations in remote communities. Remote communities have higher proportions of Indigenous Australian residents than the Australian population. Aboriginal and Torres Strait Islanders represent approximately 3.3% of the total population in Australia and are more likely to live in urban and regional areas (81%) than in remote or very remote areas of Australia (19%) (AIHW, 2019a). However, looking more closely at populations in remote and very remote areas, people identifying as Indigenous comprise almost one quarter (18%) and almost one half (47%) of the populations in these areas respectively. Recently there has been an increase in overseas migration to rural and remote Australia (Australian Bureau of Statistics [ABS], 2020).

There are a number of challenges which are common to remote communities. Remote communities can be environmentally and socially unpredictable (Brasche & Harrington, 2012). This includes a harsh climate, small populations, lower income and education levels leading to poverty, higher rates of chronic diseases due to health behaviour choices (e.g., higher levels of smoking, alcohol intake, obesity, and motor vehicle accidents), an aging population, higher rates of intimate partner violence and child protection concerns, and greater costs to access the limited services available (Goodridge & Mariciniuk, 2016; Menec et al., 2015; Mitchell et al., 2013; Roufeil et al., 2014). These conditions can have a cumulative effect on residents. Thus, many children from remote areas come from socio-economically disadvantaged backgrounds and are known to experience higher rates of trauma than their urban counterparts (AIHW, 2019b; AIHW, 2020; Maguire-Jack et al., 2020a). This is exacerbated by their exposure to multiple forms of natural disasters (e.g., cyclones, floods, drought, bushfires), as well as the difficulty accessing external supports (Campo & Tayton, 2015; Carnie et al., 2011; Doley et al., 2008).

Consequently, addressing CCT in remote communities is “complex and multilayered” (Kreitzer et al., 2016, p. 50). Goodsell et al. (2017) in their *Analysis of Educational Outcomes from Young Minds Matter: The Second Australian Child and Adolescent Survey of Mental Health and Wellbeing* found that mental health disorders in lower socio-economic areas, including remote were higher than other areas. The

first survey, the *Young Australians, Their Health, and Wellbeing* (2011) report (Australian Institute of Health and Welfare, 2011) indicated that young people (12-24 years of age) who live in rural and remote areas have higher death rates and are less likely to achieve minimum literacy and numeracy standards, or to be studying for a qualification. There are fewer options for children who are trapped in abusive family relationships (Thrane et al., 2006). There are few health services, including mental health services available and those services that are available are often difficult to access (Bourke et al., 2012). In their study of Headspace centres in Australia (The National Youth Mental Health Foundation) which provide mental health support for Australia's youth, Perera et al. (2020) found youth lacked awareness of how to get help for their mental health concerns. There were additional barriers identified for youth who lived in rural and remote areas who, due to lack of transportation and unreliable internet access were unable to access the support they needed. These factors can lead discourses in which remote areas are socially constructed as being “backward” (Reid et al., 2010, p. 265) and “in need of ‘rescuing’” (Roberts et al., 2013, p. 766). This may possibly influence the type of teachers who decide to work in these areas.

There are a number of reasons reported in the literature for problems associated with service access in areas outside of metropolitan centres. Services provided by allied health professionals such as psychologists, speech language pathologists, occupational therapists, physiotherapists (Dew et al., 2013; Ragusa & Crowther, 2014; Roufeil et al., 2014) and others (e.g., dentists, mental health nurses) (Barnett et al., 2015; Roufeil et al., 2014) from government and non-government agencies have their own service priorities, eligibility criteria, and referral pathways. There are a limited number of health professionals based in remote areas which makes access for families even more challenging. There can be long wait times to access services, travel and limited access to services such as therapy past early childhood (Dew et al., 2013). Services that are available are often poorly co-ordinated and developed by those located in metropolitan areas with little or no understanding and/or involvement from those involved in remote communities themselves (e.g., family, teachers, child) (Carnie et al, 2011). This effects how children who are living with the effects of CCT can cope with family issues, social isolation, unrecognised distress, employment and education opportunities, money, and prevention of further risk of harm and abuse (Carnie et al., 2011).

The most reported reason for the lack of services to remote areas is the difficulties of attracting staff to these areas. Issues in recruitment and retention of staff are based on personal factors (e.g., age, life events, personal beliefs, support structures), location factors (e.g., living costs, economic and social infrastructure, climate), and transitional factors (e.g., costs of relocation, how long to be in location) (Doherty et al., 2015). Once working in these areas, staff typically can have heavy workloads and require broad and high skill levels often requiring them to be a “specialist-generalist” (Cosgrave et al., 2015, p. 273). Once in the role, service providers can experience frustration with the lack of understanding their system/organisation has of their situation. They found it challenging dealing with work/personal life crossover which, in some instances leading to social isolation (Cosgrave et al., 2015; Onnis & Pryce, 2016). Ethical dilemmas arose due to their statutory obligations (Jervis-Tracey et al., 2012) such as child protection reporting. These conditions have been captured in Australian research which followed 900 Queensland human service professionals (e.g., doctors, nurses, allied health professionals, social workers, and teachers) over three years and found 82% of respondents reported some form of tension living and working in remote communities (Jervis-Tracey et al., 2012).

The challenges that are faced by and specific to remote schools have also been discussed in the international literature as early as 1910, particularly in the USA (Biddle & Azano, 2016). Remote schools are often “one of the few local social institutions in sparsely populated communities, and sometimes also of serving as one of the largest employers” (Biddle & Azano, 2016, p. 299). At the classroom level, teachers are faced with numerous personal challenges experienced by young people in their care (Tsey et al., 2005). Consequently, schools in remote areas must provide some rudimentary level of mental health support for their students (Evans et al., 2008), especially in the absence of community-based mental health services. Under these circumstances, teachers need to be resilient (Brasche & Harrington, 2012; Turner & Stough, 2020). Similarly, in Queensland, Australia, where this study was conducted, it is often left to schools in remote areas to address student wellbeing through the implementation of the *Student Learning and Wellbeing Framework* (Department of Education [DoE], 2018) and the employment of school Guidance Officers who may also be new to working in remote areas. This is also compounded by what is referred

to as “geographical blindness” (Roberts et al., 2013, p. 765) in which schools in remote areas are considered to have the same characteristics and needs as schools in metropolitan areas (Roberts et al., 2013) and thus, would respond in the similar ways to these approaches.

The situation for teachers is intensified by the fact that there are many teachers in remote school(s) who are teaching outside of their areas of expertise. This is often referred in the literature as “out of field” teaching (Sharplin, 2014, p. 97). A study of 29 Western Australian teachers in rural areas, for example, uncovered that nearly half of the participants were assigned to positions that were not congruent with their qualifications (Sharplin, 2014). For example, teaching in learning support roles, primary (elementary) trained teachers teaching in secondary (high) school roles and vice versa. Internationally, in the USA, Finland, Norway, and Sweden, it was found there were a higher number of non-qualified teachers (Lind & Stjernstrom, 2015; Robinson et al., 2013). That is, teachers who are not registered or those who do not have teaching credentials, were teaching in these rural and remote schools (Lind & Stjernstrom, 2015; Robinson et al., 2013). Although this may not be the case in Queensland schools where this study was conducted, it nonetheless raises the issue that teachers who teach in remote areas, through no fault of their own, may not be fully prepared for what awaits them. Historically, new graduates have predominantly filled remote schools and continue to do so (Hazel & McCallum, 2016; Luke et al., 2013; Richards, 2012; Willis et al., 2017; Young et al., 2018). Consequently, teacher education programs in universities face a formidable task to prepare teachers to be capable in teaching in diverse contexts (Stahl et al., 2020), which includes remote schools. More research is needed to identify how to better prepare teachers to work in these diverse contexts (Jorgensen et al., 2010).

Attracting and retaining teachers of high quality in remote areas is an enduring problem. It is critical for remote education that high quality teachers are employed as this directly affects the quality of educational experiences for children in remote schools (Richards, 2012). As the *Australian Institute of Teaching and School Leadership*’s Chief Executive Officer commented in 2017, “we need to be confident that all new teachers are classroom ready and well-equipped to have a positive impact on student learning” (Rodgers, 2017, p. 6). Despite the rhetoric, teachers arrive in remote areas ill prepared for this work and may have preconceived ideas about the

children they are teaching (Hall, 2013; Holt, 2008; Riley & Pidgeon, 2019; Stacey, 2019) which then influences the quality of the relationships formed. Most graduate teachers attended metropolitan universities and have limited knowledge of rural and remote areas (Hall, 2013; Heffernan et al., 2016; Richards, 2012; White & Reid, 2008). Once working in these areas, they can experience substantial challenges due to the incongruence between what they experienced within their university practicum contexts and the realities of teaching in remote areas. Heffernan et al. (2016) stated there are limited pre-service preparation courses that prepare students for teaching in remote contexts. There are some isolated examples of preparation initiatives involving partnerships between education departments and universities, for example, *Coast to Country* at the University of the Sunshine Coast in Queensland (Richards, 2012). Once qualified and employed in Queensland state schools, teachers can access bursaries and cash incentives (e.g., via Queensland DoE's *Remote Area Incentive Scheme*) and support from the *Professional Learning Hubs* (Department of Education & Training [DET], 2017b) and *Centres of Learning and Wellbeing* (DoE, 2020a) to support beginning teachers in remote locations. But these are relatively recent developments and are not universally available.

This problematic scenario of teachers not being fully prepared to teach in remote areas has a knock-on effect to the quality of the delivery of the education provided to children. This was demonstrated by Robinson et al. (2013), who studied the implementation of *Response to Intervention* (RTI) in a rural school in the USA. They found that staff expertise and knowledge was key to understanding the need for evidence-based practices required to support the increasing number of students who needed the highest levels of support. This is made even more challenging by the fact that remote schools lack personnel resources to provide individualised intensive support (Miller, 2015) or implement social and emotional learning programs (e.g., addressing bullying and self-esteem). Personnel issues can be a product of high levels of staff turnover (Leadbeater et al., 2013). Consequently, children in remote communities frequently do not meet state/national education benchmarks and international and national testing standards such as those assessed in the international Program for International Student Assessment (PISA) (Organisation for Economic Co-operation & Development [OCED], 2018), and Australia's National Assessment Program: Literacy and Numeracy [NAPLAN] (Forgasz & Leder, 2020; Goss et al.,

2016; McGaw et al., 2020). This impacts negatively on school completion rates (Duplechain et al., 2008; Lietz et al., 2014). Inequalities between the educational outcomes for children from metropolitan schools and remote schools are in part related to community characteristics such as socio-economic status. Hence, there is a dire situation in which already vulnerable children are subjected to less than optimal conditions for their learning (Sullivan et al., 2014).

Although there are high proportions of Indigenous students in remote areas of Australia (Jorgensen et al., 2010; Stahl et al., 2020), teachers are mostly from “white, middle-class, urban environments” with “little interaction with people of other ethnicities and social class” (Brasche & Harrington, 2012, p. 110). Aboriginal and Torres Strait Islanders make up only 2.02% of the teacher workforce in Australia (Australian Council of Deans of Education [ACDE], 2018) and the *More Aboriginal and Torres Strait Islander Teachers Initiative Report* stated there were 2,204 Indigenous students completing teacher education programs in Australian universities, representing only 2% of domestic teacher education students (Buckskin, 2016). Indigenous students in remote schools are taught, predominantly, by non-Indigenous teachers.

Given this background, it seems vital and timely to hear the voices of teachers in remote schools regarding how they experience their work with children living with the effects of CCT. To date, there is limited evidence published in the literature reporting how teachers in remote schools experience their work with children living with the effects of CCT. This study aims to provide important insights into what teachers think and do in diverse and remote school contexts that demand school system responses.

1.4 THE RESEARCH GAP AND RESEARCH QUESTION FOR THIS STUDY

This study addresses the central research question:

How do teachers in remote primary schools experience their work with children living with the effects of CCT?

This study set out to answer the research question by interviewing remote primary school teachers using constructivist grounded theory methodology (Charmaz, 2014). This study addresses an important research gap: how do remote primary school

teachers experiences in working with children living with the effects of CCT? Prior to this study, there was no theoretical framework addressing the central experiences of teachers in remote primary schools. The significance of this study is the theory that was developed, *Building Trauma Informed Teachers*, which addresses a substantial gap in the literature regarding remote primary school teachers experiences with children living with the effects of CCT. This theory adds to the body of knowledge in the area of trauma informed practices by hearing from the participants about what they need to do the work. Schools are struggling to the meet the needs of children living with the effects of CCT (Collier et al., 2020). It is an under researched area, and the body of knowledge that is available is in its infancy. This study gives voice to participants' perspectives and helps to build the much-needed evidence base for trauma informed schools.

This study uses constructivist grounded theory (Charmaz, 2014), to explore remote teachers' experiences with children living with the effects of CCT. By applying a constructivist grounded theory approach (Charmaz, 2014), the analytical method "facilitates studying processes at multiple levels of analysis and fosters making invisible processes transparent. In addition, studying a process helps to link the specific and the general and the individual and the social context" (Charmaz, 2017a, p. 299).

The framing of the research question to include experiences may first appear to have roots in phenomenology, however tapping into participants lived experiences was seen as fundamental to studying the underlying process. Charmaz (1990) has acknowledged that constructivist grounded theory "has a phenomenological case" (p. 1164) in emphasising lived experiences. The difference between phenomenology and constructivist grounded theory is that researchers in the latter do not "pursue a quest for essences as phenomenologists do" (Charmaz, 1990, p. 1172). Constructivist grounded theory identifies the process inherent in the common experiences of research participants, while phenomenology shares participants' experiences (Creswell, 2013; Moustakas, 1994). A catalogue of recent research has used grounded theory to explore participants' experiences in different fields, for example staff experiences in higher education (Causer et al., 2021; Karpouza & Emvalotis, 2019), staff and student experiences in health and medicine (Aburn et al., 2021; Hood & Copeland, 2021), and primary school teachers' experiences of teaching different student groups (Williams et al., 2021). In the context of this study, experiences are essential to understanding how

teachers in remote primary schools account for their work with children living with the effects of CCT.

This study uncovered what has been previously unknown about teachers experiences and identified the processes that are needed for teachers in remote primary schools to do their work with children living with the effects of CCT. In sum, this study addresses gaps in the fields of CCT, education, teacher preparation, remote education, and teacher professional development through identifying how teachers experience their work with children living with the effects of CCT.

1.5 THESIS OUTLINE

This opening chapter provided the background and identified the research gap that this study addresses and explained my position as a researcher. Chapter 2 is a literature review of the existing literature related to the use of literature in grounded theory research, children and CCT, teachers working with children living with the effects of CCT, teachers' experiences of working with children living with the effects of CCT, and school system responses. Chapter 3 presents the methodology and research design for the study. It details constructivist grounded theory methodology, participants, data collection and procedures, data analysis, and ethical considerations. Chapter 4 presents the study findings, and the developed theory, *Building Trauma Informed Teachers*. Chapter 5 discusses the significance of the key research findings and highlights contributions to knowledge, practice, and research. Chapter 5 also acknowledges the strengths and limitations of the study by applying Charmaz's (2014) criteria for quality constructivist grounded theory research before offering a conclusion for this study.

Chapter 2: Literature Review

2.1 INTRODUCTION: THE LITERATURE REVIEW IN GROUNDED THEORY RESEARCH IS A CONTESTED SPACE

Since the conception of grounded theory by Glaser and Strauss (1967), there have been ongoing discussions about when and how the literature should be used within the grounded theory research process (Charmaz, 2014; Dunne, 2011; El Hussein et al., 2017; Giles et al., 2013; McGhee et al., 2007; Thornberg & Dunne, 2019). Each family of grounded theory from the initial development of grounded theory by Glaser and Strauss', to Glaser's classic grounded theory and the "evolved grounded theory" (Mills et al., 2014, p. 108) of Strauss and Corbin, to Charmaz's constructivist grounded theory, has its own viewpoints about when and how the existing literature should be used. In the original version of grounded theory, Glaser and Strauss (1967) stated that the use of literature related to the field of study should not occur until the end of the research process so that analytical categories are not "contaminated" (Glaser & Strauss, 1967, p. 37). Their view was that researchers needed to be open to any possibility arising from the data and to trust the grounded theory process to enable the "theory" to be discovered inductively from the data rather being imposed deductively from the existing literature. Despite taking this initial firm position, Glaser later advocated in classic grounded theory for researchers to read literature from areas not directly related to the area being researched (Glaser, 1978; Glaser, 1998).

Corbin and Strauss (2015) took the position that existing literature could be used throughout the grounded theory research process as long as researchers were "not constrained and even stifled by it" (Corbin and Strauss, 2015, p. 49). Their stance advocated for the literature to enhance analysis and sensitivity (Corbin & Strauss, 2015; Dunne, 2011; Thornberg & Dunne, 2019). Similarly, in constructivist grounded theory, Charmaz (2014) proposed that researchers "use the literature review without letting it stifle your creativity or strangle your theory" (p. 308). Thus, having an ongoing relationship with the literature (Thornberg & Dunne, 2019) is important because it enables the researcher to be able to analyse data effectively. Researchers need to use and apply the knowledge they have gained from the literature (Thornberg

& Dunne, 2019) throughout the research process, and that is the approach adopted here.

This chapter presents the literature review that was undertaken, for the most part, when my PhD research proposal was being developed. I have kept with Charmaz's (2014) advice on the use of existing literature, "engaging the literature goes beyond a short section of a paper or a chapter in a thesis. Weave your discussion of it throughout the piece" (Charmaz, 2014, p. 309). I have "woven" the literature throughout this thesis. This literature review, therefore, predominantly discussed the relevant literature related to the research question and focuses on the literature published prior to data collection and as part of my PhD Confirmation of Candidature seminar. It helped to formulate the research question, inform the research methodology, and strengthen the empirical basis for the study. Further literature has been subsequently "woven" into this chapter's literature review, and this occurred after data analysis was completed. For complete transparency, these additions after data analysis are identified throughout this chapter in **grey highlighted sections**.

The literature review sets the scene for this constructivist grounded theory study which set out to answer the research question,

How do teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT)?

This chapter reviews three main bodies of literature: what is known about children living with the effects of CCT (Section 2.2), teachers' experiences of working with children living with the effects of CCT (Section 2.3), and school system responses (Section 2.4).

2.2 WHAT IS KNOWN ABOUT CHILDREN LIVING WITH THE EFFECTS OF COMPLEX CHILDHOOD TRAUMA (CCT)

The literature regarding what is known about children living with the effects of CCT is very broad due to a number of factors including the different definitions used, population samples studied, and reporting measures used. This section comprises of the following topics: the emergence of childhood trauma as a field of study (Section 2.2.1), defining trauma types (Section 2.2.2), the prevalence of complex childhood trauma (Section 2.2.3), and identifying complex childhood trauma at school (Section

2.2.4). As previously mentioned, this literature was, in the main, reviewed for my PhD Confirmation of Candidature, prior to data collection. Segments appearing as highlighted grey block have been added after data analysis during preparation of the final thesis.

2.2.1 The emergence of childhood trauma as a field of study

The consequences of exposure to traumatic events in childhood were not well understood until relatively recently with the emergence of the first results from the Adverse Childhood Experiences (ACE) study conducted in the United States of America (USA) (Felitti et al., 1998). This longitudinal study of over 17,000 adults revealed that approximately two-thirds had experienced at least one type of trauma during childhood (Felitti et al., 1998; Perfect et al., 2016). The study assessed the prevalence of ten adverse childhood experiences in two categories: individual (or personal) experiences including physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect; and family experiences including having a parent who was an alcoholic, a mother who was a victim of domestic violence, a family member who was imprisoned, a family member with a diagnosed mental illness, and the absence of a parent through divorce, death, or abandonment. This study linked adverse childhood experiences to a range of negative health outcomes (Anda et al., 2006; Chartier et al., 2010; Monnat & Chandler, 2015; Wade et al., 2016), social outcomes (Escueta et al., 2014; Liu et al., 2013; Metzler et al., 2017), and educational outcomes (Bethell et al., 2014; Blodgett et al., 2010; Escueta et al., 2014; Porche et al., 2016). Most importantly, the study found the greater the number of adverse experiences, the poorer the outcomes for individuals during adulthood with increased risk of alcoholism, drug use, depression, suicide attempt, smoking, sexually transmitted disease, obesity, heart disease, lung disease, liver disease, cancer, and skeletal fractures (Felitti et al., 1998).

ACEs have been found to have long ranging effects and to vary across population groups. Thus, different communities may have different profiles of negative experiences during childhood (Ford et al., 2016). Research has found ACEs have an effect on pregnancy and pre-term birth and can be transmitted from one generation to the next (Christiaens et al., 2015; Hughes et al., 2017; Madigan et al., 2017). ACEs research has also explored the effects of ACEs in population groups. For example, behaviour problems in middle childhood have been correlated to a child experiencing

a high number of adverse experiences (Hunt et al., 2016). Another example included the impact ACEs has on second generation immigrants (Vaughn et al., 2017). Research on the effect of ACEs on military personnel and veterans has also been conducted (Blosnich et al., 2014; McGuinness & Waldrop, 2015).

2.2.2 Defining trauma types

Although there is substantial research on the effects of different types of traumatic experiences during childhood, a universal definition of childhood trauma remains elusive. At present, numerous terms and definitions are used and these vary according to purpose, country, context and/or culture, theoretical orientation, professional discipline, and measurement (World Health Organisation [WHO], 2014). In the following section, several terms will be defined. These terms include: trauma as defined by the USA's Substance Abuse and Mental Health Services Administration [SAMHSA] (2014); developmental trauma; single-incident trauma (also referred to as Type I trauma); complex trauma (also referred to as Type II trauma); Type III trauma; cumulative trauma; historical trauma; intergenerational trauma; and transgenerational trauma. The NCTSN (2014) definition nominated as the preferred definition for the purpose of this thesis will also be revisited.

Overall, it appears that the most consistently used definition of *trauma* appearing in the literature is from the USA's Substance Abuse and Mental Health Services Administration [SAMHSA] (2014).

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 wellbeing. (p. 7)

Important features of this definition emphasise that a traumatic event, regardless of its cause may have long-lasting impact on all areas of an individual's functioning.

Developmental trauma is defined as the multiple and chronic traumatic experiences of children in the form of neglect, physical, emotional, or sexual abuse, betrayal, coercive practices, witnessing family violence and parental conflict (Australian Childhood Foundation, 2010; Perry, 2004).

Single incident trauma also known as Type I trauma (Terr, 1991) or individual trauma (Terr, 1991) is defined as an "unanticipated event" (Terr, 1991, p. 14). For

example, an accident, death of a loved one, or the experience of a natural disaster (Australian Childhood Foundation, 2010; SAMHSA, 2014).

Complex trauma also known as Type II trauma (Terr, 1991) is defined in many ways including the “repeated exposure to extreme external events” (Terr, 1991, p. 15). van der Kolk (2007), one of the forefront experts on trauma, describes complex trauma as,

The experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual, or physical abuse, war, community violence) 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. (van der Kolk, 2007, p. 227)

Advocacy group, *Adults Surviving Child Abuse* (ASCA) (2015) defined all childhood trauma as complex trauma, suggesting that quantifying complex trauma experiences is difficult due to the wide scope of elements that need to be considered when examining the nature and impact of complex trauma. These include environmental, contextual, and vulnerability risks, difference in how individuals perceive, experience, and assess trauma; and the ongoing difficulties that arise from trauma (Keane et al., 2016). Common to these definitions of complex trauma is reference to exposure to multiple adverse events early in life which impact on child development.

Type III trauma is defined as pervasive, violent events that are frequent and multiple yet unpredictable and are experienced by a child from an early age and continues for years. These events can include the threat of torture or death to a child, or to someone they love (Solomon & Heide, 1999). A child exposed to Type III trauma is likely to have been victimised by multiple perpetrators, including close relatives (Solomon & Heide, 1999).

Cumulative trauma is defined as the “number of different trauma types [and not the total number of traumatic incidences] experienced” (Martin et al., 2013, p. 111) by an individual and is described as an important predictor of trauma symptoms and mental health outcomes (Hodges et al., 2013).

In addition, further terms and definitions are used in relation to First Nations peoples' experiences of trauma, in Australia and elsewhere. Increasingly referred to are the terms, *collective trauma*, *historical trauma*, *intergenerational trauma*, and *transgenerational trauma*. These terms attempt to capture the “multifaceted nature of Indigenous trauma and loss” (Hill et al., 2010, p. 43) as the result of violent and disruptive colonisation. They engender effects of race-based oppression and social policies and practices such as the removal of children from parents and communities which occurred in many colonised nations and is widely acknowledged as having severe and damaging, cross-generational consequences (Broome, 2010; Hill et al., 2010).

Collective trauma was defined by Atkinson (2002) as “traumatic experiences which are experienced by large groups of people, who may therefore share some of the psychological, cultural, physical, spiritual, social, and mental distress that results” (p. 53). Collective trauma has been experienced by many First Nations people worldwide, including Australian Aboriginal and Torres Strait Islander people. This type of trauma established new and harmful ways of being in the world and of identity formation that becomes integrated into cultural norms and can be passed on from generation to generation (SAMHSA, 2014).

Cultural trauma is a term used in recent literature (published since the original literature review for this study was undertaken) that is used synonymously with the term *collective trauma* (Koh, 2019). It is a relatively new concept (Gailiene, 2019) and can be defined as “when trauma affects the mind of a collective, which is its culture...the shared culture itself is damaged” (Koh, 2019, p.4 and p. 7). That is, an interplay occurs between social and individual factors in coping with cultural trauma which is a significant challenge for individuals and societies (Gailiene, 2019).

Historical trauma is defined as acts of dominant cultural oppression, including death through war and massacre, disease, economic destruction, and suppression of cultural identity, and can be understood as a precursor to intergenerational trauma (Heart, 2003; Nutton & Fast, 2015). Heart (2003) proposed that as a result of historical trauma, survivors can experience self-destructive behaviours including substance abuse, anger, depression, difficulty articulating and expressing emotions, and suicide ideation as ways of dealing with the pain of trauma.

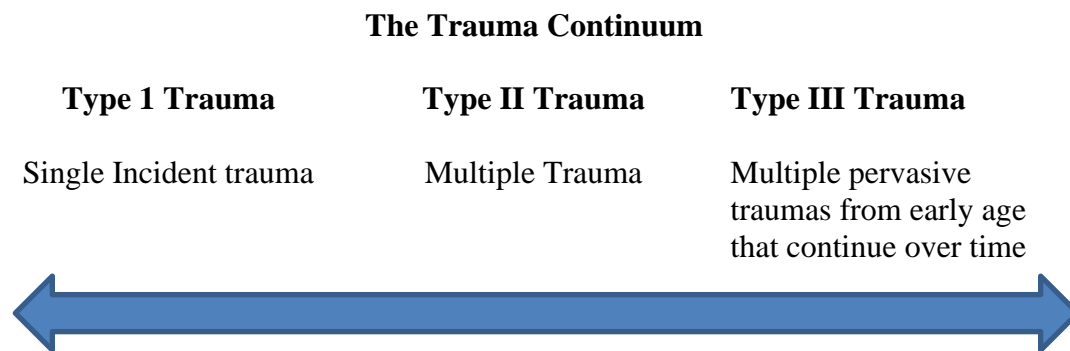
Intergenerational trauma is “transferred from the first generation of survivors who have experienced (or witnessed) it directly in the past to the second and further generations of descendants of survivors” (Atkinson, 2013, p. 4). Children of trauma survivors can also experience trauma including illness, accidents, death of someone close, violence, family disintegration, and poverty as well as their own direct trauma which may include abuse, neglect, and exposure to violence (Atkinson, 2013). Intergenerational trauma is reported by commentators to be one of the biggest challenges faced by First Nation populations (Atkinson, 2013; Brokenleg, 2012; Kezelman et al., 2015; SAMHSA, 2014).

Finally, *transgenerational trauma* occurs when trauma is passed psychologically and/or physiologically through the generations (Atkinson, 2002; Phipps & Degges-White, 2014). It was first recorded in the literature in the 1960s to describe the trauma symptomology that was experienced by the descendants of holocaust survivors (Phipps & Degges-White, 2014). It has also been researched in the areas of families impacted by child sexual abuse (Frazier et al., 2009; Phipps & Degges-White, 2014), natural disasters (Goodman & West-Olatunji, 2008), combat veterans’ children (Dekel & Goldbatt, 2008; Pearrow & Cosgrave, 2009), and in the area of “systematic oppression” (Phipps & Degges-White, 2014, p. 176; Dion et al., 2015; Elias et al., 2012; Paradies, 2016; Sarnyai et al., 2016).

This landscape of terminology and definitions highlights the nascent state of the emerging field of trauma research, theory, and practice. To help organise and understand the terminology, and to provide a way for education systems to conceptualise trauma, de Thierry (2015) suggested the use of a trauma continuum (as shown in Figure 2.1).

Figure 2.1

The trauma continuum by de Thierry (2015, p. 24)



This continuum has Type I trauma at one end and Type III trauma the opposite end. This continuum is one way to depict the vast range of traumatic circumstances to which children may be exposed (de Thierry, 2015; Clinic Community Health Centre, 2013).

Although elusive, a common understanding of trauma is important to assist in “identification, in the recording of cases, help establishing standardised measurement indicators, and identifying factors that increase risk and protection” (World Health Organisation [WHO], 2016, p. 3). The multiple terms and definitional inconsistencies draw attention to the “nuanced and multidimensional nature of trauma” (Martin et al., 2013, p. 110) and its consequences. This was noted in early research by Perry (2004) who observed that “the clinical presentation and evolution of trauma-related symptoms is typically complex” (p. 15). This complexity is due to the factors that can influence trauma responses in a child, such as the type, severity, and pervasiveness of the trauma, the risk, and protective factors inherent in the child’s environment and family network, and the social and individual characteristics, age, and developmental stage of the child (Wiebler, 2013).

As noted in Chapter 1, the definition that will be adopted for the purpose of this thesis, is from the USA’s National Child Traumatic Stress Network (NCTSN) (2014) who define complex trauma as,

Children’s exposure to multiple traumatic events and the wide-ranging, long-term impact of this exposure. These events are severe, pervasive, and often interpersonal, such as abuse or profound neglect. They usually begin early in life, may disrupt many aspects of the child’s development, and interfere with the child’s ability to form secure attachment. (p. 1)

This definition is chosen because it is widely used and reflects Perry's (2004) claim that much of the trauma experienced during childhood is potentially complex. It recognises the effect of trauma on all aspects of human functioning throughout the lifespan.

2.2.3 The prevalence of complex childhood trauma

There is minimal research examining the prevalence of complex childhood trauma (CCT). In attempting to calculate prevalence, numerous official government data sources can be drawn upon but, even collectively, these data sources fall short of providing an adequate assessment of the magnitude of the problem. Sources consulted for this review in an attempt to ascertain the prevalence of CCT include those relating to violence, child maltreatment, domestic and family violence, vulnerable community data, and education departments' student disciplinary data (SDA).

Current global estimates of the prevalence of CCT vary according to the trauma definition used and the research method employed. This results in variation in official statistics and surveys used to collate information from trauma victims/survivors and their caregivers (World Health Organisation [WHO], 2014). Despite this variation, global estimates consistently report a concerning and unacceptable prevalence. Hillis et al. (2016) systematically reviewed population-based studies examining the prevalence of violence against children during 2014 and found that more than one billion children were exposed to violence defined as physical, sexual, and emotional abuse, and combinations of multiple types of abuse. The World Health Organisation (2014) proposed that, globally, a quarter of all adults have experienced physical abuse and there are approximately 41,000 homicide deaths of children under the age of 15 years occurring each year. These trauma experiences are rarely disclosed by children or recognised by adults around them (Alaggia, 2005; Lemaigre et al., 2017; Okur et al., 2017; Stiller & Hellmann, 2017) and therefore, are likely to be an underestimate of actual prevalence.

It is difficult to determine the prevalence of CCT in Australia specifically due to the varied and limited reporting measures employed by different government systems. No single agency is responsible for collecting and reporting data on the prevalence of CCT. Therefore, the best estimates must come from organisations and government agencies who support and/or report on child maltreatment. This is seen in the research undertaken by Hillis et al. (2016) who were unable to report on the prevalence of

violence against children aged 2-14 years in the Oceania region (including Australia) because these data sets were not available. Other recent estimates suggested that as many as 5 million Australian adults may have been affected by trauma (Kezelman et al., 2015; Wall et al., 2016).

The Australian Institute of Health and Welfare [AIHW] (2017), a national agency established to provide current and reliable statistics on Australians' health and welfare, report the rates of substantiated cases of maltreatment for Australian children each year. At the time of the initial literature review, in 2015-2016, the AIHW (2017) reported 225,487 notifications to child protection authorities of Australian children (42 per 1,000 children) experiencing or at risk of abuse or neglect. Of these, 45,714 children (8.5 per 1,000 children) received a substantiated child protection report (AIHW, 2017). A substantiated child protection report means,

There are different reasons (after an investigation) to believe that the child has been, is being or is likely to be, abused, neglected, or otherwise harmed. The relevant department will then attempt to ensure the safety of the child or children through an appropriate level of continued involvement, including providing support services to the child and family. (AIHW, 2017, p. 3)

Of the substantiated cases in 2015-2016 the primary maltreatment types recorded were: emotional abuse (45%) (3.8 per 1,000 children), neglect (25%) (2 per 1,000 children), physical abuse (18%) (1.5 per 1,000 children), and sexual abuse (12%) (1 per 1,000 children) (AIHW, 2017, p. 33). Rates of abuse and neglect tend to decrease as children increase in age, meaning the youngest are most vulnerable, especially to physical abuse and neglect (AIHW, 2017).

Prevalence rates reveal disparities in the children affected by CCT. A serious concern is that Aboriginal and Torres Strait Islander children are seven times more likely to be the subject of a substantiated child maltreatment report than non-Aboriginal and Torres Strait Islander children (AIHW, 2017). In 2015-2016, 46,500 children in Australia were living in out-of-home care (OOHC) and of these a disproportionate number were from Aboriginal and/or Torres Strait Islander backgrounds (AIHW, 2017). Aboriginal and Torres Strait Islander children were ten times more likely than non-Indigenous children to be placed in out-of-home care (AIHW, 2017). The children in out-of-home care, arguably, represent children in Australia who have experienced the worst types of maltreatment, and often cumulative

and multi-type maltreatment. They are children who do not have a parent willing or able to protect them and therefore must reside in foster care, kinship care, or residential care. Importantly for this study, and what is even more concerning is that children in geographically remote areas (16.2 per 1,000 children) and very remote areas (23.5 per 1,000 children) were *four* times more likely to be subject of a substantiated maltreatment report compared to their urban counterparts (AIHW, 2017). This suggests that Australian children who live in remote and very remote areas are among the most vulnerable children and are at significant risk of harm.

The most recent Australian child protection data from 2018-2019, showed 170,200 children (1 in 33 children) received intervention from child protection services. One in six Indigenous children received child protection services (156 per 1,000 children). Of the substantiated reports, emotional abuse was the most common type of abuse (54%) followed by neglect (21%), physical abuse (15%), and sexual abuse (10%) (AIHW, 2020). For Indigenous children, the most common substantiated reported were for emotional abuse (47%) and neglect (31%) (AIHW, 2020). Children from very remote areas have the highest rate of substantiated children protection reports (20 per 1,000 children). They are three times more likely than children from major cities (7 per 1,000 children) to be subjected to a substantiated child protection report (AIHW, 2020). In Australia in 2018-2019, there were 44,900 children living in out-of-home care of these 18,000 were Indigenous children. Miller and Berger (2020) stated, “rates of trauma exposure and disadvantage are significantly higher [amongst Aboriginal and Torres Strait Islander] compared to non-Aboriginal and Torres Strait Islander Australians” (p. 41).

Relevant to this study, is the prevalence of domestic and family violence. Domestic violence has been defined as,

An abuse of power perpetrated mainly (but not only) by men against women both in relationships and after separation. It occurs when one partner attempts physically or psychologically to dominate and control the other. Domestic violence takes a number of forms. The most commonly acknowledged forms are physical and sexual violence, threats and intimidation, emotional and social abuse and economic deprivation. (Rani & Xavier, 2020, p. 52)

Family violence is defined as,

a broad concept incorporating a wide range of victim-offender relationships and types of violence. It includes all forms of domestic violence, such as intimate partner violence, violence towards children and other members of the family network other than partners; financial abuse; verbal abuse and other definitions as provided at law. (Langton et al., 2020, p. 20)

Family violence is a complex issue which is embedded in First Nations communities as an outcome of intergenerational trauma (Langton et al., 2020). Domestic and family violence in remote areas is underreported due to fear of children being removed, adults being arrested, shame, and distrust of police and social services and, also, the fear of being ostracised by family members (Langton et al., 2020). The most recent statistics in Australia on domestic and family violence indicated that 1 in 6 women (17% of 1.6 million) have experienced physical or sexual violence by a current or previous partner since the age of 15 (AIHW, 2019b). One in 4 women (23% of 2.2 million) have experienced emotional abuse by a current or previous partner since the age of 15 and 1 in 5 women (18% of 1.7 million) have experienced sexual violence since the age of 15 (AIHW, 2019b).

Domestic and family violence “is considered one of the most common and severe stressors children can experience” (Orr et al., 2020, p. 1). Children and young people living in households where there is domestic and family violence also experienced domestic and family violence directly or indirectly. These experiences cause harm (Family Safety Victoria, 2018; James, 1994; Orr et al., 2020; Saxton et al., 2020). Determining the number of children who experienced domestic and family violence is hard to quantify. Worldwide, approximately 275 million children are exposed to domestic and family violence at any given time (Orr et al., 2020). In Australia, there is a lack of data on numbers of children exposed to domestic and family violence (Orr et al., 2020). In Queensland, Australia, where this study was conducted the Queensland Police Service do not record the presence of children in homes when attending for instances of domestic and family violence (Taylor, 2019).

Historically, domestic and family violence and child maltreatment were viewed as separate issues (James, 1994). There has been some progress in this area, however, the reporting to child protection services of children being harmed, directly or indirectly as a result of domestic and family violence is confusing for mandatory

reporters such as teachers. For example, Queensland's Online Child Protection Guide (Department of Children, Youth Justice & Multicultural Affairs, 2019) is used to help reporters with report decision making. Domestic and family violence is not recognised as a stand-alone category of child maltreatment. What can make it confusing for reporters is that domestic and family violence (or components of it) are incorporated into some of the abuse categories (Department of Children, Youth Justice & Multicultural Affairs, 2019). The omission of a distinct category for domestic and family violence may inadvertently convey to mandatory reporters that, for example, that a case is not reportable unless the child has experienced physical injury, a "child was injured or nearly injured during a domestic violence incident among adults" (Department of Children, Youth Justice & Multicultural Affairs, 2019, Child Protection Guide Help Section). This may further result in a lack of understanding of the different ways domestic and family violence can affect children. The Domestic and Family Violence Death Review and Advisory Board (2019) stated, "responses to domestic and family violence continue to underplay the immediate and cumulative impact on children" (p. 53). Consequently, these children are "the forgotten victims" (Saxton et al., 2020, p. 1; Orr et al., 2020, p. 2). These "forgotten victims" are often identified and supported through schools where staff are not specifically trained to respond to these complex issues and their effects, such as children displaying self-destructing, extreme, risk-taking behaviour.

Due to the behavioural impacts of CCT, children who are living with the effects of CCT are likely to be among those who are represented in school disciplinary data (SDA). The Queensland Department of Education and Training (DET), now known as the Department of Education (DoE), collects data on school disciplinary absences (SDA) indicating the number of suspensions, exclusions, and cancellations of enrolment that are imposed on children in Queensland state schools. In Queensland, a suspension is imposed when a student displays "disobedience, misconduct or other conduct that is prejudicial to the good order and management of the school" (DET, 2017c, p.1) and involved the student being instructed not to attend school for up to and including 20 days (DET, 2017c). An exclusion is imposed when the student's behaviour is deemed so serious that suspension is an insufficient response. It is described as follows: "exclusion prohibits a student from attending one or more state educational institutions for nominated period of not more than 12 months or

permanently” (DET, 2017c, p.1). As a last resort, a student’s enrolment can be cancelled by a principal if the student is of post compulsory age and displays “persistent refusal to participate in the program of instruction” (DET, 2017c, p. 1).

Student disciplinary absences have been collated by the Queensland Department of Education (2020b) for the 5-year period 2015-2019. For the North Queensland Region where this study was conducted, the number of student disciplinary absences are shown in the table below against the state total (Table 2.1).

Table 2.1

Student Disciplinary Data 2015-2019 (Department of Education, 2020b)

Year	Region	Short suspensions	Long suspensions	Exclusion	Cancellation of enrolment
2015	NQR	5,512 (8.6%)	346 (13.3%)	102 (7%)	125 (7.9%)
	State Total	64,306	2,592	1,457	1,583
2016	NQR	5,249 (7.7%)	255 (9.5%)	108 (7.3%)	72 (5.6%)
	State Total	67,972	2,677	1,484	1,275
2017	NQR	5,574 (7.8%)	303 (9.9%)	115 (7.1%)	80 (6.4%)
	State Total	70,911	3,035	1,615	1,237
2018	NQR	6,583 (8.2%)	337 (10.5%)	162 (9.1%)	66 (6.1%)
	State Total	79,627	3,186	1,771	1,078
2019	NQR	5,616 (7.2%)	301 (9.6%)	183 (10.9%)	95 (9.7%)
	State Total	77,167	3,132	1,674	971

Unfortunately, there is a lack of data examining the prevalence of children who are living with the effects of CCT who also experience school suspension, exclusion or cancellation of enrolment. One practice resource from Queensland’s Department of Child Safety, Youth, and Women (2016) indicated that children who were in out-of-

home care were four times more likely to have a student disciplinary absence compared to those children who were not in out-of-home care.

A literature review conducted by Knight and Rossi (2018) investigated the risk and protective factors for children in out-of-home care in Australia and overseas. Their review found that children in out-of-home care experienced high levels of suspension and exclusion (Knight & Rossi, 2018). They also found teachers had limited skills and awareness for responding appropriately to children in out-of-home care, even though a safe and supportive teacher-child relationship was seen as a protective factor (Knight & Rossi, 2018). This review also found the risk factors for children in out-of-home care included the number of schools a child has attended and their frequency of attendance at school (Knight & Rossi, 2018). There is currently very limited evidence investigating the effectiveness of interventions to improve educational outcomes for children in out-of-home care (Knight & Rossi, 2018).

In summary, the available literature has demonstrated that identifying the prevalence of school children who are living with the effects of CCT is extremely challenging due to a range of factors including definitions, reporting measures and absences of data collection mechanisms. Currently, prevalence can be established only from analogous data sets. However, it is becoming increasingly clear that the available child protection data is a significant underestimation of the prevalence of children who are living with the effects of CCT and attending Queensland state schools (Coulton et al., 1995; Finkelhor et al., 2014; Raissian & Bullinger, 2017).

2.2.4 Identifying complex childhood trauma at school

As noted above, it is virtually impossible to quantify rates of trauma that have occurred or are being experienced by school-aged children (Perfect et al., 2016). In a systematic review of research between 1990 and 2015 examining school-related outcomes associated with trauma in school-aged youth, Perfect et al. (2016) suggested the estimated rate of children who experienced trauma varies according to the definition of trauma that is used, the sample under investigation (e.g., parent or child), and the assessment tools that were used (e.g., screening form, rating scale, interview). Perfect et al. (2016) estimated as many as two out of three school aged children have experienced a minimum of one adverse experience/traumatic event by the time they reach 17 years of age. Porche et al. (2016) indicated from their secondary data analysis

from the USA's *National Survey of Children's Health 2011-2012*, that 53.4% of school age children have experienced two or more adverse experiences.

Compared to children who are not living with the effects of CCT, those who are living with the effects of CCT are more likely to perform poorly on a range of dimensions, leading to diminished educational and employment opportunities as well as experiencing greater risk of later health problems (Larson et al., 2017). For these reasons, Eklund and Rossen (2016) suggested it is essential that schools address and respond to children who have experienced or are currently experiencing trauma. For this to occur, there needs to be a means by which schools can identify children who have experienced trauma. Screening for trauma in schools is a relatively new concept and there is limited research recording its effectiveness. Thus, caution should be used because obtaining an accurate measurement through a screening process involving a large number of children is difficult due to the varying definitions used and the subjectivity of trauma (Eklund & Rossen, 2016). Another reason for caution is that research has revealed discrepancies between data provided by proxy measure may be unreliable indicators of children's actual experiences with adversity and/or trauma (Levitt et al., 2007).

The topic of school-based trauma screening has received significant attention since the initial literature review for this thesis was first completed. Commentators and researchers may be enthusiastic to use screening in schools due to the widely reported use of ACE screening in paediatric settings, such as the Centre of Youth Wellness, in the USA (Burke-Harris, 2018). In the USA, new research is advocating for the use of trauma screeners in schools using an adapted version of the ACEs questionnaire (Blodgett & Lanigan, 2018; Pataky et al., 2019). Pataky and colleagues (2019) researched the effectiveness of the use of this questionnaire and related support that was provided to two public middle schools in the USA. These authors advocated for the use of the ACEs questionnaire as a starting point for identification and intervention within school settings and as means by which to provide support to staff for secondary trauma (Pataky et al., 2019). In a trial they found the implementation of the survey tools was successful in identifying students with a high number of adverse childhood experiences and their need for trauma informed support (Pataky et al., 2019). In a similar vein, Blodgett and Lanigan (2018) had elementary school teachers from ten schools in the USA complete an adapted version of the ACEs questionnaire to report

on student ACE exposure. These authors found that using educators as reporters may actually underestimate the prevalence of adversity, especially for those students who function well at school. Staff awareness of adversity could also vary (Blodgett & Lanigan, 2018). These authors considered trauma screening in schools as an important strategy for identifying and responding to students at risk or have experienced trauma, by providing a mechanism to identify case and refer to services, and thereby holding potential to improve academic outcomes (Blodgett & Lanigan, 2018).

However, not all researchers agree. For example, Anda et al. (2020) cautioned that “the ACE questionnaire was designed to research – not screen” (p. 2). They pointed out that the ACE questionnaire was initially devised as a tool to assess the relationship among childhood adversities, and later health and social outcomes. It was not primarily devised for identification and referral purposes. Baldwin et al. (2021) in their study used the ACE questionnaire to predict the accuracy of ACE screening for later health problems of participants from two cohorts: the Environmental Risk Longitudinal Twin study ($n= 2,232$) and the Dunedin Multidisciplinary Health and Development study ($n=1,037$). Results found ACE screening has poor accuracy in predicting later health issues. Baldwin et al. (2021) concluded that focusing interventions based on ACE screening is likely not to be effective in preventing health issues.

Taking a birds-eye view of the literature, Eklund and colleagues (2018) conducted a systematic review of trauma screeners for children and adolescents. The 18 screeners that met criteria for inclusion in their review included primarily self-report scales ($n=13$), clinical interviews ($n=4$), and parent rating scales ($n=7$) that assessed trauma symptomology and exposure. Trauma screeners that were based on the ACEs questionnaire did not meet the inclusion criteria for this particular systematic literature review. There was little empirical evidence available to support the use of these screening measures in schools. The analyses revealed inconsistencies in the focus, scope, and description of screening tools as well as limited social validity (usability and acceptability) within school settings. Other ethical and methodological problems with the use of trauma screeners in school settings were identified including the need for parental consent for collection of these data from children and young people (and the concerning absence of consent in some instances) and the utility of accessing

teachers as second-party respondents while acknowledging that screeners should not be used as diagnostic tools (Eklund et al., 2018).

The literature review now turns to a discussion on the effects of CCT on children.

2.2.5 Effects of complex childhood trauma (CCT)

Trauma negatively affects children's achievement, their social relationships, and psychological health (Goodman et al., 2012; Huang & Mossige, 2012). Children's responses to CCT can be different depending on their age, gender, and their role within the family (Department of Child Safety, Youth, & Women, 2018; Queensland Health, 2020; Rani & Xavier, 2020; Taylor, 2019). Experiencing trauma can affect a child's physical health, psychological wellbeing, and behaviour (Taylor, 2019). This means children can have trouble with self-regulation, coping and interacting positively with others (Family Safety Victoria, 2018; Forke et al., 2019; Orr et al., 2020; Rani & Xavier, 2020). The effects of this included children experiencing difficulties forming secure attachment which then in turn affects their social and behavioural development, cognitive ability, and school performance (Dodaj, 2020; Family Safety Victoria, 2018; Forke et al., 2019; Queensland Health, 2020; Rani & Xavier, 2020; Saxton et al., 2020).

Relevant to this study is how the trauma associated with domestic and family violence affects children. James (1994) identified the following as potential effects on children and young people as a result of experiencing domestic and family violence. Infants are most vulnerable. They may react to their environment and cry when distressed, not eat, and are very vulnerable (James, 1994). Toddlers may experience behavioural and social difficulties which may include shyness, low self-esteem, biting, hitting, and arguing (James, 1994). Preschool-aged children may believe they are the cause of the violence and abuse occurring in the home. They may also become very aggressive towards others (James, 1994). Primary school aged children learn the only way to solve conflict is through violence. They may experience difficulties with their schoolwork and/or may experience aggression and depression (James, 1994). Adolescents may see violence as their family's issue and regard the victim as being responsible for the conflict (James, 1994). Other responses experienced by children and young people included eating disorders, sleep difficulties, cruelty to animals, bed wetting, difficulty adjusting to change, delays with language development, fear of leaving a parent, psychosomatic and emotional complaints, stealing, alcohol and drug

use, feelings of worthlessness, difficulties with concentration, and positive attitudes towards violence (Carolin & Xavier, 2020; Dodaj, 2020; Queensland Health, 2020; Rani & Xavier, 2020). Children experiencing domestic and family violence may be at increased risk of sexual abuse, poverty, externalising and internalising behaviours, and homelessness (Domestic & Family Violence Death Review & Advisory Board, 2019). Children exposed to domestic and family violence are more likely to be hospitalised with a mental health diagnosis than those who are not exposed to family violence (Orr et al., 2020). There remains very little research focusing specifically on Indigenous children's exposure of CCT (Miller & Berger, 2020).

The literature consistently highlighted that CCT has a significant impact on the developing brain leading children to experience difficulties with oral language (Cook et al., 2005; Culp et al., 1991; O'Neill et al., 2010), learning, behaviour, engagement at school (Cook et al., 2005; Craig, 2016; Culp et al., 1991; Goodman et al., 2012; Howard, 2013; O'Neill et al., 2010; Sitler, 2009; Souers & Hall, 2016), and developing and sustaining relationships (Craig, 2016; Howard, 2013; Marcus & Sanders-Reio, 2001; Persyn, 2016; Souers & Hall, 2016). Children living with the effects of CCT may be frightened and may not develop trust which impacts on their social relationships, interpreting verbal and non-verbal cues, and understanding others' perspectives (Lacoe, 2016; Terrasi & Crain de Galarce, 2017). CCT also impacts a child's executive functioning which relates to a child's cognitive processes and includes planning and goal setting behaviour, problem solving, working memory, attention, self-regulation, and monitoring (Craig, 2016; Goldstein et al., 2014). Consequently, children living with the effects of CCT may have lower educational self-efficacy and lower educational performance and attainment (Goodman et al., 2012; MacMillan & Hagan, 2004), leading to referrals to special education services (United Nations Children Fund, 2014). Children living with the effects of CCT may also have lower attendance rates at school, and more behaviour problems leading to expulsion and mental health issues (Fry et al., 2016; Gilbert et al., 2009; Stein et al., 2003; United Nations Children Fund, 2014). As they get older, children living with the effects of CCT are less likely to consider higher education, and if they do, are at higher risk of dropping out (Duncan, 2000).

At the nexus between experiences of CCT and learning at school, trauma has been found to impact on how children respond to rewards. This is of relevance to

teachers since teachers use rewards as part of their everyday classroom management practices as well as part of whole-school approaches to student behaviour management such as the internationally recognised *School Wide Positive Behaviour Support* system (Brandt et al., 2014; Cummings, 2017; Elfner et al., 2016; Fallon et al., 2012; Horner et al., 2010; Horner et al., 2009; McCurdy et al., 2016; McIntosh et al., 2014; Savage et al., 2011; Sorlie & Ogden, 2015; Sugai & Horner, 2006; Sugai & Horner, 2009; Sugai et al., 2000; Sugai et al., 2012). Dillon et al. (2009) discovered children who had been exposed to trauma were less attuned to reward cues and rated these less positively than other children. It is clear to see how this may have an impact on their motivation and learning. If the fundamental reward system within the brain, known as the mesocorticolimbic reward circuitry (i.e., the ventral striatum, anterior cingulate cortex, medial prefrontal cortex, and amygdala) is compromised, goal-directed behaviour and decision making may be affected, and manifest as decreased ability to process rewards (Puetz & McCrory, 2015). More recently, Hanson et al. (2017) found that adolescents who were exposed to early adversity (in this case physical abuse), compared to their non-abused peers were less able to correctly learn stimuli that would result in rewards even after been provided with feedback. These adolescents also used information they knew about rewards in their environment less often. They made decisions early in their learning processes and this, the authors suggest, maybe due to the adolescents' beliefs that rewards were inconsistent and random because they were falling back on what they understood about the reinforcement of behaviour patterns in their home environments. This research suggested that, within school settings, a child who is living with the effects of CCT may respond differently to goal setting and rewards than other children. The effects of CCT trickle down to children's teachers. This is a fundamental challenge for teachers with respect to the way in which their classrooms are managed.

To address the complex needs of children living with the effects of CCT, the literature reported that the first point of intervention is the school, particularly in disadvantaged areas and in areas where there are limited services (Farmer et al., 2003; Stein et al., 2003; Thompson & Trice-Black, 2012; Williams et al., 2007). Even though trauma can impact on a child's learning, experiences at school can also help undo the effects of trauma through the provision of high expectations, and feeling welcomed,

safe, and included. This may enable children to develop healthy relationships and the ability to regulate their emotions (Terrasi & Crain de Galarce, 2017).

For my research, this notion of schools as the first point of referral for children with social and emotional needs rings true. Schools are often the only publicly available service in remote areas supporting children living with the effects of CCT. If teachers can facilitate feelings of safety and security for the children they educate and show them they are fully present and engaged, this may support the development of attachment and the establishment of healthy teacher-child relationships. The empirical research has begun to explore this process, albeit not directly with children who are living with the effects of CCT. For example, Tobin et al. (2016), explored a teacher's expression of emotions and physiological changes during teaching of science. Outcomes from this research highlighted the importance of teachers being aware of their own physiological states prior to and during teaching. Thus, highlighting the importance of teachers facilitating feelings of safety and security and building relationships with children living with the effects of CCT.

The literature highlighted CCT affects children's learning and future thriving, and therefore it is necessary to carefully study the systems surrounding the child: the teachers and school systems. Children living with the effects of CCT may arrive at school with elevated stress levels (Howard, 2013). Physiologically, this is manifested in higher levels of stress hormones which have been found to exert a powerful influence on an individual's capacity to learn (Howard, 2013). Stress arising from CCT may prevent children from being calm enough to learn the academic and social behaviours that are expected at school (Howard, 2013). Scholars suggested CCT impacts on a child's attention to learning as their attention is focused on surviving in their environment and consequently, they are in fight, flight or freeze modes, and may not feel safe within classrooms (O'Neill et al., 2010; Shalka, 2015; Sitler, 2009). The behaviours as a result of flight, fight, or freeze response is often misunderstood within the classroom and can be perceived by teachers as something else, such as, inattentiveness, aggressiveness, truanting, laziness, carelessness, or passivity (Sitler, 2009). This can then have an effect on children's learning. This may be further misunderstood if a teacher holds preconceived ideas about Indigenous children and their communities (Riley & Pidgeon, 2019; Solomon et al., 2005; Stahl et al., 2020; Stronger Smarter Institute, 2020).

This section (Section 2.2) has examined the literature on what is known about children living with the effects of CCT. Research examining CCT is relatively new and a myriad of definitions have emerged. Research to date has shown that children living with the effects of CCT suffer significant educational disadvantage. The adverse effects of CCT can be evident in their behaviour, relationships, and learning at school. The following section (Section 2.3) moves the review of the literature to focus on teachers' experiences of working with children living with the effects of CCT.

2.3 TEACHERS WORKING WITH CHILDREN LIVING WITH THE EFFECTS OF COMPLEX CHILDHOOD TRAUMA (CCT)

This section reviews available literature investigating teachers' experiences in working with children living with the effects of CCT. Currently, there is a paucity of research investigating how teachers respond to children living with the effects of CCT, especially those teachers working in remote schools. Areas covered in this section include the teacher-child relationships (Section 2.3.1), teachers' perspectives of working with children living with the effects of CCT (Section 2.3.2), vicarious trauma and secondary traumatic stress (Section 2.3.3.), and teacher preparation for teaching children living with the effects of CCT (Section 2.3.4). As in the previous section (Section 2.2), grey highlighted parts were added after data analysis.

2.3.1 Teacher-child relationships

A classroom is a microsystem comprising many interpersonal relationships (van Petegem et al., 2005). Teaching is a "complex relational activity" (Kearns & Hart, 2017, p. 512) which requires authentic relationships between children and teachers (Morgan et al., 2015). Teachers invest themselves in caring for the children in their care and their perceptions of a child can influence children's adaptation to the school environment, their learning, and academic outcomes (Crosby et al., 2015; Howard, 2013; Kearns & Hart, 2017; Pianta, 1999; Pianta & Stuhlman, 2004). In a meta-analysis of more than 200 studies, Hattie (2012) found teacher-student relationships have a powerful effect on learning outcomes, more than any other single variable.

As noted in Section 2.3 teachers are often the first responders when there is a school crisis or community disaster and are the first ones who connect with children (Ko et al., 2008). Children bring to school with them their experiences of trauma (Hydon et al., 2015; Ko et al., 2008). Thus, teachers play an essential role in identifying

the needs of children and recognise when these traumas affect learning (Hydon et al., 2015).

Despite the strong research in teacher-child relationships generally, there is a dearth of research examining how school-based relationships enhance the wellbeing of children who are living with the effects of CCT (Dods, 2013). Teachers serve as a basis of safety and security for the child and help the child adapt to the school environment, and to develop self-regulation, trust, self-worth, self-expression, and connections (Alisic, 2012; Dods, 2013; Howard, 2013; Marcus & Sanders-Reio, 2001; Pianta, 1999; Veltman & Browne, 2001). However, this relationship is based not only on what the child brings to school but also on what the teacher brings into the relationship. For example, teacher education training in child development and understandings about the influence of CCT on brain organisation and function (Perry, 2009). Other variables may include teacher experience, their current concerns, or experiences (e.g., financial, family, marital), and outside interests (Pianta, 1999).

Teacher and child behaviours are interdependent in nature, that is, each affects the other (Scott et al., 2017). When teachers understand this relationship and have strategies to build and nurture their relationships with children, they can carefully develop classroom environments that promote safety and security. This is important to children living with the effects of CCT because many come from a background of what Perry (2009) has described as “relational poverty” (Perry, 2009, p. 252) in which they have not experienced positive caring relationships with the adults in their lives. Consequently, “for many children, the idea that an adult can be unconditionally accepting, safe, trusted, consistent, and available violates their expectations of their relationships with adults” (Pianta, 1999, p. 146). Thus, how a child interacts with a teacher will influence how the relationship established and consequently, how a teacher experiences their work. When there is a healthy teacher child relationship, there is a reduction in conflict, open communication, and child autonomy (Marcus & Sanders-Reio, 2001). However, when there is an unhealthy teacher child relationship, there can be conflict, negative emotion, and dependency (Marcus & Sanders-Reio, 2001).

Recent qualitative research investigated teachers’ perceptions about teacher-child relationships by interviewing in depth three preschool teachers from Head Start schools in the USA (Chen & Phillips, 2018). These schools provided an intensive early

childhood intervention and support for families living in disadvantage. Using a socio-ecological lens, analyses indicated that teacher child relationships were impacted by school social and environmental factors including teacher workloads, organisational supports, and the quality of the teachers' relationships with parents (Chen & Phillips, 2018). These findings suggested that there are factors influencing teachers' relationships with children that go beyond the teachers' own interpersonal capabilities.

Research conducted more than two decades ago in the USA, suggested there were constraints placed on teacher-child relationships by school system policies. Some time ago, Pianta (1999) suggested that such constraints may include staffing levels, configurations and location of programs, and transitions between programs and classrooms. These constraints, it was found, could be minimised by addressing teacher-student ratios, increasing the amount of contact between teachers and students, decreasing the number of transitions, and placing importance on school level organisation, climate, and culture (Pianta, 1999). These aspects would appear crucial to teachers' work with children living with the effects of CCT because trauma informed practices stress the importance of relationships, routines, and structures (Dorado et al., 2016).

The limited literature does identify some challenges as well as positive outcomes that teachers have experienced when working with children living with the effects of CCT (Spilt et al., 2011). Challenges included teachers facing unexpected situations leading them to be creative and rely on their relational skills (Acevedo & Hernandez-Wolfe, 2014). Teachers have reported feelings of fear, anger, and emotional and physical drain, and lack of control (Caringi et al., 2015; Lucas, 2008). In remote areas, a further challenge is that teachers may know the families personally which compounds complexities when working with children living with the effects of CCT (Caringi et al., 2015). There remains a paucity of research that has examined teacher-child relationships in communities with high populations of Indigenous students (Miller & Berger, 2020; Trudgett et al., 2017).

2.3.2 Teacher perspectives on working with children living with the effects of complex childhood trauma

There is a dearth of research capturing teachers' perspectives about working with children living with the effects of CCT (Alisic, 2012; Williams et al., 2007). The research that is available looks at teachers' perspectives in relation to coping after

traumatic events such as natural disasters, such as, earthquakes (Berger et al., 2007), Hurricane Katrina (Baum et al., 2009) and Hurricane Andrew (Prinstein et al., 1996) in the USA, and the war on terrorism in the Middle East (Wolmer et al., 2011). There is currently limited research in relation to how teachers experience their daily work with children living with the effects of CCT, particularly in remote areas.

The main researcher exploring teachers' perspectives in supporting children living with the effects of trauma is Alisic. Alisic has conducted two studies in the Netherlands (Alisic, 2012; Alisic et al., 2012). For the first study, Alisic (2012) obtained the perspectives of twenty-one Dutch elementary school teachers (22-55 years of age, with 0.5-30 years teaching experience) through semi-structured interviews. The data were analysed using qualitative, summative analysis (Alisic, 2012). The key finding reported by Alisic (2012) was that, overall, teachers experienced difficulty with supporting children who had been exposed to a traumatic event. They identified the need for enhanced knowledge and skills, suggesting that teachers required a clear role description and directions regarding how to meet the needs of the children living with the effects of trauma and the related needs of their classmates. Teachers also reported experiencing difficulties meeting the needs of their students, due to the complex and competing nature of the work of teaching. Similar themes were identified in the second study by Alisic et al. (2012) who surveyed 765 Dutch elementary teachers. Participants answered nine questions regarding aspects of supporting children after trauma. Descriptive analysis identified core themes: teachers found it difficult to remain emotionally uninvolved when supporting students; teachers struggled to balance the work of teaching with that involving the provision of mental health support to students; and teachers felt under-skilled and under-informed regarding how to support these children. One in five participants reported experiencing high levels of difficulty including a lack of knowledge and skills (Alisic et al., 2012).

A common thread is that teachers reported feeling ill-prepared for supporting children living with the effects of CCT whilst also managing the educational and support needs of all children within their classes (Alisic, 2012; Alisic et al., 2012; Brunzell et al., 2018; Mainwaring, 2015; O'Neill et al., 2010; Perry et al., 2016; Thomas et al., 2015; van der Wegen, 2013; West et al., 2014). This can lead to some teachers feeling afraid, anxious, sad, and/or worried which may impact on their overall wellbeing (Blitz et al., 2016). Few studies reported that teachers view trauma as an

issue that should be managed by children's families or carers rather than being delegated to teachers and schools (Ristuccia, 2013).

Some literature reinforced the importance of the teachers' and the schools' roles in addressing the effects of CCT (Bell et al., 2013; Blitz et al., 2016; Brunzell et al., 2019; Overstreet & Chafouleas, 2016; Rossen & Cowan, 2013). Studies suggested teacher-delivered interventions have the capacity to improve outcomes from children living with the effects of CCT whilst also enhancing teacher skills and teacher efficacy in dealing with CCT (Blitz et al., 2016; Brunzell et al., 2019; Gelkopf et al., 2008; Wolmer et al., 2011; Wolmer et al., 2016). As a result, teachers become more skilled at forging successful and influential relationships with the children in their classrooms. Teacher-delivered interventions have been shown to improve children's wellbeing and adaptation following particular types of traumatic experiences (Blitz et al., 2016; Brunzell et al., 2019; Wolmer et al., 2016), for example in war torn countries (Wolmer et al., 2011) and after natural disasters (Gelkopf et al., 2008). Results indicated when teachers deliver interventions (with appropriate training and supervision) teacher self-efficacy, self-mastery, and optimism improve (Wolmer et al., 2016). However, as literature examining this topic is emergent, there is a need for greater understanding about how teachers experience their work with children living with the effects of CCT and the ways it affects them personally and professionally (Alisic et al., 2012).

At the time of revising this literature review, there remains limited research available that explores how teachers experience their work with children living with the effects of CCT (Alvarez, 2017; Record-Lemon & Buchanan, 2017), especially in remote primary school settings or in schools with high proportions of Indigenous children (Miller & Berger, 2020). This is a significant and enduring gap in the research and one which this current study aims to address. The lack of research, "makes it difficult to support educators in developing the knowledge and skills to identify and respond to students in real schools and in real time who may be experiencing or reacting to a traumatic experience" (Alvarez, 2017, p. 55).

2.3.3 Vicarious Trauma and Secondary Traumatic Stress in teachers working with children living with the effects of complex childhood trauma (CCT)

Also discussed in the literature is the notion of vicarious trauma (Parker & Henfield, 2012) and secondary traumatic stress (Borntrager et al., 2012; Caringi et al., 2015; Motta, 2012; van Bergeik & Sarmiento, 2006) which may be experienced by

teachers as an outcome of working with children living with the effects of CCT (Brunzell et al., 2018). Again, there is a paucity of research with teachers in this important area (Borotrager et al., 2012; Caringi et al., 2015).

Vicarious trauma is defined as the “emotional excess” (Hydon et al., 2015, p. 323) experienced by those who are working with people who are living with the effects of trauma. Due to hearing the stories of trauma from others, they “become witnesses to the pain, fear, terror that trauma survivors have endured” (Hydon et al., 2015, p. 323). As a result, tension, and preoccupation can occur (Hydon et al., 2015). Due to their exposure to the details of others’ trauma experiences, workers (including teachers) can be affected to the extent that it changes how they view themselves, others, and the world around them. Vicarious trauma has been shown to affect physical and emotional wellbeing, and relationships with others (NCTSN, 2014; Trippany et al., 2004).

Secondary traumatic stress is recognised formally by the *Diagnostic and Statistical Manual of Mental Health Disorders* (DSM-V) as a form of post-traumatic stress disorder (Roden-Foreman et al., 2017). It is defined as the “natural consequent behaviours and emotions resulting from knowing about a traumatising event experienced by a significant other – the stress resulting from helping or wanting to help a traumatised or suffering person” (Fidgley, 1995, p. 7). People experiencing secondary traumatic stress may show behaviours such as anger and cynicism, hopelessness, chronic exhaustion, guilt, inability to listen, physical complaints, sleeplessness, and minimising (NCTSN, 2014; Shoji et al., 2015). Secondary traumatic stress has been examined in the experiences of a range of professional groups including attorneys and their administrative support staff (Levin et al., 2011); oncologists who are required to talk about end of life to their patients and families (Granek et al., 2017); veterinarians (Hanrahan et al., 2017); child welfare workers (Sprang et al., 2011); trainee clinical psychologists (Makadia et al., 2017); alcohol and other drug workers (Ewer et al., 2015); law enforcement (Craun et al., 2014); refugee support workers (Kim, 2017); and social workers (Bercier & Maynard, 2015; Bride, 2007; Choi, 2017). Secondary traumatic stress has not only been researched regarding how it effects members of these professional groups, but also the impact it has on their spouses, for example in research on the spouses of military veterans (Bjornestad et al., 2014). The

common experience for members of all these groups is that they cared for people who have been exposed to traumatic events.

The general literature providing advice to teachers, suggested teachers working with children living with the effects of CCT will be most effective when they are emotionally well themselves (Lucas, 2008). However, some teachers maybe coping with their own trauma histories, and memories of these can be triggered by hearing about children's experiences or seeing children's reactions at school (Hydon et al., 2015). The effects of intergenerational and transgenerational trauma also need to be considered for Indigenous teachers who are working with children living with the effects of CCT. Currently there is no published research in this area.

Recently, a pilot study explored the effectiveness of *Child-Teacher Relationship Training* (CTRTR) based on child-centre play therapy (CCPT), has shown promise in supporting teachers working with children living with the effects of trauma (Post et al., 2020). The purpose of the pilot study was to test the first step in reducing teachers' stress so they can more effectively support children living with the effects of trauma. Four kindergarten teachers from a USA rural elementary school participated. They received training in CCPT and learned about the impact of trauma on children. Teachers then conducted 30-minute play sessions with a child from their class to be able to practice their newly learnt skills. Researchers modelled lessons in the classroom, providing coaching to the teachers, and collected observations. Results from semi-structured interviews with the teachers showed that CTRTR reduced teachers' stress and helped them to build stronger relationships with the children they were teaching (Post et al., 2020).

The concepts of vicarious trauma and secondary traumatic stress need to be carefully considered in this PhD study. Given the rudimentary prevalence data reviewed earlier in this chapter, it seems reasonable to suggest that teachers will encounter children living with the effect of CCT, and teachers in remote contexts may encounter a greater number of children living with the effects of CCT. In addition, as noted in Chapter 1, teachers in remote areas are often early career teachers, that is, teachers in their first five years of teaching. These teachers tend to experience their early part of the careers as a time of uncertainty with a steep learning curve (Heikonen et al., 2017). Other factors impacting on experiences of early-career teachers include the school context, level of resourcing, access to professional development, parent

involvement, and community support systems (Castro et al., 2010). Early-career teachers may also be hesitant asking for assistance and rather, will resort to trial and error to solve problems (Castro et al., 2010). They also reported difficulty when managing challenging relationships with other school personnel, in particular when they perceived that they are viewed as professional lacking due to being in the early stages of their careers (Castro et al., 2010).

Another factor that may impact on teachers' experiences is personally knowing the families of children living with the effects of CCT (Caringi et al, 2015). This maybe particularly true in remote communities that traditionally have small populations. Consequently, teachers may lack "vicarious resilience" (Acevedo & Hernandez-Wolfe, 2014, p. 474). Vicarious resilience is a term used to describe the positive growth that occurs as a result of empathetic engagement with another's trauma narrative (Acevedo & Hernandez-Wolfe, 2014; Edelkott et al., 2016; Hernandez et al., 2007). Teachers without vicarious resilience may be at risk of vicarious trauma (Anderson & Bronstein, 2012), or secondary trauma stress (Borntrager et al., 2012).

Regardless of the terminology used, it has been identified that teachers required support in their work with children living with the effects of CCT. The literature suggested that support may be provided through the following ways: via a tiered continuum which means support is differentiated based on teacher need (Caringi et al., 2015); supervision and mentoring to support teachers to cater for children living with the effects of CCT (Caringi et al., 2015; Parker & Henfield, 2012); peer and family support (Caringi et al., 2015; Parker & Henfield, 2012); and implementing self-care strategies (Caringi et al., 2015).

Recent literature has focused on strategies for supporting teachers with self-care and promoting teacher wellbeing to lessen the potential effects of secondary trauma (Loomis, 2018; Howard, 2018a; Thomas et al., 2019). There has been some initial research into exploring different ways for supporting teachers' wellbeing including teachers' responses to trauma-related stress (Christian-Brandt et al., 2020; Eyal et al., 2019; Post et al, 2020). However, Thomas et al. (2019) noted that "putting the full onus on individual staff members to support their well-being in light of the known effects of secondary trauma is not sufficient" (p. 447). These authors bluntly stated that administrators and school systems "should shoulder responsibility for embedding

approaches and practices that encourage self-care and regulation for all adults in schools, including teachers and staff” (Thomas et al., 2019, p. 447).

In terms of specific interventions for teachers, there is some new research focusing on whether a trauma informed care approach implemented in schools has a flow-on effect on teacher wellbeing. Christian-Brandt and colleagues (2020) recruited 163 elementary school teachers from a low-income area from the north west of the USA. The teachers completed a self-report questionnaire on their perceptions of the effectiveness of trauma informed care approach implemented at their school. Teachers received training in trauma informed care practices; coaching from behaviour specialists; universal, targeted, and clinical intervention was provided for students; teachers implemented a social emotional learning program based on mindfulness and cognitive behaviour therapy; students were supported by school counsellors; and a mental health agency was available to support students (Christian-Brandt et al., 2020). This was a very comprehensive intervention. Teachers who reported as having high levels of compassion satisfaction viewed the trauma informed care approach to be more effective compared to teachers who had lower levels of compassion satisfaction. These latter teachers also experienced higher rates of burnout and intention to leave the profession (Christian-Brandt et al., 2020).

In a less comprehensive intervention, Eyal and colleagues (2019) reported on the outcomes of the Mind-Group of Teachers Stress (MGTS), 60-minute group sessions over three consecutive weeks for teachers experiencing trauma-related stress. The goals of the program were to decrease teacher stress, instil mind-body skills and self-care, and increase teacher understanding of trauma-related stress in children (Eyal et al., 2019). A pilot study assessed the implementation with 16 teachers from two public schools in a large urban city in Texas, USA. Results showed the teachers found the intervention helpful, particularly having a safe space with colleagues to share experiences and have their voices heard. However, participants reported being disengaged with the psychoeducational session on understanding trauma related stress in children (Eyal et al., 2019). This pilot study points to the need for further research into how teachers experience their work with children living with the effects of CCT, particularly regarding their wellbeing and self-care.

2.3.4 Teacher preparation for complex childhood trauma (CCT)

Current pre-service teacher training does not consistently or adequately address the social and emotional health of children or how to work with children living with the effects of CCT (Brown et al., 2020; Hobbs et al., 2019; Howard, 2019). Ways of working with children living with the effects of CCT have become known as *trauma informed practices* (Phifer et al., 2016). Knowledge of and application of these teaching practices predicated on understanding trauma, its manifestations, and consequences in schools is essential if children who are living with the effects of CCT are to be successful. Schools are in a strong position to teach the necessary skills and to deliver interventions to help children deal with trauma symptomology (Anderson et al., 2015; Blitz et al., 2016; Brunzell et al., 2019; Stokes & Brunzell, 2019). For this to be achieved, teaching and non-teaching staff need to have appropriate knowledge, understanding, tools/interventions, and ongoing support. However, at the school and teacher levels, educators face the predicament of balancing the core business of education with work addressing the needs of children requiring additional help and different approaches because they are living with the effects of CCT (Alisic, 2012; Ko et al., 2008). As previously mentioned, in remote schools, this is amplified as schools may be the only publicly available service in the area and in many instances, have limited access to other agencies and support systems.

The literature suggested, teachers are often left to develop their own means to address students' needs, including worrying behavioural concerns (Berger & Samuel, 2020; Brown et al., 2020). Teachers may unintentionally exacerbate children's behaviours by having unrealistic expectations of students or by misinterpreting reasons for disruptive behaviours (Bonk, 2016; Goodman et al., 2012; Howard, 2013). In more disorderly classrooms, teachers maybe fearful or may spend more time focussing on behaviour management at the expense of time dedicated to teaching and learning (Bonk, 2016; Lacoë, 2016). Support personnel, such as teacher aides, are often assigned to work closely with children displaying problematic behaviours and relationships. However, these personnel may not have access to professional development required to adequately provide support in an informed and skilled manner (Anderson et al., 2015). Anderson et al. (2015) suggested while these support personnel acknowledge the impact of adverse experiences on children, they are simply not yet able to support these children. Similar to teachers, these factors can impact on

the professional experience and wellbeing of support personnel, increasing the potential for conflict and stress within professional relationships and minimising the likelihood that student support will be successful (Fullan, 2005).

Not surprisingly, the literature suggested training of both preservice and in-service teachers is needed to address barriers to implementing appropriate strategies to support children living with the effects of CCT (Brown et al., 2020; Hobbs et al., 2019). Research finds that barriers can be overcome when schools collaborate with other agencies and systems such as universities or non-government organisations to develop the required evidence-based knowledge and skills in staff who are required to support children living with the effects of CCT (Anderson et al., 2015; Blitz et al., 2016). Other strategies suggested in the literature included teachers and support staff accessing ongoing mentoring and coaching to increase capacity to use recommended skills and strategies (Anderson et al., 2015; Baweja et al., 2016; Capella et al., 2008; Perry et al., 2016; Reinke et al., 2014).

Mentoring is a practice that shows promise. Mentoring, and the utilisation of “trauma champions” (Plumb et al., 2016, p. 47) has been suggested as a means by which to enable effective implementation of appropriate interventions for children (Henry et al., 2011; Kletza & Siegfried, 2008; Plumb et al., 2016; Richardson et al., 2012; Wong, 2006). Trauma champions have been described as the innovators of the implementation of practices within a school or school system that support children living with the effects of CCT. Anecdotal evidence suggested it is these trauma champions who spread the word, liaise with external agencies, and build the capacity of others to “develop the collective ability – disposition, skills, knowledge, motivation and resources – to act together to bring about positive change” (Fullan, 2005, p. 4).

However, despite the appeal of initiatives such as mentoring and trauma champions, there is limited empirical evidence to date that reports on the implementation of trauma informed or trauma sensitive practices in schools (Alisic, 2012). Notwithstanding, a number of Masters and Doctoral studies, mainly from the USA, have investigated the effectiveness of professional learning regarding CCT (Bonk, 2016; DuBois, 2010; Jones, 2013; van der Wegen, 2013; Wilson, 2013). A common finding from these studies is the importance of staff receiving professional development to enhance their practices so that they are better able to engage children living with the effects of CCT.

Recent commentary suggested the effectiveness of training will depend on its aims and intended outcomes. Luthar and Mendes (2020) suggested it is important that professional development consists of both strategies for working with children living with the effects of CCT, strategies for staff self-care, and prevention of secondary traumatic stress. Currently there is limited research on the effectiveness of teacher training in trauma informed practices (Herman & Whitaker, 2020; Stratford et al., 2020; Whitaker et al., 2019). Within schools, professional development is commonly provided in either a single session, over a day or possibly two days, and is facilitated by a single trainer (Herman & Whitaker, 2020). Single dose sessions are likely to have fewer benefits than longer engagement when it comes to serious and complex issues such as CCT.

Once professional development has been provided, it is important to measure the extent to which new knowledge and skills are implemented and to identify implementation barriers. To date, the *Attitudes Related to Trauma Informed Care* (ARTIC) scale (Baker et al., 2015) is one psychometrically sound tool that has been developed to measure the extent to which trauma informed practices are implemented and identify further needs for training. The ARTIC scale, developed in the USA by researchers Baker et al. (2015), is based on the *Risk Connection* trauma training evaluation tool developed by Brown et al. (2012). The ARTIC scale has seven subscales consisting of 45 items which cover: “(i) underlying causes of problem behaviour and symptoms; (ii) responses to problem behaviour and symptoms; (iii) on the job behaviour; (iv) self-efficacy at work; and (vii) system wide support for trauma informed care” (Baker et al., 2015, p. 64). Thus, it is a research tool to “monitor changes in staff attitude in response to professional development and training experiences, and whether these changes hold over time” (McIntyre et al., 2016, p. 27).

Recent research is emerging across different sectors that utilised the ARTIC scale as a standardised measure implemented pre- and post-training to evaluate the effectiveness of trauma informed professional development. Examples included assessing the effectiveness of trauma informed training of mental health professionals in psychiatric hospitals (Nimura et al., 2019), child welfare workers (Bosk et al., 2020), residential out-of-home-care staff (Galvin et al., 2020), and teachers (Parker et al., 2020).

From the literature reviewed in this section (Section 2.3), it is concluded that there is a paucity of research, with very little from remote areas and from Australia, that investigated teachers' experiences of working with children living with the effects of CCT. The following section will explore how school systems respond to children who are living with the effects of CCT.

2.4 SCHOOL SYSTEM RESPONSES: TRAUMA INFORMED STRENGTHS AND CHALLENGES

This section will address school system responses to children who have been living with the effects of CCT, and school system provisions for teachers working with children living with the effects of CCT. Topics to be reviewed include classifying trauma informed approaches (Section 2.4.1), a short history of trauma informed approaches in schools (Section 2.4.2), problems in implementing trauma informed approaches in schools (Section 2.4.3), and examples of trauma informed approaches implemented in schools (Section 2.4.4). As has been the pattern throughout this chapter, grey highlighted blocks have been added after data analysis.

It must be acknowledged there is different terminology used by practitioners and researchers to describe a series of staged approaches that can be used to support children in schools who are living with the effects of CCT. Terminology used to describe the different phases of this journey include trauma aware, trauma sensitive, trauma responsive, and trauma informed.

Trauma aware, is the first phase in which schools, who are early in the journey of becoming trauma informed, learn about trauma and its effects on children and look at how to use this information to make changes within the school so that children living with the effects of CCT are being supported (Howard, 2018b; Howard, 2019; Missouri Department of Elementary & Secondary Education, 2019; Thompson, 2019).

Trauma sensitive, is the next phase in which schools explore the principles of trauma informed practices – safety, trustworthiness, choice, collaboration, and empowerment and apply these to existing school practices (Craig, 2016; Gheradi et al., 2020; Missouri Department of Elementary & Secondary Education, 2019; Plumb et al., 2016). Leaders are identified from the staff to lead this work. Community engagement has begun (Missouri Department of Elementary & Secondary Education, 2019).

Trauma responsive is the third phase in which there has been change in practices and policies to support children and staff. Trauma informed practices are implemented throughout all programs and frameworks (e.g., Positive Behaviour Intensive Support, Restorative Practices). Teachers are showing changes in their practice and there is further community engagement (Missouri Department of Elementary & Secondary Education, 2019).

Trauma informed is the final phase in which changes in practices are seen and staff are looking at ways to improve (Missouri Department of Elementary & Secondary Education, 2019). Data is used to make decisions and schools are working collaboratively with families and community to meet needs of children (Missouri Department of Elementary & Secondary Education, 2019). This stage is ongoing as “trauma informed is a process not a destination” (Missouri Department of Elementary & Secondary Education, 2019, p. 6). Within the existing literature, trauma informed is frequently reported and referred to (Berger, 2019; Blitz et al., 2020; Chafouleas et al., 2016; Dorado et al., 2016; Luthar & Mendes, 2020; Maynard et al., 2019; McIntyre et al., 2019; Record-Lemon & Buchanan, 2017; Shamblin et al., 2016).

For the purpose of this study, *trauma informed* is the main term used throughout this thesis as this is the end goal that educators who advocate for supporting children living with the effects of CCT are wanting to achieve.

2.4.1 Classifying trauma informed approaches

As a result of the growing awareness of CCT, there has been increasing calls for education systems to become more trauma informed (Maynard et al., 2017; Porche et al., 2016). Classifying trauma informed practices is challenging due to the different approaches adopted by different systems (Chafouleas et al., 2016). Generally, trauma informed practices are defined as having three principles: “(i) recognition of prevalence, (ii) recognition of how trauma impacts all individuals within the organisation, (iii) responses that put this knowledge into practice” (Shalka, 2015, p. 22).

A trauma informed approach can be conceptualised as a framework to guide systems. It includes trauma informed interventions. Trauma informed interventions are designed to identify, address, and treat the impact of trauma and facilitate the healing for victims but should not be done in isolation from other systems and processes of an

organisation (Substance Abuse & Mental Health Service Administration [SAMHSA], 2014). Quadara and Hunter (2016) stated a trauma informed approach is viewed as a “systematic change approach that is reflected at all levels of the service system” (p. 15). Thus, as suggested by the Substance Abuse and Mental Health Service Administration [SAMHSA] (2014), an agency within the USA’s Department of Health and Human Services, a trauma informed approach reflects a multi-tiered framework (discussed in Section 2.5.4) integrating several assumptions, key principles, and implementation domains (SAMHSA, 2014).

SAMHSA (2014) defined a system as being trauma informed when it incorporates the following four key assumptions: (i) realisation about trauma and its effect; (ii) recognise the signs of trauma; (iii) responds by applying trauma informed approaches to all areas; and (iv) resist the re-traumatisation of client and staff. The six key principles include: “(i) safety, (ii) trustworthiness and transparency, (iii) peer support, (iv) collaboration and mutuality, (v) empowerment, voice, and choice, and (vi) cultural, historical and gender issues” (SAMHSA, 2014, p. 10). SAMHSA (2014) suggested “developing a trauma informed approach requires change at multiple levels of an organisation and systematic alignment with the six key principles” (p. 12). This can be achieved by an organisation being guided by the ten implementation domains of: “(i) governance and leadership, (ii) policy, (iii) physical environment, (iv) engagement and involvement, (v) cross-sector collaboration, (vi) screening, assessment, and treatment services, (vii) training and workplace development, (viii) progress monitoring and quality assurance, (ix) financing, and (x) evaluation” (SAMHSA, 2014, p. 12). These four key assumptions, six key principles, and ten implementation domains are generalisable to any setting and are to be instilled at all levels of an organisation rather than implemented solely at an individual level (Maynard et al., 2017; SAMHSA, 2014). Nothing similar has been adopted, to date, in Australian schools.

The development of trauma informed systems in Australia is less advanced. Australian scholars, Quadra and Hunter (2016) in their discussion paper to the Royal Commission into Institutional Response to Child Sexual Abuse, suggested trauma informed practices in Australia are,

- *Emergent*: practice wisdom and evaluation of knowledge have not yet coalesced sufficiently to guide how the principles are put into practice in different settings.
- *Enthusiastic*: there is significant interest across a range of sectors in becoming trauma informed.
- *Opaque*: there is lack of publicly available, co-ordinated material on trauma informed care programs and models being developed and the format they take.
- *Piecemeal*: without strong, collaborative national leadership, the development of trauma informed care models is driven by individual services (Quadra & Hunter, 2016, p. 35).

Since the initial literature review, there appears to have been limited progress in the development of trauma informed systems in Australia. Bendall and colleagues (2018) in their report, *Trauma and Young People: Moving towards trauma informed services and systems* advocated for trauma informed services and systems in Australia as there is “no national and jurisdictional leadership policies, frameworks, work force and service infrastructure to achieve a ‘systems approach’ to trauma” (p. 61). They suggested this is due to a lack of government leadership and policy; inconsistent understanding of implementation of trauma informed approaches across and within systems; work force issues; and lack of funding for systems to be able to work collaboratively to meet needs of clients through a holistic response to intervention (Bendall et al., 2018). There has been ad hoc system response to entire communities when there have been catastrophic natural disasters (e.g., Queensland floods in 2010-2011; Victorian Black Saturday bush fires in 2009). The authors referred to The Mental Health Co-ordinating Council of New South Wales, Australia. This council advocated that there are key elements that are needed across all service systems to meet the needs of people who have experienced trauma (Bendall et al., 2018). These key elements included: a national government trauma policy; prioritise recruiting employees who are trained in trauma; undergraduate education and training; funding for evidence-based treatment; practical guidelines for children and adults; policies and procedures, rules, and regulations to access trauma services and treatment; local, regional assessment, research, evaluation, and data collection; all services and systems are

trauma informed (Bendall et al., 2018). The authors also advocated for schools to be trauma informed (Bendall et al., 2018).

2.4.2 A short history of trauma informed approaches in schools

International awareness of and research into trauma informed approaches in schools is increasing rapidly, particularly in the USA (Overstreet & Chafouleas, 2016). The impetus of implementation of trauma informed approaches in the USA, has been the result of local, state, and federal initiatives and increased support from education systems and organisations (Maynard et al., 2017; McIntyre et al., 2016). In Australia, there is evidence of emerging recognition by educational systems to address the wellbeing needs of students who are living with the effects of CCT (Howard, 2018b; Howard, 2019). Powell and Graham (2017) suggested school systems find it challenging to implement and resource wellbeing policies, cultures, and practices in schools. This fragmentation is possible due to definitional opacity, competing dialogues that muddy policy purposes, as well as conflicting priorities within the education system, and the lack of frameworks for implementation (Powell & Graham, 2017).

However, in Australia there is currently no overarching, trauma informed framework for schooling systems or across states and territories (Wall et al., 2016). Thus, it is challenging for Australian school systems and teachers to know how, why, and when to implement a trauma informed framework to support children living with the effects of CCT. There are efforts, with one example of attempting to provide trauma informed support in Australia is a flexi-school in a large metropolitan region. Brunzell et al. (2016) conducted action research into the effectiveness of trauma informed positive education within a flexible learning environment within the first thirteen weeks of the school year. They suggested a “trauma informed positive education approach” (Brunzell et al., 2016, p. 219) is one that is developmentally informed and addresses children’s regulatory abilities (e.g., rhythm, self-regulation, mindfulness, and de-escalation). The authors proposed the qualitative results from their study can form the basis for future research into the use of trauma informed positive education practices within flexible learning environments (Brunzell et al., 2016).

Stokes and Turnbull (2016) conducted an evaluation of the Berry Street Model to determine if Brunzell et al’s. (2016) findings in a flexi-school learning environment

could be transferred to two mainstream government schools in Victoria, Australia. Data from the evaluation indicated that school leaders, teachers and students at both government schools reported that the Berry Street Model had a positive impact on student achievement, behaviour, engagement, and wellbeing (Stokes & Turnbull, 2016). Data also suggest that as a result of implementing the Berry Street Model, school culture also improved (Stokes & Turnbull, 2016). The evaluation identified key challenges which included the importance of schools committing time for staff professional development and follow up; consistency across the whole school rather than implementing the approach in sectors within the school; and integrating elements from the Berry Street Model into school processes and procedures (Stokes & Turnbull, 2016).

Since the initial literature review, there has been limited progress despite an ongoing “thirst” (Howard, 2018b, p. 61) for training and the need for the implementation of a trauma informed framework in schools (Howard, 2018b; Howard, 2019). Currently, there is no nationally consistent approach in supporting children living with the effects of CCT. Howard (2018b, 2019) conducted a study in Queensland, Australia, to research the wellbeing needs of children in out-of-home care and how to support schools in working with children who have experienced trauma and were displaying challenging behaviours. This study also looked at the needs and knowledge of Queensland educators in relation to supporting children living with the effects of CCT. Data were collected via questionnaires completed by 182 school leaders and 169 teachers, and 5 semi-structured interviews with senior officers from the Queensland Department of Education. Results highlighted the value and need that educators place on receiving training in CCT. The study was a catalyst for the development of the *National Guidelines for Trauma Aware Education* (Queensland University of Technology [QUT] & Australian Childhood Foundation, 2021), a collaboration between the Queensland University of Technology, and the Australian Childhood Foundation to provide systemic support for schools who wish to undertake/implement a trauma informed approach. Remote schools were highlighted in these guidelines which signifies the importance of knowing the experiences of teachers in remote primary schools who work with children living with the effects of CCT. Research on the implementation of these guidelines is underway.

At the time of the initial literature review, limited research had been conducted into the effectiveness of trauma informed approaches within school settings. Maynard et al. (2017) reported they would be undertaking a systematic review of the effectiveness of trauma informed approaches implemented in schools. In their review protocol, Maynard et al. (2017) stated, “it is unclear whether schools adopting a trauma informed approach (i.e., being a “trauma informed school”) are effective in reducing trauma symptoms or affecting behavioural or academic outcomes, as the proponents of the movement propose” (Maynard et al., 2017, p. 7). Thus, it is timely to build stronger evidence base in relation to the implementation of trauma informed approaches in schools (Maynard et al., 2017). Schools systems are currently underrepresented in the literature reporting on systemic approaches to trauma informed practices so, as yet, there is clear direction for an overarching or integrating framework for trauma informed schooling.

Since the initial literature review was written, the outcomes from Maynard et al.’s. (2017) systematic review has been published. Maynard et al. (2019) stated they conducted the systematic review to “examine the effects of trauma informed schools on trauma symptoms/mental health, academic performance, behaviour, and socioemotional functioning” (p. 1). No studies met their inclusion criteria (Maynard et al., 2019). As a result, the authors concluded a lack of evidence demonstrating the effectiveness of trauma informed practices implemented in school settings to reduce trauma symptoms and affecting student behavioural and academic outcomes. This lack of evidence could be due to the fact that trauma informed approaches in schools is a relatively new phenomenon. However, it may also indicate that intervention research in this field is of poor quality and can and should be improved (Maynard et al., 2019).

Despite the lack of systemic framework and coherent research program, proponents of trauma informed approaches in schools press on with their work with the firm belief that the implementation of trauma informed approaches will “create educational environments that are responsive to the needs of trauma-exposed youth through the implementation of effective practices and system-change strategies” (Overstreet & Chafouleas, 2016, p. 1). Signalling a possible way forward for determining the effectiveness of trauma informed approaches in schools, Maynard et al. (2017) proposed three key criteria to determine whether a school would be considered trauma informed.

First, intensive professional learning is provided to all educators to advance knowledge and understanding of trauma (impact, signs, symptoms) and awareness of how the neurobiological, cognitive, social, emotional, and behavioural issues of trauma impact on a child's school functioning (e.g., attendance, behaviour, learning) (Perfect et al., 2016). Also, specific trauma informed classrooms strategies and ongoing coaching for teachers is recommended to increase staff capacity to use trauma informed skills and strategies (Chafouleas et al., 2016; Maynard et al., 2017).

Second, organisational change occurs when a trauma lens is used to view students' needs, and the key principles of trauma informed approaches are integrated into school-wide policies and procedures (Maynard et al., 2017; Phifer et al., 2016). It is suggested this will lead to more appropriate strategies and practices being implemented as schools will focus less on what is wrong with the child living with the effects of CCT and more on what has happened to this child (Overstreet & Chafouleas et al., 2016).

Third, practice change occurs through the implementation of evidence-based trauma informed practices at various levels, that is, multi-tiered system across the school incorporating trauma screening, and prevention and/or intervention services (Dorado et al., 2016; Maynard et al., 2017). The change also needs to be sustainable (Nadeem & Ringle, 2016; Paulus et al., 2016). This is discussed further in section 2.5.4.

When working with children living with the effects of CCT, there is no single profession that can address their complex academic and non-academic needs (Anderson & Bronstein, 2012). Consequently, interagency collaboration has become an essential practice in supporting these children (Anderson & Bronstein, 2012). Interagency collaboration if done well, is an effective approach for nurturing healthy child development, including supporting children within school settings (Cross et al., 2009; Knight et al., 2007). Therefore, rather than being the sole provider of wellbeing support (Chuang & Lucio, 2011), schools are in a more powerful position as part of a network of personalised and community-based services that "wrap around" the child (Furman & Jackson, 2002, p. 124). Schools can refer children to and work collaboratively with external agencies (e.g., child protection services, youth justice, mental health, and allied health professionals) to support the needs of children living with the effects of CCT (Baweja et al., 2016).

For successful collaboration between agencies to occur, a co-ordinated approach is needed to ensure children are receiving appropriate support in a timely and co-ordinated manner (Clarke & Denton, 2013; Chuang & Lucio, 2011; Tapper et al., 1997). However, it is difficult to determine if interagency collaboration is effective in supporting children who present with trauma symptomology (Cooper et al., 2016; Cross et al., 2009). Systems not working collaboratively may undermine trauma informed work adopted by one system and not adopted by others. This can be due to the lack of understanding within particular systems of the work and approaches of other systems (Kletza & Siegfried, 2008; The Chadwick Trauma Informed Systems Project, 2012). Thus, systems must become allies to provide a service that is in the best interest of children living with the effects of CCT (National Child Traumatic Stress Network [NCTSN], 2005). When practice across agencies does not align it is often due to lack of resourcing, communication, understanding others' ways of working, confidentiality issues, sometimes too many stakeholders involved in delivering the services provided, staff turnover, and mismatches in organisational climate (Kletza & Siegfried, 2008; Lee et al., 2015). When there is effective interagency collaboration, the literature stated that the outcome is increased services to children to enable them to successfully participate in education (Chuang & Lucio, 2011; Noonan et al., 2013).

Despite the rhetoric surrounding the benefits of interagency collaboration, overall, the literature suggested that a *silo* approach predominates in addressing CCT (Whitely, 2010). The silo approach occurs when parts of a system address only certain parts of an issue, which may in future cause difficulties for the system as a whole (Goh et al., 2012; Ready et al., 2004). This is because each system does not have an understanding and/or knowledge outside their own specialist area leading to *silos* forming, and knowledge not being shared (Goh et al., 2012; Ready et al., 2004). This has implications for children living with the effects of CCT because opportunities for service provision and more co-ordinated and targeted service provision may be lost.

2.4.3 Problems in implementing trauma informed approaches in schools

The effectiveness and sustainability of trauma informed approaches depends on a number of inner and outer contextual factors which impact on teachers and the school system (Nadeem & Ringle, 2016). Inner contextual factors have been suggested by Nadeem and Ringle (2016). For teachers this included the provision of ongoing coaching, leadership support, organisational culture support, and evidence-based

practices. For the school system, factors included mission and policy alignment, and the alignment of trauma services with other school activities; local planning involving all relevant stakeholders; employing regular school staff as trainers with organisational support for training and supervision; and the evaluation of implementation effectiveness (Paulus et al., 2016). Outer contextual factors that impact on the school system included leadership, federal, state, and local policies, finance, workforce sustainability, and relations with intervention developers (Paulus et al., 2016).

De-adoption of interventions and/or approaches can happen at any stage of implementation and refers to a system being unable to sustain evidence-based practices. Nadeem and Ringle (2016) in their research into the de-adoption of *Cognitive Behaviour Intervention for Trauma in Schools* after three years of implementation in an urban school district in the north-eastern USA, identified two phases of de-adoption. The first phase occurred with the partial de-adoption after one year. It was identified that the following factors contributed: organisational consistency; workforce stability; prior success; positive student outcomes; school and district level support; how well the program fit into the school setting; and program related issues (Nadeem & Ringle, 2016). Phase two, was the complete de-adoption by a district after two years. Factors that influenced the complete de-adoption were district and leadership changes; financial and workforce instability; and shifting district and school priorities (Nadeem & Ringle, 2016). These factors, the literature suggested, need to be considered when implementing a trauma informed approach within schools. The literature review will now focus on examples of successful implementation of trauma informed approaches within schools.

2.4.4 Examples of successful trauma informed approaches implemented in schools

Internationally, there are a variety of responses from school systems to support children living with the effects of CCT (Little & Akin-Little, 2011). Responses implemented by schools are influenced by context, for example a child's background (e.g., being a refugee), their cultural background, and socioeconomic position (Blitz et al., 2016; Ijadi-Maghsoodi et al., 2017; Sullivan & Simonson, 2016). Other responses included supporting children exposed to war and terrorism (Abel & Friedman, 2009; Barron et al., 2013), school violence and bullying (Blitz & Lee, 2015; Crepeau-Hobson et al., 2012; Evans & Rey, 2001; Strom et al., 2016; Wiest-Stevenson & Lee, 2016),

and natural disasters (Clettenberg et al., 2011; Mohay & Forbes, 2009; Mutch & Gawith, 2014).

In the USA, trauma in schools is addressed through a strong foundation in Federal legislation (Phifer et al., 2016). With the recent adoption of *Every Student Succeeds Act* (2015), schools are required to use evidence-based trauma informed practices to support children living with the effects of CCT (Phifer et al., 2016). The United States National Education Association endorsed the promotion of trauma informed education which has led to the formation of numerous collectives and advocacy groups such as the *Compassionate Schools Initiative* (Washington State), *Massachusetts Advocates of Children and the Trauma and Learning Policy Initiative*; *Wisconsin Department of Public Instruction*; and the *Ohio Department of Youth Services*. These organisations have been bringing about organisational change across school systems (Phifer et al., 2016). Specific initiatives that have been introduced included their teacher handbook, *The Heart of Learning and Teaching Compassion, Resiliency, and Academic Success* (Hertel et al., 2009; Wolpow et al., 2009); and *Healthy Environments and Responses to Trauma in Schools Program* (University of California, 2009). However, the full extent of the adoption of these approaches is unknown.

The effectiveness of the University of California, San Francisco's *Healthy Environments and Response to Trauma in Schools* (HEARTS) program was investigated by Dorado et al. (2016). The program was implemented using a multi-tiered framework providing universal, preventative, and intervention support, in four elementary schools in San Francisco consisting of 1,243 children. After the program had been running for one year, researchers administered the *HEARTS Program Evaluation Survey* (9 survey items) to 175 staff members, to examine changes in their knowledge and their implementation of trauma informed practices, and their perceptions of students' engagement behaviour. Participants indicated a 57% increase in their knowledge about trauma informed practices. Student engagement results indicated a 28% increase in students' ability to learn, a 27% increase in students remaining on task, a 36% increase in students remaining in class, and a 34% increase in attendance. Student behaviour data reported a 32% reduction in total incidents (disciplinary office referrals, physically aggressive student incidents, and out of school suspension), and a 43% decrease in referrals involving aggression (Dorado et al.,

2016). After five years of implementation, there was an 87% reduction in total number of incidents, an 86% decrease in physical aggression referrals, and a 95% reduction in out of school suspension (Dorado et al., 2016). The success of the HEARTS program was attributed mainly to the whole school approach to supporting staff and students to alleviate the effects of CCT.

More recently, Tabone and colleagues (2020) studied an early years intervention program, *Trauma Informed Elementary Schools* across 94 classrooms from 11 schools over three years (2015-2019) in western Virginia, USA. The program was implemented in response to the rural state's challenges with children's high exposure to trauma and parental substance abuse (Tabone et al., 2020). It is based on ACEs research and incorporates a focus on attachment. A key feature of the program was a liaison officer, a master's level licenced therapist who was available to support teachers in responding to trauma indicators. A comparison group research design was used to assess program effectiveness. Results showed the classrooms in which the program was implemented showed significant improvement in emotional support and classroom organisation (Tabone et al., 2020).

In a signal that research is now amassing in this field, Thomas et al. (2019) conducted a literature review to identify and synthesise the dominant trauma informed frameworks implemented in schools, and to assess the effectiveness of school-based interventions in supporting children living with the effects of trauma. Thirty-three articles (published between 2001 and 2018) met the inclusion criteria, and these described 30 different interventions. The authors concluded there was no single dominant framework nor was there consensus in the terms used to refer to the implementation of trauma informed practices within school systems (Thomas et al., 2019). This review highlighted the importance of greater precision in research into trauma informed practices in schools. Gherardi and colleagues (2020) in their literature review on how trauma informed practices support social justice and educational equity stated that racism and other types of oppression that pervade social systems also needs to be addressed. Due to high Indigenous populations in remote Australia, this highlights the importance of schools addressing the impacts of racism and oppression.

2.5 CHAPTER SUMMARY

The purpose of this study is to investigate how teachers in remote primary schools experience their work with children living with the effects of CCT. This chapter reviewed the complex multidisciplinary bodies of literature relating to: what is known about children living with the effects of CCT, teachers' perspectives on working with children living with the effects of CCT, and school system responses. No studies to date have yet explored trauma informed approaches to address CCT in schools located in Australian remote communities. To add to the growing literature regarding trauma informed schools, this study examines how teachers in remote primary schools experience their work with children living with the effects of CCT. Chapter 3 discusses the methodology undertaken in this study.

Chapter 3: Methodology & Research Design

3.1 OVERVIEW

“Grounded theory offers a systematic method by which to study the richness and diversity of human experience and to generate relevant, plausible theory which can be used to understand the context reality of social behaviour. With such understanding, educators can assess what is happening in the groups studied and plan interventions to improve the quality of education.” (Hutchinson, 2005, p. 126)

The purpose of this study is to investigate how teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT). Currently, there is very little known about this phenomenon. The overarching research question guiding this study is: *How do teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT)?*

To find a way to identify the process, structure, and relationships amongst concepts, and to understand the phenomenon’s complexity, the methodology of constructivist grounded theory (Charmaz, 2014) was chosen. Constructivist grounded theory is suitable for research on topics where there is limited existing research and, consequently, no theoretical framework available to guide data collection and analysis (Charmaz, 2014). Hence, this new study has developed a theoretical framework for understanding the experiences of teachers in remote primary schools who work with children living with the effects of CCT. As a qualitative approach, grounded theory held the promise of providing established guidance for data collection and analysis that would enable going beyond description towards developing a theoretical explanation.

The sections of this chapter are organised as follows. First, the theoretical underpinnings of this research are detailed, addressing the epistemological and ontological foundations of this research (Section 3.2), followed by an explanation of constructivist grounded theory methodology adopted for this research (Section 3.3). Data collection processes are outlined next (Section 3.4). Section 3.5 outlines participant selection leading to a description of the research procedure undertaken (Section 3.6). Following this is an explanation of how the data was analysed using

constructivist grounded theory methods (Section 3.7). An outline of the criteria used to judge the quality of this constructivist grounded theory research (Section 3.8). Finally, a summary of this study's constructivist grounded theory research process is discussed (Section 3.9).

3.2 THEORETICAL UNDERPINNINGS

This research is set within a constructivist paradigm (Charmaz, 2014). Over time, grounded theorists have carefully documented the theoretical perspectives informing grounded theory. For example, Charmaz (2014) explained that articulating theoretical underpinnings is a process whereby grounded theorists claim, locate, and evaluate their position by stating what they accept and reject, and explain how they made their decisions. Researchers do this to demonstrate how their grounded theory, “*refines, extends, challenges or supersedes extant concepts*” (Charmaz, 2014, p. 310). In the following sections, I will provide a brief explanation of three theoretical perspectives that typically inform constructivist ground theory studies: constructivism, pragmatism, and symbolic interactionism.

3.2.1 Constructivism

Charmaz's (2014) constructivist grounded theory has influenced my thinking in relation to specific features of methodology that were most suitable for my research. Compared to earlier versions of grounded theory - Classical Grounded Theory (Glaser, 1965; Glaser, 1978; Glaser, 1992; Glaser, 1998), and “evolved grounded theory (Mills et al., 2014, p. 108) which is also referred to as Straussian grounded theory (Corbin & Strauss, 2008; Corbin & Strauss, 2015; Strauss, 1987; Strauss & Corbin, 1990; Strauss & Corbin, 1998) - a constructivist approach is based on the notion that a researcher *constructs*, rather than discovers theories (Charmaz, 2014). Within this constructivist paradigm, the researcher must position themselves in the study to make and shape interpretations based on their own experiences and backgrounds. In other words, the researcher takes on the role of a “bricoleur” (Denzin & Lincoln, 2000, p. 4; Denzin & Lincoln, 2011; Denzin & Lincoln, 2018) in which the researcher accepts that research is an interactive process influenced by their own background and those of the research participants. The researcher and research participants, together, “*develop*, the research product, rather than it is *emerging* from the data. It is constructed rather than found”

(Annells, 1997, p. 124). The end result is a “set of fluid, interconnected images and representations” (Denzin & Lincoln, 2005, p. 6).

A constructivist paradigm is based on three assumptions which have been elaborated by Denzin and Lincoln (2011). These included a relativist ontology, subjectivist epistemology, and naturalistic methodology. First, a *relativist ontology* “is the belief that reality is a finite subjective experience, and nothing exists outside our thoughts” (Levers, 2013, p. 2). This suggests there are multiple realities (Denzin & Lincoln, 2018) and/or ways of being. Multiple realities are possible because people experience the world from their own perspectives (Golafshani, 2003; Hatch, 2002; Manning, 1997). In constructivist grounded theory, reality is multilayered and shifts and changes under different conditions and is contingent on interaction between the researcher and the participants (Charmaz, 2014; Charmaz & Bryant, 2010). Within this purview, “knowledge is highly contextualised by political, historical, cultural and other influences. Reality is assumed to be local and specific. It is the product of human intellects and changes as the individual constructor evolves” (Hall et al., 2013, p. 18).

Second, *subjectivist epistemology* is the idiosyncratic interrelationship between the researcher and the participant and the resulting co-construction of meaning and understanding (Denzin & Lincoln, 2018; Mills et al., 2006; Rieger, 2019). Humans socially construct knowledge, they do not discover it (Rieger, 2019). Constructions are then interpreted by different people in different ways (Hall et al., 2013). Within the realms of subjectivist epistemology, the researcher is part of the research (Mills et al., 2006) rather than separate from it (Rieger, 2019). The researcher and participants co-create understandings through their interactions with the natural world (Hall et al., 2013; Hatch, 2002; Lincoln et al., 2011). That is, the researcher is active in construction (O’Connor et al., 2018), albeit subjectively so. Consequently, shared findings from the research, usually obtained through interviews, are the outcome of subjective interactions. The questions, comments, and observations made by the researcher influence participants’ actions and responses which, in turn, influence the meaning made by the researcher (Manning, 1997). This can only occur if there is trusting, respectful, and interactive relationship between the researcher and research participants.

Third, *naturalistic methodology* is the process by which research occurs in a natural world (Denzin & Lincoln, 2018), and in which qualitative methods such as

interviews can be used to gather data (Hatch, 2002). Within this approach, qualitative researchers view human behaviour as being influenced significantly by the contexts in which they occur (Bogdan & Knopp-Biklen, 2007). In naturalistic settings, the researcher is a key instrument because the researcher carries responsibility for interpreting the data that has been collected and the researcher's insights are the key to the data analysis (Golafshani, 2003). Thus, the data comes first followed by interpretation, from which descriptions and theories can be generated (Smith, 1982). Constructivist grounded theory demands researching people in their natural settings (Charmaz, 2000).

Further to constructivism, Charmaz (2014) professed that grounded theory methodology is also underpinned by the philosophies of pragmatism and symbolic interactionism (Charmaz et al., 2018; Sebastian, 2019).

3.2.2 Pragmatism

Pragmatism is a North American philosophy developed by C.S. Peirce which views reality as fluid and somewhat indeterminate and thus open to multiple interpretations (Charmaz, 2014). Pragmatism emphasises how people act and solve problems and views people as both active and creative (Charmaz, 2014). It is through actions that people learn about the world. Pragmatism also views facts and values as linked and assumes that truth is relativistic and provisional (Charmaz, 2014). Two “families” of grounded theory were influenced by pragmatism: constructivist grounded theory (Charmaz, 2006; Charmaz, 2014), and “evolved grounded theory” (Mills et al., 2014, p. 108) of Corbin and Strauss (Corbin & Strauss, 2008; Corbin & Strauss, 2015; Strauss & Corbin, 1990; Strauss & Corbin, 1998). In particular, these grounded theory methodologies drew on American philosophers John Dewey (1930) and George Herbert Mead's (1934) writings on pragmatism, which elaborated the role of action, structure, and process on society (Bryant, 2009).

Pragmatists propose that language and knowledge help humans to cope in a changing world, by enabling them to perform effective actions (Biesta & Burbules, 2003; Brinkmann & Kvale, 2015). Thus, the effectiveness of human knowledge is demonstrated by the effectiveness of their actions (Brinkmann & Kvale, 2015). Dewey (1930) theorised people can solve problems to change the world through action and interaction (Biesta & Burbules, 2003; Dewey, 1930). In slight contrast, Mead theorised social process where people, developed actions, to cope with situations (Blumer,

1969). For Mead, meaning was made through the process in which people responded to actions (Scheffer, 1974). The philosophy of pragmatism is an important theoretical perspective underpinning grounded theory research, in particular constructivist grounded theory (Charmaz, 2014).

3.2.3 Symbolic Interactionism

Symbolic interactionism is a theoretical perspective that stemmed from pragmatism (Charmaz, 2014). It is an approach to studying human life and behaviour (Blumer, 1969) first exemplified in the work of leading pragmatist philosopher, George Herbert Mead (Huebner, 2012; Mead, 1934) who established the foundations of symbolic interactionism to explain the “nature of human society” (Blumer, 1969, p. 535) and social order (Flaherty & Fine, 2001). Mead’s work focused on “analysis of the social nature of the self” (Huebner, 2012, p. 134), yet was critical of human behaviourists such as Watson (1994) and others who did not address the role of human consciousness, choice, and novelty, in social interactions and responses (Flaherty & Fine, 2001). Mead (1934) suggested that individuals and their environments influence each other in dynamic and reciprocal ways. Each is dependent on the other to exist (Flaherty & Fine, 2001). Thus, “symbolic interactionism assumes that people can and do think about their lives and actions rather than respond mechanically to stimuli” (Charmaz, 2014, p. 9). Mead’s work is said to have informed the development of grounded theory (Anells, 1997; Charmaz, 2014; Corbin & Strauss, 2015; Hall et al., 2013).

Blumer (1969) who was a student of George Herbert Mead, described three basic premises for understanding human behaviour. First, he proposed human beings act toward objects and experiences, based on the meaning those objects and experiences hold for them. Second, he emphasised meaning is derived from social interaction. Third, interpretive processes are used to direct and modify meanings as situations are managed. Meaning is attached to the situation through symbols which include word and actions (Hall et al., 2013). As Patton (2015) explained,

The study of the original meaning and influence of symbols and shared meaning shed light on what is most important to people, what will be most resistant to change, and what will be most necessary to change if the program or organisation is to move in new directions. (Patton, 2015, p. 134)

Of specific relevance to my research is the notion that the philosophy of symbolic interactionism as concerned with experiences, as evidenced in the following,

The human individual confronts a world that he must interpret in order to act instead of an environment to which he responds because of his organisation. He has to cope with the situation in which is called on to act, ascertaining the meaning of the actions of others and mapping out his own line of action in the light of such interpretation. He has to construct and guide his action instead of merely releasing it in response to factors playing on him, operating through him. He may do a miserable job in constructing his action, but he has to do it. (Blumer, 1969, p. 15)

This statement holds particular poignancy when it comes to designing research to explore how teachers in remote primary schools experience their work with children living with the effects of CCT. Working and living in remote communities and working with children living with the effects of CCT may challenge teachers to interpret and respond in novel ways to circumstances seeming to be beyond their control. Hence, the backcloth of symbolic interactionism is important for this research because teaching and learning is an interpretative process and how these interpretations are made are likely to guide teacher practices and interactions with children living with the effects of CCT. Symbolic interactionism enables researchers to understand how teachers interpret the meanings inherent in their specific social context.

In summary, it is widely recognised that the theoretical perspectives informing grounded theory are primarily constructivism, pragmatism, and symbolic interactionism. Despite this wide recognition, the original founders of grounded theory, Glaser and Strauss (1967), did not address, specifically, how these theoretical perspectives influenced the development of grounded theory in practice. These issues have been taken up by subsequent grounded theorists. For example, the authors of the *SAGE Handbook of Grounded Theory*, Bryant and Charmaz (2007) described the basic tenets of grounded theory, which included the study of people's engagement with the social world, offering detailed observation and insight, efforts to comprehend, persuade and enhance, and the potential to influence practice to the extent that certain

problems may be solved. This seems to reflect a grounded theory methodology informed by constructivism, pragmatism, and symbolic interactionism.

In adopting a grounded theory methodology, researchers must take on board its assumptions and basic tenets. In using this methodology researchers must accept they are moving towards developing a theory that is grounded in data as a basis for social action in which understanding of meaning is defined and redefined through interactions between researcher and research participants, thus leading to collective knowledge (Corbin & Strauss, 2015). Generating theory can only occur by entering into the field, getting to know what is happening, and being sensitive to the evolving and unfolding nature of events. That is, being aware of the interrelationships among people and their environments (Star, 2007).

3.3 CONSTRUCTIVIST GROUNDED THEORY METHODOLOGY

“Constructivist grounded theory uses methodological strategies developed by Barney Glaser, the spokesperson for objectivist grounded theory, yet builds on the social constructionism inherent in Anselm Strauss’ symbolic interactionist perspective” (Charmaz, 2011, p. 365).

The “family” of grounded theory that has been most well documented is the Glaserian or classic grounded theory, with its foundations in positivism and an objectivist viewpoint and this has not changed significantly over time (Glaser & Strauss, 1967). Next, is Strauss and Corbin’s approach which is also referred to as “evolved grounded theory” (Mills et al., 2014, p. 108) and provided strategies for using grounded theory methods (Mills et al., 2014). Evolved grounded theory has roots in positivism, and it progressed with the development of new procedures including axial coding and the conditional matrix (Corbin & Strauss, 2015). Corbin and Strauss (2008, 2015) wrote about constructing theory like Charmaz (2014) has done in constructivist grounded theory. Thus, the later versions of Corbin and Strauss’ grounded theory can be said to align more with constructivism than positivism. Most recently there has been the emergence of constructivist grounded theory championed by Charmaz (Charmaz, 2006; Charmaz, 2008; Charmaz, 2014; Charmaz, 2017a; Charmaz, 2017b; Charmaz, 2020). These three approaches to working with grounded theory methodology are inter-related, and hence the use of “family” to depict their relationships to one another

(Belgrave & Seide, 2019; Bryant & Charmaz, 2007; Kenny & Fourie, 2014; Kenny & Fourie, 2015; Rieger, 2019).

With the evolution of constructivist grounded theory, Charmaz developed a social constructionist method of research to build on grounded theory's foundations in pragmatism and symbolic interactionism (Charmaz, 2005; Charmaz, 2020; Charmaz et al., 2018). Her work was partially motivated by maintaining the Chicago School foundations of meaning and process so that grounded theory could “serve inquiry in the area of social justice” (Charmaz, 2005, p. 508). The Chicago School represents both a place and a movement. It refers to the tradition of sociological research spanning back to the early 20th century and influenced by the works of Cooley, Dewey, Mead, and Pierce (Charmaz, 2005). As Charmaz explained, “the Chicago school assumes human agency, attends to language and interpretation, views social processes as an open-ended and emergent, studies action, and addresses temporality” (Charmaz, 2005, p. 521).

Thus, constructivist grounded theory prioritises approaching data with open-mindedness, acknowledges preconceptions, and emphasises the studied phenomenon rather than the methods used to study it (Charmaz et al., 2018). It proposes that reality is a social construct and assumes multiple and dynamic perspectives in which knowledge is socially produced. It focuses on contexts, positions, discourse, meanings, and actions and how power, oppression, and inequities affect individuals and groups (Charmaz, 2011, p. 362), through the prism of the researcher and research participants' experiences (Charmaz, 2017a; Charmaz, 2017b). Thus, it focuses on understanding people's realities and how the construct these (Keane, 2015). Consequently, data is constructed rather discovered. Importantly, an outcome of constructivist grounded theory is that the theory developed “offers an *interpretive* portrayal of the studied world, not an exact picture of it” (Charmaz, 2006, p. 10).

3.3.1 Key features of Constructivist Grounded Theory

Constructivist grounded theory has several key features (Charmaz, 2014): (i) coding (initial, in vivo, focused, theoretical), (ii) categorising, (iii) theoretical sensitivity, (iv) theoretical saturation, (v) memo writing, (vi) diagrams, (vii) constant comparative method, (viii) theoretical sampling, and (ix) the value of the role of the researcher's life experience throughout the research process.

Coding is a way to look at data, inductively, which entails “developing explanations from information and formulate conclusions” (Olson et al., 2016, p. 27), rather than looking at data from an existing theoretical framework, deductively (Charmaz, 1983; Charmaz & Bryant, 2016; Olson et al., 2016). The purpose of coding is identifying the processes that are important (Charmaz, 1983). In grounded theory, coding involves categorising and naming segments of data, interpreting these from the ground up to develop a theory (Charmaz, 1983; Charmaz, 2014). Types of coding used in constructivist grounded theory include *initial coding*, *in vivo coding* and *focused coding* (Charmaz, 2014). Throughout the research process, researchers can move between these types of coding (Thornberg & Charmaz, 2013). Thus, coding is “not a linear process” (Thornberg & Charmaz, 2013, p. 156). Initial coding is the first step of researcher immersing with and defining the data (Charmaz, 2014). *Initial coding* allows the researcher to assess what is transpiring in the data and begin to wrestle with what it suggests (Charmaz, 2014). This is done “line by line, paragraph by paragraph, or incident by incident” (Thornberg & Charmaz, 2013, p. 156). The initial codes developed must fit the data (Thornberg & Charmaz, 2013).

In vivo coding occurs when participants’ terms are used as codes (Charmaz, 2014). By doing this it helps the researcher to uncover the meanings and understand the actions that are emerging (Charmaz, 2014). Charmaz also stated that *in vivo* codes lead the researcher to dig deep into understanding what is happening and what it means (Charmaz, 2014). By using *in vivo* codes, it enables the analysis to be “anchored in the participants’ worlds” (Charmaz, 2014, p. 135). It also “can provide a crucial check on whether you have grasped what is significant” (Charmaz, 2014, p. 135).

Focused coding enables researchers to focus on the most repeated and/or significant initial codes and test these against the larger data set (Charmaz, 2014; Thornberg & Charmaz, 2013). According to Charmaz, the

Researcher can then take those codes demonstrating analytic strength and raise them to tentative categories to develop. When the researcher’s initial codes are concrete, the researcher can code them by asking what analytic story these codes indicate, and thus arrive at a set of focused codes. (Charmaz, 2014, p. 343)

The researcher then decides which codes best depict what is transpiring in the data and evaluate these codes up to provisional conceptual categories (Thornberg & Charmaz,

2013). Reflexivity is important during focused coding because focus coding shapes the data analysis to circumvent any preconception of the data (Charmaz, 2014). It is also important for the researcher to explore all possibilities inherent in the meaning of a word before assigning codes to it. This is achieved by carefully searching for clues in the data, and to identify the most plausible meaning (Charmaz, 2014).

In the later stages of analysis, *theoretical coding* is employed (Birks & Mills, 2015). Theoretical coding looks at how codes and categories relate to each other. It is an analytic tool that allows researchers to refine codes and categories to develop theories (Thornberg & Charmaz, 2013). Grounded theory experts explain it like this: “theoretical coding consists of ideas and perspectives that researchers import to the research process as analytic tools and lenses from outside, from a range of theories” (Thornberg & Charmaz, 2013, p. 159). It explores possible relationships between categories (Thornberg & Charmaz, 2013) and absorbing this information to deliver new ideas (Reichertz, 2013). *Constant comparison* is occurring throughout the coding process (Charmaz, 2014; Thornberg & Charmaz, 2013). This is discussed further below.

Categorising is an analytic step in which codes are selected and assigned by the researcher as significant. Categorising raises the conceptual level of analysis to become more abstract rather than descriptive (Charmaz, 1983). The researcher defines the properties and the conditions of the categories. These “categories are multi-dimensional and may consist of a number of sub-categories that together explain the broader concept” (Birks & Mills, 2015, p. 95). The most significant categories become concepts within the developed theory (Charmaz, 2014).

Theoretical sensitivity is gained when researchers pause and think afresh, by considering multiple angles, comparing, following leads, and then further constructing ideas (Charmaz, 2006). In constructivist grounded theory, researcher can use gerunds (section 3.7.2) to cultivate sensitivity because “these words nudge us out of static topics and into enacted processes” (Charmaz, 2006, p. 136). Thus, the researcher needs to be able to “understand and define phenomena in abstract terms and to demonstrate abstract relationships between studied phenomena” (Charmaz, 2014, p. 161). It is the application of the researcher’s insight to sort out what is relevant and what is not, by balancing objectivity and sensitivity (Birks et al., 2006; Glaser, 1978; Nobel & Mitchell, 2016; Strauss & Corbin, 1998). Theoretical sensitivity is also acquired by

the researcher having some prior knowledge and experience with the phenomena under scrutiny (Birks et al., 2006) and can be supported through the use of research memos, an emergent process discussed further below (Charmaz, 2014).

Theoretical saturation is used predominantly by qualitative researchers yet originated with Glaser and Strauss (1967). It consists of three elements: no new or significant data appears regarding the category; category development is solid with all properties considered; and relationships between categories are established and justified (Rowland et al., 2016). Thus, it is “the point at which gathering more data about a theoretical category reveals no new properties and yields no further theoretical insights about the emerging grounded theory” (Charmaz, 2014, p. 345). Researchers, particularly novice researchers, need to be aware that complete saturation will never be achieved as there will always be new data and possibilities. The role of the researcher is to determine when sufficient sampling has occurred within the limitations of the research, such as, time and funding (Corbin & Strauss, 2008).

Memo writing is universally connected with grounded theory as an analytical technique (Birks et al., 2008). It serves a number of crucial purposes throughout the research process and can be undertaken at different levels of abstraction as the research progresses (Charmaz, 1983; Charmaz, 2014). Through memo writing, the researcher can move back and forth between the data, thus allowing conceptualisation to occur (Rieger, 2019). It helps the researcher to also study the meanings of terms raised by participants within the context of the research (Charmaz, 2020). Memos can detail the researcher’s thoughts, feelings, insights, and ideas in relation to the data (Birks & Mills, 2011; Charmaz, 1983). It provides reflexivity as it increases the researcher’s awareness of what is happening in the data and reduces the risk of failure of following up on important questions or issues emerging (Charmaz & Bryant, 2016; Rieger, 2019). It is also a technique to aid integration as it encourages the researcher, early in the research process, to introduce raw data and then compare, analyse, and integrate data (e.g., codes) (Charmaz, 2014; Charmaz & Belgrave, 2014). Memo writing provides an avenue to raise focused codes to conceptual categories (Charmaz, 2014) by detailing the process undertaken to this.

Diagrams are an important part of grounded theory (Buckley & Waring, 2013) and is another analytical and communicative tool to understand processes (Buckley & Waring, 2013). Diagrams can provide concrete images of ideas which provide a visual

representation of the relationships between categories and relationships with theoretical codes (Buckley & Waring, 2013; Charmaz, 2014). Diagramming can be used at all stages of analysis and for reporting (Charmaz, 2014). In my study, diagrams have been an important part to depict the various stages of coding and as the overall theory developed. It also helped me to be more reflexive as it encouraged me to think carefully and deeply about what was going on and to make the analysis process more transparent (Buckley & Waring, 2013).

Constant comparative method was developed by Glaser and Strauss (1967) and is central to all grounded theory approaches (Boeije, 2002). It is “concerned with generating and plausibly suggesting many properties and hypotheses about a *general* phenomenon” (Glaser, 1965, p. 438). The outcome is to develop “a theory which is integrated, consistent, plausible and close to the data” (Glaser, 1965, p. 437). Thus, it is built into the research design and occurs when the researcher undertakes an inductive process by comparing different pieces of data with each other (Charmaz, 2014; Dey, 1999). As Charmaz (2014) described, constant comparison is done by comparing “data with data, data with code, code with code, code with category, category with category, and category with concept” (Charmaz, 2014, p. 342). Consequently, the analysis process becomes more abstract (Charmaz, 2014). The constant comparative method forces sensitivity regarding the researcher’s and participants’ biases and assumptions and in the shaping the research process and theory development (Charmaz, 2006). Once the theory is developed, the constant comparative method is used to position the findings within existing literature (Charmaz, 2014). Working alongside the constant comparative method is theoretical sampling (Boeiji, 2002).

Theoretical sampling is unique to grounded theory (Birks & Mills, 2011) and is important when researching new topics (Corbin & Strauss, 2008). Charmaz and Bryant (2016) stated theoretical sampling is a major strength of grounded theory as it determines variation, establishes boundaries of a theoretical category, relies on an abductive reasoning through an interim hypothesis to explain an interesting set of data and to follow this hypothesis with further investigation (Charmaz et al., 2018). Theoretical sampling is used by grounded theorists to find plausible explanations for something that is surprising in the data which cannot be easily explained (Charmaz et al., 2018). It is a process of sampling incidents and events to build theoretical richness (Birks et al., 2006). Theoretical sampling starts with the first data collected and

continues until data is “saturated” (Birks et al., 2006, p. 13) after being compared with the new data obtained from theoretical sampling (Boeije, 2002; Charmaz, 2014). That is, when the concepts and categories are sufficiently well defined so that they can be integrated into a theory (Charmaz, 2014).

Throughout theoretical sampling, the researcher can make an “inferential leap” (Charmaz, 2014, p. 200) to consider all possible explanations for the data. It enables testing of a hypothesis until arriving at the most plausible explanation based on theoretical interpretation of the data (Charmaz, 2014). It also provides a meaningful way for research participants to actively contribute to the data analysis as “co-constructors of the emerging theory” (Keane, 2015, p. 242). Theoretical sampling is not to be confused with theoretical saturation.

Life experience is integral to constructivist grounded theory research. The researcher reflects on their own experiences in relation to the experiences of the research participants. Comparisons can be made, and certain data properties may be found in both, or not. In constructivist grounded theory this is important because researchers,

- (i) Already possess a fund of knowledge and experience before they begin; (ii) may draw on broad ideas from their experiences or disciplines as starting points for data collection but not as ending points in the analysis; (iii) should remain open to the empirical world; and (iv) must subject their own experiences to rigorous scrutiny, including the relationship between their experiences and emerging theoretical notions anchored in the data. (Charmaz & Bryant, 2010, p. 409)

As Charmaz explained, a researcher’s background, training, and worldviews inescapably influence how they view and analyse data (Charmaz et al., 2018).

3.3.2 Positioning myself in this research

In Chapter 1 (Section 1.2), I foregrounded this thesis with my position as a researcher and reference to my having served as a teacher in similar circumstances as the study participants, in fact, in the very region from which the participant sample was drawn. At the time of writing this chapter, I had taught in north west Queensland for twenty-two years, and my experiences as a teacher were similar in some respects to those of the participants, even though I had not been a “classroom teacher” like

them, for eight years. At the time of the data collection, I had been out of the classroom, working as a school Guidance Officer with children, their parents, carers, families, teachers, principals, and other professionals in the communities. In Queensland's state schools, Guidance Officers are classified as members of the school leadership team. Hence, I was conscious of my position of power and privilege relative to the participants. However, as a novice researcher, I was also acutely aware of what I did not know. These experiences are acknowledged as part of the research process, as detailed in Chapter 1 (Section 1.2) where my position as the researcher was explained. Key to data collection was a trauma informed approach to data collection, analysis, and reporting.

For the remainder of this chapter, I will use a narrative first-person writing style to assist with a detailed and transparent illustration of the research process. By undertaking a detailed rendering of these processes, I hope to present an accessible and authentic reflection of how the research process evolved.

3.4 DATA COLLECTION

This section discusses the research design and procedure for this study including information on research ethics approval, participant recruitment, the conducting of interviews and the focus group, as well as detailing the analysis undertaken.

Throughout the data collection process, I took the opportunity to be able to present my research to different cohorts of professionals in conference presentations (Appendix D). I used the feedback I obtained in response to these presentations to further refine my research process.

3.4.1 Research Ethics and Ethical Considerations

The researcher has an “ethical responsibility to self, to participants, and to the profession to produce the highest quality work that he or she is capable of” (Corbin & Strauss, 2015, p. 14). This research was conducted according to the principles of ethical conduct laid out in the *National Statement in Ethical Conduct in Human Research* (2007, updated 2018) (National Health & Medical Research Council, the Australian Research Council and the Australian Vice-Chancellors' Committee, 2007, updated May 2018), and the *Australian Code for the Responsible Conduct of Research* (Australian Government, 2018). Preventing and reducing risk of harm to participants in research is the dominant theme in these codes, as well as respect for participants,

research merit and integrity, justice, and beneficence. Additionally, and specific to this research, I was concerned with respecting the rights of individuals and sites, risk minimisation including protecting the identities of teachers and sites, and the honest and accurate reporting of findings (Bogdan & Knopp-Biklen, 2007; Creswell, 2013; Department of Education and Training, 2017d).

Approval to conduct this study was granted from the *Queensland University of Technology Human Research Ethics Committee* in March 2018 (Approval number: 1800000177, Appendix E). Approval was also obtained from the (then) Queensland Department of Education and Training (Appendix F), now known as Queensland Department of Education (DoE).

During the recruitment phase, I emailed the principals of the identified schools with a request for them to share the recruitment email with their staff with an emphasis on the study being voluntary (Appendix G). Potential participants voluntarily contacted the researcher to signal interest in the study. They were then emailed a *Participant Information Sheet and Consent Form* (Appendix B). Reciprocity was established by organising interview times, modes, and locations that were mutually convenient and suitable to the participants in holding open conversations with them. Participants were later invited to a focus group discussion as an opportunity for them to review preliminary research results and share experiences.

At the commencement of each interview, I used a script as part of the interview guide (Appendix C) to reiterate to participants the goal of the research, obtain oral permission to audio-record, emphasised protection of identity, and to remind them about their student protection obligations. Participants were given the opportunity to discuss the information and ask questions. Participant written informed voluntary Consent Forms were collected and stored. It was communicated clearly to participants on this form and reiterated at the beginning of each interview, that participation was entirely voluntary, and that they could withdraw at any time. In terms of identity protection, participants were informed that during audio-recording transcription, names and any identifying information would be removed and replaced with codes (e.g., for interview participant 9 – IP9).

Individually identifiable data collected during the interviews and focus group were transferred from an electronic audio-recording device to the Queensland University of Technology's (QUT) secure password protected network. As noted

above, data was de-identified at the time of transcription. De-identified transcriptions were stored on the Queensland University of Technology's Research Data Storage Service (RDSS) in accordance with the QUT's Manual of Policies and Procedures D/2.8 Management of Research Data. This provides a secure repository to store research data. Data were accessible only by the researcher and research supervisors.

3.5 PARTICIPANTS

The number of participants in grounded theory studies is often debated amongst researchers (Boddy, 2016; Charmaz, 2014; Marshall et al., 2013; Morse, 2000). Charmaz (2014) suggested the appropriate number of participants depends on the purpose of the research and the “analytical level to which the researcher aspires” (Charmaz, 2014, p. 106). By way of explanation, Charmaz (2014) devised the following prompts to help determine the number of research participants required. Does the research: “pursue a controversial topic; anticipate discovering surprising or provocative findings; construct complex conceptual analyses; use interviewing as the only source of data; and see professional credibility” (Charmaz, 2014, p. 108). Other proponents prefer to more explicitly quantify numbers of participants required with 20 to 30 participants suggested as adequate to ensure a well saturated theory (Creswell, 2013; Marshall et al., 2013; Morse, 2000).

For this research, participants were sourced from rural and remote primary schools in the North Queensland Region (NQR) of Queensland's Department of Education and Training (DET), now known as Queensland's Department of Education (DoE). NQR is a large region in north Australia, extending from the city of Townsville on the east coast to the Northern Territory border some 1,500 kilometres to the west (as shown in Figure 3.1). The most south-western school is in Boulia, 300 kilometres south-west of the mining town of Mount Isa. The region extends as far north as Mornington Island in the Gulf of Carpentaria, and as far south as the sleepy coastal town of Proserpine (DoE, 2020c). NQR encompasses some of the state's most isolated schools.

Figure 3.1

Department of Education NQR (DET, 2017e, p.3)

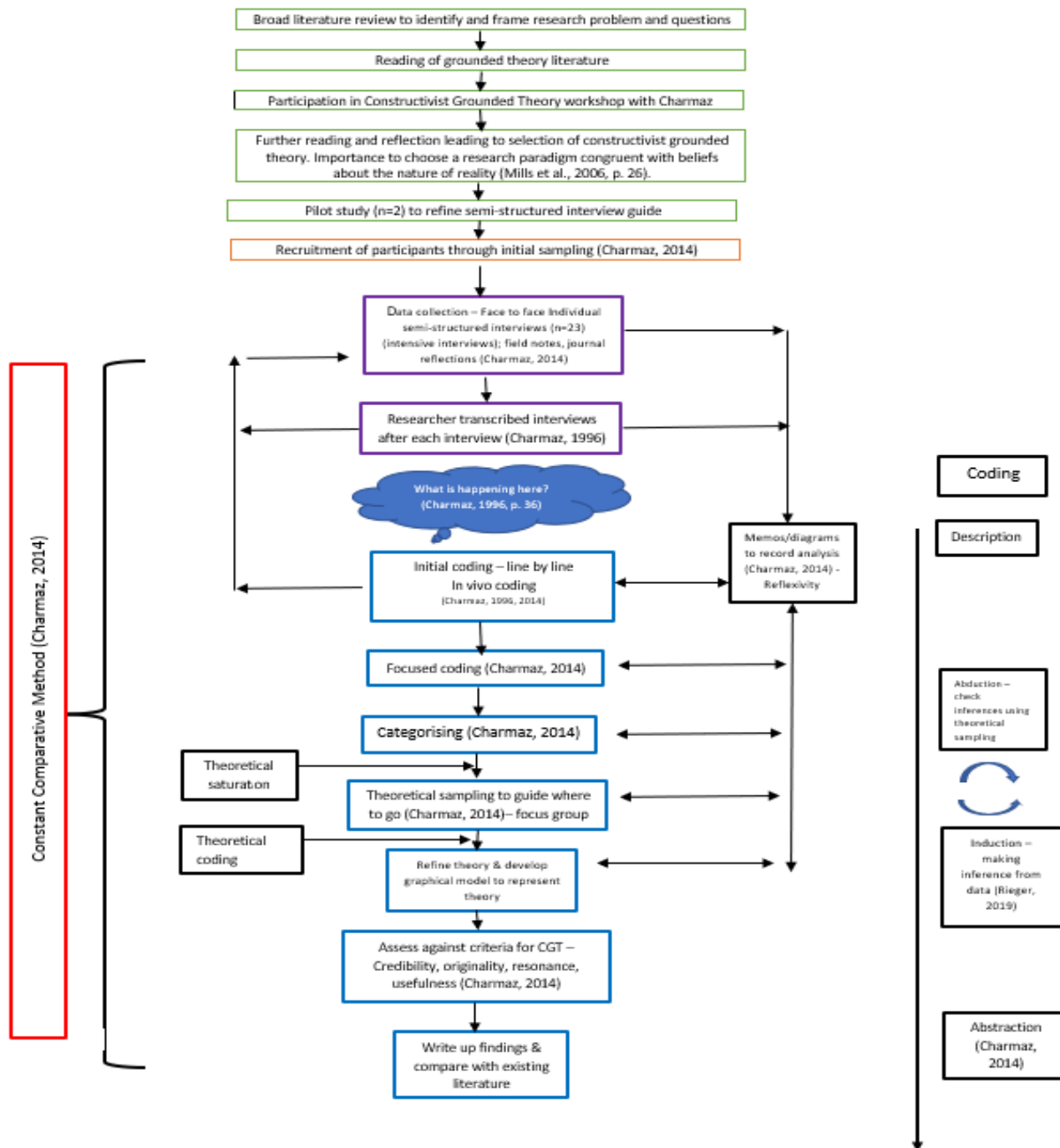


Research participants were selected through initial sampling which is characteristic of constructivist grounded theory (Charmaz, 2014). Initial sampling establishes the criteria and plans how data will be collected from individuals (Charmaz, 2014; Gentles & Vilches, 2017). In my study, the criteria for participation were straight forward: participants were to be primary school teachers employed in rural and remote primary schools in NQR who identified that they were working with children living with the effects of CCT. At the time of data collection, there were fifty-seven rural and remote primary schools in NQR with student enrolments ranging from 4 to 753 (DET, 2017a). These schools are listed in Appendix H. A potential participant pool of 20 to 30 teachers was proposed in keeping with grounded theory methodology wherein the researcher continues to collect and analyse data until saturation is achieved (Seidman, 2006). As noted above, in constructivist grounded theory, theoretical saturation is the point in which no new data reveals new information or insights about the emerging theory (Charmaz, 2014).

3.6 PROCEDURE

The steps that I undertook in this study can be seen in Figure 3.2. In the sections that follow I will unpack each of these steps.

Figure 3.2
Study flow diagram



Participants were recruited via email message that was sent, in the first instance to school principals to request their staff participation in the research. Principals who consented to their school’s participation were asked to circulate a message to teachers inviting their voluntary participation in a 60-minute interview and follow-up focus group. The recruitment email was short and clear and included an attached

Participation Information Sheet and Consent Form providing details of the research and inviting potential participants to contact the researcher via return email to a Queensland University of Technology's student email address (Appendix B, Appendix G). Teachers at 57 rural and remote primary schools in NQR were invited to participate, further detail is provided in Section 4.2. Twenty-three teachers volunteered to participate in this study.

3.6.1 Interviews

In this research, data were gathered through individual intensive interviews (Charmaz, 2014; Charmaz, 2015), also referred to as semi-structured interviews (Birks et al., 2006; Buff, 2005; Corbin & Strauss, 2015; Duffy et al., 2004). Prior to the commencement of formal data gathering, a pilot study was conducted in January/February 2018. The pilot study participants were two primary school teachers who were not working at the schools participating in the research, but who had experience working with children living with the effects of CCT. The purpose of the pilot study was to trial the formulation and implementation of the interview questions, researcher interview technique, and memo writing (Silverman, 2010). From this, modifications were made where necessary (Weiss, 1994). Modifications included, for example, I learned that I needed to use probing questions more frequently and as a researcher to become more comfortable with silences. Thus, probing questions were added to the interview guide to support my questioning technique. I also reviewed the interview question sequence and made slight adjustments for better flow. For example, I changed the wording in one of the questions from 'experience' to 'experiences' so as to prompt the participants to share more than one experience (Appendix C).

There were four months of data collection via interviews beginning on 27 June 2018 and concluding on 8 November 2018. A selection of interview modes were offered to the participants: (i) face to face interview located at the teacher's classrooms out of school hours, at the school office, or other mutually convenient location, (ii) telephone interview using a "landline" or mobile phone for those participants unable to participate in face to face interviews due to their remote geographic location, (iii) web conferencing via Zoom (Zoom Video Communications Inc., 2017) for those comfortable with this mode (Nickson et al., 2016). Despite this suite of offerings, all interviews were conducted face to face at the request of participants. This meant that I and some of the participants travelled long distances to enable participation. When I

asked the participants where travelled occurred (IP4, IP8, IP9, IP16, IP17) about this, all responded that this topic was too important not to address face to face. Each interview lasted on average approximately 50 to 60 minutes and focused on gathering the experiences of participants living in remote areas and working with children living with the effects of CCT.

Brief participant demographic data was gathered via a short questionnaire (Appendix I) including information on their age, years of teaching experience, length of time teaching in a rural and remote primary school(s), length of time teaching at their current school, professional development they had received about supporting children living with the effects of CCT, and confidence in trauma informed practice. Although not formally asked, participants ($n=4$), shared their First Nation status. These data are presented in Table 3.1 and are augmented with other descriptive information about the sample extracted from the interview data. As noted above, 23 teachers from 8 remote primary schools in NQR participated. The majority of participants were female (87%), aged under 40 years (60%), early career teachers (52%), in their first five years of teaching in a remote school (69%), received professional learning about CCT during staff meetings from the Guidance Officer or Principal (74%), and are developing confidence in implementing trauma informed practice (83%).

Table 3.1*Demographic details of study participants (n=23)*

Characteristic	Subgroup	n	%
Gender	Female	20	87%
	Male	3	13%
Age (in years)	< 25	3	13%
	25-29	7	31%
	30-39	5	26%
	40-49	3	13%
	50-59	4	17%
Ethnic background shared voluntarily by participants during interview process	Indigenous Australians	4	17%
Time teaching (in years)	0-2	4	17%
	3-5	8	35%
	6-10	6	26%
	11-15	2	9%
	16-20	0	0%
	>20	3	13%
Time teaching in current school (in years)	0-2	7	31%
	3-5	11	48%
	6-10	4	17%
	11-15	0	0%
	16-20	0	0%
	>20	1	4%
Time teaching in NQR (in years)	0-2	6	26%
	3-5	10	44%
	6-10	5	22%
	11-15	1	4%
	16-20	0	0%
	>20	1	4%
Professional learning about CCT	Staff meetings facilitated by Guidance Officer or Principal	17	74%
	Reading	9	39%
	Delivered by a Guidance Officer	7	30%
	Pre-service training	1	4%
Confidence in implementing trauma informed practice	Developing confidence	19	83%
	Not confident	3	13%
	Very Confident	1	4%

3.7 AN OVERVIEW OF CONSTRUCTIVIST GROUNDED THEORY ANALYSIS

“In short, the logic of grounded theory involves fragmenting empirical data through coding and working with resultant codes to construct abstract categories that fit these data and offer a conceptual analysis of them” (Charmaz, 2011, p. 361).

This section provides an overview of the step-by-step data analysis process undertaken in this research using a constructivist grounded theory approach. The study flow diagram (see Figure 3.2) outlines the process undertaken to implement a constructivist grounded theory analysis throughout this study. The following sections will explain in further detail what occurred at each step. It must be kept in mind that in practice, the analysis process was not as linear as depicted in the diagram and in the following sections. It was much messier and more iterative requiring me to lean in and dig deep into the data. Consequently, the analysis process was not straight forward but a fluid process. As described by Charmaz (2014), “a pivotal insight or realisation of analytic connections can happen at any time during the research process” (p. 18).

3.7.1 Transcription of interviews

Throughout the interview process, field notes (Figure 3.2, Sector a) were taken, and I completed a reflection after each interview which I recorded in a journal (Figure 3.3, Sector b). My reflections for example, included thoughts from the interview, and also on my interview technique. These reflections formed the basis for memos. Figure 3.3 is not meant as data to be read but to provide a conceptual overview of my process.

In keeping with the constructivist grounded theory process, after each interview, I transcribed the interview line by line. During the transcription phase it was important to de-identify the data, check that the audio interviews were transcribed accurately into text, and re-familiarise myself with the data.

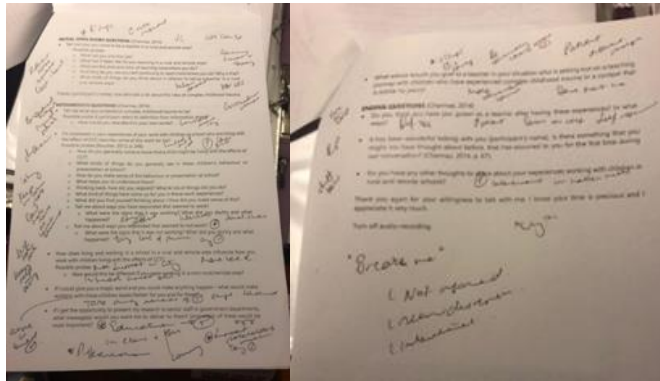
As I transcribed the interview, I was asking myself,

- What is this data a study of?
- What does the data suggest? Pronounce? Leave unsaid?
- From whose point of view?
- What theoretical category does this specific datum indicate? (Charmaz, 2014, p. 116)

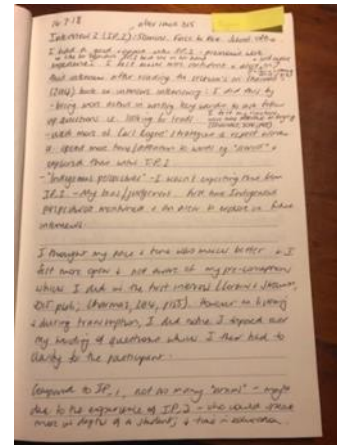
Figure 3.3

Example of field notes and journal reflection

a. Field notes



b. Journal reflection



3.7.2 First cycle of coding – Initial and In vivo coding

The coding process used at the start of data analysis, also referred to as first cycle coding (Saldaña, 2013) comprises of initial and in vivo coding (Charmaz, 2014; Saldaña, 2013). After I transcribed an interview, initial coding occurred which begins to distinct data into categories and to observe processes (Charmaz, 2014). According to Charmaz (2014), line by line coding allows the researcher to see the participants' world view objectively. It helps “to bring the researcher into the data, interact with it, and study each fragment of it” (Charmaz, 2011, p. 368). Initial coding also provides researchers directions to explore as the result of defining meanings and actions through constant comparison (Charmaz, 2011).

As I engaged in line-by-line coding I asked myself,

- What process(es) is at issue here? How can I define it?
- How does this process develop?
- How does this research participant(s) act while involved in this process?
- What does the research participant(s) profess to think and feel while involved in this process? What might his or her observed behaviour indicate?

- When, why, and how does the process change?
- What are the consequences of the process? (Charmaz, 2014, p. 127)

While I was doing this, I needed to keep an open mind and also acknowledge my own prior lived experiences. In doing so, I adopted Charmaz’s advice to “make efforts to learn and examine how your past influences the way you see the world and your data” (Charmaz, 2014, p. 117). I made efforts to ensure initial codes were “provisional, comparative, and grounded in the data” (Charmaz, 2014, p. 117). Open to other possibilities, initial codes could then be reworded to “improve their fit with the data” (Charmaz, 2014, p. 118).

As I was undertaking line by line coding, I was using gerunds and in vivo codes. Gerunds are characteristic of constructivist grounded theory (Charmaz, 2014) in which the noun form of a verb which end in – ‘ing’ is used to highlight the process of action (Birks & Mills, 2015; Saldaña, 2013) for example ‘working’. Charmaz (2014) described it as a heuristic device that allows the researcher to interact with the data, to be able to make implicit meanings and comparison, and suggest links between processes. In vivo codes which use important participants’ terms as the codes were first highlighted in grounded theory by Glaser and Strauss (1967) and are now characteristic of much qualitative research (Saldaña, 2013). These codes highlight the behaviours or processes which explains to the researcher how the “basic problem of the actors is resolved or processed” (Strauss, 1987, p. 33). Thus, it allows the meaning to be conserved and uncover their meanings and evolving actions (Charmaz, 2014). Strauss (1987) explained further that in vivo coding has analytic usefulness and it also provides imagery. This means the researcher does not have to keep describing the code (Strauss, 1987). Examples of line-by-line coding, the use of gerunds, and in vivo codes are shown in Figure 3.4.

Figure 3.4

Examples of line-by-line coding using gerunds and in vivo codes

Use of gerunds

(I)		So, tell me how you came to be a teacher in a rural and remote area?
IP_1	<p>Working in previous field</p> <p>Non-government</p> <p>Re-integrating families from care</p> <p>Red tape. Disagreements with police</p> <p>Burning out vicarious trauma</p> <p>[Wanting to work with kids]</p> <p>Falling into teacher aide role</p> <p>Leaving another field *beginning again</p>	That's a long story. Ok. Umm, I was originally a youth worker umm doing my Diploma of Applied Counselling umm and I just realised it wasn't for me too much, so I went and did my Diploma of Community Services in Youth Work and I worked for a non-government organisation for a few years before Act for Kids came around, so we worked on... I worked with the psychologist with re-integrating families who had been in care ummm So getting them all back together. Honestly, there was so much red tape and there were a lot of things I didn't necessarily agree with but because there was so many policies and you know when this happens this has to happen and I burnt out....ummm...I had trouble leaving it at home no, leaving it at work and then I wanted to work with kids, I always wanted to work with kids so I went and I worked for a homeless organisation for umm homeless youth on the Gold Coast. Ummm and then I fell into a teacher aide role.

Use of in vivo codes

(I)		Ok, thank you IP_7. Let's talk about this idea of complex childhood trauma. Can you tell me what you understand complex childhood trauma to be?
IP_7	<p>Tar pit of sadness + awful events that a child cannot pull themselves out of</p> <p>Can't get out of despite efforts</p> <p>Getting sucked back in</p>	Ummm, it.... It is very much a tar pit of sadness and awful events that a child cannot pull themselves out of. Just can't do it. Sometimes might think they are forever sinking, I think, and it is very, very difficult to try to think about it in any other way. They can't get out of it no matter how much they try and want to, and try and pull them out as they always get sucked back in.
(I)		So, what could be some of those events that bring on this sadness and suck them into this tar pit.....?
IP_7	<p>Sexual abuse</p> <p>W</p> <p>③ talking to T</p> <p>Reporty</p>	I am certain of child sexual abuse of students in my class as well. Even victims or witnesses of domestic violence too. Ummm, even, telling us that my mum got into a fight in K-Mart or something like that; or my dad bashed somebody because. They're not proud of it, they want to tell somebody all the time. This is hurting me at the moment, and they come and talk to you, but, it is at the point where it is a very, very common occurrence. You do report it and the police know about it, they do absolutely everything they can to try and protect these kids. They make themselves very visible here at school; very visible in the

(I)		Who knows? That's exactly right. Is there anything else about being a teacher in a rural and remote area? Anything else that springs to mind? You said the kids being gorgeous, making a difference, challenge of accessing resources and PD...
IP_19	<i>Cultural awareness Cultural protocols</i>	Ummm...I think for me, ummm... there is not enough cultural awareness training.... ummmm that's not in the resources, it really needs to and that understanding, that deep understanding of our ummm.... protocols. Really needs to continue to be developed.
(I)		Cultural protocols?
IP_19	<i>Importance of following cultural protocols</i>	Yeah and being aware of those protocols and ...ummm you know even myself as an Aboriginal person, with ummm.... the protocols I need to follow to be able to work with children that other staff members have no idea or aware of andrightfully so, I don't have to share that with them, but sometimes ummm...like at the moment I've got a unit on science I'm teaching, and it has to do with ochre for my year level, and I'm not allowed to touch the ochre. So the things that I have to do to make sure that I am following protocols and people don't understand and sometimes I think, "Argh ... what about the protocols for my own children?" I don't know that I am following that.
(I)		So how do you get around something like that?
IP_19		I get a teacher aide to do it pretty much.
(I)		Because of the Australian Curriculum?
IP_19	<i>Expectations around cultural protocols</i>	Yeah, it's there. I didn't obviously address it with ummm the principal but, because I'm doing what I feel I need to do to be able to do it. But yeah.... I don't think we have enough cultural awareness on that protocols ummm Ummm... the expectations around those as well.

Once gerunds and in vivo codes were completed for each interview, I collated the codes from each interview into a spreadsheet as shown in Figure 3.5.

Figure 3.5

Initial codes spreadsheet

Participant	Remote area	Like teaching in Remote area	Initial Open Ended Questions		Length of time	Other
			Positives	Challenges		
IP_1	Worked in previous field - beginning again. Doing something for self. Looking for work.	Different. "I fell in love with it so never came back to big city".	Sense of community; know families; know children on personal level; become a trusted adult; making a difference.	Lack of services; inexperienced workers in services	Extending time as liking the work.	Wanting to give kids opportunities and their broaden horizons
IP_2	Beginning again. "There was a love interest at the time". In area 4 years.	Different. Expanding opportunities; leadership; Indigenous perspectives and culture; learning cultural values; awareness of cultural terms; differentiating for students; working with IEWs; home visits; training to cater for Indigenous students; attendance; varying levels of parental support; transient nature of community; family issues; child safety.	" <i>Make aware of the children</i> "; socialising in the community; building rapport; leadership opportunities; mentoring; capacity building; explore area; smaller clientele; building relationships; friendships; sporting activities	Isolation; cost of flights; distance; away from family; lack of services; crossing of boundaries - friendship into work; knowing everyone's business		
IP_3	Permancy; wanting to grow; encouraged by previous principal; wanting to develop behaviour management strategies; be more social	Different. More social life; improvement in wellbeing; working smarter; communicating better with others; similar kids to city; city parents not as nice; remote more open to help; younger staff	Enjoy working; city has higher problems; issues more spread out in remote; social life; sport; social support; new life experiences	Away from family	2-3 years, maybe 4. "I'm here"	Teacher experienced CT; more teacher support in remote than city
IP_4	Internship while at uni; wanting to teach in an Indigenous community; close the gap	" <i>Humbling experience to be in a cross-cultural setting</i> "; fulfilling Christian beliefs; growing self	Hearing stories; building relationships; everybody knows each other; " <i>invested in people's lives</i> "; experience another culture; flexibility; opportunities; family feeling; " <i>making a difference</i> "	Everyone knows you; being honest and accountable; youngest in community; accessibility to food; costs of travel	No plans to leave yet	
IP_5	Unhappy in previous position; wanting permanency	Different. Love it; part of community; connection with parents; get results; support students; relationships more significant longer stayed; open up career pathways; high behaviours; isolation; care for kids more in remote; want to look after and protect students; feel appreciated; knowing everyone; community; socialising	Working with other schools; know someone wherever you go; stronger friendships made in remote areas become family	Not having own space; housing; lots of graduates; caught up in the curriculum not seeing big picture	No end date	Kids are caring
IP_6	No jobs in NSW; wanting different challenges; teach Indigenous students; make a difference	Fascinating; different types of students; " <i>Absolute ideal none of all these, you know, very sad problems</i> "; trying to fix; difficulty place; love it; different levels of ability; balancing. " <i>I usually spend most of my time</i>	Work makes impact; learn about culture; community feeling; accessing different types of PD; students love seeing you; relationship; bonds; talking to students; support provided to teachers by principal; sport	Isolation; out of comfort zone; feel up and down; challenges with curriculum; different levels of support; dealing with own mental health; some teachers negative	staying longer than contract; not ready to go as love it	Kids make it special. " <i>It is what you make it</i> ". People outside remote areas not aware of what's happening with Indigenous children
IP_7	Father of Indigenous decent and grew up in area; Nostalgia; needing to get of city for family reasons	" <i>Balance what the students need and what is easier longer stayed. "This is my normal"</i> . Higher rates of trauma compared to non-remote. Different. A lot to learn. Low socioeconomic. Different priorities compared to city.	Kids. " <i>They love you. They absolutely love you. They're the most affectionate things and they're the most deserving of my time. I can't think of any other bunch of children anywhere, more deserving of my love and time and effort</i> "	Not much can be done; " <i>I can't fix it</i> "; can bring up own issues; Australian Curriculum; " <i>Australian curriculum is really unreasonable and difficult to teach in that time frame and in communities where it is not consistent and reliable attendance</i> ". Composite classes; Isolation - " <i>becomes your normal</i> "; lack of fresh food; removed from social networks; more services in non-remote areas; lack of school specialists; lack of parental support; feeling overwhelmed.	Leaving at end of year; family reasons. Done 8 years.	
IP_8	Mid-year permanent entry small school remote. Multi year level.		Seeing student progress; celebrating small Teacher aide support; great kids; kids aren't judgemental; community engagement; " <i>You know their whole family and their life stories</i> ". " <i>Gives you warm and fuzzies because you do think you are making a difference</i> ". Receiving feedback from others. Students are happy. Students eager to learn; inspires teacher; seeing students grow; staff are role models;		Not sure how long going to stay.	Children getting lost in the system.
IP_9	Pearl Duncan Scholarship; partner living in the area. " <i>where my heart was</i> ";	" <i>Exhausting challenging inspirational, passionate</i> ". Different life to compared to IP_3 growing up. Consistency for students		catering for different levels; looking after wellbeing of all; Maslow's needs not being met; students having limited food; limited services	Partner local. Has had thoughts of leaving job	Teachers constantly worried about wellbeing of students; home life and medical issues impacts learning;

This then led to the second cycle of coding (Saldaña, 2013), the development of focused codes and categories.

3.7.3 Second cycle coding – Focused codes leading to category development

The development of focused codes involves assessing initial codes by concentrating on what codes seem to say and the comparison between them. Focused codes “is based on thematic or conceptual similarities” (Saldaña, 2013, p. 209). It thus moves data analysis further into the comparative process. It is a back and forth, comparing of codes with codes in an attempt to uphold the sense of the data (Charmaz, 2011). It advances the direction and depth of analysis (Charmaz, 2014). Focused coding ensures the researcher develops categories rather than labels for topics (Charmaz, 1983). As I developed focused codes, again guided by Charmaz, I reflected on the following questions,

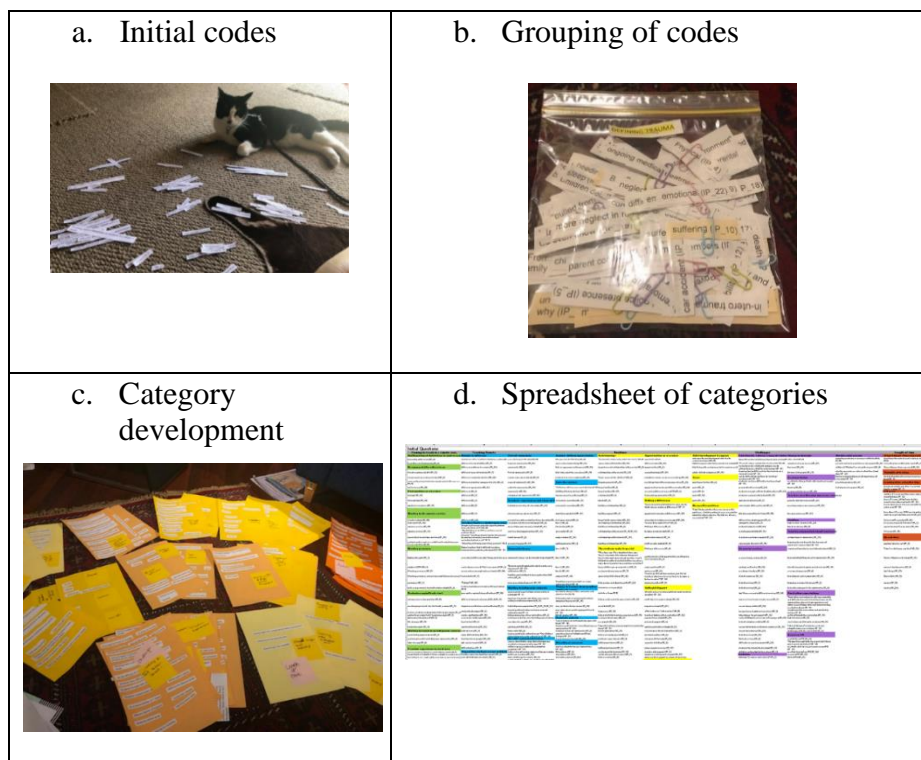
- What do you find when you compare your initial codes with data?
- In which ways might your initial codes reveal patterns?
- Which of these codes best account for the data?
- Have you raised these codes to focus codes?

- What do your comparisons between codes indicate?
- Do your focused codes reveal gaps in the data? (Charmaz, 2014, p. 140-141)

Figure 3.6 shows how each of the initial codes for the question sections were printed and cut out one by one (Quadrant a) and then grouped (Quadrants b and c). This was done manually rather than [using computer software] as I needed to be fully immersed and ‘hands on’ which allowed me to lean into the data. It worked well to be able to physically move the codes around. This helped to facilitate creativity (Glaser, 1998). Categories were then developed and placed into a colour coded spreadsheet (Quadrant d).

Figure 3.6

Focused code development



Next, diagrams and memos were used to identify properties, which are the defining characteristics of each category (Charmaz, 2014) and to start developing a theory until it was sufficiently refined to enable progression to the next stage of theoretical sampling. As seen in the following figures this analysis went through several evolutions. The diagrams are used to demonstrate the fluid and iterative

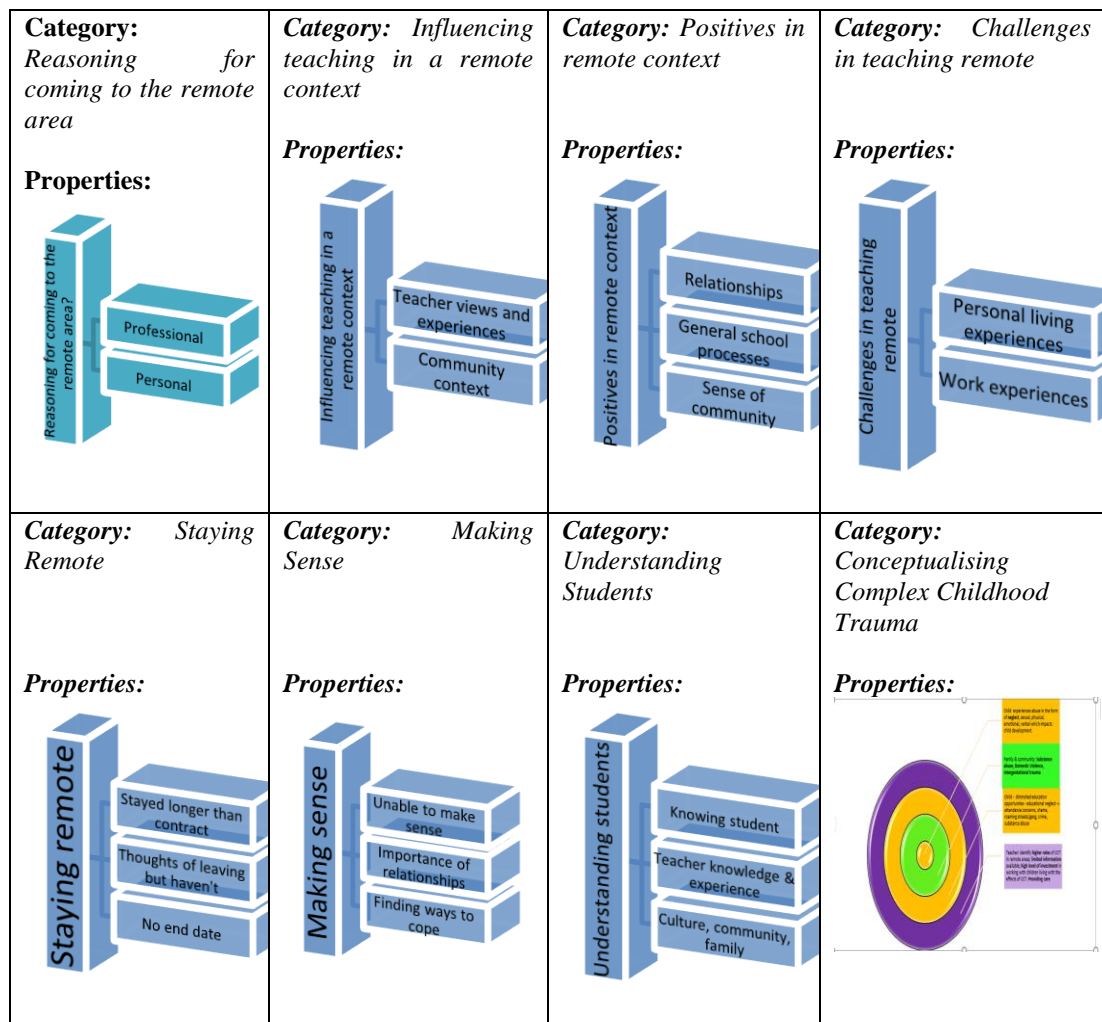
transition between the components of my developing theory (Buckley & Waring, 2013).

In the following pages, I will explain key aspects of the analytical journey. This will be addressed via the key questions: “what changed?” and “what was different?” from one iteration to the next.

As shown in Figure 3.7, to support category development for the first analysis (Analysis 1), I relied solely on the guiding questions from the interview schedule to determine initial categories.

Figure 3.7

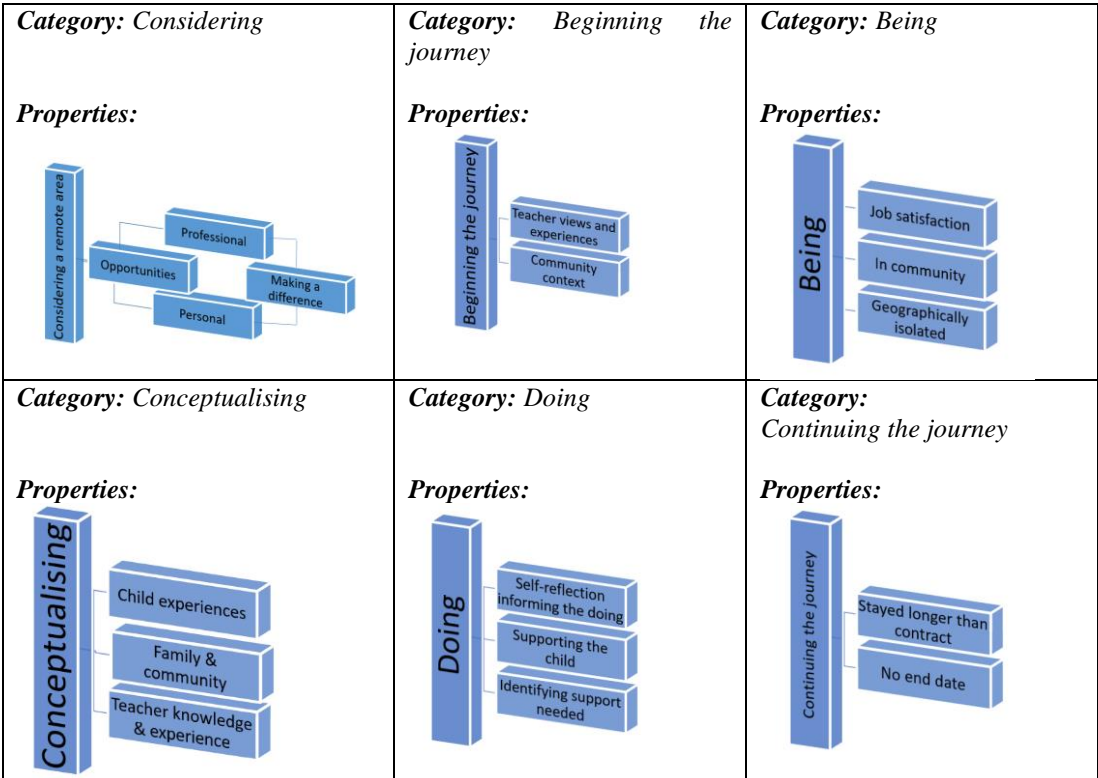
Analysis 1



In Analysis 2, this changed as I dug further into the data. The categories shifted out of this structure, from 8 categories in Analysis 1 to 6 categories in Analysis 2. This occurred through constant comparative analysis and is shown in Figure 3.8. What was different in Analysis 2, was the use of gerunds (Charmaz, 2014) to name the categories. This was achieved through memoing, in which I was able to further develop categories and their properties.

Figure 3.8

Analysis 2



In Analysis 3, I paid attention to the trauma informed strategies teachers shared throughout the interviews. This was done as part of my analysis of the ‘doing’ category from Analysis 2. To achieve this, I leaned into the data by going back to the interview transcriptions, initial codes, focused codes, and categories to help refine this analysis. By undertaking this deep dive into the trauma informed strategies, I was able to further refine categories and their properties as shown in the example from one category (labelled “Doing”) in Figure 3.9.

Figure 3.9

Analysis 3

Going back to interview transcriptions, initial codes, focused codes looking for evidence of trauma informed practice (excerpt)

How does it feature?	Evidence – Interview and developing categories – Analysis 3	Where in the interview process?
Knowledge of CCT	Professional learning in CCT	Demographic Questionnaire
Accessing other professional learning - trauma informed	Drumbeat (IP_4); Management of Actual or Perceived Aggression (MAPA) (IP_17); Practical Functional Behaviour Assessment (IP_4, 14); Mental Health First Aid (IP_17); Neuroscience PD (IP_14)	Intermediate Questions - Understanding them (Drumbeat IP_4), (P-FBA IP_4, 14), (Neuroscience PD IP_14); Intermediate Question - Positive response (MAPA IP_17), (Mental Health First Aid (IP_17)
Prevalence of trauma in remote areas	CONCEPTUALISING IP_2, 5, 6, 8, 10, 14, 15, 19, 22, 23	Intermediate Questions - advice to new teachers (IP_2); Intermediate Questions - remote area influence work (IP_5, 8, 10, 15, 19, 22, 23), Initial questions - other (IP_6, 14); Initial questions - like teaching in remote area (IP_8)
Types of CCT	CONCEPTUALISING: abuse (IP_2, 5, 8, 11, 13, 16, 17, 21); sexual abuse (IP_4, 6, 7, 12, 17, 18, 21); physical abuse (IP_3, 4, 6, 10, 11, 12, 14, 16, 17, 18, 21, 22); emotional abuse (IP_3, 12, 18, 19, 22); neglect (IP_2, 6, 7, 9, 10, 11, 12, 13, 15, 16, 19, 21, 22, 23); single incident (IP_17, 20, 21); CCT (IP_1, 2, 3, 4, 6, 7, 9, 10, 11, 13, 16, 18, 20, 21, 23); verbal abuse (IP_10, 22); grief & loss (IP_13, 17); medical (IP_20); cultural practices (IP_21); substance abuse (IP_7, 8, 9, 12, 13, 14, 22); family & DV (IP_1, 2, 3, 4, 5, 6, 7, 9, 11, 12, 13, 14, 17, 19); in-utero (IP_5); death of family member (IP_9, 20); police involvement (IP_5, 12); intergenerational (IP_17, 20)	Intermediate Questions - defining (IP_1-23)
Impact of trauma	CONCEPTUALISING: OOHc (IP_5, 7, 11, 12); mental health issues (IP_4, 13, 16, 17, 21); effects on child development (IP_5, 8, 12, 14, 16, 22); educational opportunities diminished (IP_11); shame (IP_5, 7, 17)	Intermediate Questions - informed about child (IP_7, 11, 12); Intermediate questions - behaviour (IP_5, 7, 12, 14, 17); Intermediate questions - defining trauma (IP_4, 5, 11, 13, 16, 17, 21)
Teacher wanting to make a difference	CONSIDERING IP_4, 6, 17, 19	Initial Questions - positives (IP_4, 6, 19); Initial Questions - come to be a teacher in remote area (IP_6); Initial Questions - like teaching remote (IP_17); Ending Questions - growth as a teacher (IP_17)
Teacher motivated and action focused	BEGINNING IP_4, 9	Initial Questions - positives (IP_4); Initial Questions - like teaching remote (IP_9)
Developing relationships with student	DOING IP_1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 23	Initial - like teaching in remote (IP_9); Initial Questions - Positives (IP_1, 4, 7, 10, 18, 19, 20); Intermediate Questions - Experiences (IP_5); Intermediate Questions - Teacher positive responses (IP_1, 8, 9, 10, 14, 15, 21); Intermediate Questions - remote influence (IP_1, 4); Intermediate Questions - understanding (IP_4, 8); Intermediate Questions - making sense (IP_5); Intermediate Questions - advice to new teachers (IP_1, 12, 14, 18, 19, 20); Ending Questions - growth as teacher (IP_1, 3, 13, 23); Ending Questions - Other thoughts (IP_10); Ending Questions - other thoughts working with children remote (IP_2)
Developing relationships with parent/family/community	CONCEPTUALISING IP_3, 5, 9, 11, 12, 13, 14, 15, 16, 18, 19, 20	Initial Questions - Like teaching remote (IP_5, 12, 16); Initial Questions - Positive (IP_19, 15, 20); Intermediate Questions - making sense (IP_11, 14); Intermediate Positive responses (IP_5); Intermediate Questions - teaching remote influence work (IP_16, 18, 19); Intermediate Questions - advice to new teachers (IP_9); Ending Questions - growth as a teacher (IP_13) Ending Questions - other thoughts working with children in remote (IP_3)

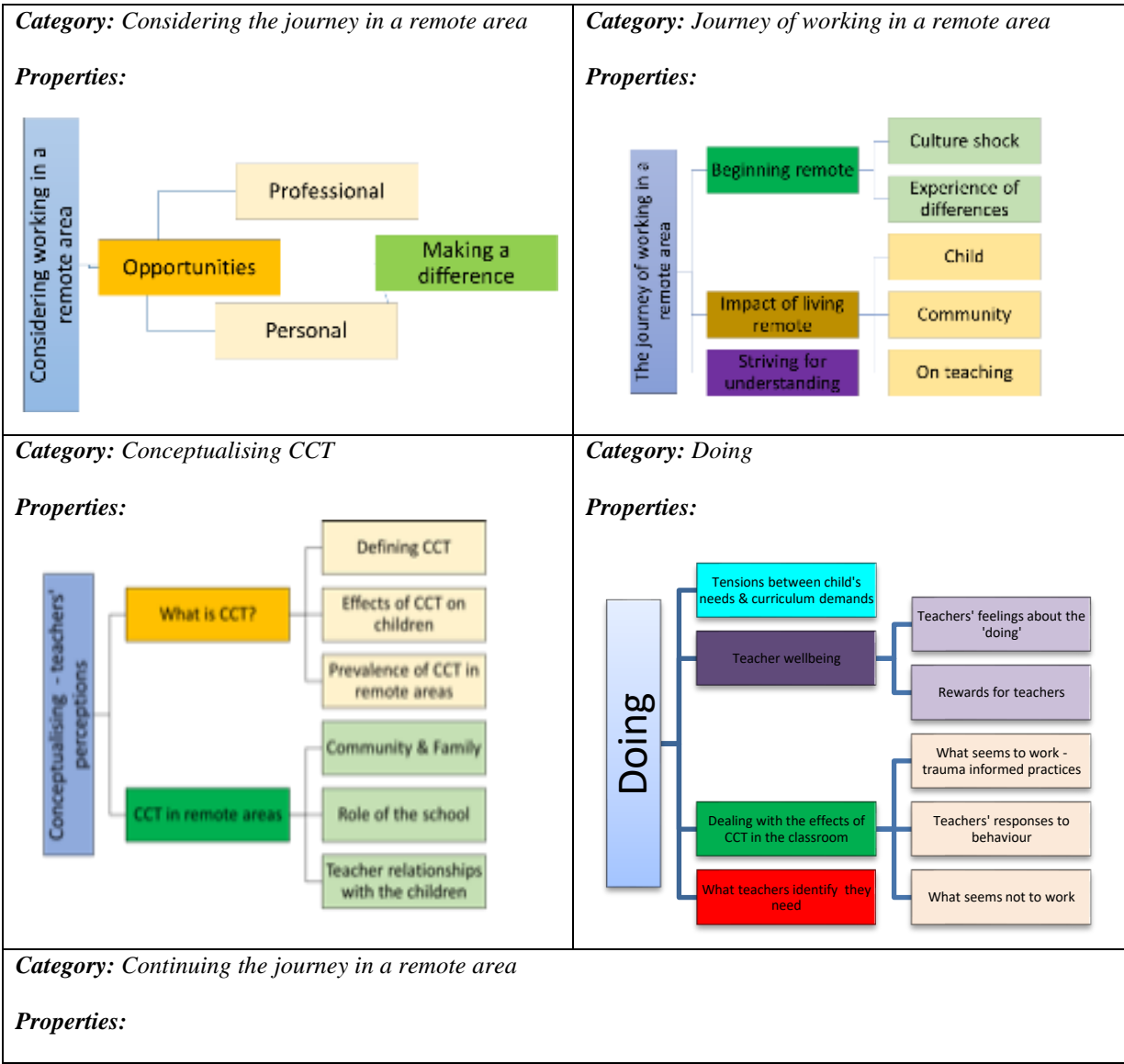
Looking for where trauma informed practice was missing

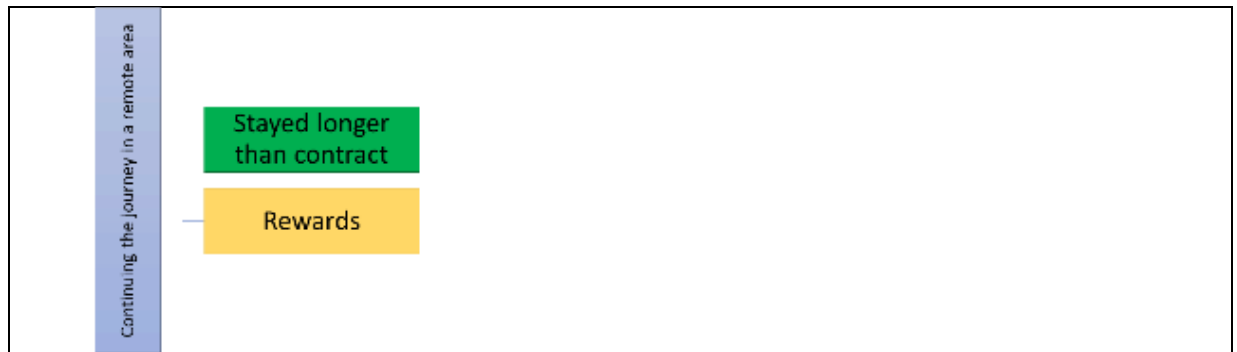
Where it does not feature - Category	Evidence – Analysis 3	Where in the interview process?
Beginning	Nil	Nil
Considering	No specific evidence related to TIP. Interesting information: wanting to work in Indigenous communities (IP_4, 17) and teach Indigenous students (IP_6). Child Protection stats would suggest there would be a high likelihood that they would be teaching children living with the effects of CCT.	Initial Q - coming to teach in remote area
Conceptualisation	Limited information provided to teachers re: children living with the effects of CCT. Provided by principal (IP_4, 8, 10, 18)	Intermediate Qs - know child living with effects of CCT (IP_4, 8, 10, 18)
	Limited principal support (IP_4, 6, 13)	Initial Q - positive - principal support (IP_6); Intermediate Q - remote area influence (IP_4); Intermediate Qs - making sense (IP_13)
	Limited pre-service training in CCT	1 participant - IP_15 demographic questionnaire
Doing	Limited services to provide TIP support (IP_1, 2, 5, 6, 7, 9, 11, 12, 14, 16, 20)	Initial Qs - challenges (IP_1, 2, 8, 9, 10, 14); Intermediate Qs - remote influence (IP_1, 2, 9, 12, 16, 20); Intermediate Qs what gov't needs to know (IP_1, 5); Intermediate Qs - magic wand (IP_1, 6, 12, 20); Intermediate Qs - negative (IP_11); Ending Q - other (IP_7)
	Participants identifying need for ongoing CCT PD/Training (IP_1, 2, 3, 5, 9, 11, 12, 13, 14, 18, 19, 20, 22)	Intermediate Qs - Magic Wand (IP_1, 6, 9, 11, 12, 13, 14, 19, 20); Intermediate Qs - what gov't need to know (IP_2, 3, 18, 22)
	Wanting more CCT strategies (IP_2, 4, 8, 11, 13, 14, 22)	Intermediate Q - Magic Wand (IP_4, 22); Intermediate Qs - gov't needs to know (IP_2, 8, 13); Ending Qs - other (IP_13)
	Wanting more face to face support (IP_4, 6, 13, 14, 20)	Intermediate Q - remote influence (IP_14, 20); Intermediate Q - magic wand (IP_4, 6); Intermediate Q - Gov't needs to know (IP_13)
	Wanting coaching (IP_11, 14)	Intermediate Q - Magic Wand (IP_11); Intermediate Q - remote influence (IP_14); Intermediate Q - advice to new teachers (IP_11)
Continuing	Whole school approach to address CCT	Nil
	Nil	Nil

Analysis 4, shown in Figure 3.10, was achieved through further memoing, diagramming, and constant comparison of the data. In this analysis, two categories were collapsed into one to avoid duplication and overlap that was emerging. The outcome was further refinement and development of the initial theoretical codes which was achieved in consultation with my PhD supervisors. It was decided to undertake theoretical sampling by presenting these tentative theoretical codes to a focus group. This will be discussed in detail in the next section.

Figure 3.10

Analysis 4





3.7.4 Theoretical sampling – Focus group

Theoretical sampling relates to conceptual and theoretical development of analysis (Charmaz, 1983; Charmaz, 2014) and occurs when a researcher is at the stage where they can define the properties of their developing categories or theory. It “means that the conceptual categories that were inductively constructed have become sufficiently developed and abstract that the researcher can construct simple questions about them. Theoretical sampling then becomes a means for checking out hunches and raising specific questions” (Charmaz, 1983, p. 125). The researcher does this by seeking “people, events, or information to illuminate and define the properties, boundaries, and relevance of this category or set of categories” (Charmaz, 2014, p. 355).

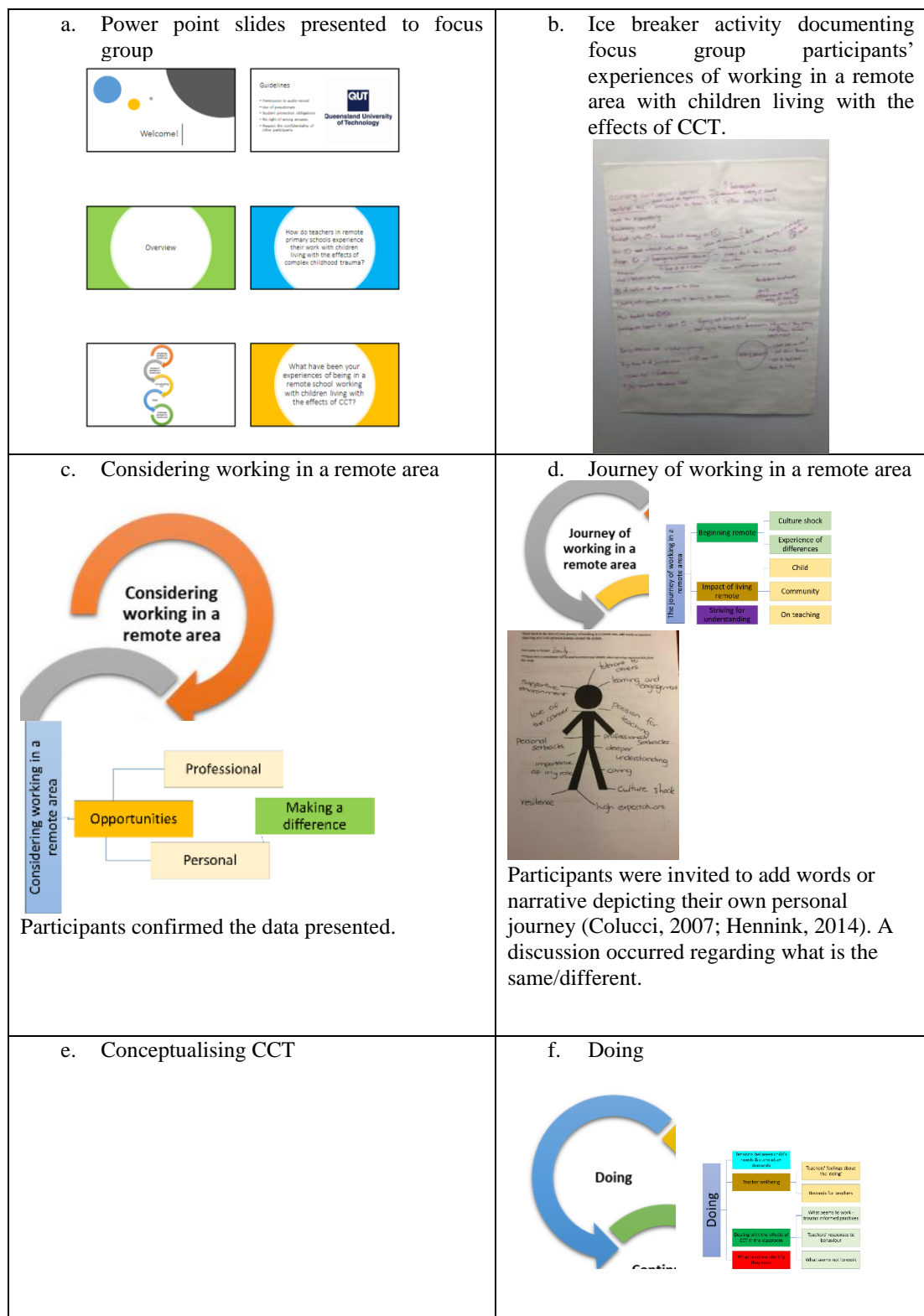
At the point of recruitment, participants were made aware that a focus group would be conducted as a way of checking in with them during data analysis to obtain their views about the initial research findings (Appendix G). Seven participants volunteered to participate in the focus group (Appendix P).

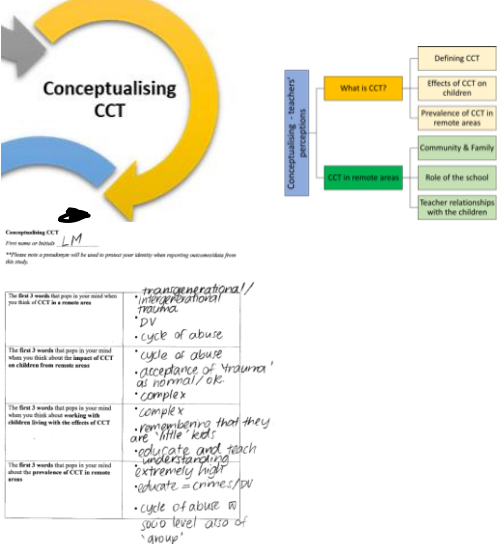
Although not all grounded theorists agree that a focus group can or should be used for theoretical sampling (Bluff, 2005; Morse & Clark, 2019), focus groups are increasingly used in grounded theory studies in combination with individual interviews (Charmaz & Belgrave, 2014). Charmaz and Belgrave (2014) stated “focus group interviews provide an efficient means for data collection, an important feature when researchers face limited resources for qualitative work” (p. 354). Through the use of a focus group, I was able to share the developing theory, refine the developing categories, and probe with further questions (Figure 3.11). A focus group also reduced the burden on the participants as it enabled them to discuss ideas which could be “confirmed, reinforced or contradicted within the group discussion” (Webb & Kevern, 2001, p. 800).

In this research, theoretical sampling was conducted after initial coding, focused coding, and category development. Theoretical sampling was used to obtain participants' perspectives on the authenticity and credibility of the tentative research findings. This was undertaken in a 94-minute focus group conducted in June 2019 in which several interview participants volunteered to take part ($n=7$). Prior to the focus group, participants were provided with the Focus Group Information Sheet and Focus Group Consent form (Appendix J). A focus group, as described by Krueger and Casey (2015), is characterised by small groups having common characteristics. Participants provide qualitative data in the form of focussed discussion to help better understand a topic. Focus group interviewing enables a search for elements that may have been missed in individual interviews. Focus groups enable gathering of further background to participants' perceptions and enables exploration of a wider range of views on the topic (Gillham, 2005). Focus groups can also be a mechanism for co-construction for meaning of experiences and understanding among researcher and research participants (Charmaz, 2014; Miller & Crabtree, 2004; Sargent et al., 2016; Stewart, 2007). Figure 3.11 shows an overview of what was presented to the focus group in this study (Appendix K) and the related activities completed by focus group participants to further refine the developing theory.

Figure 3.11

Focus group outline





Conceptualising CCT

First name or initials: LM

What is CCT?

- Defining CCT
- Effects of CCT on children
- Prevalence of CCT in remote areas
- Community & Family
- Role of the school
- Teacher relationships with the children

CCT in remote areas

The first 3 words that pops in your mind when you think of CCT in a remote area

- transgenerational/intergenerational trauma
- DV
- cycle of abuse

The first 3 words that pops in your mind when you think about the impact of CCT on children from remote areas

- cycle of abuse
- acceptance of 'trauma' as normal/ok
- complex

The first 3 words that pops in your mind when you think about working with children living with the effects of CCT

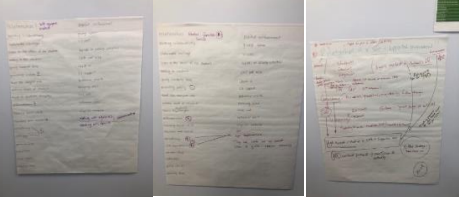
- complex
- remembering that they are 'little kids'
- educate and teach
- understanding
- extremely high
- educate = crime/DV
- cycle of abuse is socio level 'zero' of group

The first 3 words that pops in your mind about the prevalence of CCT in a remote area

- cycle of abuse is socio level 'zero' of group

Label generation (Colucci, 2007)


- List the first 3 words that pops in your mind when you think of CCT in remote areas.
- List the first 3 words that pops in your mind when you think about the impact of CCT on children from remote areas.
- List the first 3 words that pops in your mind when you think about working with children living with the effects of CCT.
- List the first 3 words that pops in your mind about the prevalence of CCT in remote areas.



Rating (Colucci, 2007)

- On 2 prepared sheets of paper, have listed the different strategies stated by the individual interview participants
- Ask focus group participants if anything is missing. Are all these important?
- Ask participants to rate the top 5 strategies. Can the list be ordered or are they all equal value?

g. Continuing the journey in a remote area



Continuing the journey in a remote area


Continuing the journey in a remote area

- Stayed longer than contract
- Rewards

Discussion of findings:

- Does this reflect your experience?
- Do you think this an accurate interpretation of the data?
- Is there anything missing?
- Based on your experiences (Krueger & Casey, 2015), would you recommend for teachers to come and teach in a remote area? Why? Why not?

h. Thinking sheet that participants could use to record thinkings throughout the focus group



Thinking sheet

First name or initials: LM

Area	Thought
Continuing the journey in a remote area	
Working in a remote area	
Teachers' working in a remote area conceptualising CCT	
The thing that you do thinking in a remote area to support children living with the effects of CCT	Education, understanding, trauma, acceptance of the child
Continuing the journey in a remote area	

Commonly perception on students of remote schools talking with the 'no mind' of social students. Focus on their children, who often just want some connection with a child experiencing it.

teaching should be a holistic approach, not a data driven approach.

During the focus group, participants validated and confirmed the tentative study findings. An example is provided in Figure 3.12.

Figure 3.12

Confirming categories for considering working in a remote area

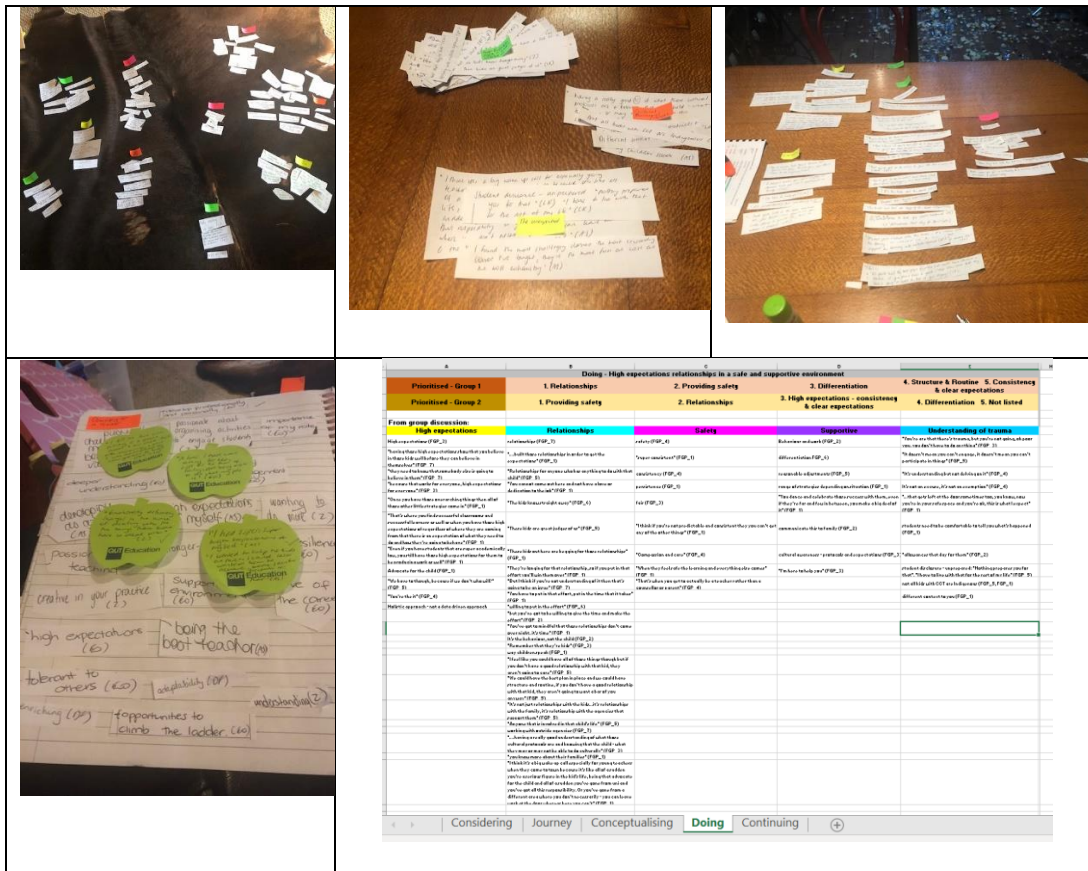
Facilitator:	So, what became clear is that you have come to a remote area wanting to make a difference. So, do these reasons for considering working in a remote area resonate with you?
FGP_2:	Most definitely.
FGP_5:	Yeah.
FGP_4:	Pretty much.
Facilitator:	Why is that?
FGP_4:	That's it in a nutshell.
FGP_2:	I was going to say, that's why I was like, pretty much, yeah.

Focus group participants further expanded on categories which enabled me to further refine the theory development, particularly in the “doing” category. I did this by asking further questions, probing and seeking clarification with the aim of to ‘tightening’ the emerging analysis. For example, in the ‘doing’ section (refer to Figure 3.11, quadrant f), participants were asked to prioritise the most important things they ‘do’ as teachers to support children living with the effects of CCT. After much discussion, the focus group participants were able to help me further analyse and conceptualise properties for this section with the in vivo code “high expectation relationships in a safe and supportive environment”. This was crucial to shaping the emerging theory.

The focus group was professionally transcribed by a transcription company, Pacific Transcription. All identifying information was removed at the time of transcription. Further analysis occurred by developing categories from the focus group data and comparing this with the interview data as shown in Figure 3.13.

Figure 3.13

Focus group category development

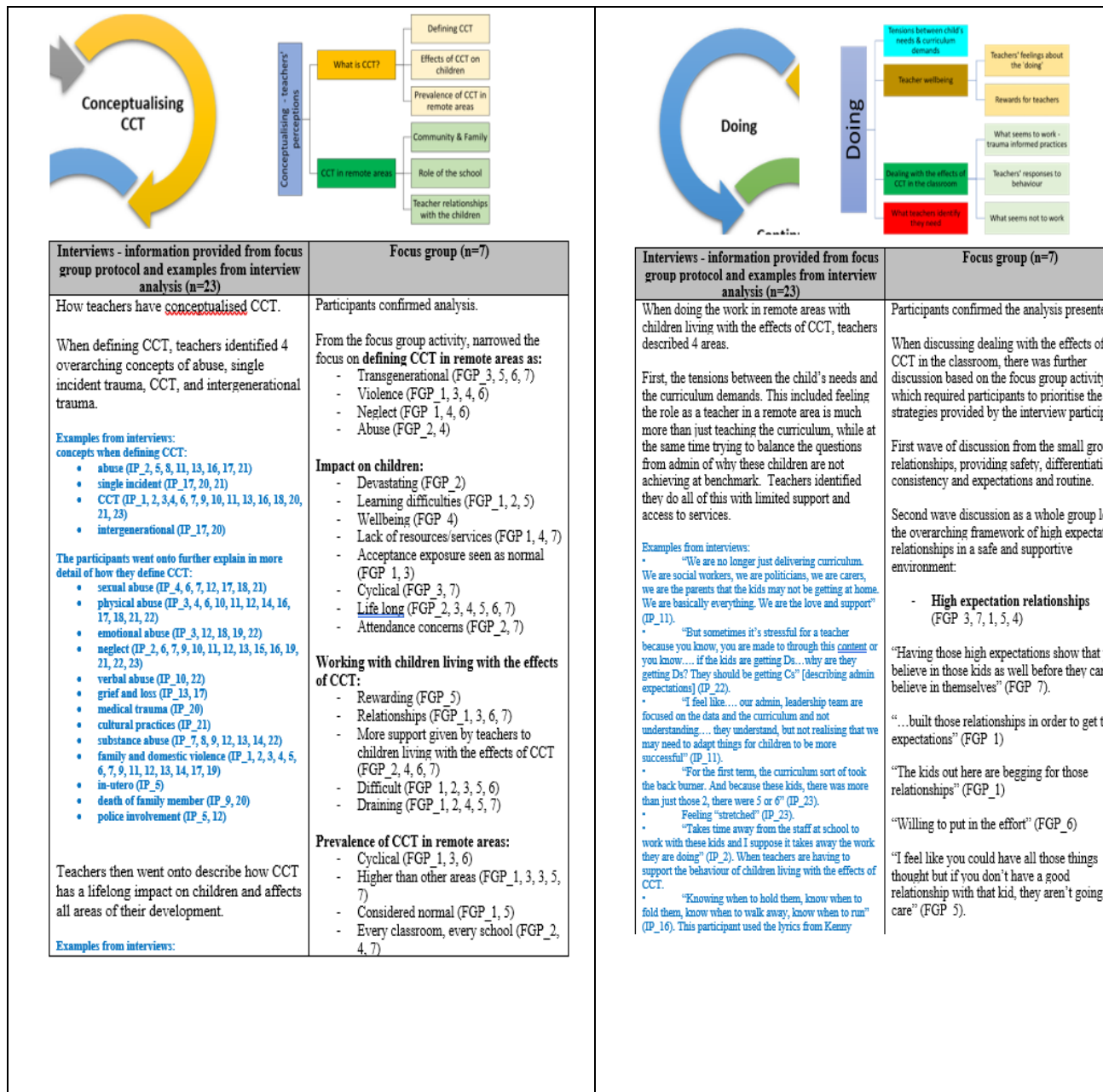


3.7.5 Constant comparison

Constant comparison which was discussed in Section 3.3 occurred throughout the research process. It is a hallmark of grounded theory (Glaser & Strauss, 1967). Throughout the analysis phase, I compared interview data - code with codes, categories with categories. Then I compared interview data with focus group data (see Figure 3.14). What was clear through the constant comparative analysis between interview data and focus group data was how participants defined CCT, particularly in the areas of ‘conceptualising CCT’ and the ‘doing’ category. In the focus group, the ‘doing’ category was identified as the most valuable section by the focus group participants and is where a lot of discussion occurred.

Figure 3.14

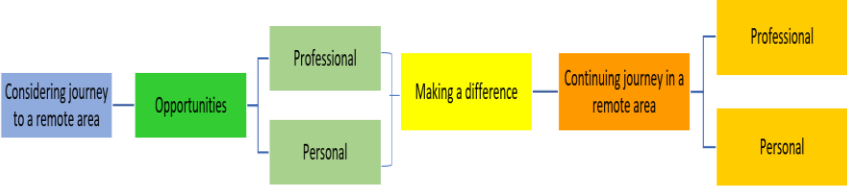
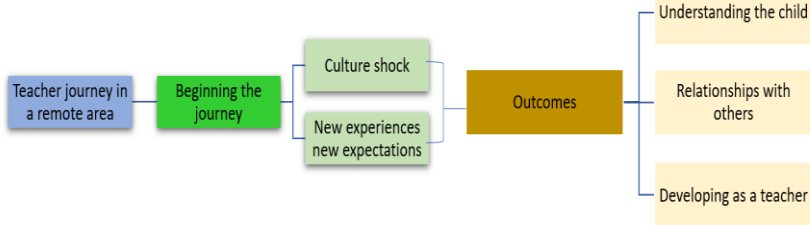
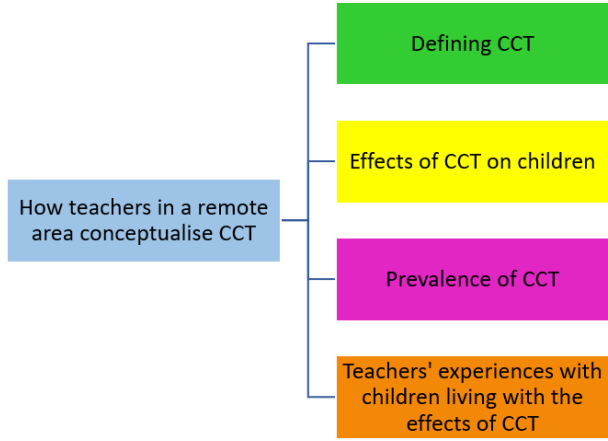
Comparing interview data with focus group data – excerpt

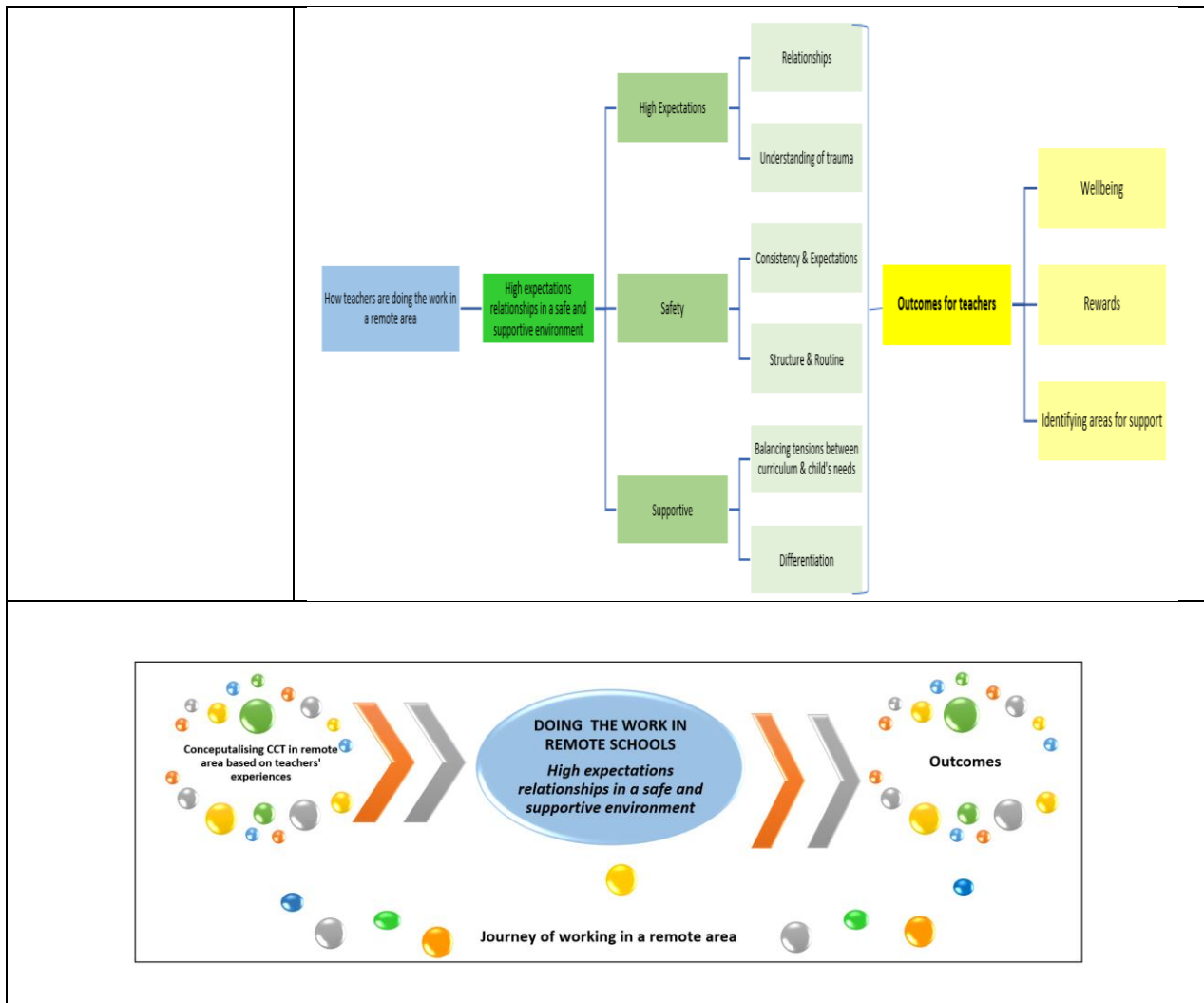


After completing these comparisons, I was able to further refine the emerging theory as shown in Figure 3.15. In Analysis 5, the analysis now included data from the focus group to further refine the developing theory. What is different is the incorporation of the Stronger Smarter meta strategy “high expectations relationships” (Sarra et al., 2018, p. 32; Stronger Smarter Institute Limited, 2014, p. 1) which was shared by focus group participants.

Figure 3.15

Analysis 5

<p>Category: <i>Considering journey to a remote area</i></p>	<p>Properties:</p> 
<p>Category: <i>Teacher journey in a remote area</i></p>	<p>Properties:</p> 
<p>Category: <i>How teachers in a remote area conceptualise CCT</i></p>	<p>Properties:</p> 
<p>Category: <i>How teachers are doing the work in a remote area</i></p>	<p>Properties: <i>high expectations relationships in a safe and supportive environment (high expectations – consistency and expectations, structure, and routine; supportive – balancing tensions between curriculum and child’s needs, differentiation); outcomes for teachers (wellbeing, rewards, identifying areas for support)</i></p>

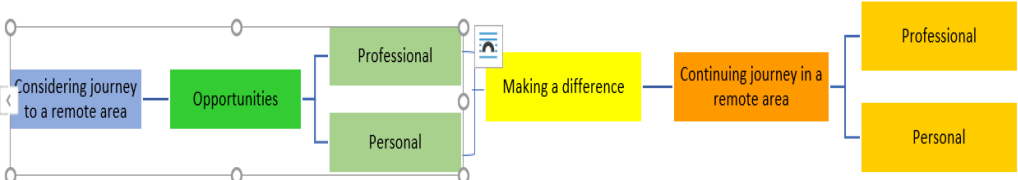
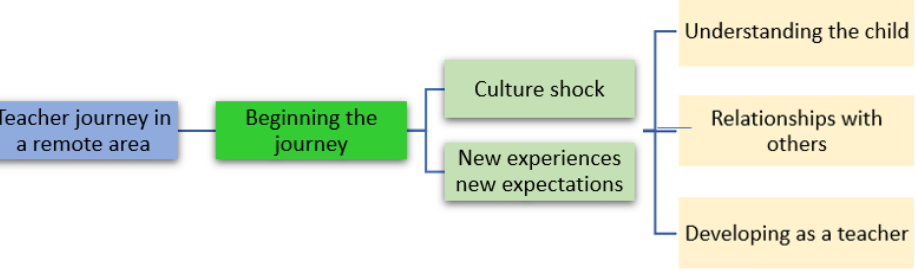
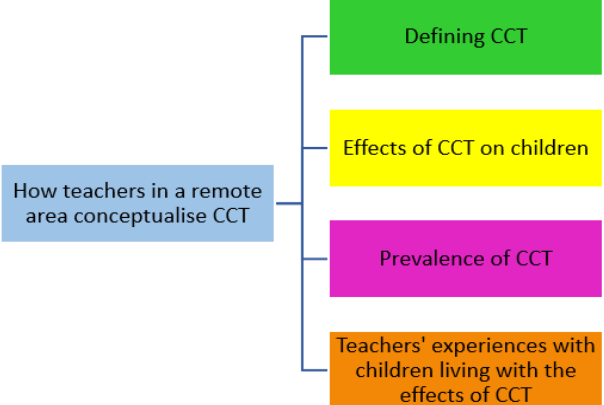


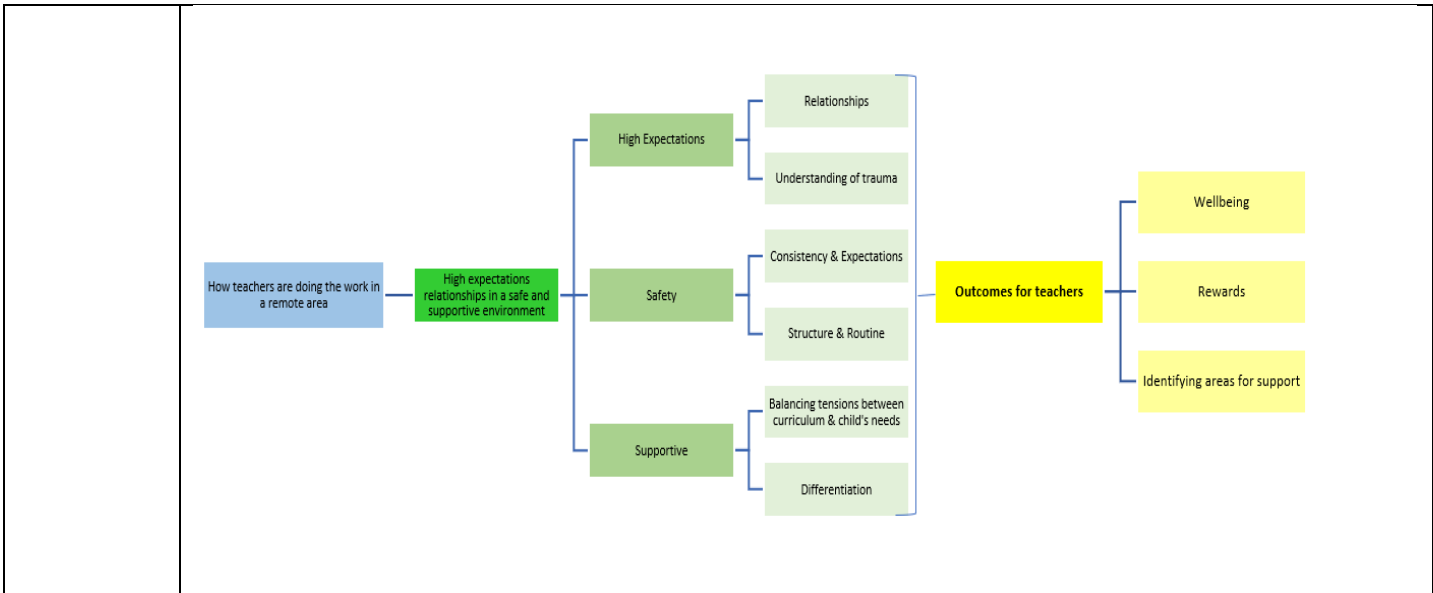
As previously mentioned, throughout the analysis, I wrote memos which were refined and discussed with research supervisors during each research supervision session, and from this, further versions of the analysis were generated as seen in Analysis 6 (Figure 3.16), Analysis 7 (Figure 3.17), Analysis 8 (Figure 3.18), Analysis 9 (Figure 3.19), and Analysis 10 (Figure 3.20).

In Analysis 6 (Figure 3.16) what has changed is the removal of 'outcomes' in teacher journey because a teacher's experience is not an outcome but a social process. Teacher experiences further emerged in this analysis.

Figure 3.16

Analysis 6

<p>Category: <i>Considering journey to a remote area</i></p>	<p>Properties: <i>opportunities (professional & personal); making a difference; continuing journey in a remote area (professional & personal)</i></p> 
<p>Category: <i>Teacher journey in a remote area</i></p>	<p>Properties:</p> 
<p>Category: <i>How teachers in a remote area conceptualise CCT</i></p>	<p>Properties:</p> 
<p>Category: <i>How teachers are doing the work in a remote area</i></p>	<p>Properties:</p>

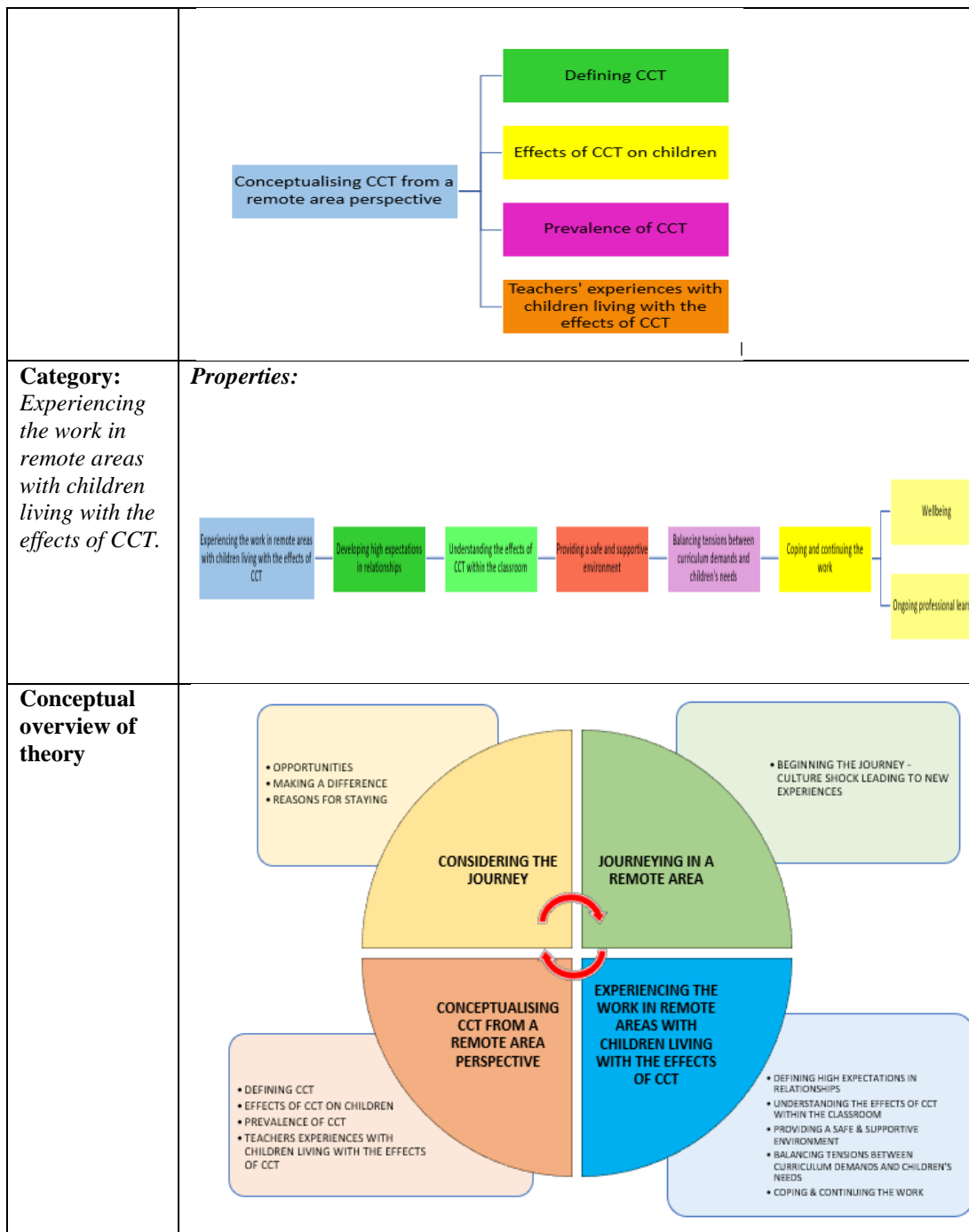


In Analysis 7 (Figure 3.17), I returned to the use of gerunds for the naming of categories. I further considered the interactions between the categories.

Figure 3.17

Analysis 7

<p>Category: <i>Considering the journey</i></p>	<p>Properties:</p>
<p>Category: <i>Journeying in a remote area</i></p>	<p>Properties:</p>
<p>Category: <i>Conceptualising CCT from a remote area perspective</i></p>	<p>Properties:</p>



In Analysis 8 (Figure 3.18), considering relationships between the categories led to the emergence of Building Culturally Responsive Relationships. What is different is that during this analysis, building relationships emerged as the central social action/process that teachers undertake in their work with children living with the effects of CCT.

Figure 3.18

Analysis 8

<p>Category: <i>Basis for Building relationships</i></p>	<p>Properties:</p> <ul style="list-style-type: none"> • Strong communities • Culture • Sense of Belonging
<p>Category: <i>Why Build Relationships?</i></p>	<p>Properties:</p> <ul style="list-style-type: none"> • Defining CCT – Transgenerational Trauma & Abuse • Prevalence of CCT • Effects on Children
<p>Category: <i>How to Build Relationships</i></p>	<p>Properties:</p> <ul style="list-style-type: none"> • Understanding the effects of CCT within the classroom • Providing a safe and supportive environment • Developing high expectations in relationships (Sarra et al., 2018; Stronger Smarter Limited, 2014)
<p>Category: <i>Continuing to build the relationships</i></p>	<p>Properties:</p> <ul style="list-style-type: none"> • Self-awareness and reflection • Wellbeing • Ongoing professional Learning
<p>Conceptual overview of theory</p>	

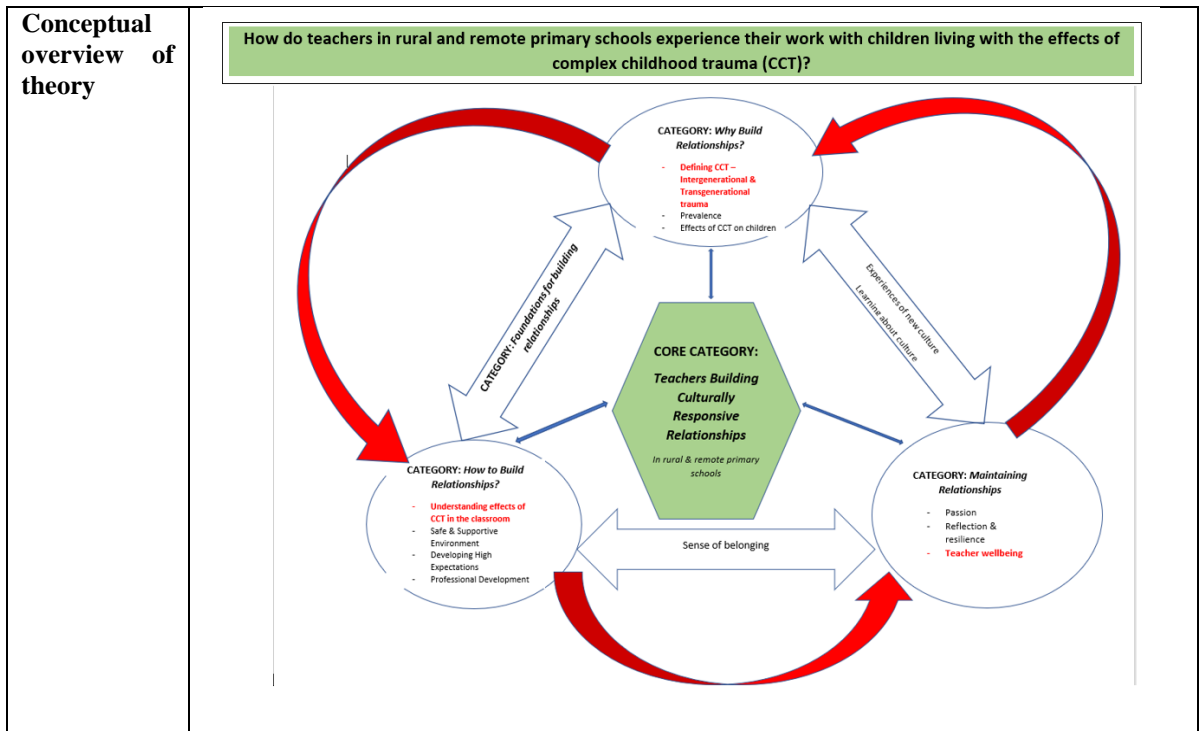
During Analysis 9 (Figure 3.19), the focus shifted from the ‘journey’ towards teachers’ experiences and what is central to these experiences – relationships. What was different in this analysis is that the final categories were starting to take shape and

this analysis was more interpretive and less descriptive than previous iterations. However, through this process, I discovered there was repetition in the categories and properties. This led to another iteration of analysis (Analysis 10 Figure 3.20).

Figure 3.19

Analysis 9

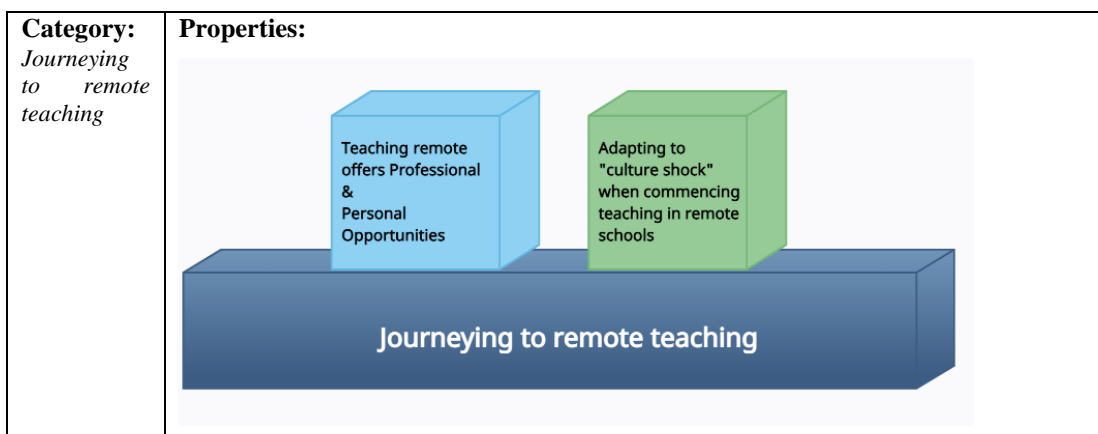
<p>Category: <i>Journeying in a remote area</i></p>	<p>Properties:</p> <ul style="list-style-type: none"> • Opportunities: Professional and personal • Beginning the journey: culture shock leading to new experiences • Reasons for staying
<p>Category: <i>Teachers building culturally responsive relationships</i></p>	<p>Properties:</p> <ul style="list-style-type: none"> • Teachers building relationships that are culturally responsive • Building relationships with parents • Building relationships with children living with the effects of CCT
<p>Category: <i>Foundations for building relationships</i></p>	<p>Properties:</p> <ul style="list-style-type: none"> • Experiences of new cultures • Learning about culture • Sense of belonging
<p>Category: <i>Why build relationships?</i></p>	<p>Properties:</p> <ul style="list-style-type: none"> • Defining CCT • Teachers' perceptions of prevalence of CCT in remote areas • Effects of CCT on children
<p>Category: <i>How to build relationships</i></p>	<p>Properties:</p> <ul style="list-style-type: none"> • Understanding the effects of CCT within the classroom • Providing a safe and supportive environment • Developing high expectations (Sarra et al., 2018; Stronger Smarter Limited, 2014) • What teachers identify they need to continue to do the work – professional development
<p>Category: <i>Maintaining relationships</i></p>	<p>Properties:</p> <ul style="list-style-type: none"> • Passion • Reflection • Wellbeing

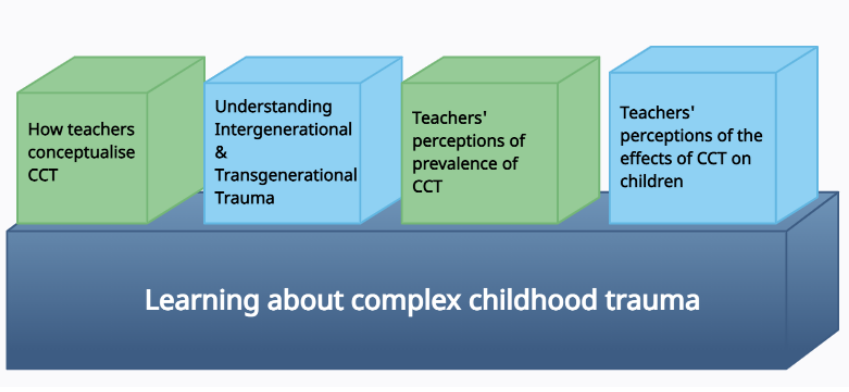
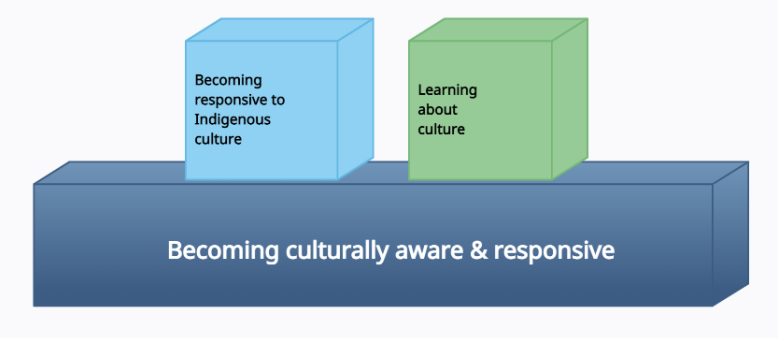

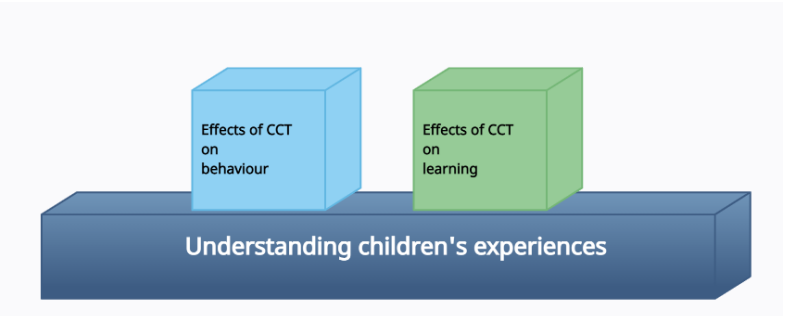


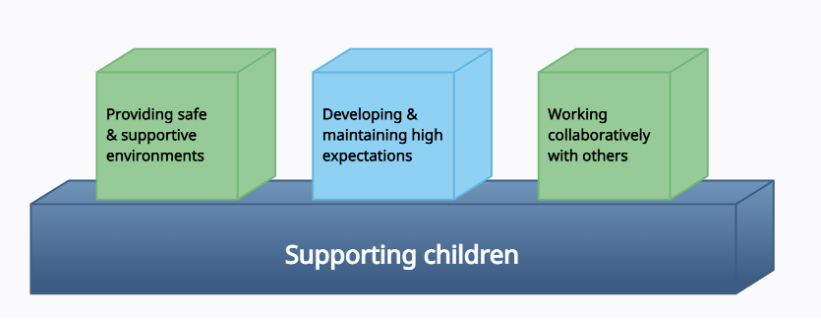
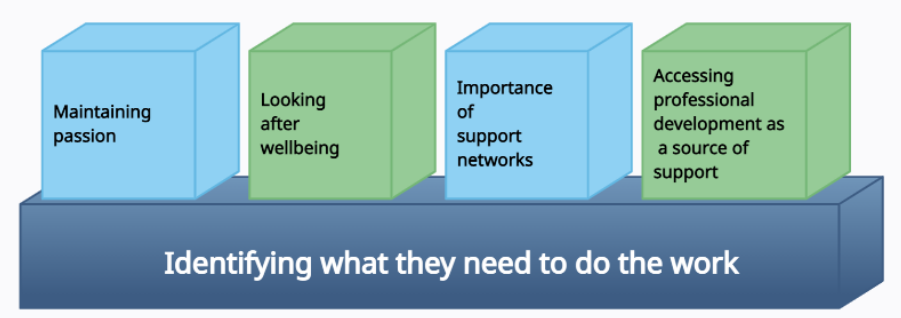
In Analysis 10 (Figure 3.20), what changed was that categories were finalised, and gerunds were used to name the categories. What is different is that “high expectations relationships” (Sarra et al., 2018, p.32; Stronger Smarter Limited, 2014, p.1) evolved to “building and maintaining relationships” and this was identified as the central key experience for these participants. If teachers are unable to build and maintain relationships, they are unable to do their work with children living with the effects of CCT. The centrality of this experience was highlighted with the use of a different colour in Figure 3.20.

Figure 3.20

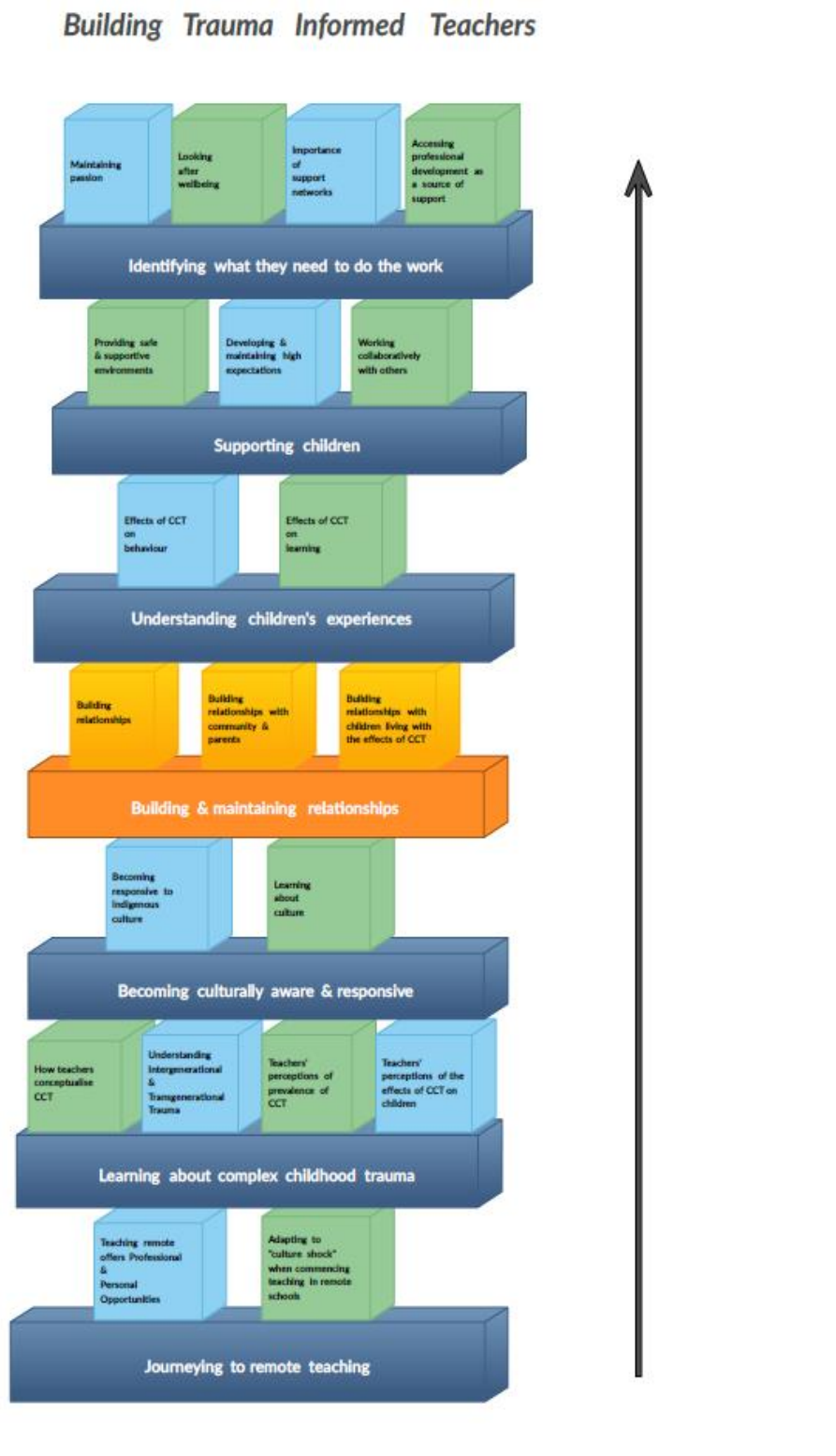
Analysis 10



<p>Category: <i>Learning about complex childhood trauma</i></p>	<p>Properties:</p> 
<p>Category: <i>Becoming culturally aware and responsive</i></p>	<p>Properties:</p> 
<p>Category: <i>Building and maintaining relationships</i></p>	<p>Properties:</p> 
<p>Category: <i>Understanding children's experiences</i></p>	<p>Properties:</p> 

<p>Category: <i>Supporting children</i></p>	<p>Properties:</p> 
<p>Category: <i>Identifying what they need to do the work</i></p>	<p>Properties:</p> 

Conceptual overview of theory – *Building Trauma Informed Teachers*



3.7.6 Memos

As discussed in previous sections, I wrote memos to document my analysis throughout the research process (Charmaz, 1983). Throughout the different stages of memo writing, I was asking myself of the data, “what is going on here? How can I make sense of it?” (Thornberg & Charmaz, 2013, p. 163). Memo writing is a crucial

step in constructivist grounded theory research and the length and depth of analysis of memos can vary (Charmaz, 2015). Keane (2021) suggested three different types of memos that develop throughout the research process: preparatory memos, conceptual memos, and analytic memo writing (positioning self as a researcher).

Preparatory memos are initially written to document the emerging category (Keane, 2021). It is often written as a summary outlining the participants' experiences regarding a particular code, concept, or category (Keane, 2021). To help facilitate this process, the constant comparative method is used (Keane, 2021). In this study, an example of a preparatory memo is one I wrote which summarised the category, "the doing" which is about the work teachers "do" in working with children living with the effects of CCT. Line by line coding and focused coding had identified this as an important category. This preparatory memo (shown in full in Appendix L) was the starting point for further analysis and helped shape the next steps in analysis for this category. Appendix L is to be viewed as a perceptual overview, not as data to be read. Figure 3.21 provides a short excerpt for illustrative purposes.

Figure 3.21

Excerpt from a preparatory memo

Memo. Date: 14-15 April 2019: The "doing" - Participants' everyday experiences – "It's worth it" (IP_23) (excerpt)

The participants shared their experiences of what they do every day when working with children living with the effects of CCT. What is evident is what they do is coming from a position of **care**:

- "If you don't care about the kids, this is the wrong spot to be" (IP_8).
- "You can't come out here and do what you've done in Brisbane" (IP_8).

This emphasis on care permeates throughout the data particularly when participants are describing what they do, how they respond, and feel when working with children living with the effects of CCT.

Through their responses, participants demonstrated they undergo a reflective process about doing their work. This includes reflecting:

- About the children living with the effects of CCT:
 - "Just realise that it is part of who they are, or they've seen or what they've been through" (IP_12).
 - "Try to remember that it is not their fault" (IP_13).
 - "They're nice kids. They're just in a tough situation. I guess they're put in a situation that they had no control over" (IP_22).

This shows participants are aware of what the children have experienced and know it will have an impact on their development and learning (IP_8, 9, 12, 14, 15, 18, 20, 22, 23). Including experiencing difficulties with communication of their needs and wants (IP_5, 8, 10, 11, 12, 13, 14, 15, 17, 20, 21).

These reflections show the ‘doing’, that is, working with children living with the effects of CCT is very complex and demanding. Regardless of the complexities and demands, participants show how much they care by doing whatever it takes within their role to be able to support children living with the effects of CCT.

Some of the complexity’s participants have described are the behaviours that children living with the effects of CCT can display within the classroom/school setting.

Participants have observed children’s behaviours also change depending on what is happening within the home environment (IP_1, 2, 3, 6, 10, 11, 14, 22).

Participants have described strategies and approaches they have used that they see as being **successful** when working children living with the effects of CCT.

Proactive strategies can be seen in two areas: Responses coming from a focus on care and the doing of teaching. The data suggests each of these areas influences the other.

Conceptual memos are written in which key points are summarised and therefore can be raised to a more conceptual level (Keane, 2021). Through the constant comparative method, researchers write to explore possibilities and formulate questions regarding possible relationships between category properties, and between overarching categories (Keane, 2021). An example of a conceptual memo from this research is shown in Appendix M. Appendix M is to be viewed as a conceptual overview, not as data to be read. Figure 3.22 provides a short excerpt for illustrative purposes.

Figure 3.22

Excerpt from a conceptual memo

Memo. Date: 12-13 April 2019: How teachers conceptualise CCT and become aware of children living with its effects. Excerpt.

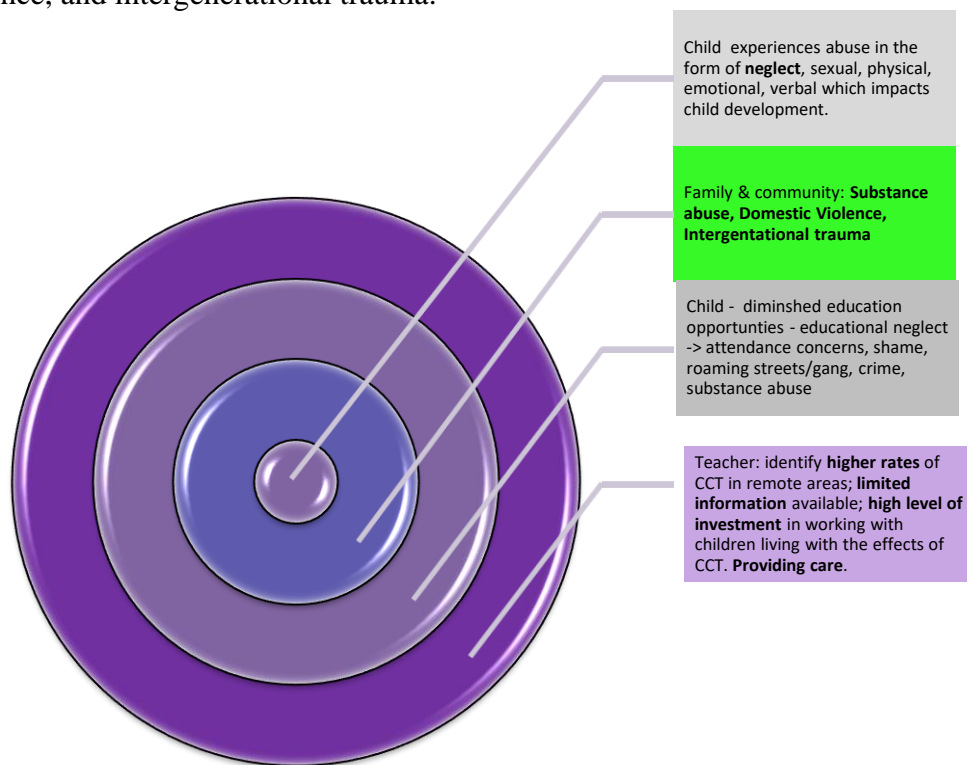
When exploring teachers experiences of working with children living with the effects of CCT it is important to understand how they conceptualise it within the context that they live and work. How they conceptualise CCT will be the lens they use when working with children, families, and community. This lens is also influenced by their own personal experiences and viewpoints, as well as their professional learning in this area (i.e., mandatory Student Protection training as part of their role as an employee of the Department of Education; as well as their own professional learning on CCT).

The literature discusses many different definitions of trauma which include a focus on event/s that have an impact on a child and their development (e.g., Australian Childhood Foundation, 2010; National Child Traumatic Stress Network, 2014; Perry, 2004; Solomon & Heide, 1999; Substance Abuse and Mental Health Services Administration, 2014; Terr, 1991). There are also definitions related to First Nation

peoples' experiences of trauma including intergenerational trauma (e.g., Atkinson, 2002; Atkinson, 2013). This is very important to consider when looking at teachers experiences because this remote area is predominantly composed of Indigenous people from many different cultural/tribal groups who are living with the effects of trauma that has occurred as a result of events in North West Queensland during the 1860s to 1880s (Bottoms, 2013). Teachers starting their journey in these communities will see the impact of this firsthand.

What is clear is there is not one definition to explain the complex and diverse nature of trauma and its effects on those who are living in remote areas.

Based on the experiences of the participants, CCT can be conceptualised as a system where each component has a ripple effect on the other. When defining CCT, participants consistently highlighted key areas of neglect, substance abuse, domestic violence, and intergenerational trauma.



Analytical memo writing helps with reflexivity and pushes the researcher to evaluate themselves and how their position has an influence on the research process, relationships, and outcomes (Charmaz et al., 2018). An example of an analytical memo is a critical autobiographical reflection (Keane, 2009; Keane, 2015). From the constructivist perspective, by writing analytical memos, the researcher can explain themselves as a co-constructor and co-participant in the research process (Keane, 2009; Keane, 2015). It is challenging and requires openness to vulnerability. It is like having a “private conversation between me-as-person and me-as-researcher, as one

navigates the terrain of the personal to the theoretical and back again” (Keane, 2021, p. 16). Another grounded theorist researcher, Brené Brown, has sage advice for fellow researchers and advocates for being vulnerable and “daring greatly” (Brown, 2012, p. 1). Brown (2012) writes that a person must put themselves out there and this requires vulnerability which needs to be embraced. This is what is happening when researchers write analytical memos and a critical autobiographic reflection in positioning themselves within their research.

An example of an analytical memo from this research is shown in full is Appendix N. Appendix N is to be viewed as a conceptual overview, not as data to be read. Figure 3.23 provides a short excerpt for illustrative purposes.

Figure 3.23

Excerpt from an analytical memo

Memo. Date: 27.11.20 My position as a researcher – a critical autobiographical reflection

I’ve been doing so much reading about grounded theory, particularly constructivist grounded theory. What is standing out to me is about my position as a researcher and that I need to be really thinking about my own background and recognise any implicit biases that I may have in relation to the research. I need to be mindful of how this will play out when I am conducting interviews and then analysing the data. I need to be careful of how my position impacts on this. I suppose this is where supervision will help me with this as well memoing.

I feel that I can relate to the participants having been a classroom teacher and teaching small school principal within the same region as them. Even though the schools are diverse and unique. I had also worked with some of the participants as their school guidance officer with children and families requiring support and who were living with the effects of trauma. When teachers found out that I was doing my PhD in this topic, they were so keen to want to participate to share their experiences and felt that they could trust me to share their experiences to enable change to occur and for the voice of remote teachers to be heard.

What has been the strength of undertaking a constructivist grounded theory approach to this study is that it has really drawn upon the participants’ experiences, it shows their stories and the strength that they have in working in complex and challenging situations. Everything is informed by their stories which I then transferred into the theory through constant comparison of the different codes and categories etc.

Reflecting on my own personal experiences as a teacher with these teachers. Were my experiences different? In so many ways yes. When I was a teacher the word ‘trauma’ was not part of a teachers’ vocabulary. I knew that some kids had hard lives but due to my ignorance I did not know that it could possibly be trauma.

So, the participants in this study as teachers are so much more informed about trauma and cultural awareness than I ever was as a classroom teacher. It shows the changing in time and the hunger of these teachers who know students and are wanting help in implementing a trauma informed and culturally aware approach to their work.

Memo sorting (Charmaz, 1983; Glaser, 1992; Glaser, 1998) and integrating memos (Charmaz, 1983) became an important process in the theory development in this study. These were used to help refine theoretical relationships and then used as the basis for writing up the study findings in Chapter 4 (Thornberg & Charmaz, 2013). I saw my different drafts of Chapter 4 as a different form of memo writing and memo sorting until the final version for the chapter was completed.

3.7.7 Diagrams

Keane (2021) suggested diagramming is another form of memoing as it allows the researcher to further probe and sketch the different facets of a code, concept or category in a visual format. It connects the divide separating coding and conceptual development (Keane, 2021). It is an iterative process. In this research, diagramming was used throughout the analysis process to help document each stage of analysis, thinking and conceptualisation, and went through various stages of development. Figure 3.24 shows examples of theoretical development in diagram form through the different stages of analysis.

Figure 3.24

Examples of diagramming used at different stages of analysis in this study

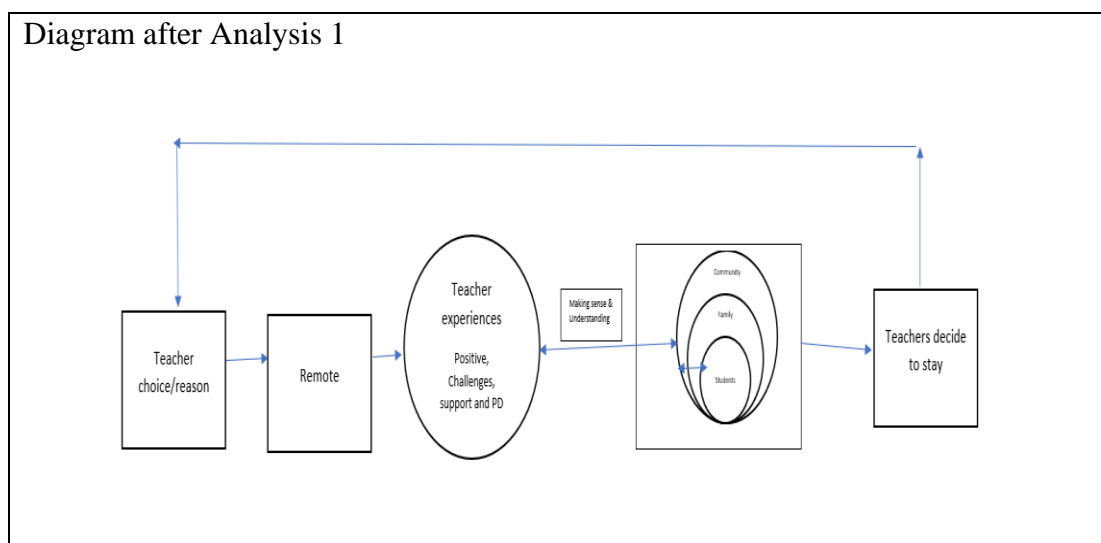


Diagram after Analysis 2

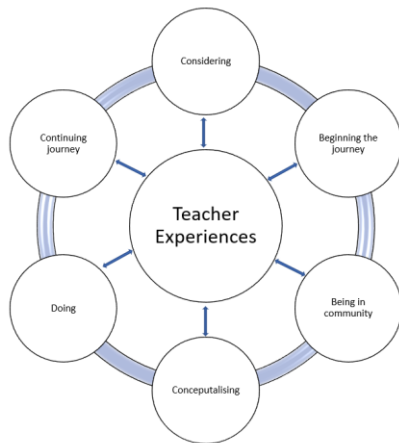


Diagram after Analysis 5

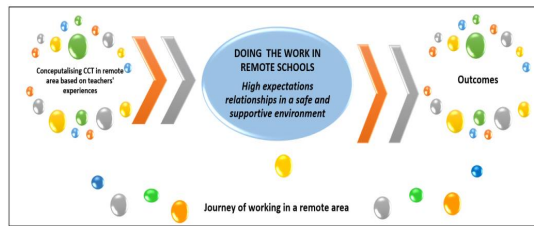


Diagram after Analysis 7

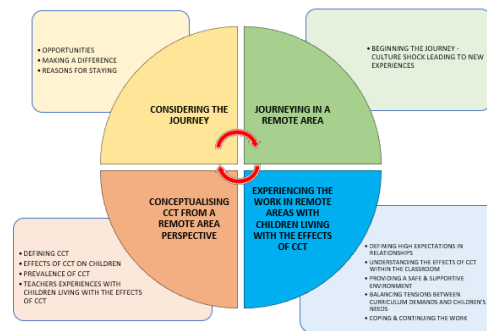


Diagram after Analysis 8

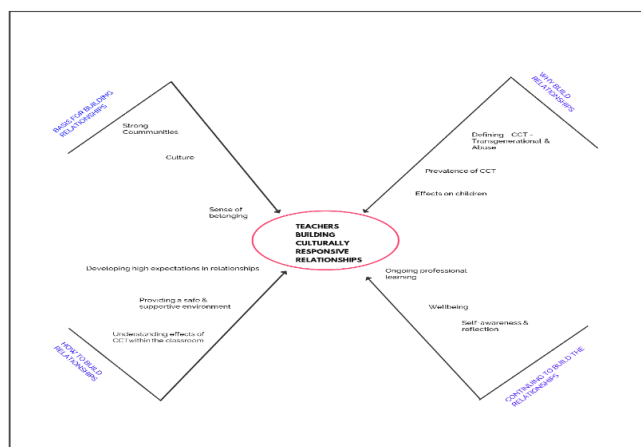


Diagram after Analysis 9

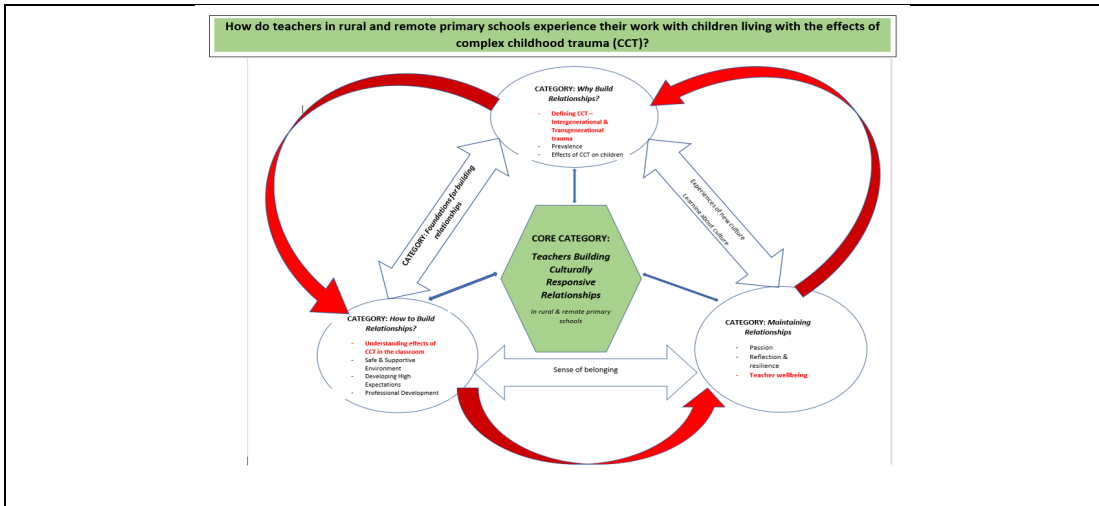
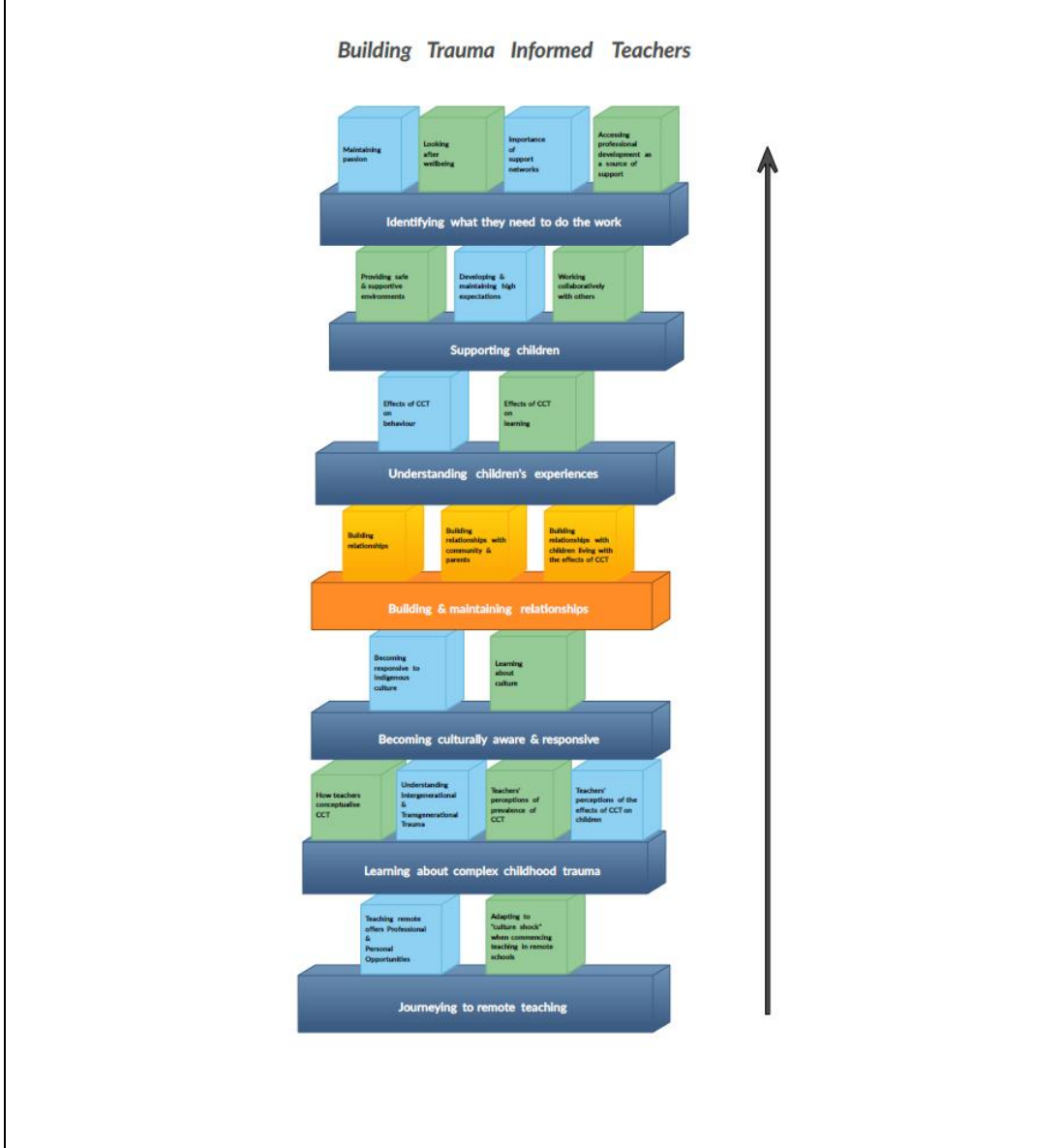


Diagram after Analysis 10



3.7.8 Comparison to the literature

In grounded theory, the purpose of the “literature analysis is to demonstrate how the hypotheses and theoretical concepts that emerged from this research support and/or question existing literature” (Brown, 2006, p. 49). As discussed in Chapter 2, there is much debate and contestation about the use of literature within the grounded theory research process. For example, in classical grounded theory, literature is “ignored at first” (Dey, 1999, p. 4; Glaser, 1992; Glaser, 1998) to avoid theoretical preconceptions (Dey, 1999). Glaser (1992, 1998) advocated for reading outside of the research area to support research sensitivity. Other grounded theory researchers suggested reading and comparison to the literature should only occur when it comes to writing up the research (Birks & Mills, 2015; Thornberg & Dunne, 2019). Corbin and Strauss (2015) advised that literature should be used dynamically throughout the research process, as long as it does not interfere with creativity or discovery. In constructivist grounded theory, Charmaz (2014) preferred for researchers to engage with the literature critically and comparatively.

Thornberg and Dunne (2019), proposed three different phases in which literature can be used throughout a grounded theory study: the initial literature review, ongoing literature review, and final literature review. The initial literature review occurs early in the research process before data collection so the researcher can become familiar with subject and to locate themselves within the research (Charmaz, 1983; Thornberg & Dunne, 2019). For this study, the initial literature review was completed as part of my PhD Confirmation of Candidature milestones. The initial literature review was broad and covered the terrain of what is known about children living to the effects of CCT, teachers working with children living with the effects of CCT, and school system responses.

Next, the ongoing literature review occurs during data collection and is closely informed by the raw data (Thornberg & Dunne, 2019). The purpose here is for the researcher to seek literature that relates to the findings obtained from data collection and the analysis emerging from the iterative process between data collection and analysis (Thornberg & Dunne, 2019). This process also supports the researcher to locate existing theories and concepts and raise the grounded theory in abstraction (Thornberg & Dunne, 2019). In this study, an ongoing literature review was incorporated via memo writing throughout the research process to help with reflexivity

and theoretical sensitivity. I found this particularly helpful when I was challenged with analysing what I knew to be a sensitive topic within the participants' communities. For example, when analysing the data related to intergenerational trauma and conceptualising CCT, I was actually aware of the impact this has on teachers' experiences working with children living with the effects of CCT. I used memo writing to stimulate "critical and creative thinking, connection-making and reflexivity" (Thornberg & Dunne, 2019, p. 217). Using memo writing in this phase, helped me to facilitate abductive reasoning. These memos recorded my thinking process and theorising from the data in a way which I hope is conscious and critical of the current literature (Thornberg & Dunne, 2019). Examples of memos incorporating the literature review is shown in full in Appendix O. Appendix O is to be viewed as a conceptual overview not as data to be read. Figure 3.25 and Figure 3.26 provides short excerpts for illustrative purposes.

Figure 3.25

Excerpt from a memo incorporating a literature review

Memo. Date: 15.8.18, 1.9.18, 6.9.18: Ongoing reflection: Intergenerational trauma and "the legacy of trauma" (Milroy, ACF Conference 31.7.18) on teachers' experiences with students living with the effects of trauma. Excerpt.

As I reflect on these interviews what was very clear to me is the impact of how intergenerational trauma influences the teacher's experiences with working with the children of those who are living with the effects of trauma. I acknowledge, the schools where the participants are teaching have a high Indigenous student enrolment and are also located across the north west part of DoE's North Queensland Region. This suggests what the participants are experiencing is not located to one school. What was interesting about these interviews is that intergenerational trauma has been mentioned but also the fact that these 3 participants, either identify as being Aboriginal or of Aboriginal decent. This makes me think of whether they are aware of this from their own personal experience or aware because of their cultural background? This is very hard to determine. Regardless, it is something that has arisen in these interviews and it is something very important to address, particularly with the high Indigenous populations in schools in remote areas. Intergenerational trauma is not a new concept. There is an abundance of literature addressing the wide impact of intergenerational trauma across many different groups of people, for example, descendants of US Civil War ex-POWS (e.g., Costa et al., 2018), Holocaust survivors (e.g., Yehuda et al., 2016), First Nations people (e.g., Atkinson, 2002; Bombay et al., 2009), and maternal trauma (e.g., Babcock et al., 2016).

However, as I go back through the literature to compare concepts with my data, I have not yet come across anything that addresses teachers discussing the impacts of intergenerational trauma on children in their care. I see this as a huge gap in the

literature and I wonder what is covered in pre-service teacher education at the general level and the ongoing professional learning of current teachers that is targeted to the local area. This learning is important as identified by IP_19 if people are going to teach and live-in remote areas. It is going to be the teachers working with children living with the effects of trauma who may have the influence on a child/children to be able to “break that cycle...” (IP_19). If we get the skills, knowledge, and ongoing support we may just have a chance in supporting these “beautiful kids” (IP_1,8, 9, 15, 19).

Figure 3.26

Second example of a memo incorporating a literature review

Memo. Date: 12-13 April 2019: How teachers conceptualise CCT and become aware of children living with its effects. Excerpt.

When exploring teachers experiences of working with children living with the effects of CCT it is important to understand how they conceptualise it within the context that they live and work. How they conceptualise CCT will be the lens they use when working with children, families, and community. This lens is also influenced by their own personal experiences and viewpoints, as well as their professional learning in this area (i.e., mandatory Student Protection training as part of their role as an employee of the Department of Education; as well as their own professional learning on CCT).

The literature discusses many different definitions of trauma which include a focus on event/s that have an impact on a child and their development (e.g., Australian Childhood Foundation, 2010; National Child Traumatic Stress Network, 2014; Perry, 2004; Solomon & Heide, 1999; Substance Abuse and Mental Health Services Administration, 2014; Terr, 1991). There are also definitions related to First Nation peoples’ experiences of trauma including intergenerational trauma (e.g., Atkinson, 2002; Atkinson, 2013). This is very important to consider when looking at teachers experiences because this remote area is predominantly composed of Indigenous people from many different cultural/tribal groups who are living with the effects of trauma that has occurred as a result of events in North West Queensland during the 1860s to 1880s (Bottoms, 2013). Teachers starting their journey in these communities will see the impact of this firsthand.

What is clear is there is not one definition to explain the complex and diverse nature of trauma and its effects on those who are living in remote areas.

Based on the experiences of the participants, CCT can be conceptualised as a system where each component has a ripple effect on the other. When defining CCT, participants consistently highlighted key areas of neglect, substance abuse, domestic violence, and intergenerational trauma.

The final literature review occurs at the end of the research in which the researcher positions their research in the literature within and across the subject area (Charmaz & Bryant, 2010; Thornberg & Dunne, 2019). In this thesis, I have chosen to weave the final literature review through Chapter 2. In Chapter 5 (Section 5.2) the categories of the theory, *Building Trauma Informed Teachers* is compared to the literature.

3.8 QUALITY CRITERIA FOR CONSTRUCTIVIST GROUNDED THEORY

Charmaz (2014) stated that the audience will judge the usefulness of grounded theory by the quality of the final product. The aim of this study is to develop a grounded theory that is meaningful to participants and readers and makes a valuable contribution to explaining the phenomenon of how teachers in remote primary schools experience their work with children living with the effects of CCT. The criteria to evaluate grounded theory research is taken from Charmaz's (2014) criteria for grounded theory studies. The criteria are *credibility*, *originality*, *resonance*, and *usefulness*. To summarise, Charmaz (2014) stated that for credibility, questions to consider include, but are not limited to, for example: "are the data sufficient to merit the researcher's claims? Are there sufficient range, number, and depth of observations contained in the data? Are there strong logical links between the gathered data and the researcher's argument and analysis?" (Charmaz, 2014, p. 337). For originality Charmaz (2014) suggested we ask,

Are the categories fresh? Do they offer new insights? Does the analysis provide a new conceptual rendering of the data? What is the social and theoretical significance of this work? How does my grounded theory challenge, extend, or refine current ideas, concepts, and practices? (Charmaz, 2014, p. 337)

For resonance Charmaz (2014) proposed these questions,

Have I revealed liminal and taken for granted meanings? Have I drawn links between larger collectivities and individual lives when the data so indicate? Does my grounded theory make sense to my participants or people who share their circumstances? Does my analysis offer them deeper insights about their lives and worlds? (Charmaz, 2014, p. 337-338)

Finally, for the criteria for usefulness. Charmaz (2014) queried,

Does my analysis offer interpretations that people can use in their everyday worlds? Do my analytic categories suggest any generic processes? If so, have I examined these generic processes for tactic implications? Can the analysis spark further research in other substantive areas? How does my work contribute to knowledge? How does it contribute to a making a better world? (Charmaz, 2014, p. 338)

Answers to these probing quality criteria questions will enable greater rigour in the data analysis. Quality criteria will be addressed in relation to this study in Chapter 5.

3.9 CHAPTER SUMMARY

This chapter has explained the methodology and research design used to study the research question: How do teachers in remote primary schools experience their work with children living with the effects of CCT? This study adopted a grounded theory methodology within a constructivist perspective. Consistent with constructivist grounded theory, data analysis was ongoing throughout data collection and culminated in the construction of the theory, *Building Trauma Informed Teachers*. The process in which this theory was developed was documented in detail. Next, Chapter 4 presents the study findings.

Chapter 4: Findings

4.1 OVERVIEW OF FINDINGS CHAPTER

“The fundamental grounded theory question opening a study is ‘what is happening here?’” (Charmaz, 2014, p. 87).

This constructivist grounded theory (Charmaz, 2014) study was designed to develop a theoretical explanation of how teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT). The research question for this study is: *How do teachers in remote primary schools experience their work with children living with the effects of CCT?* Congruent with Charmaz’s (2014) approach to data analysis in grounded theory studies, this chapter answers the question ‘what is happening here?’ from the perspective of this study’s 23 participants. As explained in Chapter 3, participants in this study were teachers from remote primary schools in Queensland’s Department of Education, North Queensland Region.

Each section in Chapter 4 is designed to progressively build an understanding of the constructivist grounded theory, *Building Trauma Informed Teachers* which was generated from analysis of the perspectives of the teachers who participated in this study. Voices of all participants’ voices are integral in the presentation of this study’s findings in the form of examples and verbatim excerpts that are most representative of their accounts. Where participants’ quotes are featured, these have been de-identified, and this was done at the point of transcription with each participant being allocated a study code to protect their identities. Thus, in the presentation of findings, participants’ quotes contain the participants’ allocated code rather than their name (e.g., IP8 indicates interview participant 8; FGP2 indicates focus group participant 2). In this chapter, diagrams (or figures) are featured to provide a “visual representation of categories and their relationships” (Charmaz, 2014, p. 218).

4.2 INTRODUCTION TO THE STUDY’S GROUNDED THEORY

In constructivist grounded theory, researchers focus on the meaning, action, and processes that tell the story of the phenomena being researched (Herring, 2018). This is achieved through the crystallisation of the core category, which is firmly grounded

in the data. The core category provides the foundation for theory development and incorporates other categories and their properties into the theory (Charmaz, 2014; Hallberg, 2006; Herring, 2018). These other categories are related to the core category and show how the core category explains the participants' experiences. The core category and related categories are generated from the constant comparison of data (Charmaz, 2015; Hallberg, 2006; Herring, 2018). In constructivist grounded theory, there can be more than one core category (Bottcher Berthelsen et al., 2017; O'Connor et al., 2018; Sebastian, 2019).

In this study, to tell the story of how teachers in remote primary schools experience their work with children living with the effects of CCT, I co-constructed with the participants a new grounded theory - *Building Trauma Informed Teachers* which consists of seven inter-related categories: (i) journeying to remote teaching (Section 4.3), (ii) learning about complex childhood trauma (Section 4.4), (iii) becoming culturally aware and responsive (Section 4.5), (iv) building and maintaining relationships (Section 4.6), (v) understanding children's experiences (Section 4.7), (vi) supporting children (Section 4.8), and (vii) identifying what they need to do the work (Section 4.9).

As represented in Figure 4.1, this theory, *Building Trauma Informed Teachers* responds to the research question, *How do teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT)?* Figure 4.1 depicts the structural interplay between the seven categories.

Figure 4.1

Building Trauma Informed Teachers

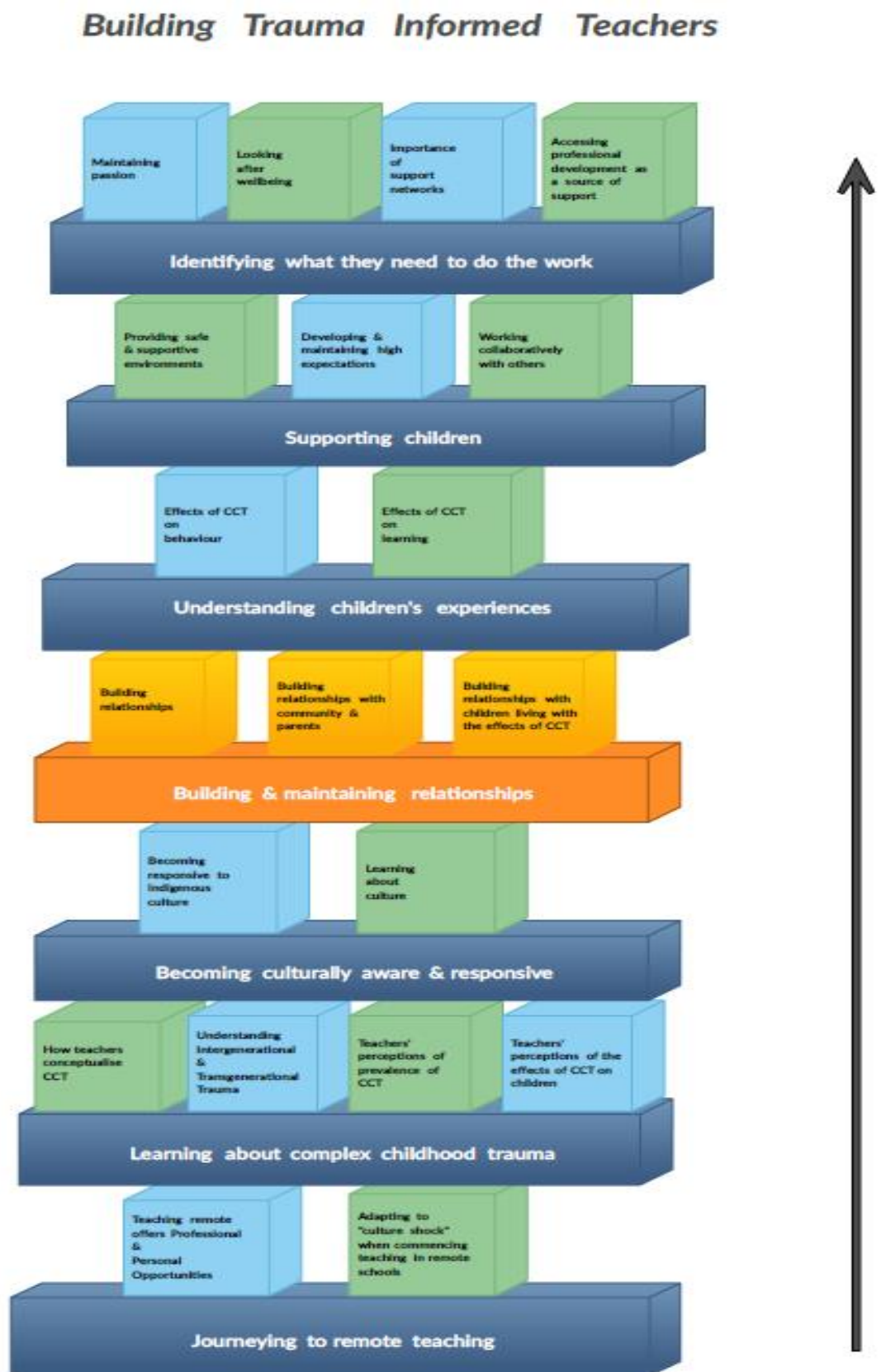


Figure 4.1 shows a diagram in the form of a Jenga tower representing the theory developed from this study, *Building Trauma Informed Teachers*. The word *Jenga* is a Swahili word meaning “to build” (Muhammad, 1915, p. 393; O’Brien, 2010, p. 9). Jenga is a game requiring problem solving skills. It is an inclusive game as it engages people of all ages and cultures (O’Brien, 2010; Pokonobe Associates, 2016). To play, “players take turns to remove a block from the tower and balance it on top, creating a taller and increasingly unstable structure as the game progresses” (Pokonobe Associates, 2016, paragraph 3). When it is their turn, a player can take a block from any level of the tower and place it on the topmost level (Pokonobe Associates, 2016). The game is completed when the tower falls completely or if any block falls (Pokonobe Associates, 2016).

The game of Jenga is of significance to me. When I was working as Guidance Officer in remote schools across the Queensland Department of Education, North Queensland Region, I played this game to “build relationships”, with children living with the effects of CCT. It was a strategy that I learned from completing the Australian Childhood Foundation’s SMART (Strategies Managing Abuse Related Trauma) Online training in 2015. The use of the game of Jenga was suggested by the Australian Childhood Foundation as way of working with children to help them feel safe and calm. In playing, I could sit with a child, focused on the game, turn taking and building a relationship, rather than providing activities where the child may perceive they will not be successful. At this point, I will pause to explain my acute consciousness that I am adopting a game of African origins to explain a strategy used with children in Australia. To my knowledge, there is no equivalent game used by Australian First Nations’ communities and should that game existed, it would certainly have been adopted instead.

Figure 4.2

Jenga – “building relationships”



The structure of the Jenga tower can be used to conceptualise the experiences of the participants in this study (May, 2004). When looking at the Jenga tower, each block is part of a system, a wrong move can destroy the stability of the system (tower) (May, 2004). The tower is always changing with the adding and removing of blocks. The tower’s stability relies on the importance of a “given ingoing or outgoing block’s contribution to the structure” (de Ruiter et al., 2005, p. 68).

In the context of this study, in Figure 4.1, the horizontal blocks are the categories. Each horizontal block represents one category. Each category is supported by properties which are depicted by the length-way blocks (blue, green, and yellow). The length-way blocks are the properties that make up each of the categories. The orange horizontal block is the study’s core category which depicts the participants’ central experience of *Building and maintaining relationships*. The yellow blocks indicate the properties that make up *Building and maintaining relationships*. As *Building and maintaining relationships* is the central experience, it is depicted at the very centre of the Jenga tower.

The categories are dynamic and interactive, and the properties that make up each category highlight particular social processes contributing to the central experience of *Building and maintaining relationships*. The categories interact with each other and are dependent on each other and this explains the experience of teachers in remote primary schools working with children living with the effects of CCT. The first three categories, *Journeying to remote teaching*, *Learning about complex childhood trauma*, and *Becoming culturally aware and responsive* are the initial social processes and are

the cornerstones for teachers to be able to build and maintain relationships with children living with the effects of CCT. Then, once *Building and maintaining relationships* have been established, teachers can then do the important work needed to support children living with the effects of CCT. These processes are depicted in the categories, *Understanding children's experiences*, *Supporting children*, and *Identifying what they need to do the work*. Without the central experience and core category of *Building and maintaining relationships*, these later categories would not be achieved. If any of the categories and their properties are removed, the system/tower will collapse. In the context of this study, if one of the categories and their properties were to be removed it will have a significant impact on the teachers' experiences. If the central experience of *Building and maintaining relationships* is removed, the tower cannot stand.

Before exploring the theory further, however, it is important to understand a little more about the teachers in this study and why and how they came to be teaching in such a remote part of Australia, more than 2,000 kilometres from the nearest capital city and many hours' drive to their nearest regional towns. Table 4.1 shows that participants are a diverse sample comprising of predominantly female teachers, identifying as of Indigenous decent and non-Indigenous. Their length of experience varied from being in their first year of teaching to over 30 years of teaching experience. A small minority were local to the communities in which they taught, and others were not. A more detailed version of Table 4.1 and Table 4.2 are provided in Appendix P.

At the time of the data collection in 2018, participants taught in a diverse range of remote primary schools located in the western side of the NQR. Participants' schools had student enrolment numbers ranging from 27 to 419 students of whom 19-89% identified as Indigenous (MySchool, 2018). All of these schools had lower than average levels of student socio-economic advantage as assessed by the Index of Community Socio-Educational Advantage (ICSEA). ICSEA is a numeric scale created by the Australian Curriculum, Assessment and Reporting Authority (ACARA) to provide a basis for fair comparison of student achievement data, primarily for the National Assessment Program – Literacy and Numeracy (NAPLAN) (ACARA, 2015). The ICSEA value is calculated by an algorithm aggregating parent education and occupation, geographical location, and the number of Indigenous students. The lower the ICSEA value, the lower the educational advantage of students who attend the

school (ACARA, 2015). The average ICSEA values for schools in Australia is 1,000. The ICSEA value of schools in which this study's participants taught, ranged from 743 to 972 (MySchool, 2018), all below the national average, indicating students in these schools had lower levels of educational advantage.

Table 4.1*Interview participant details (short form)*

Interview Participant Code	Gender	Age Range	Years teaching	Years in current school	Years teaching in North Queensland Region
IP1	Female	30-39	0-2	0-2	0-2
IP2	Female	50-59	>20	3-5	11-15
IP3	Male	25-29	6-10	0-2	0-2
IP4	Female	< 25	0-2	0-2	0-2
IP5	Female	30-39	6-10	6-10	6-10
IP6	Female	25-29	3-5	3-5	3-5
IP7	Female	30-39	6-10	6-10	6-10
IP8	Female	25-29	0-2	0-2	0-2
IP9	Female	25-29	6-10	6-10	6-10
IP10	Female	25-29	3-5	3-5	3-5
IP11	Female	30-39	3-5	3-5	3-5
IP12	Female	50-59	11-15	3-5	6-10
IP13	Female	25-29	3-5	3-5	3-5
IP14	Female	50-59	>20	>20	>20
IP15*	Female	< 25	0-2	0-2	0-2
IP16	Female	50-59	3-5	3-5	3-5
IP17	Female	40-49	3-5	1-2	3-5
IP18	Female	40-49	6-10	3-5	3-5
IP19	Female	40-49	>20	6-10	6-10
IP20	Female	30-39	11-15	3-5	3-5
IP21	Male	30-39	6-10	3-5	3-5
IP22	Female	< 25	3-5	3-5	3-5
IP23	Male	25-29	3-5	1-2	1-2

*IP15 is the sole participant who was a new graduate, in their first year of teaching

Table 4.2*Focus group participant details (short form)*

Focus Group Participant Code	Gender	Age Range	Years teaching	Years in current school	Years teaching in North Queensland Region
FGP1	Female	30-39	3-5	3-5	3-5
FGP2	Female	<25	3-5	3-5	3-5
FGP3	Female	40-49	>20	6-10	6-10
FGP4	Female	25-29	3-5	3-5	3-5
FGP5	Female	30-39	6-10	6-10	6-10
FGP6	Female	25-29	3-5	3-5	3-5
FGP7	Female	30-39	0-2	0-2	0-2

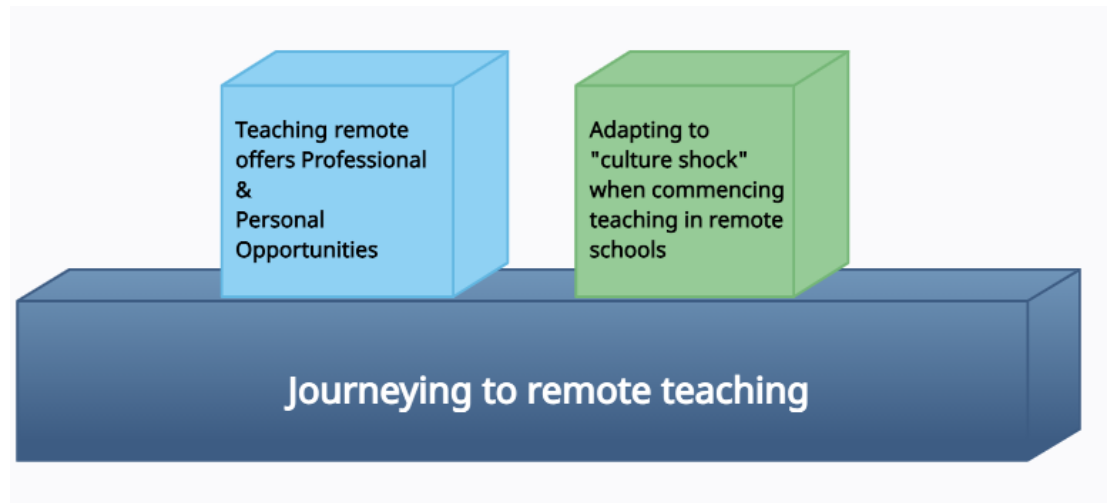
*Focus group participants were interview participants who self-identified during the interview process to be part of the focus group.

4.3 JOURNEYING TO REMOTE TEACHING

This section presents a category that shows a process that I have labelled, *Journeying to remote teaching* (Figure 4.3). This first category forms the undercurrent to this study's grounded theory. It is the process (the journey) by which the study participants came to teach in remote contexts. This category explains how the participants account for the processes of deciding to teach in a remote area. The "properties" (Charmaz, 2014, p. 344) of this category are twofold: (i) teaching remote offers professional and personal opportunities (Section 4.3.1), and (ii) adapting to "culture shock" when commencing teaching in remote schools (Section 4.3.2).

Figure 4.3

Journeying to remote teaching



4.3.1 Teaching remote offers professional and personal opportunities

"I fell in love with it [remote area], so never came back to the big city" (IP1).

What leads teachers to uproot their lives to embark on a journey to live and work in a remote context that is so different from what they may have experienced? The data from this research suggest the main reason is *opportunities*. Prior to embarking on their journey in a remote area, the participants considered the opportunities available to them both professionally and personally.

Many of the teachers who venture to work in remote communities are early-career teachers who are in their first five years of teaching. However, 'early-career'

can be conceptualised in at least two ways as measured by: (i) time since graduating from a pre-service teacher education program, or (ii) by time spent in remote communities. Applied to this study, 12 out of the 23 (52%) interview participants were within their first five years of teaching since graduation, and 16 out of the 23 (69%) interview participants were in their first five years of teaching in a remote community. This teacher sample is, therefore predominantly ‘early career’ in more ways than one. Early career teachers are not necessarily young. In this study, their ages spanned under 25 years to over 50 years, and although half were relatively new to teaching, more than two-thirds were new to teaching in remote communities (as shown in Table 4.1).

In the interviews, participants emphasised teaching ‘remote’ was a “great opportunity” (IP6) for *professional reasons*. This great opportunity was conceptualised by participants as enabling them to secure their first position as a teacher. That is, their willingness to ‘go remote’ provided them with a pathway to obtaining permanency and completing their ‘country service’ a term used, colloquially, in Australia, to refer to a period of teaching service in government schools outside of the metropolitan cities and regional towns. Teaching in the ‘country’ meant obtaining a position in a school with a transfer rating from 4 to 7 points (on a 7-point scale). Schools with a transfer rating of 4 to 7 points are located outside of highly populated metropolitan cities and regional towns. Also included in participants’ accounts was reference to the opportunity incentive to take on different roles, including leadership positions, and to welcome challenge. Challenge in this context was a motivator. For example, one interview participant recalled thinking that teaching in a rural or remote location would “test me” (IP15) and another mused, “I was pretty bored in [the city]” (IP23). One focus group participant declared that the decision to teach in a remote area was made easier because, “HR [the Human Resources branch in the Queensland Department of Education] sells it well too” (FGP5). This marketing for teaching positions in remote communities takes place through the Queensland Department of Education’s *Remote Area Incentive Scheme* (RAIS) which provides financial incentives and salary allowances for teachers to teach in schools with transfer ratings between 4 and 7 points (Queensland Department of Education, 2018).

At the time of data collection for this study, a single teacher (i.e., a teacher without a partner or dependants) in a school with a transfer rating of 5 could obtain up AU\$2,394 per annum of financial incentives, and a single teacher in a school with a

transfer rating of 7 could obtain up to AU\$10,125 per annum (Queensland Government, 2019a). Other examples of incentive allowances under RAIS include subsidised accommodation, which is available in some, but not all locations, depending on availability. Rates of subsidised accommodation are calculated for each specific location. Such an allowance could amount up to AU\$6,000 per year for a single teacher, an extra AU\$6,000 per year if the teacher also has a partner living with them, and a further AU\$4,500 per child, per year, depending on the school's transfer rating, for the third year or fourth year of teaching service in the remote school (Queensland Government, 2019a). Additionally, benefits include emergency leave (up to 10 days for schools with transfer rating of 6 and 7), an extra week of vacation leave, tailored induction programs for teachers assigned to schools with a transfer rating of 6 and 7, locality allowance to a maximum of AU\$227.10 per fortnight to account for the higher cost of basic living expenses in remote communities, and relocation assistance (Queensland Government Office of Industrial Relations, 2019). Teachers with their own children in secondary school can receive up to AU\$10,417 a year towards boarding school costs, and taxation benefits through the Zone Tax Offset which is a concession offered by the Australian Taxation Office for people who work in remote areas of Australia (Queensland Department of Education, 2018). These special conditions are designed to encourage teachers into remote locations, and to reward these choices.

Despite these significant incentive measures, however, the focus group participants felt that more needed to be done in terms of portraying the reality of teaching in remote areas. This was highlighted by a focus group participant who explained, "the reality when you're here is very different.... Sometimes you just need to be told, 'look, it's going to be tough'" (FGP2). Others in the focus group tended to agree. These crucial preparatory warnings, they felt, had been omitted.

There were participants in this study who started their teaching journey to a remote area for *personal opportunities*. Two different types of personal opportunities were evident. The first was expressed by participants who followed their partners who were already working in the area, for example, one interview participant said she went to "where my heart was" (IP9). Second, the type of opportunity identified by participants who want to "begin again" (IP1, IP2) by having a change in their life circumstances and thought that teaching in a remote area would meet this need.

What was clear from the data analysis was, regardless of whether deciding to teach in a remote community was for professional or personal reasons, once the decision was made by participants to go remote, they were committed and were “wanting to make a difference” (IP4, IP5, IP17, IP19). For example, interview participant 19 explained,

You can make difference just showing you care and having that compassion, and you know that it is not all about education [curriculum]. That is really important...that our kids feel safe...give care to them and want the best for them.

Interview participant 4 declared, “just the connectedness of it all, just makes me realise that even though it may be little, I am making a difference” (IP4). The personal opportunity to make a difference appeared a guiding force in decisions to “teach remote” (IP4).

4.3.2 Adapting to “culture shock” when commencing teaching in remote schools

“...new teachers coming in have no idea [of what is ahead of them]” (IP2).

When beginning their journey in a remote area, participants described experiencing something akin to a “culture shock” (IP21, FGP1, FGP4) followed by a range of new experiences. This led to participants to describe feeling “out of [their] comfort zone” (IP10) because the context was “pushing, challenging my own beliefs and values” (FGP1).

Culture shock was conceptualised by participants in relation to two new contexts: the remote location, and the remote community. This has also been reported in the literature as something that is experienced by people who relocate to remote communities (Adler, 1975; Irving et al., 2017; Muecke et al., 2011; Oberg, 1960). Participants referred to both location and community as “different” (IP1, IP2, IP3, IP5, IP8, IP22, IP23) to anything that they had experienced previously. This was articulated concisely by an interview participant as, “I’m working in a place where the language is different, and the community work is different” (IP4). They realised perhaps for the first time, that remote areas are very diverse, and that in some communities, Standard Australian English was not the first, or only language. Participants spoke about the positives of geographical diversity and its effects, including the type of landscape, the opportunities to access outdoor leisure activities, and the benefits of not having to

manoeuvre in traffic. They mentioned extreme and severe weather events such as drought, fire, and flood that affected their communities.

With this geographical diversity and unique remote landscape also came a real sense of personal isolation. Some participants expressed the personal toll of living in an isolated community. This included limited access to support resources outside of the school, being away from family, the distance and related travel costs for visiting family, and accessing fresh food.

Culture shock was also identified by participants in relation to their experiences living in remote communities. As described by one interview participant, “being in a small community can be very chequered” (IP17). Their choice of term “chequered” seemed to indicate that their experience was not all negative, nor it was it solely positive, it was perhaps something of a euphemism. There were both affordances and challenges associated with living in a small community. Adjusting to the community could also entail a process of coming to terms with community norms. One interview participant pointed out that the remote context could “skew people’s views” (IP12). By this they were referring to the phenomenon whereby teachers may eventually come to accept poorer standards for living for community residents, and levels of disadvantage that might be unacceptable elsewhere. Participants seemed to struggle with these conditions and tried to resist letting their own personal biases and positions of privilege influence how they viewed the community norms. As shared by one interview participant, “I was shocked that some of the students did not come to school with shoes, correct uniform, lunch or school equipment” (FGP2), and for another it “becomes your [new] normal” (IP8). Once the initial culture shock subsided it seemed that they adjusted somewhat. Despite having “fumbled through the first six months” (IP13), participants described their journey as rewarding, enjoyable, and “loving it”. As described by a focus group participant, “I fell in love with teaching at a small school and our close-knit little community” (FGP1).

4.3.3 Summary: Journeying to remote teaching

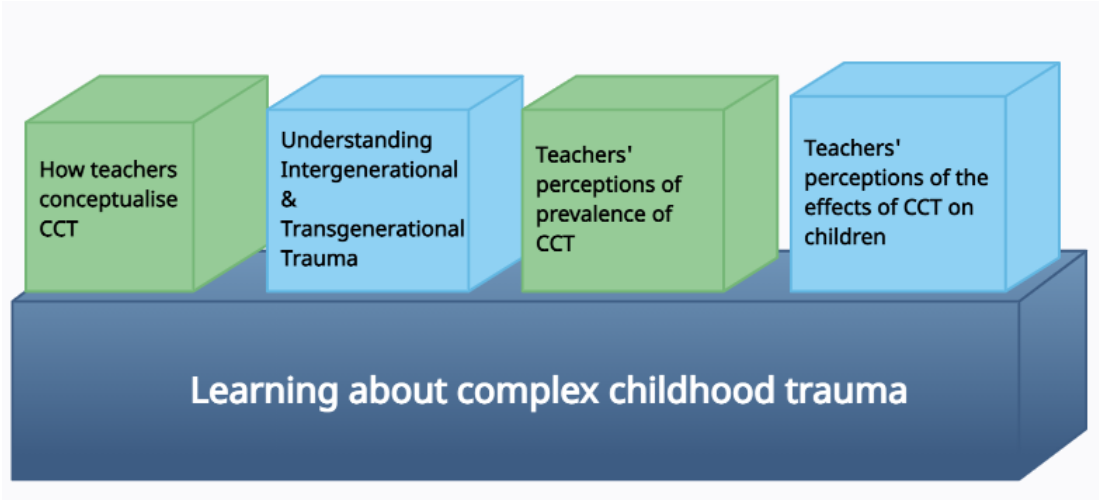
This section introduced the study’s first category representing the notion of *Journeying to remote teaching*. *Journeying to remote teaching* explains the processes of how participants decided to teach and continued to teach in remote communities. This category had two properties. First was, *teaching remote offers professional and personal opportunities* highlighted the professional and personal reasons for starting

the journey to a remote area. Once a decision was made to start their journey, participants were determined to make a difference. Second, was *adapting to ‘culture shock’ when commencing teaching in remote schools* shared the initial experiences participants had when beginning their journey to remote teaching.

4.4 LEARNING ABOUT COMPLEX CHILDHOOD TRAUMA (CCT)

This section presents the study’s second category, *Learning about complex childhood trauma*. It shows that participants were able to learn about complex childhood trauma (CCT) “on the job” through their experiences of living and working in remote areas. These experiences influenced how they were able to conceptualise CCT. This section will present the four properties inherent in this category: (i) how teachers conceptualise CCT (Section 4.4.1), (ii) understanding intergenerational and transgenerational trauma (Section 4.4.2), (iii) teachers’ perceptions of prevalence of CCT (Section 4.4.3), and (iv) teachers’ perceptions of the effects of CCT on children (Section 4.4.4).

Figure 4.4
Learning about complex childhood trauma



4.4.1 How teachers conceptualise complex childhood trauma (CCT)

“Struggling with the demons that they carry on their backs every single day”
(IP7).

How teachers conceptualise complex childhood trauma (CCT) is a property based on participants' own experiences of and professional learning about CCT. In this study, participants in the interviews and focus group did not define CCT as a uni-dimensional concept, they viewed CCT as broad and complex. As the quote above highlights, trauma may be difficult for participants to define per se, but they are able to explain its essence: as something that is so pervasive as to result in a daily struggle for the children in their classrooms. The majority of participants in this study identified that the trauma experienced by children living in remotes areas was complex.

Participants' accounts showed they conceptualised CCT as encompassing a broad range of adverse childhood experiences including domestic and family violence, neglect, physical abuse, sexual abuse, substance misuse in the household, emotional abuse, and verbal abuse. There was little elaboration from the participants about whether these adverse experiences were viewed as single events or an ongoing and cumulative series of events for the children.

Participants most readily identified that the most common source of CCT for children in their schools was anchored in the children's experiences of domestic and family violence. Their conceptualisation of CCT via family violence was reflected in statements in which participants described: "watching your family being beaten around. Mum going back to Dad after Dad has beaten Mum up" (IP6), and "watching the parents getting abuse, whether it is physical or verbal abuse" (IP5), and "parents getting drunk and bashing each other" (IP8). Many participants provided specific examples of what they had heard and/or seen. For example, children

.... telling us that 'my Mum got into a fight in [a shop]' or 'my Dad bashed somebody because...'. They're not proud of it. They want to tell somebody all the time, 'this is hurting me at the moment'. They come and talk to you, but it as the point where it is a very, very common occurrence. You do report it and the police know about it, they do absolutely everything they can to try and protect these kids. (IP7)

Participants also told of their experiences in which children came to them and said, "Dad put Mum in the hospital and so Mum's in hospital and Dad's in jail" (IP7).

The following scenario shared by an interview participant captures ongoing domestic and family violence and its effects,

Mum and Dad fighting and yelling. It obviously affects them but their behaviour, it may go unnoticed at school until Mum and Dad fight again, and you know, Dad might hit Mum. And they [child] are really distant at school, disengaged. Still, it might not be brought to your [teacher] attention. It might be next time when Dad puts Mum in hospital that the child is really affected. (IP9)

Participants realised that children were affected by hearing and witnessing domestic and family violence and that it was important to “break the cycle of violence and trauma” (IP19).

This emphasis on domestic and family violence by participants shows they were acute observers of children’s circumstances and understood its serious effects on children. However, it is interesting that the participants seemed to differentiate domestic and family violence as a separate category from other forms of child maltreatment (i.e., physical abuse, sexual abuse, emotional abuse, and neglect) with which they would have been more familiar from their annual Student Protection Training (Queensland Government, 2020b). In this training and in Departmental student protection policy, domestic and family violence are often classified as a form of physical abuse (if the child has been physically hurt during an incident) and could potentially be assumed as a form of emotional abuse (National Council on Crime & Delinquency, 2019; Queensland Government, 2020b), rather than a specific standalone child maltreatment category. The classification of domestic and family violence as a subcategory of emotional abuse or as a standalone fifth form of child maltreatment, differs by jurisdiction, and there is no current consensus (Jud et al., 2016; Lev-Wiesel et al., 2018; Mwakanyamale et al., 2018; van Berkel et al., 2020). For example, in some United States jurisdictions, Canadian states, and The Netherlands, domestic and family violence is variously referred to as “intimate partner violence” (Brownridge et al., 2017, p. 607; Lünemann et al., 2019; Vaughan-Jensen et al., 2020) and “exposure to family violence” (Litrownik et al., 2003, p. 59; Gair et al., 2019; Shea et al., 2010). While in contrast, in China, all types of child maltreatment are recognised as “domestic violence” (Liao et al., 2011, p. 1710). These definitional issues play out in how child protection training for teachers is delivered and this, in turn, influences teachers’ ability to identify maltreatment sub-types and their knowledge about how to best respond.

4.4.2 Understanding intergenerational and transgenerational trauma

“... they [teachers] need to have knowledge of the history...and transgenerational [trauma] as well as [knowing] the importance of that” (IP19).

There is ongoing research into the complex phenomena of intergenerational trauma and transgenerational trauma. These terms, intergenerational trauma and transgenerational trauma, are used interchangeably, however, there are clear distinctions which need to be recognised before delving into the teachers’ data. The literature suggests that intergenerational trauma occurs when a parent has been directly exposed to trauma, passes the effects of this trauma onto their children through behavioural and social processes that can include the parent repeating the violence that they endured as children in the parenting of their own children. An interview participant shared their experiences of this in practice, “there was one [child] who would copy other people’s behaviour. He was traumatised” (IP6). Subtly different from this, transgenerational trauma occurs over subsequent generations as a result of environmental and epigenetic processes that include fundamental changes to the way in which genes are expressed (Jawaid & Mansuy, 2019; Klengel et al., 2016). Both phenomena were found to be important in this study.

Participants from this study recognised intergenerational or transgenerational trauma as part of the milieu in which children lived in these remote areas. Participants characterised intergenerational and transgenerational trauma as the ongoing manifestations of past harms done, and grief and loss, owing to the sudden and untimely deaths of family members. One participant described intergenerational trauma as a “system” in this way: “... [I] realise how systematic trauma actually is throughout a family. One person may have trauma, but it systematically effects everybody and then the trauma tends to compound over time as well” (IP17).

Participants from the focus group affirmed and extended upon findings from interview participants. Focus group participants conceptualised CCT in remote communities using slightly different language. Rather than using the term intergenerational trauma which was used by some of the interview participants, the focus group participants chose the term transgenerational trauma to refer to trauma that may be not only the result of past grief and loss that is passed down the generations, but may also encompass trauma for current generations that then reverberates back and forth through many generations like a two way street.

Participants also referred to trauma as cyclical. There could be many reasons for these nuances in terminology use, including greater understanding for participants in the time elapsing between their participation in interviews and the focus group (a period of 7 months). When describing transgenerational trauma, the focus group participants discussed their consciousness of the need to understand the contextual and cultural backgrounds (i.e., historical events) of the community in which they were living, specifically related to the impact of colonisation including the loss of identity and culture and how First Nations people can be “stuck in between cultures” (FGP3).

Another important concept linked to intergenerational trauma and transgenerational trauma is historical trauma. To understand the effect of historical trauma is to understand the context and historical events that have occurred in communities, and how this leads to intergenerational trauma and transgenerational trauma in communities in which children can be living with the effects of CCT. Touching on this complexity but still struggling to articulate it, one interview participant attempted to explain, “Indigenous families do have a higher risk of trauma and complex cases [this is influenced by the] underlying social fabric of family, the mental health of the family as a whole, as well as individuals” (IP17).

Reflecting on these ideas, participants seemed to believe CCT to be a community issue. This was explained by an interview participant, “...our kids are exposed to [trauma] from parents or within their communities or within their family groupings as well” (IP19). This then leads to the question of how *family* can be defined. As described in the quote above by IP19, in Indigenous communities, “family” is more than mother, father, and siblings. It is a broader and more nuanced concept than the so-called “nuclear family”. Participants also shared that children also “see incidences [of violence] in community” (IP7) and children see how trauma “impacts community” (IP9). These experiences of children living in the communities with the effects of CCT are then displayed in their classroom behaviour with participants sharing their observations that “behaviour at school is influenced by home” (IP15, IP14, IP22). For interview participants, their accounts reflected an awareness that trauma has been experienced over generations in the communities in which they now worked, “the effects of that transgenerational [trauma]...it’s a big picture” (IP19). The “big picture” is that transgenerational trauma can permeate through and influence all aspects of a child’s life – children themselves, their families, and community. Due to the prolonged

and deep effects of transgenerational trauma, participants in the focus group expressed concern that in remote communities there appeared to be a general acceptance that exposure to CCT was normal. This was described very well by a focus group participant who explained, “so, with life being unstable, that’s seen as normal for a lot of the kids [living with the effects of CCT], so they don’t realise as well that some of these things [traumatic experiences] aren’t meant to happen” (FGP1). If trauma goes unresolved, the risk to families and communities is greatly increased, for example, poorer physical and mental health outcomes, and increased rates of violence (Miller & Berger, 2020).

4.4.3 Teachers’ perceptions of prevalence of complex childhood trauma (CCT)

“Here you have multiple kids with trauma, the different types of trauma.” (IP22)

In this study, participants discussed their perceptions of the prevalence of CCT in remote areas. They did this by comparing the rate of CCT they had observed in their current context with the rates of CCT elsewhere. Some participants perceived the rates of CCT in their own communities to be higher than in other communities. None perceived the rates to be lower. Yet, they were also conscious that the prevalence of CCT was not easily quantifiable or even knowable, as one interview participant pointed out, “I think children are exposed to so much more than we even know” (IP19). Focus group participants identified there were children living with the effects of CCT in “every classroom and every school” (FGP2).

The participants’ views did, in fact, broadly reflect Australian child protection data (AIHW, 2020) which finds that children living in remote and very remote areas have the highest rates of substantiated child protection reports made to statutory children protection agencies, with a rate of 20 per 1,000 children in remote communities compared with 7 per 1,000 children in major cities. Many of these reports are made for Indigenous children. Indigenous children experience higher rates of abuse and neglect (Bailey et al., 2018; Gatwiri et al., 2019; Hunter, 2008; Menzies, 2019; Rosen et al., 2018) and domestic and family violence (Henry, 2018; Noble-Carr et al., 2020). This was encapsulated by a focus group participant who stated, plainly, “domestic violence is high here” (FGP2). Children living in communities with high levels of violence are more likely to be physically abused and/or to experience neglect (Newton, 2017; Newton, 2018; Noble-Carr et al., 2020; Rosen et al., 2018). This was also identified by the interview participants as presented in Section 4.4.1.

How participants became aware that a child was living with the effects of CCT was a process of “piece[ing] it together” (IP16). This means a teacher had to form a kind of detailed profile about each child. They did this by obtaining information through a variety of sources including school records. They also relied upon details about out-of-home care arrangements and if this were the case, they would know that the child had experienced some form of abuse often resulting in their removal from their family of origin and their placement in out-of-home care. Sometimes the teachers themselves had made a notification to child protection authorities. Sources of information about a child’s trauma background also included the child’s parent/carer(s), the school principal, previous teachers, the school Guidance Officer, and even the children themselves.

4.4.4 Teachers’ perceptions of the effects of complex childhood trauma on children

The experiences are “going to affect them forever” (IP19).

Study participants’ perceptions about the effects of CCT on children were influenced by how they conceptualised CCT. The participants spoke of the effects of CCT as having a lifelong and devastating impact on children, affecting all areas of their development. One interview participant described this, evocatively, as a “tar pit of sadness and awful events that a child cannot pull themselves out of” (IP7). Participants explained this can lead to children having difficulty in communicating their needs and wants and feeling “shame”. It is important to realise that there are differences between Australian Aboriginal conceptualisation of shame and western conceptualisations of shame (Harkins, 1990; Jorgensen, 2020).

Shame is a concept with complex cultural salience in Aboriginal communities. Semantically, shame is associated with fear of disapproval or of negative consequences arising from perceived wrongdoing. It can also simply refer to being the centre of attention. Shame is often used as a noun in Aboriginal English, as in ‘that’s a shame job’ or ‘I’ve got shame’. (Lilley et al., 2020, p. 1867)

Shame is also a consequence of trauma experienced by Australian First Nations populations as a result of colonisation (Atkinson, 2019; Koh, 2019; Krieg, 2009; Ralph et al., 2018) with the effects being crippling for generations (Jorgensen, 2020). Consequently, there is a very strong presence of shame in remote classrooms (Harkins,

1990; Jorgensen, 2020; Monroe, 2008). This is not dissimilar to what grounded theory researcher, Brown (2012) discusses. Brown (2012) theorises that shame is painful for children as it generates fear of being unlovable and this becomes a threat to their survival. This notion resonates with the data in this study. As described by an interview participant,

There is still that.... shame and they don't like to talk about things that are going on within their family...that we will have to tell somebody, the authorities will have to be contacted and then there's this real hatred towards you afterwards, this real distrust...families have moved after we have put in reports of suspected neglect of abuse. They have just packed up their stuff overnight and off they went...that was quite sad. (IP7)

While another interview participant shared that “the shame is big, especially [about] abuse, physical abuse, and sexual abuse, they won't talk about it” (IP17). Shame has been documented in Indigenous communities as a result of abuse and its effects are woven through all aspects of life (Cheers et al., 2016; Hamilton et al., 2016; Hunter, 2008). This was recognised by an interview participant who stated that there is a “shame aspect in the Indigenous community” (IP18) including the shame in obtaining help. It was different for teachers, perceived as outsiders to be able to help: “sometimes you get put off [by parents], they don't want you to get involved in it because they don't know you or they think you're not going to understand what they're going through because you're not an Indigenous person” (IP18). Meaning, as a result of shame, understandably, parents may avoid disclosing to teachers what they and/or their children are/have experienced.

Participants also identified how the experiences of CCT can impact on a child's education including their not attending school, requiring high levels of educational support, and showing learning difficulties. This can then be compounded by diminished educational opportunities, as explained by one participant as the “kids that are below [level]...it is hard to move them up [academically] because of their attendance at school” (IP22). Another interview participant observed, the children they work with experienced the “trauma of maybe being withdrawn from schooling and not being able to have access to [school] by parental choice” (IP11). This teacher was deeply conflicted by this and went onto explain that they saw this situation was akin to be a child being “pulled from an environment that is a stable environment [school]”

(IP11) owing to the influence of forces beyond their control, with deep roots in parents' ongoing struggles with their own trauma experiences, which were serious and ongoing.

Interview participants also observed the effects of intergenerational trauma and transgenerational trauma that placed additional stressors on children including being placed in out-of-home care. Indigenous children in remote or very remote areas are 10 times more likely to be in-out-of-home care (AIHW, 2020). Participants viewed children in out-of-home care as experiencing additional trauma which is overlaid on already vulnerable children. This trauma was identified by an interview participant as the "trauma [of] children being removed from homes and going from foster carer to foster carer" (IP11). Consequently, participants identified that children in out-of-home care "need extra support" (IP12) to address the cumulative trauma they have experienced.

Participants also identified that children living with the effects of CCT may also experience mental health and wellbeing issues. In some instances, participants were aware that children living with the effects of CCT were engaging in substance abuse, roaming the streets, becoming involved in gangs and crime. Participants also identified that children living with the effects of CCT may engage in substance misuse as a form of maladaptive coping. As one participant recounted, "kids are actually walking around that look like they're homeless and going to drugs and alcohol at such young ages" (IP6). Engaging in crime was another effect that participants observed. This was evocatively described by one interview participant as a chain of events originating with CCT, "...he got himself suspended and then he refused to come back to school, and that's when the crime started" (IP5).

Negative outcomes were perceived by participants to be exacerbated by the lack of resources and/or services to support children and families. This was also identified by an interview participant, "we need resources...we need support" (IP19). This is because the participants felt "we're basically figuring it [how to support children living with the effects of CCT] for ourselves" (FGP1). This was further elaborated by another interview participant, "the lack of services does not help the situation. I think, if we had some more services, more help, you may be able to stop this trauma from happening sooner" (IP1). Consequently, it is often left to the child to cope alone. This sentiment was captured in this study by one interview participant who commented,

“they can’t get out of it no matter how much they try and want to and try and pull them out as they always get sucked back in” (IP7).

However, despite the challenges experienced by children living with the effects of CCT, participants also spoke about the adaptive coping strategies that children had developed in response to their circumstances. This include having to develop “bush smarts” (IP9), described as by one participant as the skills children develop to survive in conditions of limited support and/or resources from their families and communities.

4.4.5 Summary: Learning about Complex Childhood Trauma (CCT)

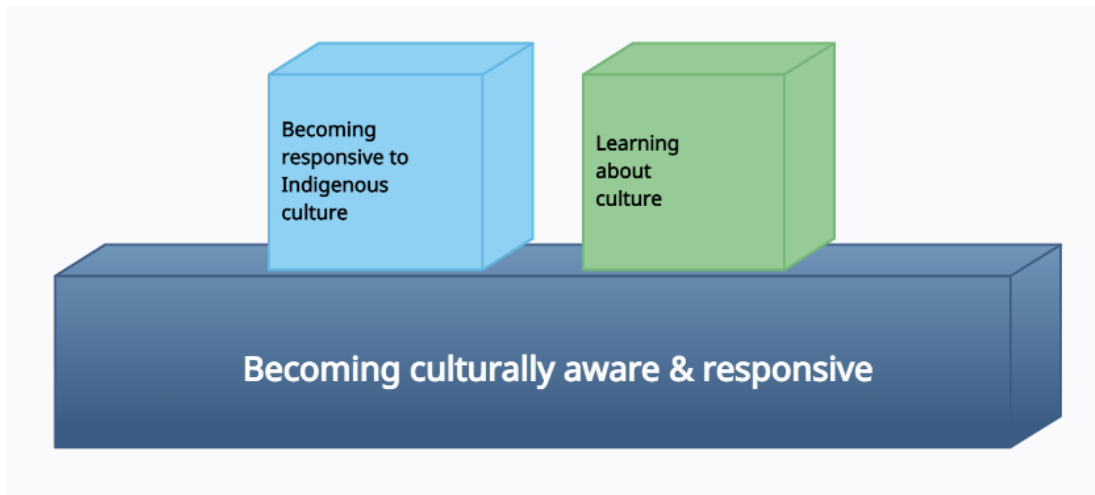
This section introduced the study’s second category representing the notion of *Learning about Complex Childhood Trauma*. This category explained the processes of how the participants learnt about CCT. This category had four properties. First, *how teachers conceptualise CCT* which highlighted it was difficult for participants to define CCT but viewed it as broad and complex. Participants identified CCT was anchored in the children’s experience of domestic and family violence. Second, *understanding intergenerational and transgenerational trauma* in which participants recognised intergenerational and transgenerational trauma is part of the milieu in which children living in remote areas. This trauma is the ongoing manifestations of past harm. Third, *teachers’ perceptions of prevalence of CCT*, in which participants perceived the rates of CCT to be higher in remote areas than other communities. Fourth, *teachers’ perceptions of the effects of CCT on children*, where participants identified the effects of CCT as having lifelong and devastating consequences on children.

4.5 BECOMING CULTURALLY AWARE AND RESPONSIVE

This section presents the processes inherent in the study’s third category *Becoming culturally aware and responsive*. The data from this study showed that through their experiences, and over time, participants were becoming culturally aware and responsive to the children they were teaching. This section will present the two properties inherent in this category: (i) becoming responsive to Indigenous culture (Section 4.5.1) and learning about culture (Section 4.5.2).

Figure 4.5

Becoming culturally aware and responsive



4.5.1 Becoming responsive to Indigenous culture

“Our children come from such a wide cultural area” (IP19).

The participants from this study were very aware of the differences between their communities of origin and the communities in which they were now living. Many participants had not previously experienced Indigenous cultures and were not aware of their diversity. The property from the data viewed as most significant to participants was their experience of new culture. As described, bluntly, by an interview participant, “coming to an Indigenous community....is quite confronting” (IP10). Experiencing new culture led participants, many for the first time, to “look at the Indigenous perspectives” (IP2), and to begin to understand that “Indigenous cultures have a different way of learning” (IP17) and “different approaches to doing things” (IP16). Hinting at the diversity they were observing, an interview participant reflected that “there’s not enough cultural awareness training...that understanding, that deep understanding of our protocols really needs to be continued and developed” (IP19). The existence of cultural protocols was something that seemed to take participants by surprise as was evident in the following excerpt from a participant who confessing in relation to hearing about specific cultural practices in the area, it “disturbed me a little when I heard it...I just never heard it before” (IP21). Although, one participant

described feeling disturbed, another saw it differently, as a “humbling experience to be in a cross-cultural setting” (IP4).

Experiencing of a new culture applied to also participants who also identified as Indigenous but whose country was elsewhere. One of these participants explained, “you know, even myself as an Aboriginal person... the protocols I need to follow to be able to work with children that other staff members have no idea or [are not] aware of...” (IP19). The participant went onto elaborate, “what about the protocols from my own children [students]? I don’t know that I am following that” (IP19). This participant is referring to the diversity of Indigenous culture that are in communities and the related protocols which can be unique to communities or cultural groups within communities and may not be widely known as it is shared only within a specific cultural group (Hicks, 2019).

With the initial experiences of a new culture, participants began the process of learning about the cultures of the communities in which they lived. This helped them to build the foundations for relationships with community, parents, and children.

4.5.2 Learning about culture

“I love learning about their culture, the things that they do culturally” (IP16).

Culture, in the context of this research, is conceptualised by participants as the First Nations culture of their community, including an awareness of the legacy of Australia’s colonial past which is unique to the area. These legacies included the frontier killings or “massacres” (FGP3), and loss of land (Baldry et al., 2015; Bottoms, 2013; Davidson et al., 2020; Fysh, 1933), missions (Bottoms, 2013; Broome, 2010), and the stolen generation (AIHW, 2018; Kennedy, 2011; O’Sullivan, 2005; The Lancet Public Health, 2019). Participants referred sensitively to the events of the past and they saw the connections between past and present but not actually name it. This was highlighted by an interview participant, “we need to be sensitive in terms of the experiences that they may have faced” (IP20). The specifics, of the experiences, however, were never expressed.

When working in a remote area, the participants highlighted the importance of growing their cultural awareness and responsiveness and of respecting community protocols as part of establishing relationships. This was described by a focus group participant as “...having a really good understanding of what those cultural protocols

are and knowing that the child – what they may or may not be able to do culturally” (FGP3). The type of “knowing” required cognisance of family and community contexts, such as ways of communicating with children’s families. Part of the reason for the need for this cultural awareness and responsiveness is anchored in the past and its persistent effects on individuals, families, and communities. As described by one interview participant, “you need to have awareness of culture and the effects of what has happened in the past. So that’s now leading to those new dynamics in the family” (FGP1). There also seemed to be heightened levels of awareness in participants who had worked for longer periods of time with Indigenous children, their families, and community members. For example, interview participant 2 who has spent nearly 15 years in the same region explained,

We had an Indigenous [liaison officer] ... at school, so quite often I would go with her and we’d do home visits if the children weren’t at school. So, we would go out and find out, ‘hey what’s happening?’ And we tried contact with them on the phone. So, we would do those home visits. I suppose learning from her that this is what happens, learning about the background of the people, and names of people as well. You know, this name is a [local tribal] name and these people are from this area. I suppose a lot of her knowledge, she passed onto me. So, I was aware of, you know, what things you can say and can’t say. (IP2)

Having knowledge passed onto them was viewed as important aspect of becoming culturally aware and responsive. By drawing on this knowledge from respected community members enabled participants to develop deeper knowledge and understanding of their community. They could then apply in building relationships with parents and children.

There was a sense that participants understood that there was strength in culture. The following examples from participants capture their positive experiences of First Nations’ culture within their communities. One participant described valuing the experience of coming to know about culture in community, “you get to see another culture and how a different culture operates and to be part of that is something very special and I would never get in a bigger place” (IP4). There was a sense of gratitude of having been exposed to this, “the culture, I got to learn about it” (IP6) and reflections on what they had come to know, “...people here go hunting for their food. You know,

appreciate the simple things in life” (IP16). In other words, participants were sensitised to and become more culturally responsive to the communities in which they lived and worked, “I am working in a place where the language is different, and the community work is different” (IP4). Participants valued community members who supported them in their work as shared by a participant, “having a staff member who is a respected Aboriginal Elder in the community is a great thing” (IP16). By drawing on their relationships with community members developed participants’ cultural responsiveness and provided entry points from which they could support children living with the effects of CCT.

Another important aspect shared by all focus group participants was understanding that not all children in remote areas living with the effects of CCT are from Indigenous Australian backgrounds: “not all kids we deal with are Indigenous and they may have experienced trauma too” (FGP5).

Although there was significant number of Indigenous students in the schools and classrooms where the participants worked, participants were very clear in explaining that their classrooms consisted of children who came from many different cultural backgrounds. As shared by an interview participant, “... I have [students from] six different [cultural] backgrounds in one class. I’ve got English children, I’ve got American children, Chinese, from the Philippines, Aboriginal. I’ve got one boy from Africa” (IP10). Another participant identified, “we’ve got a huge Filipino population” (IP13).

Participants used the knowledge from their experiences to inform how they responded in a positive and proactive manner to children in their classroom. They kept an open mind, however, not all teachers working in remote areas with children living with the effects of CCT had this open mind. This was expressed in detail by an interview participant who was a local from a remote community,

I do know a lot of people who have a very different opinion [on different cultural groups], and it didn’t use to grate on me at all. ‘Oh well, that’s what they think, that’s what they feel’. Now, I think they are so narrow minded. When you work in the system, with the children, and you see the impact of other things, with the adults, but when you are in community, you often see the adults or the children that are on the streets late at night. So, you would perhaps have a different view of how to help or what’s

happening. People often say, ‘they get so much support, they get so much money, but they are still doing this and that’. I think, unless you see it from the beginning when they are growing up and coming through school and what they do get, and what they don’t get, what they miss out on. How their social life impacts on them, how their intellectual ability is impacted.... I think that is a whole different road to see. (IP12)

Adding to the complexity of learning about culture for teaching in remote areas is that for students, “they’re being taught by predominantly Caucasian teachers. So, they’re learning that kind of context, but then there’s a loss of culture at home, so they [child] do not know where they belong” (FGP1). There is a real risk that teachers themselves no matter how well meaning, will continue to perpetuate cultural myths and stereotypes. Resulting in inadvertent devaluing of Indigenous culture. This was further explained by another focus group participant as being, “that loss of identity and loss of culture is really big” (FGP3).

4.5.3 Summary: Becoming culturally aware and responsive

This section introduced the study’s third category, *Becoming culturally aware and responsive* representing how participants were becoming culturally aware and responsive to the children they were teaching. This category had two properties. First, *becoming responsive to Indigenous culture* in which participants were very aware of the differences between their communities of origin and the communities in which they were now living. Second, *learning about culture* in which participants highlighted the importance of growing and sustaining their cultural awareness and responsiveness.

The three categories that have been discussed so far, *Journeying to remote teaching*, *Learning about complex childhood trauma*, and *Becoming culturally aware and responsive* are the important initial social processes identified in the theory, *Building Trauma Informed Teachers*. The next section (Section 4.6) will present the central experience and core category, *Building and maintaining relationships* and how this is central for remote primary teachers to be able to do their work with children living with the effects of CCT (Sections 4.7 to 4.9).

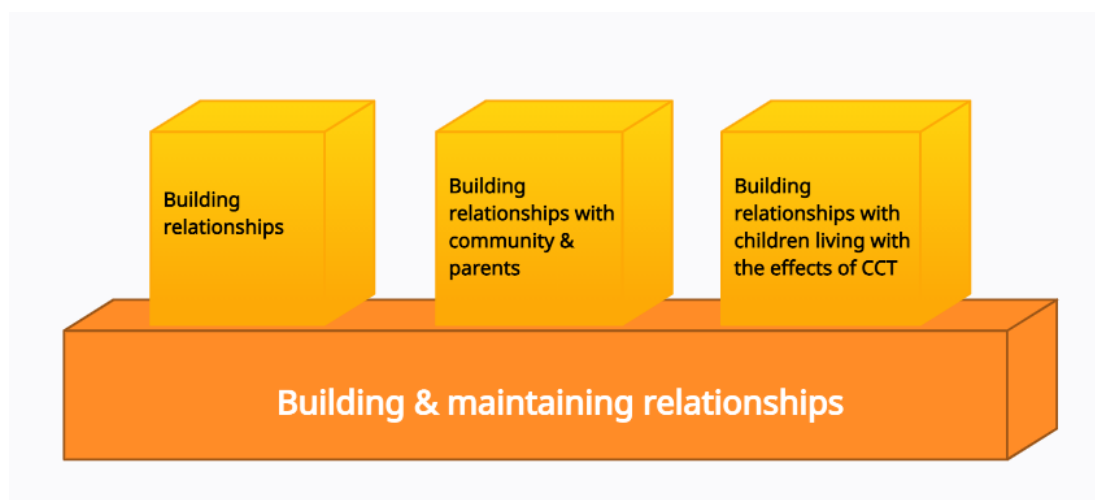
4.6 BUILDING AND MAINTAINING RELATIONSHIPS

This section will present the processes inherent in the fourth category *Building and maintaining relationships*. As discussed in Section 4.2, *Building and maintaining*

relationships is the central experience of the participants. This section will present the three properties inherent in this category: (i) building relationships (Section 4.6.1), (ii) building relationships with community and parents (Section 4.6.2), and (iii) building relationships with children living with the effects of complex childhood trauma (CCT) (Section 4.6.3).

Figure 4.6

Building and maintaining relationships



4.6.1 Building relationships

“Building relationships are the most important” (IP19).

Participants highlighted the importance of building relationships when working with children living with the effects of CCT. Threaded throughout the results is the importance of building relationships. This was articulated by an interview participant as,

It is important to have a relationship with anyone who has anything to do with that child [living with the effects of CCT]. Like, it’s a relationship with the teacher, relationship with the principal, relationship with the parents. It’s the relationship with, you know, if they’re involved with outside agencies. (FGP3)

A verb frequently used by participants when referring to relationships with children living with the effects of CCT was “build”. The Australian Macquarie Dictionary defines “build” as “to establish, increase and strengthen” (Macquarie

Dictionary Publishers, 2020). In the context of this research, “building relationships” was the first step in the process upon which participants focused their work with children living with the effects of CCT as emphasised by an interview participant who explained, “first build a relationship” (IP14) and do this by “learning about the background of the people” (IP2).

Participants saw themselves as being able to do their work with children living with the effects of CCT, because they were coming from a position of building and maintaining relationships. This is not to deny that the work of relationship building can be extremely challenging. For example,

Our kids just experience things that you could never imagine that you have no idea what it is like for them. Knowing that, you can still make.... you can still help them and be a positive role model for them and that you can learn from other people as well. Other teachers and other community people. (IP19)

The teachers believed they could have a positive influence via relationship building, despite the difficulties. If they continued to learn and strived to understand, the relationships they build may enable them to offer support, as evident in this example, an interview participant who explained, “those relationships that you build are a lot closer bond and you get to know them [children living with the effects of CCT] and be able to help them in a more supportive way” (IP18). This was also the experience of another, “.... I found you do really form close relationships with them [children living with the effects of CCT] and with their parents and families” (IP13).

4.6.2 Building relationships with community and parents

“Having that relationship with the parents and being able to build rapport with them and also supporting them” (IP2).

Participants identified the importance of building relationships with the parents of children living with the effects of CCT and their community. As described by an interview participant, “I think obviously the community, but building those relationships with the parents, with families is so important” (IP19). By building relationships, “you get to really know community, the families, and make those connections with those family members within the community” (IP17) and the trust gained, “...there’s a trust here with the community” (IP4). Some participants identified

that they saw the community as a “strong community” (IP21). This led them to feeling that they were “invested in people’s lives, in all facets of their life, not just the school community” (IP4), and where participants felt, “you are part of the community” (IP16). Interview participant 11 stated,

If you’re not willing to form relationships, you will find it very hard. You do need to know the families. You can’t be the kind of teacher that says, ‘ok, bell’s gone, see you later’. That doesn’t work out here. (IP11)

Once the relationships with parents were established, teachers explained that “those parents are a little bit more forthcoming of what’s going on in their lives and there is that awareness about and they’re willing to talk about it” (IP5). This was also the experience of other participants, “I suppose building that relationship with [child’s] Mum has been really beneficial” (IP10). By having that relationship, “then you can sort of have frank conversations about things. Whereas if you didn’t have that relationship, you mightn’t be able to say, ‘look, have you thought about doing this?’” (IP14).

Also, participants shared their realisation that relationships with parents may change over time,

I noticed that after being here for a few years, the relationships changed. So, the parents were like, ‘you’re not here to do your time and leave. You’re here because you care and want to be here now. I did see that significant change. (IP5)

There was a sense that relationships with parents take time to build, over years rather than months. Accompanying this awareness was their acute perception that parents may not invest in the relationship with them if they were there in the community only for a short time and this could be equated with not wanting to be there, and not caring.

With the awareness of the importance of relationships, participants were mindful that there could be challenges with accessing parental support. This included a cognisance by a few participants that a parent who may be one source of trauma for a child, may also be living with the effects of transgenerational trauma themselves. This chain of events impedes the parent’s ability to build relationships with the teacher so that there was a shared understanding of what was being experienced by the child. This was shared by an interview participant in this way, “I don’t think you know, he really

understood how it [trauma] was impacting [child's name]" (IP22). Despite these challenges, participants looked for ways of helping and breaking down potential barriers to relationships with parents by adopting a non-judgemental position and refusing to assume a blame-the-parent approach. One focus group participant reinforced the notion of building relationships with parents as, "cutting down any barrier that they need to be able to get their child to school and not making the parent feel that they're bad or the blame, that just, 'we're here to help you'" (FGP3). Their presence in small communities and the absence of a buffer zone between teachers and children's families afforded them unique insights into what might help. A participant shared that, "in a small community, you can actually understand what's happening at home, you can actually do things to help them" (IP17). When this fell into place participants acknowledged that parents/carers and teachers could be similarly invested,

They all have a sense of belonging to the school. Like the school is part of the community, so they feel they belong here as well. Some of their parents went to this school. Some of their grandparents went to this school. And I like that sense, yeah, where they feel, like this is part of their community. (IP16)

In some ways this signalled participants' acknowledgement of the school and the community as one and the same. Feeling a sense of belonging was also because the participants felt a certain warmth or fondness for the people. A sense that "people in the communities, they're really lovely" (IP6) and the people are "very down to earth" (IP14, IP22). By establishing the foundation of getting to know and experience the cultures of their communities, it enabled the participants to dig deeper to see the people who are living in the community on a more personal level.

4.6.3 Building relationships with children living with the effects of complex childhood trauma (CCT)

"I would probably say first of all, build a relationship with these children. Listen to them. Make them feel safe, secure and don't judge them. Give them the benefit of the doubt when they need it. Be gentle with them" (IP12).

Teacher-child relationships are an important, interactive component that influences social dynamics within classrooms, schools, families, and communities (Verschueren & Koomen, 2012). The majority of participants identified the importance of building relationships with children living with the effects of CCT, as

this teacher explained, “as a teacher you can help a child, project them onto a course, either positive or negative [for] the future” (IP17). The participants in this study identified two actions required to build relationships with children living with the effects of CCT. These actions were: (i) getting to know the child and (ii) the role of attachment. There were two meanings derived from these actions. First, what teachers *gave* to build relationships with children living with the effects of CCT and, second, the flipside of this, what teachers *received* from building relationships with children living with the effects of CCT.

Getting to know the child was the first action participants identified in building relationships with children living with the effects of CCT. This included getting to know the child’s background. The depth of the relationship that participants had built with children living with the effects of CCT was described, figuratively, by a focus group participant who said, “we know our kids inside out, upside down, back to front” (FGP1). Participants came to know children by listening and talking. This was exemplified by an interview participant who stated, “you know you can learn a lot about a [child] by just having a conversation with them” (IP20). Teachers’ conversations with children included topics about home and traditional aspects of community life. For example, in this excerpt a teacher recalled a child sharing hunting stories, “he’ll tell me stories about hitting a kangaroo and eating it” (IP15). Another participant shared, “they’re happy to share stories from home as they really see you as a trusted person” (IP14). Getting to know the children also involved joining in their activities at school, such as lunchtime games: “I used to go play sport with them at lunch time, handball, listen to any story they want to tell me for the first 15 minutes of the day, no matter which kid it was” (IP23). Consequently, “you know more about their families, extended families, their likes and dislikes than you do, typically, on the coast” (FGP1). The teachers’ accounts seem to indicate there was something distinctive about getting to know children in remote contexts, and this was different to their experiences in other communities.

The role of attachment was the second action participants identified in building relationships with children living with the effects of CCT. Participants shared that by getting to know the children, they began to “form such an attachment to them [children]” (IP6). The role of attachment in relationship building was identified by interview participants. Focus group participants also expressed that attachment played

a key part in their experiences of working with children living with the effects of CCT, and this was identified as a pattern, with one participant who had been teaching in the same community for approximately 5 years stating that children “usually form a very strong attachment to us [teachers]” (FGP1). Others explained that this was because, “we’re the consistent thing for some of them [children living with the effects of CCT] every single day” (FGP4).

A teacher can demonstrate that they are a “safe haven” when the child can go to their teacher for safety and support when upset, distressed, or feeling threatened (de Laet et al., 2014; Krstic, 2015). The teacher can be a “secure base” (de Laet et al., 2014, p. 521) when they create conditions that help the child to feel safe. This then strengthens children’s ability to explore their learning environments and return again to the teacher as a secure base when needed (de Laet et al., 2014; Krstic, 2015; Riley, 2009). By taking on attachment roles, teachers can help support children living with the effects of CCT. Interview participant 3 provided an example of this when they explained, “after working with [student] last year, the attachment grew. The bond grew better after dealing with those issues [behaviours] for a few months” (IP3). Consequently, “the relationships are much deeper” (FGP1). Participants relayed that the quality of these relationships enabled children to “feel like that they can come to you if they have issues and they can talk to you” (IP2). This was also described by a focus group participant, “they [children living with the effects of CCT] need to know that somebody else is going to believe in them” (IP7). Teachers then became trusted adults for children.

However, it was clear that participants were not always certain on how to respond to attachment born of trauma. Teachers used their general knowledge as a frame of reference for dealing with situations that required specialist responses. Some participants expressed reservations that if a child was *highly* dependent on teachers, it may increase their risk for later problems. Some suggested they had direct experience of the negative effects of highly dependent relationships. Interview participant 5 described their experience,

He was worse when he come back [from juvenile detention]. His attachment to me was much worse when he returned compared to when he was [at school] beforehand. I couldn’t put my finger on why he was acting this way. It wasn’t until I clicked that it was his attachment to me that it

made sense. He was very affectionate with me. But then I realised this needed to stop and [I had to try] to stop him from doing it all the time but knowing I still cared. (IP5)

This participant went on to share what they learned from this experience was “not to get too attached because it doesn’t achieve anything. You just become more upset and more sorry [for them]. You just want to give them the skills to get better” (IP5). This response seems logical, but within the context of trauma informed practices it is not logical. Instead of understanding the child’s style of attachment as a legacy of trauma, the participant viewed it differently. This attachment style may seem like affection and can be easily misinterpreted by teachers without specialist knowledge. Primary school teacher-child relationships are typically close, and a positive bond is important for children who display disruptive behaviours (McGrath & van Begen, 2017). Yet children also need to develop independence. To be able to support children with insecure or disorganised attachment, teachers need to be aware of their own attachment strategies (Kennedy, 2008; Riley, 2009) and this requires training, self-awareness, and practice.

A similar experience was shared by another interview participant who wrestled with how to respond to a student’s needs when the attachment was “disorganised”,

Part of that attachment was he learnt how to get what he wanted. Because as soon as he escalated his behaviour, he had people everywhere. And sometimes if the behaviour was really bad, he would then be sent home. Even now, he’s made an attachment to me. He asks for me, but I have to say, ‘no, I’m doing my job’. (IP14)

Yet another interview participant reflected,

I think it was hard because you are torn between like...getting cranky with her for not doing her work and not being independent, but then I was also a bit sad because she’s doing those things because she wants that female role model in her life and she’s attaching to me because I’m the one constant person in her life. (IP22)

This raises the question of “how much caring is too much?” (Aultman et al., 2009, p. 637). It also raises the importance of boundaries between teachers and children. For teachers in this study, these boundaries included: emotional boundaries

in which teachers were masking and controlling their own emotions; expertise boundaries in which teachers recognised when they did and did not have the professional development and/or expertise to respond appropriately to children's issues; and personal boundaries in which teachers needed to contain and sustain self-sacrifices they made in trying to support their students (Aultman et al., 2009).

Participants derived meaning from their actions – what they *gave* and *received* – as a result of building relationships with children living with the effects of CCT. Participants articulated what they gave to build relationships with children living with the effects of CCT. This included time, because it can be difficult to form relationships with children living with the effects of CCT and, like building relationships with parents, this could take time. This was encapsulated by an interview participant who explained, “if you're not taking the time to mend relationships, to build relationships, you're not going to get anywhere” (IP18).

Building relationships with children was a process of teachers checking in their own carefree existences, understanding their students' realities, then stepping up and accepting responsibility as advocates for children. This was identified as important by the focus group participants, “you also advocate for the child” (FGP1) and, “we have to, because if we don't, who will?” (FGP5). Checking and controlling their own reactions to children's behaviours was explained by one focus group participant like this,

It's their behaviour that you don't like. I think [for] some teachers, if their kid does something naughty, they just don't get over it and constantly put the kid down. Like it might happen one day because they've [the child] had a bad morning or something happened at home. Don't continue to take it out on the child, it's just bad. (FGP2)

This focus group participant went onto explain part of the “giving” is to “make allowance that day for them [the child]” (FGP2) to be able to maintain the relationship. This could be frustrating and sad as elaborated by an interview participant, “you all have those dealings with these types of kids. You go home, you cry, something has happened, but it's still the relationship at the end of the day” (FGP6). It is important to realise, “just because they [children living with the effects of CCT] are really naughty one day, you just have to go in fresh the next day and try and build that relationship” (IP8). This participant also went on to caution, passionately, “don't become that

teacher that boxes the kid in as the naughty kid. You need to change your mindset away from that” (IP8). A focus group participant bluntly stated that it is up to the teacher to take responsibility for building the relationship, “I’m the adult here, I need to change my behaviour” (FGP5).

Participants also highlighted the consequences of teachers not understanding the effects of CCT when building a relationship with children living with the effects of CCT, “if you’re not understanding of it [CCT], then it’s going to cause issue[s]” (FGP2). They suggested that teachers who do not build relationships with children living with the effects of CCT may respond to these children in a “negative” (IP6) way and “want [these] students out of the classroom” (IP18). They suggested some teachers find it challenging to form positive relationships with children living with the effects of CCT. For example, “we see teachers who cannot communicate effectively with the child because they don’t have a good relationship with them” (FGP5). This is usually because teachers “haven’t dealt with it [children living with the effects of CCT] before” (IP15). Consequently, there “can be a struggle to get everyone on board in supporting children living with the effects of CCT” (IP18).

The participants from this study were able to clearly articulate what they *received* in return for building relationships with children living with the effects of CCT. The relationships with children were hard won, yet also sustained them. They spoke of the children as being appreciative of their efforts. For example, “they’re the most grateful children you will ever come across and when they have success in learning, they’re really appreciative and you really see it” (IP11).

Participants shared the feeling of receiving warmth and care from the children described by a focus group participant who labelled this as, “love...caring” (FGP3), and another who commented, similarly, that they felt the “love you get from the kids” (FGP1). This could be due to teachers’ perceptions of themselves as a constant presence in a child’s life and, for some children, the only constant presence. Participants took their responsibilities very seriously, “you’re the main person that they see every single day. You’ve got 24 of them, but they’ve got one of you” (IP15). This means, that for some children, “you become one of the few trusted adults in their life” (IP1). Interview participants reflected that teachers new to teaching in remote communities need to become aware of this,

I think it's a big wake up call, especially for young teachers when they come to town because it's like all of a sudden, you're a serious figure in the kid's life, being that advocate for the child. All of sudden, you've gone from uni and you've got all of this responsibility. Or you've come from a different area where you could leave work at the door, whereas here you can't. (FGP1)

Once participants started to build relationships with a child, their understanding of the child grew. Reflecting on this, one focus group participant recalled,

I had a child last year who was significantly traumatised and looking back now and what she's been through, what cases have been made, and what support she is getting, I just think, you are so easy to understand now. Like it's easy to understand why you were flipping desks, why you were wanting to run away from me, I get it. I can't help as much as I want to, I am trying ... but I get it. (FGP4)

The participants were able to clearly describe the return on their efforts of building relationships with children living with the effects of CCT, "it gives you warm fuzzies because you think you are making a difference" (IP8). While another participant described the outcome of building relationships with children living with the effects of CCT as life changing, "I feel like it has changed me [for the better]!" (IP11)

4.6.4 Summary: Building and maintaining relationships

This section introduced the study's fourth category and the participants' central experience, *Building and maintaining relationships*. This core category highlighted the importance of building and maintaining relationships when working in a remote area with children living with the effects of CCT. This category had three properties. First *building relationships* in which participants highlighted the importance of relationships to be able to do their work. Second, *building relationships with community and parents* was extremely important so trust could be gained. When this occurred, participants identified a sense of belonging to their communities. Third, *building relationships with children living with the effects of CCT*, where participants identified the importance of getting to know the children, their role in attachment, and providing safety.

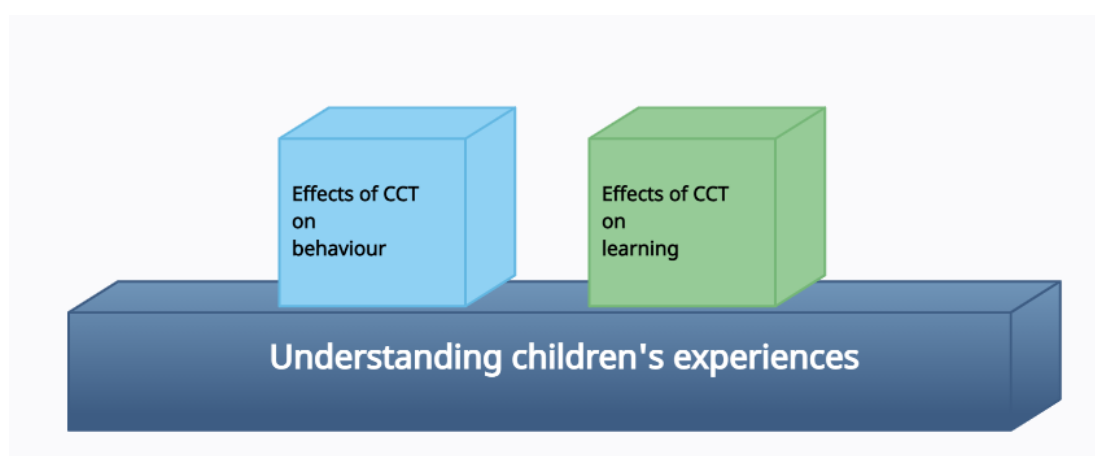
Through this central experience of *Building and maintaining relationships*, participants were then able to do their work supporting children living with the effects of CCT. This work is captured in the following categories: *Understanding children's experiences* (Section 4.7), *Supporting children* (Section 4.8), and *Identifying what they need to do the work* (Section 4.9).

4.7 UNDERSTANDING CHILDREN'S EXPERIENCES

This section will present the processes inherent in the fifth category *Understanding children's experiences*. *Understanding children's experiences* can occur when teachers are able to build and maintain relationships (Section 4.6). Participants in this study highlighted the importance of understanding the experiences of children living with the effects of complex childhood trauma (CCT). This section will present the properties inherent in this category: (i) effects of CCT on behaviour (Section 4.7.1), and (ii) effects of CCT on learning (Section 4.7.2).

Figure 4.7

Understanding children's experiences



4.7.1 Effects of complex childhood trauma (CCT) on behaviour

"... [child's name] was a different child when calm" (IP2).

Another component of participants experiences of working with children living with the effects of CCT was their awareness of the type of behaviours – externalising and internalising – that these children displayed in their classrooms. The majority of participants identified externalising behaviours, that is, behaviours that could easily be

seen and caused disruption. A significant proportion of participants also identified internalising behaviours, that is, behaviours that signalled something was going on but this was turned inward by the child, was not visible, and did not cause disruption.

Participants nominated specific externalising behaviours that they had observed including children living with the effects of CCT being violent towards others, having problems with self-regulation, throwing objects, running/walking away, being defiant and non-compliant, destroying classrooms, swearing, lacking concentration, inappropriate touching, not wanting to take responsibility for behaviour, control-seeking, yelling, and unpredictability. How participants viewed this behaviour varied. One participant shared,

How I see these behaviours with most of these kids is a cry for help. It means something is not right in their mind, or in their body or how they're feeling in a situation, so they do these negative things as a cry for help.
(IP6)

Other participants found this type of behaviour was taxing and “takes time away from the staff at school to work with these kids and I suppose it takes them away from the work they are doing” (IP2). This particular participant explained the erosion of her relationship with a child as result of constantly having to manage the child’s challenging behaviour in the classroom.

Participants nominated specific internalising behaviours, such as instances when children appeared withdrawn or quiet. They recounted instances when children may have appeared well adjusted despite their experiences yet seemed overly eager to please. Regardless of the nature of the behaviours displayed by children living with the effects of CCT, participants recognised that it was very important to know when to intervene and when to not intervene. This was described by an interview participant as being able to “pick your moments” (IP16, IP18, IP20). To do this, participants thought it was important to “try to understand the root of behaviours” (IP13), because “a child does something for a reason” (IP19). However, one participant stated, “it’s understanding [the behaviour], not dwelling on it. It’s not an excuse” (FGP4). By this, the participant was referring to knowing the difference between a “reason” for a behaviour and an “excuse” for behaviour.

Understanding the “root” or “reason” for behaviours involves realising that children living with the effects of CCT may be “triggered” even when they are in a safe environment like a classroom. The “trigger” can be associated with a sensory memory of the trauma experienced, for example, a sight, sound, or smell (Martin et al., 2017). The use of the term “triggers” was understood further by interview participants who explained,

What triggers one student with CCT would not trigger another. You need to know the student. You need to know the triggers, you need to know what they like. You need to know what calms them, you need to know what makes them feel safe. (IP1)

Another participant explained further, “if we can work out the trigger, we can try and cut those triggers out to avoid the behaviour” (IP20). Confirming a reasonable widespread understanding about triggers, another interview participant shared,

Knowing what their triggers are...ask for help to make a plan to put in place. You always have to reflect on the strategies that you have in place to see whether they’re working or not, and it doesn’t happen overnight. You have to give this time. (IP14)

The notion of triggers and understanding each child’s triggers was expressed as a key strategy for working with children living with the effects of CCT and for managing their behaviours in classrooms. This was explained by interview participant 2 as follows,

I was becoming more understanding of where he was coming from. Knowing he is not just doing it [behaviour] because he hates you and wants to kill you. It’s more that he is reacting because something has set him off and we don’t know sometimes what has set him off or what a trigger is or what has happened in the past that has caused that to be a trigger. Knowing that perhaps the behaviour that he is showing, he may not have control over. It is important to take away that dislike for a child because you think they might hurt you. It is actually having the empathy to say, ‘ok, he is not doing this, it is something that is causing this. We need to try and work out how we can help him’. (IP2)

While another interview participant shared,

I do have a little bit more tolerance because I know there is underlying things that are causing the behaviour. Don't get me wrong, it gets very frustrating sometimes because you got to have the patience of a saint and when you see the same behaviour 15 times in a row, you are almost....
ARRGH! (IP11)

Consequently, participants identified, “we need to be sensitive in terms of the experiences they [children] may have faced” (IP20), and be aware that “every child experiences trauma in different ways” (IP9). This was further explained as, “they [children living with the effects of CCT] can experience the exact same event but how their little minds and bodies process that is very different” (IP5). These differences can be seen in the child's behaviour. Participants were also aware that behaviours displayed by children living with the effects of CCT could affect their learning.

4.7.2 Effects of complex childhood trauma (CCT) on learning

“Their ability to learn is impacted” (IP5).

By first understanding a child's behaviour, participants identified that they understood a child's experiences can impact on their learning, highlighting the “importance of knowing how students' experiences can impact them educationally” (IP20). This was also the experience of another interview participant who said, “.... they can't learn at the level they are at” (IP5). This is because “they've had setback [trauma] which might stop them from progressing and learning” (IP22). Consequently, it was important to “understand how the student learns” (IP17) and the role of CCT plays in this. Once this is understood, classroom practices and pedagogies can then be adjusted to meet the needs of the children.

Knowing how and when to adapt the curriculum to suit the needs of the children, involved the constant interplay with differentiation. As shared by an interview participant, teaching children living with the effects of CCT, “affects all your pedagogy, your planning” (IP8). A focus group participant elaborated, “.... you need to put the time and effort to make sure you were catering for the learning needs [of children living with the effects of CCT]” (FGP2). Participants also had an awareness that children living with the effects of CCT often performed poorly in academic tasks and need first to learn self-regulation and social skills. Some strategies that participants described using included introducing hands-on sensory activities, giving children

space, providing a chill out area, displaying visual cues, developing a habit of “checking in” (IP13) with children about their feelings, and offering individual support (IP16). Participants explained that successful strategies were learned via trial and error and creativity as shared by an interview participant who declared, “you have to think outside the box...and you have to try everything you know and then ask every other person, ‘What have you tried?’” (IP12). Participants shared that they did all these things with limited support or access to services.

Participants disclosed that while they were trying to meet the needs of children living with the effects of CCT, there were also responding to questions from their school administration about why the children were not achieving national benchmarks in literacy and numeracy. As shared by an interview participant, “sometimes it’s stressful for a teacher because you know, you are made to go through all this content [curriculum] or you know...if the kids are getting Ds...why are they getting Ds? They should be getting Cs” (IP22). Echoing this concern another interview participant said, “I feel like our admin leadership team are focused on the data and the curriculum and not understanding...not realising that we may need to adapt things for children to be more successful” (IP11). This is because, “kids are coming to us without any exposure [to early literacy and numeracy concepts], clothing, food, all of those things. So, unfortunately, they’re not going to sit down and do a standardised test that has questions [they don’t understand]” (FGP1). This focus group participant also pointed out,

We have very different kids that they’re not going to achieve [the same as] the kids who have access to everything. So, there’s very high expectations of us. I feel data driven, academically, when you are trying your guts out just to get these kids to stay in your classroom. (FGP1)

One participant recalled a conversation with her school leaders in which they levelled with her that the data from students in her class was “in the red” (IP11). She explained her thoughts during the meeting,

You sit there and say [to leadership], I have these children who have trauma, who have been exposed to certain things and may have developmental things going on because of trauma. But they do not have verification, so therefore, it is expected that they should be achieving. (IP11)

This is a crucial point relevant to resourcing for children living with the effects of CCT. In the Queensland Department of Education, “verification” is an education adjustment program designed to identify and confirm students with disabilities who require significant educational adjustments at school (The State of Queensland, 2020). There are six educational adjustment categories – Intellectual Disability, Asperger’s Spectrum Disorder, Vision Impairment, Hearing Impairment, Physical Impairment, and Speech Language Impairment (The State of Queensland, 2020). Children living with the effects of CCT may not ‘fit’ into one of these verification categories and consequently do not attract the Departmental funding support that may provide for example, teacher aide time, professional development for staff, or purchasing of resources for specialised equipment (The State of Queensland, 2020). Limited funding is available to support students who are in out-of-home care (The State of Queensland, 2020) and there is limited funding available to support children living with the effects of CCT.

Participants highlighted that teaching the curriculum may not be the key priority at certain times as shared by an interview participant, “for the first term, the curriculum sort of took the back burner. And because these kids, there was more than just those 2 [living with the effects of CCT], there were 5 or 6” (IP23). This was also shared by another interview participant who asked, “how can I make this child [living with the effects of CCT] engage with the learning and sometimes I realised, sometimes you just can’t. It’s about managing their behaviour before you can even think about doing the learning” (IP16).

To support children living with the effects of CCT, participants reflected that it comes back to relationships. This was summarised by an interview participant,

I have always said that if you don’t have a positive relationship with the student, then they are not going to learn. If they are not going to learn, they are not going to be successful. You are not going to be successful and it is a ripple in a pond isn’t it? So, I think it has taught me the importance of relationships with students. It has taught me the importance of knowing students as individuals, not just as a class of students. (IP1)

4.7.3 Summary: Understanding children’s experiences

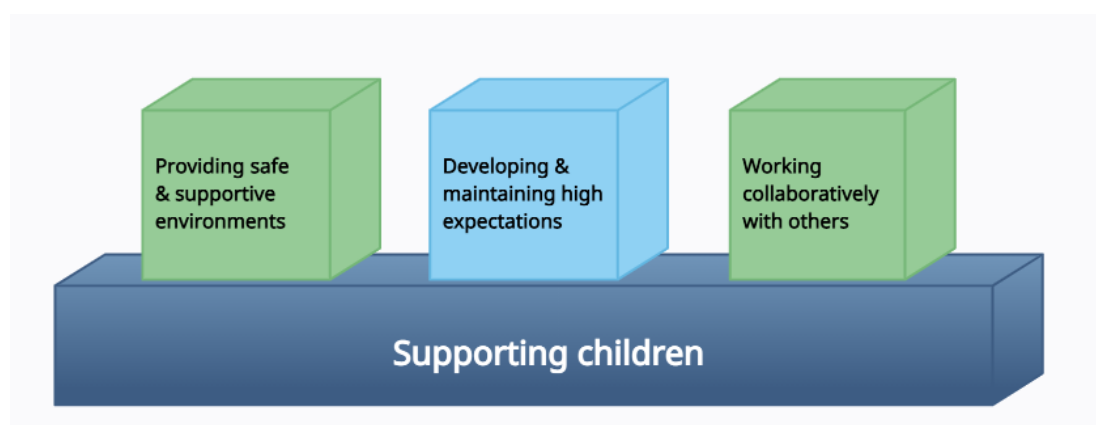
This section introduced the study’s fifth category, *Understanding children’s experiences* representing the notion of the importance of understanding the experiences of children living with the effects of CCT which can occur when teachers build and maintain relationships. This category had two properties. First, *effects of CCT on behaviour* in which participants identified the different types of behaviours displayed by children living with the effects of CCT and the importance of understanding the “root” of these behaviours. Second, *effects of CCT on learning* in which participants identified that a child’s experiences can impact their learning. Thus, teachers must know and understand children who are living with the effects of CCT and cater accordingly to their complex needs. In doing so the curriculum may not be the key priority at certain times.

4.8 SUPPORTING CHILDREN

This section will present the processes inherent in the sixth category *Supporting children*. The central experience of *Building and maintaining relationships* enabled teachers to support children living with the effects of CCT. This section will present the three properties inherent in this category: (i) providing safe and supportive environments (Section 4.8.1), (ii) developing and maintaining high expectations (Section 4.8.2), and (iii) working collaboratively with others (Section 4.8.3).

Figure 4.8

Supporting children



4.8.1 Providing safe and supportive environments

“I didn’t realise school was where they came and that’s where they let off steam” (IP11).

The participants reflected on their own growing awareness of the importance of providing a safe and supportive environment at school for children living with the effects of CCT. This was described by an interview participant as being where “you want school to be a place where they [children living with the effects of CCT] can come where they feel safe and get a good feed, be happy...” (IP21). Participants identified they did this through making sure children felt safe, providing a predictable and consistent classroom structure, and viewing themselves as a source of safety.

The participants were aware that children feeling safe was an important precursor to learning. As described by a focus group participant, “when they feel safe the learning and everything else comes” (FGP1). Another went on to elaborate, “that’s when you get to actually be a teacher rather than a counsellor a parent” (FGP4). Participants were harsh in their judgement of their own efforts to secure children’s safety with one participant going as far as to suggest that unless children felt safe, teachers were not doing the best to serve those children. This was emphasised by an interview participant who stated plainly that, “unless our kids are happy and safe, we are not doing them a service either” (IP19). Being supportive towards and of the child was clarified by one of the focus group participants who described this service role for children as, “I’m here to help you” (FGP3).

Teachers helped children to feel safe by providing a classroom that had clear expectations, routines, structures, and boundaries, issuing reminders and redirecting from unsafe behaviour, giving choices and using pre-warning and cues. These practices were seen by the teachers to contribute to a child living with the effects of CCT feeling safe. Other important strategies included, “making good routines, things that I knew would work for children in trauma” (IP4), so that “everything is predictable” (IP11). This was highlighted during the focus group with a participant emphasising, “you need to be super consistent. To have clear boundaries, guidelines, expectations, consistency. Because that also plays into safety, of students feeling safe by that consistency and the predictability” (FGP1).

Participants spoke about themselves as being “a safe adult as someone they felt safe with, so you know you would hope eventually...you know while they were at school you could provide them with a time, they felt safe and felt happy” (IP1). While another participant explained the link between safety and rapport building,

Make them feel like they can come to you if they have issues and they can talk to you. Sometimes what they are saying and what they are feeling isn't the same thing. Being able to build that rapport with them to say, ‘what did you mean by that?’ so that you can dig a bit deeper and hopefully offer them some assistance somewhere. (IP2)

Other participants described “you always have to stay calm, very positive, very safe” (IP1), “don't judge them” (IP12), and be “firm but kind” (IP15, IP16) with children living with the effects of CCT. By doing this, teachers are then able to “build that trust” (IP15, IP8). The term “care” was also used by interview participants. Interview participants highlighted the “importance of making [children] feel safe and that you care for them” (IP19). Another participant supported this, “show them that you care about them and provide them with a safe environment. That is probably the biggest thing they need. All they want you to do is just be there” (IP6).

Part of being a source of safety and providing care according to participants in this study, was providing “positive encouragement and all the time” (IP15), this included “positive reinforcement” (IP19, IP23). Participants demonstrated they showed encouragement and praise that was personalised, genuine, frequent, and consistent.

Here [school] the [children living with the effects of CCT] do feel success no matter how minute it is. We do make a really big deal out of it because it is probably one of the only times, they feel confident with themselves and you know, it just picks them up a little bit more. (IP7)

Teachers who have a good relationship with their students show joy when their students achieve. Participants in this study also shared, “when you have those successes with the kid, it's like it's amazing. It's something that you celebrate more than you would normally, because you know how big a step it is for the children” (IP11). As well as being “supportive about little wins” (IP4) and “when they achieve something, acknowledging it” (IP16).

4.8.2 Developing and maintaining high expectations

“Having those high expectations shows that you believe in those kids [living with the effects of CCT] before they can believe in themselves” (FGP7).

The participants in this study explained a process of developing and maintaining high expectations with children as a key method via which they then worked through the specific issues they had with teaching children living with the effects of CCT. This came through during the focus group. When developing high expectations was brought up during the focus group session, 100% of the focus group participants concurred that high expectations was the mechanism for building relationships with children living with the effects of CCT. This was explained by one of the focus group participants, “when you have those high expectations regardless of where they’re coming from there is an expectation of what they need to and how they’re going to behave” (FGP3). As shared by an interview participant, “you’ve experienced trauma, you can’t do it’, that very much needs to be left out of it” (IP19). While another participant shared, “you’re aware that there’s trauma, but you’re not going, ‘oh poor you, you don’t have to do anything’” (FGP3). This was also made very clear by a focus group participant who declared emphatically, “... that [CCT] gets left at the door...now you’re in your safe space and you’re ok, this is what I expect” (FGP1). To do this, as previously indicated by data in this chapter, teachers need to “get to know the students and build trust and not treat any students differently because of their experiences” (IP4).

Participants emphasised high expectations in relationships could be achieved only by a willingness to “put in the effort” (FGP6) which involved treating children living with the effects of CCT like everyone else; talking to children, giving children time, balancing needs of children, listening to the stories told by the children, and focusing on children’s strengths.

Relationships come first. Once those relationships are established with children, the participants commented they were then able to develop high expectations. This was described by a focus group participant as “... build[ing] those relationships in order to get to the expectations” (FGP1). This participant went on to explain that “once you have those [over]arching things, then all of those other little strategies come in” (FGP1). The “little strategies” (FGP1) referred to things such as have already been discussed in this chapter, techniques for managing behaviour of children to enable them to become successful. As further elaborated on by this focus group participant

(FGP1), “that’s where you find successful classrooms and successful teachers as well as when you have those high expectations of regardless of where they are coming from, that there is an expectation of what they need to do and how they’re going to behave” (FGP1). This was confirmed by another focus group participant, “I feel like you could have all those things, though, but if you don’t have a good relationship with that kid, they aren’t going to care” (FGP5). Relationships were paramount. Solid relationships, and high expectations were perceived by participants to be firmly entwined.

Interview participants described how relationships and expectations were inter-dependent. For example, “I would enforce those expectations on him. I would ask him once, remind him of those rules. If he didn’t follow those rules, I would remind him of the next step”. (IP3). This participant went onto further explain, “I supported in the way he was supposed to behave in the classroom. In fact, I have strict expectations of him” (IP3). Another participant identified, “I had to define my expectations. I made sure my expectations aligned to where their goals were set” (IP4). This was supported by another interview participant in their first year of teaching, “like with expectations they have that trust, they have that relationship...and they know that ‘oh well, if Miss says this, she’s going to stick to her word and she’s going to do it’” (IP15). Participants believed, “even if you have students that are super academically low, you still have those high expectations for them to producing work as well” (FGP1). An interview participant summarised,

I find expectations are huge. If you have really minimal expectations of the kids, that’s what they will achieve, but if you tell them that you expect more, and I know you can do this. Then, I find that they do. They will try their hardest to get there. (IP11)

This is in line with the view of Chris Sarra (2012) who wants teachers to have high expectations of their students: “...if you have low expectations of people then they are most likely to deliver on that...if we have high expectations, children respond to that, regardless of how impossible things might seem” (Sarra, 2012, p. 136).

4.8.3 Working collaboratively with others

“Out here [remote area] you got experienced Guidance Officers, experienced deputies [deputy principals] and principals who have worked with those kids

[children living with the effects of CCT] who are able to give you suggestions on what you can do to help support them” (IP5).

Participants in this study identified that supporting children living with the effects of CCT is something that cannot be successfully done in professional isolation. Participants identified collaborating with those who surround the child was important. The participants identified colleagues who they went to for finding ways to support children living with the effects of CCT: Guidance Officers, Deputy Principals, Principals, and teacher colleagues.

In Queensland’s Department of Education, it is the school Guidance Officer who often performs a key consultation role. Participants from this study highlighted the role of their school Guidance Officer in their work with children living with the effects of CCT and stated they “definitely [went to] the Guidance Officer” (IP4) for support in trying to understand the children. Another interview participant shared, “I rely on our Guidance Officer a lot for strategies and basically, like, I’m sometimes, ‘what do I do? What’s next?’” (IP11). Teachers often go to them because they are viewed as “experts on trauma informed practice” (Howell et al., 2019, p. 31), and are a source of positive support, providing insightful information about students, and are able to help find solutions for teachers, who can then put these into practice. They also provide emotional and informational support for teachers.

Evidence from this study indicates, however, that some teachers prefer to go to their teacher colleagues and Principals for support rather than go to the school Guidance Officer. One participant explained that it was important “to have that knowledgeable other. To be able to go, ‘ok, this is what’s happening, have you got any other advice?’ or ‘can you come in and have a look at the child and see whether we are on the right track or what other suggestions’” (IP14). While yet another shared the emotional support, they received from their school leadership team,

Some of the bad things that have happened, the support my Principal gave me by reassuring that this is an average student and it’s ok. He was happy to listen, to talk to me and a few other people. My deputy [Deputy Principal] at the time, same thing, and other teachers to lean on each other because I guess we are all experiencing similar situations but different ways. So, it has been good to lean on them. (IP6)

To continue to support their understanding of how to work with children living with the effects of CCT, participants also highlighted the need to “work as a team” (IP16) and this included team meetings to discuss education support plans and behaviour management plans for those children in out-of-home care.

4.8.4 Summary: Supporting children

This section introduced the study’s sixth category, *Supporting children* representing the notion that is very important to support children living with the effects of CCT. This category had three properties. First, *providing safe and supportive environments* was identified by participants as essential in supporting children living with the effects of CCT. Safety was identified by participants as an important precursor to learning. Second, *developing and maintaining high expectations* was the key method via which participants used to work through specific issues they had with teaching students living with the effects of CCT. By having and maintaining high expectations of students enable students to be successful within the classroom. Third, *working collaboratively with others* was identified as an important component in supporting children living with the effects of CCT. Participants identified that to work with children living with the effects of CCT they collaborated with Guidance Officers, Deputy Principals, Principals, and teaching colleagues.

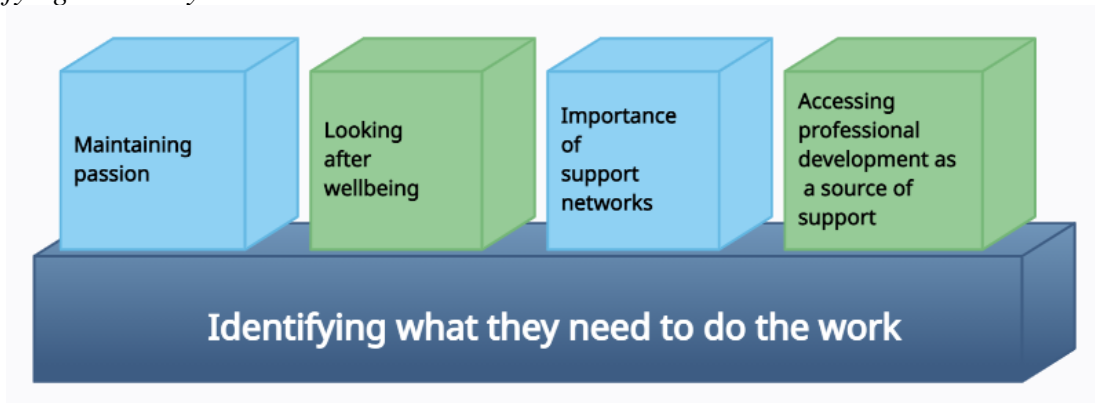
Through the social processes of *Understanding children’s experiences*, and *Supporting children*, participants were then able to *Identifying what they need to do the work* with children living with the effects of CCT.

4.9 IDENTIFYING WHAT THEY NEED TO DO THE WORK

This section will present the processes inherent in the seventh and final category, *Identifying what they need to do the work*. Participants from this study clearly articulated the effects of working with children living with complex childhood trauma (CCT) and what they need to be able to do their work. *Identifying what they need to do the work*, would not have been possible without central experience of *Building and maintain relationships*, and further scaffolded by *Understanding children’s experiences* and *Supporting children*. This section will present the four properties inherent in this category: (i) maintaining passion (Section 4.9.1), (ii) looking after wellbeing (Section 4.9.2), (iii) importance of support networks (Section 4.9.3), and (iv) accessing professional development as a source of support (Section 4.9.4).

Figure 4.9

Identifying what they need to do the work



4.9.1 Maintaining passion

“You need to have passion, like you need to be determined and passionate enough to get involved with kids” (FGP4).

In this study, there were participants who “have a lot of passion and motivation” (IP21) in wanting to make a difference in the lives of children living with the effects of CCT. The passion for their work was very evident, as described by a participant, “I just put a lot of love in what I do...I really love what I do” (IP5), with others participants expressing similar views (IP7, IP16). Another one shared that the work is “exhaustive, challenging, inspirational” (IP9). This teacher explained “[the children] inspire me to wake up and come to school every day because they are eager to learn and that is my job as a teacher. So, I just think that is amazing” (IP9). This participant continued further with, “I suppose the inspiration and passion comes from the kids” (IP9).

When describing their experiences, one participant shared that the work with children living with the effects of CCT had “pushed me to want the children to succeed” (IP11). The participant continued,

I would say it is going to be extremely challenging, but it will be very rewarding. You will love it. You may bleed yourself dry, but you’ll love the interactions with the kids, you will love the excitement that you get from their learning and them achieving. You also make bonds with these kids that you wouldn’t normally make. But expect to be tired. (IP11)

While another participant believed that these experiences need to be universally available. The claimed, “they’re great kids and I think anybody, regardless of who you are should experience teaching rural and remote” (IP1).

Through their experiences, participants discovered that they must weigh the tensions between curriculum demands and the children’s needs. It would be fair to say that teachers from the remote communities in this study, were painfully aware that their role extended beyond curriculum provision as highlighted by a participant who shared,

We are no longer just delivering curriculum. We are social workers, we are politicians, we are carers, we are the parents that the kids may not be getting at home. We are basically everything. We are the love and support.
(IP11)

This was spotlighted by one focus group participant who exclaimed, “we’re doing 50 million things at once! [We are] not just a teacher” (FGP1). As shown above, teachers conceptualised their roles in working with children experiencing CCT as multifaceted, and to some degree interdisciplinary, requiring of them the insight of social workers, the diplomacy of politicians, the nurturing of parents and carers. There were frequent references, as previously noted, to qualities such as love, care, and support.

The participants were also mindful of needing to reflect on their practices as a teacher in a remote primary school working with children living with the effects of CCT. One interview participant thought that more self-reflection was required in these contexts, “I think I do a lot more self-reflection” (IP18) and another thought that reflection “it teaches you patience, understanding” (IP14). While another participant shared, “it has made me to have a lot of empathy. It has made me grateful for a lot of other things” (IP11).

Participants shared some of their reflections on their work with children living with the effects of CCT in comments such as,

Well at some stage, you can’t take everything to heart. You are going to have to go, ‘I can’t control that, it’s not my life’. So, I just need to do what I can to support them when I have them. It doesn’t mean that I don’t think about them when I get home. (IP5)

Another participant shared a process of reflecting aloud, “sometimes I found myself talking to all the staff here going, ‘what am I doing wrong? Why I can’t I click with him?’ But then some days we would click and get along really well” (IP23). This participant continued reflecting that you may not see the growth in relationships straight away and this can take a toll,

When you get to the end of the year, look back at the start of the year and see how far they have come because it is so easy to get bogged down in the day-to-day fight with these kids...you lose sight of the big picture. I definitely did last year. I remember getting to term 3 exhausted emotionally, mentally...saying, ‘these kids are getting nowhere, we’re not making any progress, they’re still behaving badly’ and then one of them [teaching colleague] said, ‘actually, have a look back at the start of the year and look how far they have come....’ (IP23)

Via reflection, the participants identified many rewards as the result of the relationships they had with both the children and their families and communities which helps to maintain their passion. Professionally, all participants identified they had grown as a teacher as a result of working with children living with the effects of CCT as shared by an interview participant, it “pushed me to be a better teacher” (IP11). With the awareness, “sometimes you lose. It is the little wins that make it worthwhile” (IP7). When the “wins” come, “you dance and celebrate those successes with them, even if they’re far and few in between, you make a big deal of it” (FGP1).

There was upon reflection, however, a caveat provided by one interview participant, “you can’t come out here and do what you have done in Brisbane [a large metropolitan city]” (IP8). This is because in a remote area, participants were catering for diverse range of children and were often required to teach multi-age classes where there could be up to 4-year (grade) levels in the one classroom. Multi-age teaching is common in Australia’s remote regions and these conditions are seldom experienced in larger towns and cities (Haynes & Miller, 2016; Willis et al., 2017). It is, therefore, different to teaching in other areas. Despite this, participants found it rewarding and saw it as an area in which they could grow, as a focus group participant declared, “I found the most challenging classes [to be] the most rewarding classes I’ve taught, they’re the most fun as well as the most exhausting” (FGP1). This was reinforced by another focus group participant who shared, “I just think it makes you a better teacher

because you have to do so many things like adjusting your teaching, getting to know the kids, the families, and agencies” (FGP2).

4.9.2 Looking after wellbeing

“I’m wearing this mask of, ‘I can handle this. I can take care of this’ deep down I’m a different person” (IP7).

The Queensland Department of Education, like many other workplaces in Australia and world-wide, has recently focused on staff wellbeing, evidenced in the introduction of a staff wellbeing framework. Within schools, frameworks can be implemented to support staff wellbeing; employee assistance program for all employees; and Centres for Learning and Wellbeing which has as one of their priorities to support the wellbeing of teachers in rural and remote schools (Department of Education, 2020a) and these were discussed briefly in Chapter 2. In the light of the focus on staff wellbeing, the data in this study shed light on what the participants are seeing as affecting their wellbeing as result of working with children living with the effects of CCT.

In the interviews for this study, no specific questions were asked of participants about their wellbeing. The comments they offered were unsolicited. It became clear that participants’ wellbeing had suffered in various ways at some stage and in some form. How their wellbeing was impacted varied amongst the participants. Participants shared the work was often difficult and draining, particularly at the start of the year, “it was very overwhelming at the start of the year” (IP8). At times participants found it hard to make sense of what they were experiencing as their work with children living with the effects of CCT was often beyond what they had ever imagined. As encapsulated by an interview participant, “I had never dealt with that before” (IP22). While another interview participant explained her shock at a child’s behaviour, “the only way I can explain it was like ...ummm...a feral animal not wanting to be caught” (IP18). This participant went on to explain they had never before seen a child behave in that way. These types of experiences however confronting they are for us to hear about, they can have an impact on their own wellbeing.

Participants experienced self-doubt when working with children living with the effects of CCT. As described by an exasperated interview participant, “Oh man! What am I meant to do here? What am I meant to do? You know? How...how can I make

this child engage with the learning and sometimes I realised sometimes you just can't" (IP16). Although participants described their personal doubts about being a good teacher for children living with the effects of CCT, they were also concerned about the quality of their teaching for the whole class, as stated by interview participant 13, "one of my biggest concerns was feeling like I wasn't being a good teacher for the other kids in the class" (IP13).

Thus, the work can take an emotional toll on participants' wellbeing as shared by an interview participant, "expect to be feeling every emotion everyday" (IP23). Also shared by a focus group participant, "[you feel] a huge emotional toll because you feel that you have a great deal of responsibility to these kids" (FGP1). While another shared,

I feel like, I personally take on what happens with them a lot more. I don't leave it at school. I worry about them. I also feel like that if I don't get it right, they're missing out on the opportunity to have choices when they're older. (IP11)

A focus group participant went onto explain, "I wanted to help these kids as much as I could. I also wanted them to achieve, I made sacrifices because of that" (FGP1). This "emotional toll" could also manifest as physical symptoms such as tiredness, "you get tired and you're really on the verge of ... 'I'm sick of this'" (IP17). For this participant, what they may have been "on the verge of..." seemed to defy description or was perhaps, unsayable. Another participant shared their experiences of feeling physically exhausted, "basically I pushed myself to the point of almost exhaustion because I wanted to do everything, I wanted to help the kids as much as I could" (FGP1).

These costs included a deep preoccupation with the children and their situations with knock on effects to night-time rumination and disturbed sleep. One participant explained, "I personally take on what happens with them a lot more. I don't leave it at school. I worry about them. I worry about what they go home to. I wake up in the middle of the night worrying" (IP11). This was echoed by another who said, "I'm constantly thinking about it. I'll be at home at night in bed like, 'that didn't work [strategy] for long. What could I do differently? What's changed?'" (IP18). Finding sleep was a battle that challenged their ability to keep going,

You still have to find a way to go to sleep and you still have to find a way to put your feet on the floor in the morning. It is a constant battle. But you put your feet on the floor, to be the best of their day, even if it is only for a few hours. (IP7)

This participant felt that the work was affecting her to a greater extent because the children's circumstances were unimaginable to her. She explained it was: "more taxing on me because I don't know what this feels like [to live with CCT]" (IP7). She said she did not have "the foggiest" (IP7) [Australian slang for 'no idea'] but she was aware of what the experience was "doing to me now" (IP7). The interview participant went on to disclose the effects that this was generating for her: "I probably drink more than I should to cope...just sort of try and divorce yourself emotionally" (IP7).

An experienced teacher, had witnessed colleagues succumb to the complexity of their working circumstances, stating: "I have seen a few teachers lose control" (IP17). This teacher reasoned that her colleagues who had lost control, "they themselves are struggling so they are not able to put in as much to each student" (IP17). This seemed to be a vicious and defeating cycle: teachers determine to do "everything to help" the children "as much as they could", worrying about their situations, losing sleep, trying to cope, all of this then reducing their capacity to do "everything to help".

It may be much easier to cope in more highly populated areas. As shared by interview participant 11 reflecting on the difference between teaching in metropolitan area and teaching in a remote community,

I could leave it at school and then would come back and pick it up. Whereas here, you might see the kids outside of the school and you're like, 'ok, are you doing the right thing?' So, you are automatically back in teacher mode again. (IP11)

A focus group participant shared their similar perspective,

I think even like comparing what we do in a day's work to someone who works in Brisbane or Sunshine Coast at one of the elite schools, you get paid the same, yet we juggle the content, the curriculum, their background [the children] and they're not able to speak Standard Australian English. (FGP2)

Participants shared how they fostered their own resilience working with children living with the effects of CCT. Their comments included being able to “build a thick skin” (IP6) or drawing on their own personal experience of difficulty (IP3). In identifying strategies, it seemed that participants were able to exercise a modicum of self-care, at least in some instances as this particular participant explained, “so it’s about always keeping yourself in check and trying to respect what you’re teaching them” (IP18). By this, the participant was perhaps suggesting a modelling component to coping with challenging circumstances, so that children learn by example (IP18). Others suggested that to look after their own wellbeing, they tried not to take situations personally (IP12).

Leading on from this is how participants maintained their passion for working with children living with the effects of CCT. Their comments were honest, and positive. For example, “it’s rough, it’s scary, it’s quite upsetting... but there’s so much you can do” (IP6). Others shared feeling a self-imposed pressure, feeling “stretched” (IP17, IP23), and a sense of wanting to do more: “I wish I could do more” (IP21). For some, this was an internal battle along the lines of: “is this going to be enough? Am I doing the right thing? Of course, I’m doing the right thing! What are you saying these things to yourself?” (IP7). It seems possible that the presence of these types of conditions, if persistent, would negatively affect teachers’ wellbeing, and if pervasive, may also negatively affect schools’ functioning.

4.9.3 Importance of support networks

“My friends who are all teachers, we are all really close. They really are like family” (IP13).

To be able to do their work with children living with the effects of CCT, participants identified the importance of work life balance and having support networks. This was highlighted by an interview participant who shared, “you can get tied up in the job and you can work around the clock... but having something that they [teachers] can do to relax” (IP9). The interview participant went onto explaining this as,

Trying to have a bit of balance. I know it’s easier said than done because it is stressful. The job is stressful, and it’s not easy. I believe it is getting harder every year. Just making sure that your own mental health and

physical wellbeing is a priority, and you know that may change from day to day, week to week, to term to term. Also, making sure that you've got your own support network that you feel safe in, because you do hear and see and experience some very big things at school. (IP9)

Participants shared that they predominantly gravitated towards their family and teacher colleagues for support. Isolation from personal support systems was another pathway to negative effects on teacher wellbeing. Trying to process their experiences away from their support systems was sometimes challenging. Interview participant 6 shared reliance on personal support systems from afar, "by the end of the day, after everything had happened, I felt the only reaction was to cry...I felt I needed to cry. I had to call home to get it all out" (IP6). Interview participant 9, had a somewhat different experience describing how it was possible to become disconnected due to people back home not understanding. They said,

When you are talking to someone on the phone who is not physically here, seeing it, and doing it every day, may not fully understand...then that person becomes frustrated. They get tired and that support connection breaks or doesn't exist anymore. (IP9)

This participant went on to question the adequacy of teacher support systems broadly, "who is their [teacher] support person? Because a new teacher coming out here [remote area], they may or may not have a partner.... I know with past experiences.... if they're a young graduate, their Mum and Dad can't picture the context, so they don't actually really know" (IP9). Consequently, teachers are often feeling disconnected because of their work with children living with the effects of CCT, these circumstances are real and can be raw.

Talking with someone seemed to help them process their experiences and keeping the information private was recognised less than optimal as three participants attested: "talking about it definitely helps my wellbeing" (IP10); "talking to colleagues. We bounce things off each other" (IP11); and "talking with friends" (IP7). A participant also shared,

Just go talk to someone. Someone somewhere is able to help you. Don't bottle it up. You've got to talk about it. Just realising it can be quite tough out here [remote area] but you have to find a way to cope. (IP6)

The link between “talking” and “coping” is significant here. Yet, taking the step of talking with someone was also linked to fear of admitting failure, as described by a focus group participant, “I think a fear I had was asking for help. Just that fear of failing, not being able to do my job” (FGP4).

Families were referenced as a source of support. Some participants shared they received support from their family who were living with them, and how this family support then enabled them to provide support to their colleagues. For example,

I have my family with me, so we are a support system. We do extend that support to our other staff, but the burden can be quite great if you have another teacher who’s isolated and alone and requires a lot of your support. You find sometimes that you want to give support but at the same time you don’t want them to become dependent. (IP17)

There was even the suggestion of talking to school leadership, despite it being perceived as a daunting task,

I just think sometimes it is important to have those conversations with leadership even though it can be scary to kind of make them aware that these things are difficult. Whether something happens or not, you might have to accept that. (IP11)

This suggests that school leaders in remote contexts may need additional interpersonal skills including, perhaps, active listening and responding. One of the techniques that school leaders can use, is referral of staff experiencing workplace stress to an employee assistance program – a confidential preventative and proactive service to support the wellbeing of employees. However, one participant was critical of this and was at pains to point out,

I know with the education department we have [employee assistance program] line which is a free help line. I know you can ring it up, but if there was someone coming in on a regular basis to say, ‘hey, talk to me, debrief with me’. You know that staff member knows they’re getting supported emotionally. I think you always put your own needs last. I honestly don’t know anyone who has rung that number, even though it is a free service and it’s private and confidential. I think we are losing in our world of technology, we are losing that face to face contact. I do believe

that is important [face to face contact], especially when we are talking about wellbeing and mental health of the adult. (IP9)

Due to lack of formal support systems that are perceived as effective, and being away from their family support networks, teachers often banded together to work through their experiences of working with children living with the effects of CCT. A focus group participant explained,

Relationships you make with other teachers. There's a closeness. I feel like at our school, it's family. So, I can go to any of the staff and say this is going on or ask for advice and it's a safe place. (FGP1)

This was echoed by another focus group participant, "friendships made and how they become family" (FGP3). While another focus group participant tried to explain why this is, "it's hard to explain the friendships that you create when you're out here [remote area]" (FGP5). Another explained it as, "I think it's because you've got that commonality [of experiences]" (FGP4). One interview participant explained that their teacher aide was a source of support within the classroom when things got too much, "that's where my teacher aide would step in and say, 'I'll deal with it today' or she'll say, 'you need to chill out a little bit'" (IP11). This means that colleagues are looking out for each other's wellbeing and are building collegial relationships where this type of on-the-ground support can be done.

4.9.4 Accessing professional development as a source of support

"Give us tools to support children, but also to support us to feel confident in dealing with children with trauma" (IP11).

As captured in this study's first category, *Journey to remote teaching*, when discussing their experiences, the participants often referred to themselves as being on a "journey". This final property brings us full circle back to focus on the journey. This was described by an interview participant as one of learning, "I'm on journey and I'm learning too" (IP4). Being on this journey, participants were developing their awareness of children living with the effects of CCT and becoming more confident in their skills, "I'm more confident than what I was before but still learning" (IP12).

Teachers who understand CCT and feel confident in supporting children living with the effects of CCT are better able to be supportive and provide a safe and supportive classroom environment. From the demographic data collected at the start

of each interview, in response to a question in which participants were asked to identify their level of confidence in engaging in a trauma informed manner with children living with the effects of CCT, many participants described that they felt they were developing confidence in their work with children living with the effects of CCT. A small proportion of participants described feeling not confident at all in working with children living with the effects of CCT, with only one participant identifying they felt very confident in working with children living with the effects of CCT.

A way of developing knowledge and confidence is through professional development. Professional development is important if trauma informed practices are to be implemented in schools. Participants were able to articulate what they needed to support children living with the effects of CCT. This included increasing their knowledge of CCT by accessing more trauma informed professional development. However, this came with a caveat: “it’s not a one PD [professional development] job” (IP8), meaning that one-shot professional development was not what they meant. Via the demographic questionnaire some participants identified they had received training in CCT delivered by a Guidance Officer during a one-off staff meeting or one-off pupil-free-day workshop, or they did some reading on CCT.

There is research to suggest that this model is not effective for long-term change in practice. Herman and Whitaker (2020) suggested delivering professional development in this way is only the first step because they believe that this format is not likely to have an ongoing impact and cannot transform staff practices. They suggested that professional development in CCT to be “relational in nature, conducted over time, and with trainers who possess the very qualities desired by the participants” (Herman & Whitaker, 2020, p. 4). This was echoed by the participants who stated they wanted and needed more specific training in CCT to obtain strategies to be able to do their work effectively. This is particularly salient in the light of some of the misconceptions that teachers have developed in the absence of specific education and training on CCT. For example, understanding children’s attachment, responding to behaviour borne from trauma professional development on cultural awareness have been virtually absent from their teacher education – both pre-service and in-service. A participant explained, “definitely more training because in terms of trauma we’ve only just touched the surface in terms of what it means and the impact that it has on families and these children” (IP20). And another, “I wish I had more strategies” (IP9). One

focus group participant grappled with the characteristics of professional development that would work,

Providing more PD [professional development]. Have PDs [professional development] that will actually support you to work with the kids that you are working with because we've been here [remote school] four years and we haven't done anything [training in CCT]. (FGP2)

This lack of access to trauma informed professional development could be the result of the schools' priorities. This was explained by a focus group participant,

If you're interested in working in trauma, your school has to be focused on...that has to be part of the school improvement agenda...unless you seek it for yourself from other avenues, then you might be able to go and do it [professional development], but you're expected to do it in our own time or own expense. (FGP1)

Participants provided their insights about training. They shared,

A PD [professional development] every year on dealing with trauma. Even some in class sessions where you might interact with a child and you might have someone say, 'you could do this instead and you might get a better outcome'. Explaining what the behaviour may be representing. (IP11)

Another participant shared their view, "definitely the consistent professional learning around behaviour and around these trauma children and that children come from a variety of backgrounds" (IP14). Also highlighted was the importance of fostering cultural knowledge and awareness to support teachers in building relationships with the communities in which they were working. Participants did not identify who specifically to provide the training but clearly identified that this was important for them to be able to do their work effectively with children living with the effects of CCT.

The other area participants identified was the need for ongoing support, including face to face support from knowledgeable others in the area of CCT. This was described in detail by an interview participant,

Ongoing support definitely. With all of this inclusive education, you just can't wave your magic wand and say those kids are now going to be in the

classroom and it is going to be rosy. You need to provide the support for each and every one of those children...like being there and having that advice and having those PDs [professional development] on trauma informed practices. Having people come in and seeing what you are dealing with. (IP2)

Other participants agreed, “more face to face support with any professional that are understanding of CCT” (IP4). Another participant went further,

A knowledge other on trauma in a school who...sharing of strategies. What strategies work...even if it is like a list of strategies, like a book that is easy to read, and everyone get given and exposed to because it's not...it's not really something you know about in advance. Obviously, you that these children exist, but you are not really thinking about them until you get one and then it's a big hit. (IP13)

A further area of support identified by participants was knowing how to successfully meet the curriculum demands when teaching children living with the effects of CCT, and how to work with parents. Professional development for these teachers, it seems, needs to be more comprehensive than what might have previously been provided.

Participants highlighted CCT was very rarely covered in their pre-service teacher training at university which may contribute to them not feeling confident in working with children living with the effects of CCT.

I never did anything at uni about any of this stuff [trauma]. [When you start teaching] you do your children protection [training] on what to report and what behaviours may be exhibited for neglect, abuse and all those sorts of things, but it doesn't tell you what to do next. (IP11)

This was confirmed by another interview participant who shared, “I didn't have a complete understanding of it [CCT]...when I went to university, we did a lot on disabilities, but I don't remember doing much on trauma” (IP18). In contrast, only one participant, a first-year teacher, indicated they covered CCT briefly in their pre-service degree (IP15). Consequently, participants identified “it [CCT training] needs to be a course at uni” (IP8). That the most recent appointee has received pre-service training on CCT is cause for hope.

4.9.5 Summary: Identifying what they need to do the work

This section introduced the study's final category *Identifying what they need to do the work* and represents the notion of what they need to be able to do their work with children living with the effects of CCT. This category has four properties. First, *maintaining passion* is important in wanting to make a difference in the lives of children living with the effects of CCT. Second, *looking after wellbeing*, was identified as important because participants' wellbeing had suffered in various ways at some stage in some form as a result of their work with children living with the effects of CCT. Third, *importance of support networks*, is important for teachers to be able to maintain some form of work life balance and maintain their wellbeing. Fourth, *accessing professional development as a source of support*. Participants identified this needed to be ongoing and provide specific strategies for children living with the effects of CCT, curriculum, working with parents, and cultural awareness.

4.10 CHAPTER SUMMARY

This chapter has presented and explained the new grounded theory generated in this study, *Building Trauma Informed Teachers*. This theory was developed from the findings of this study of remote primary school teachers who shared their experiences of working with children living with the effects of CCT. Seven categories of teachers' experiences of their work with children living with the effects of CCT were identified and presented with examples from the data with excerpts from participants' voices. Keeping with constructivist grounded theory, the literature was woven through the analysis of the data. *Building and maintaining relationships* was the participants' central experience and the theory's core category. The theory, *Building Trauma Informed Teachers*, is comprised of initial social processes represented in the categories, *Journeying to remote teaching*, *Learning about complex childhood trauma*, and *Becoming culturally aware and responsive*. Then once *Building and maintaining relationships* occurred, participants were able to engage in *Understanding children's experiences*, *Supporting children*, and *Identifying what they need to do the work*.

The next chapter, Discussion and Conclusion, details the study's contributions to knowledge, practice, and research. Recommendations based on the findings of this study are also detailed. The chapter concludes with an assessment of *Building Trauma*

Informed Teachers against Charmaz's (2014) criteria for constructivist grounded theory.

Chapter 5: Discussion & Conclusion

5.1 CHAPTER INTRODUCTION

Chapter 4 presented the findings of this study. In this chapter, the significance of these research findings is discussed. The primary contribution of this study is the constructivist grounded theory, *Building Trauma Informed Teachers*. This theory has been built from the ground up from participants' accounts of how they experienced their work with children living with the effects of complex childhood trauma (CCT).

In keeping with the constant comparative method, which is characteristic of constructivist grounded theory (Charmaz, 2014), the seven categories of *Building Trauma Informed Teachers* will be compared with the current literature (Section 5.2). Current literature is defined as the literature accessed since data analysis occurred. The next section (Section 5.3) discusses this study's contribution to knowledge, practice, and research. Recommendations are provided (Section 5.4), followed by an assessment of this grounded theory against Charmaz's (2014) criteria for quality grounded theory (Section 5.5). The strengths and limitations of the study are discussed (Section 5.6). Future research opportunities are considered (Section 5.7). Final remarks are provided in the study conclusion (section 5.8).

The constructivist grounded theory from this study, *Building Trauma Informed Teachers* addresses the research question, *How do teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT)?* As detailed in Chapter 4 the theory comprises seven dynamic and interactive categories: (i) journeying to remote teaching, (ii) learning about complex childhood trauma, (iii) becoming culturally aware and responsive, (iv) building and maintaining relationships, (v) understanding children's experiences, (vi) supporting children, and (vii) identifying what they need to do the work. These categories represent a theoretical explanation of how teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT).

5.2 RETURNING TO THE LITERATURE

As discussed in Chapter 2, the preliminary literature review was completed as part of my university's PhD Confirmation of Candidature process. An update of the literature review since data collection was subsequently integrated into Chapter 2. Further literature was then woven throughout Chapter 4 (Thornberg & Dunne, 2019). In this section, the seven categories of this study are cross-referenced with the literature accessed since the data analysis occurred.

5.2.1 Journeying to remote teaching

Within this category, *Journeying to remote teaching*, two properties emerged: teaching remote offers professional and personal opportunities; and adapting to “culture shock” when commencing in remote schools.

With respect to the first property, the reasons why teachers might choose to ‘go remote’ was researched by Schulz (2017) who, taking a Foucauldian view focusing on power relationships, identified four types of ‘white’ teachers in remote Australian desert schools. Schulz (2017) described these teachers as either “missionaries” (teachers who have a sense of duty to support the disadvantaged ‘others’), “mercenaries” (teachers who go to remote areas for financial gain), “tourists” (teachers who want to escape to seek adventure), and “misfits” (teachers who challenge whiteness and take a decolonising stance) (Schulz, 2017, p. 121). The idea of ‘teacher types’ have also been taken up by Willis and Grainger (2020) who presented case studies involving four teachers who taught in remote areas across Australia. In reflecting on the findings of my study, the findings do not seem to resonate, and in many ways seem hyper-critical of teachers whose experiences I have attempted to capture in this grounded theory study. Applying these typologies especially the categories of “missionaries” and “tourists” to data from my study would not be fair or appropriate, especially given that four of the participants in my study identified as Aboriginal. Neither would the term “mercenaries” be appropriate. Financial incentives, although part of the employment landscape for teachers and anchored in government policies were not voiced by the participants as important in their decision to ‘go remote’. The key reasons why participants journey to a remote area to teach was not the central focus of this study, although it became important as a precursor to understanding teachers’ experiences thereafter.

In the second property, participants discussed how, once they started working in a remote area, they experienced what they described as a “culture shock”. This “culture shock” was due to their new environment - a remote area - being completely different from what they had previously experienced. A type of culture shock was also documented by Willis and Grainer (2020) who found that teachers described having experiences they had never had before, particularly in relation to cultural differences. Current research seems to support this study’s finding that these differences can be challenging for teachers in remote areas (Datta-Roy & Lavery, 2017; Kelly et al., 2019; Lowe et al., 2019; Sharplin, 2002). The experience of culture shock is not the sole province of teachers. It has also been identified by workers from other sectors such as nurses who journey to work in remote areas across Australia (Muirhead & Birks, 2020).

5.2.2 Learning about complex childhood trauma

Within this second category, *Learning about complex childhood trauma*, four properties emerged explaining how participants learnt about complex childhood trauma (CCT). The four properties were: how teachers conceptualise CCT, understanding intergenerational and transgenerational trauma, teachers’ perceptions of prevalence of CCT, and teachers’ perceptions of the effects of CCT on children.

Participants did not provide a clear definition of CCT and differing conceptual components of CCT were shared. In the data, there was a clear focus on conceptualising CCT as intergenerational and transgenerational trauma and arising from domestic and family violence. Within the literature, there is a paucity of research into how trauma is conceptualised within the remote context and how professionals working there understand and respond to its impacts. For example, recent work by Chamberlain et al. (2020) reported limited research on the impact of complex trauma in Aboriginal and Torres Strait Islander communities. These authors suggested that violence can be seen as an everyday practice in some communities (Chamberlain et al., 2020; Special Taskforce on Domestic & Family Violence in Queensland, 2015). Other research conducted by Berger et al. (2020) of 27 Victorian primary and secondary school teachers found differing terminology used when discussing trauma. These researchers suggested the lack of consistent definition and varied terminologies made it challenging for trauma informed practices to be implemented in schools because there is not a common and consistent language to describe trauma responses

in children living with the effects (Berger et al., 2020). Within the context of my study, how remote teachers conceptualised CCT was important to document because the implementation of trauma informed practices must be contextualised (Bessarab & Crawford, 2010; Menzies & Grace, 2020; Pihma et al., 2017). Support for trauma contextualisation in remote areas is justified by international researchers but has not yet been addressed by Australian researchers, researching in remote schools. For example, Lawson et al. (2019) encapsulate this when they stated, “trauma informed schools and communities in rural settings will have somewhat unique features and special dynamics” (p. 440).

Participants in my study conceptualised CCT primarily through the lens of intergenerational trauma and transgenerational trauma. To date, there is limited research on how teachers understand intergenerational trauma and transgenerational trauma. Australian researchers, Willis and Grainger (2020), in their teacher case studies identified only one teacher who referred to, but did not elaborate upon, the importance of remote teachers understanding the impact of intergenerational trauma on children. The participants in my study understood CCT as arising from domestic and family violence which, itself, can be an outcome of intergenerational and transgenerational trauma. This is a complex and dynamic phenomenon that is intertwined with the effects of colonisation, dispossession, and assimilation which led to the destruction of traditional family units in many Australia’s remote communities (Atkinson, 2002; Curthoys, 2020; Menzies, 2019; Meyer & Stambe, 2020). Again, there is paucity of research on teachers’ experiences of working with children affected by domestic and family violence. A notable exception is Davies and Berger (2020) who conducted a small scale, qualitative study with 11 primary and secondary school teachers from Victoria, Australia who described their experiences of working with children who had experienced domestic violence (these researchers used the term ‘domestic violence’ to refer to what I have termed ‘domestic and family violence’). Teachers in their study identified the “intergenerational cycle of domestic violence” (Davies & Berger, 2020, p. 100). The lack of research in Australia’s remote contexts, must be addressed in future, as will be discussed in Section 5.7.

Participants in my study found it difficult to articulate the prevalence of CCT in remote communities, yet expressed they believed it to be higher than other areas. As noted in Chapter 2, it is virtually impossible to quantify the number of children who

have experienced CCT. The most promising avenue for research for capturing the full spectrum of negative and harmful experiences in childhood is the field of “adverse childhood experiences” (ACEs) (Hunt et al., 2016; Maguire-Jack et al., 2020b; Metzler et al., 2017; Soleimanpour et al., 2017). Internationally, there is limited research into the prevalence of ACEs in remote communities (Crouch et al., 2020; Keesler et al., 2020; Radcliff et al., 2018). The research that has been conducted has mainly been undertaken in rural areas in the United States of America (USA). That research has found that children in rural areas in the USA experienced higher rates of exposure to ACEs compared to children from urban areas (Crouch et al., 2020). Keesler et al. (2020) proposed that this is because in rural areas there are several interacting factors which, when combined, create much higher risk of negative effects, including higher rates of poverty, lower levels of education, higher incidence of mental health and behavioural disorders, social isolation, higher rates of substance abuse, and lack of providers and community supports. One way to respond to this, Keesler et al. (2020) suggested is using a culturally sensitive approach involving understanding the cultures of rural communities, their norms, and values. This can be achieved by spending time getting to know communities (Bischoff et al., 2014). Radcliff et al. (2018) further found that rural areas of the USA were further disadvantaged because families may not have access to effective services and supports to alleviate the effects of ACEs.

Participants from this study identified CCT as having a lifelong impact on children with effects on all areas of their development. Harper and Neubauer (2020) in their model for trauma informed education and administration in response to COVID-19 in higher education institutions, summarised that each person’s experience of trauma and how they view it is different due to “cultural beliefs, past experiences, social connectedness, developmental stage, and the degree of power one possess” (Harper & Neubauer, 2020, p. 3). As documented throughout this thesis, there has been little focus on teachers’ perceptions on the effects of CCT on children. Research conducted by Berger et al. (2018) on the effect of a single natural disaster on secondary students from a Victorian specialist independent school found, not surprisingly, that teachers found that the disaster (i.e., trauma) negatively affected student wellbeing and learning. The impact of natural disasters is yet another consideration for teachers who work in remote areas, as those areas frequently experience natural disasters in the form of cyclones, flood, fire, and drought. Berger et al.’s. (2018) research would resonate

with participants in my study. Consequently, it is important for teachers to understand the unique experiences of children living with the effects of CCT (Townsend et al., 2020) who live in remote areas (Townsend et al., 2020).

5.2.3 Becoming culturally aware and responsive

Within this third category, *Becoming culturally aware and responsive*, two properties emerged: becoming responsive to Indigenous culture, and learning about culture. Participants confirmed that each remote community was diverse. Rural and remote areas are “richly complex and contradictory – and that many rural communities are characterised by extremes of wealth, age, health and capacity, as well as by racial and cultural diversity” (Reid et al., 2010, p. 267). In becoming culturally aware, the emerging literature on cultural competence, cautioned against teachers not taking a “pan-Aboriginal view” (Burgess, 2019, p. 479) toward Australian Indigenous cultures suggesting a move away from having a simplified understanding of culture (e.g., focusing solely on cultural celebration days) (Sisson et al., 2020). The shift towards becoming culturally aware, responsive (Davis et al., 2018), and competent (Burgess, 2019) is receiving some attention in the current education literature. However, more than a decade ago, Castagno and Brayboy (2008) advocated that teachers needed to have a level of cultural competence, which must be considered as an ongoing learning process requiring flexibility and adaptability, depending on the children and context in which the teachers were working.

Participants discussed the importance of being responsive to Indigenous cultures and that learning about the local culture was an important component of building relationships with their communities (Miller & Steele, 2021; Shay et al., 2021). Aboriginal and Torres Strait Islander students make up approximately 6% of the total school population in Australia (Australian Institute for Teaching & School Leadership [AITSL], 2020, p. 9). Within the context of this study, 8,129 of Queensland’s 58,143 Aboriginal and Torres Strait Islander students were attending schools in the North Queensland Region (NQR), and Aboriginal and Torres Strait Islander students comprised 25% of the NQR school population overall enrolments (DoE, 2020d). In this study, Aboriginal and Torres Strait Islander students comprised 19 to 89% (at the time of data collection) of the participants’ school students as noted in Chapter 4 (Section 4.2). This highlighted the essential need for teachers in these schools to be culturally aware and responsive. US researchers in the areas of Indigenous education

and child/youth studies, state teachers must be open to and learn about the cultures of the children they teach, this includes their cultural histories (Castagno & Brayboy, 2008; Cavanaugh, 2016; Durden et al., 2015; Shay et al., 2021). Participants in my study seemed mindful and sensitive towards the events of the past, and appreciative of the strength and richness of different community cultures. Participants highlighted the importance of being aware of cultural protocols and were conscious of their need for training in this area, however, they did not elaborate on having received culturally awareness training prior to or during their service in remote schools. There is limited research investigating the extent to which teachers in remote areas are receiving cultural awareness training and its effectiveness. Research conducted in rural and remote Western Australian remote schools with thirteen teacher participants, Gower et al. (2020) found that teachers identified there was a lack of cultural awareness training. This seems congruent with the experiences of the participants in my study.

Cultural awareness training in primary and secondary schools is piecemeal despite recent calls for cultural awareness training from the Australian Institute for Teaching and School Leadership (AITSL, 2020) and many Indigenous scholars (Bodkin-Andrews et al., 2021; Kickett-Tucker, 2021; Phillips, 2021; Shay et al., 2021). AITSL (2020) in their recent discussion paper, *Indigenous cultural competency in the Australian Teaching workforce* wrote that, “teachers need to be culturally aware, culturally responsive, and willing to reflect on their biases and expectations *on* and *about* Indigenous peoples to adequately ensure that the classroom environment and teacher-student relationship are conducive for all students” (p. 10). The Queensland Department of Education’s *Every Aboriginal and Torres Strait Islander Student Succeeding* strategy highlighted the importance of improving cultural capacity of staff (DoE, 2020d). However, the Queensland Department of Education have also claimed that the development and implementation of cultural awareness and cultural competency training should be facilitated at the community level (Queensland Government, 2011). Although this is meant to account for the need for training to be tailored to communities, leaving this important training to each school leader means that those school leaders who do not prioritise cultural competency may act as a barrier to the development of culturally competent teachers (AITSL, 2020; Australian Human Rights Commission, 2020). To fill this gap in cultural awareness training, some schools and individual teachers have undertaken training from Australian

organisations such as BlackCard’s Cultural Capability Training (BlackCard, 2020), and the Stronger Smarter Institute (Stronger Smarter Institute, 2013). But, there is no coordinated or consistent approach towards teachers’ cultural awareness and competency training in initiatives that risk being haphazard and fragmented (Australian Human Rights Commission, 2020).

The approach taken by primary and secondary education sectors in Queensland state schools contrasts with the approach taken by early childhood and higher education sectors, which form the bookends of education. Within the early childhood section in Australia, the importance of teachers’ cultural competence is championed in frameworks and practice guides such as the *Belonging, Being and Becoming: The Early Years Learning Framework for Australia* (Department of Education, Employment, and Workplace Relations [DEEWR], 2009); *The Early Years Learning Framework in Action – Educators’ stories and models for practice* (Department of Education, Skills & Employment, 2013); *You’re in new Country* (Farmer & Fasoli, 2011); *Educators belonging, being and becoming – Educators’ guide to early years learning framework for Australia* (Department of Education and Training, 2010); and Early Childhood Australia, the peak industry body’s reconciliation plan, *Embed, Enable and Strive: A stretch reconciliation action plan for Early Childhood Australia* (Early Childhood Australia, 2018). Since the development of these frameworks and guides, Neitzel (2020), a researcher from the University of North Carolina, USA, has discussed the importance of early childhood teachers not only being culturally competent, but also having “a unique understanding that trauma has different meanings across cultures and that healing takes place within the context of cultural beliefs. Culturally aware practitioners are able to provide services to children and families with this understanding” (Neitzel, 2020, p. 165). As well as the importance of “understanding of implicit bias and how it affects all classroom practices, including how teachers respond to children and families who are experiencing trauma” (Neitzel, 2020, p. 165). The Australian Human Rights Commission, in the *Wiyi Yani U Thangani (Women’s Voices): Securing Our Rights, Securing Our Future Report* (2020) reinforced that ongoing professional development is essential for teachers to develop cultural competence. This is something that is currently missing from the Queensland Department of Education’s approach, and that can and should be addressed.

Within the higher education (tertiary) sector in Australia, the *National Best Practice Framework for Cultural Competency in Australian Universities* (Nolan & Hill, 2011) outlines the guiding principles for the development of cultural competency for university staff. A practice guide, *Guiding principles for developing Indigenous cultural competency in Australian universities* (Department of Education, Employment and Workplace Relations [DEEWR], 2011) was also developed to enable universities to develop their own programs and processes to meet their contextual obligations (Bennett et al., 2016; DEEWR, 2011). Examples of this include the context specific *Indigenous Cultural Competency Program* (ICCP) at Charles Sturt University (Hill et al., 2018) and the *Indigenous Cultural Competency Course* at Central Queensland University, Australia (Fredericks & Bargallie, 2016). Outcomes from these courses indicate significant positive shifts in participants' self-reported knowledge and understanding (Fredericks & Bargallie, 2016; Hill et al., 2018). Stronger commitment and a more coordinated focus on education and training for cultural competence for school staff in Queensland schools appears to be long overdue.

5.2.4 Building and maintaining relationships

Within this fourth category, *Building and maintaining relationships* it was identified as essential by the participants for them to build and maintain relationships so that they can do their work with children living with the effects of CCT. Properties identified include building relationships, building relationships with community and parents; and building relationships with children living with the effects of CCT.

Participants highlighted the importance of building relationships within the communities in which they work. This is also reported in the literature many times over, with numerous studies and commentaries identifying the importance of community relationships (Biddle et al., 2018; Burgess, 2019; Castagno & Brayboy, 2008; Exell & Gower, 2021; Gower et al., 2020; Hartman et al., 2017; Miller & Steele, 2021; Philips, 2021; Reiersen & Becker, 2020; Shay et al., 2021; Stronger Smarter Institute, 2020; Willis & Grainger, 2020). Specifically, the literature addresses building relationships with parents (Gower et al., 2020; Fordham & Kennedy, 2017; Shay et al., 2021; Stronger Smarter Institute, 2020), which can take time as there maybe difficulties establishing and maintaining trust due to parents own negative experiences, including trauma at school (Berger et al., 2020; Blitz et al., 2020; Chamberlain et al., 2020; Willis & Grainger, 2020). Once relationships were built with

parents, participants in my study reported these ended up being generally good relationships. This has also been documented in the literature. Chamberlain et al. (2020) identified in their study with 57 Aboriginal stakeholders from Central Australia, that teachers were nominated by community members as a potential source of safety and trust for families.

Building and maintaining relationships can be viewed as cumulative tasks achieved via positive childhood experiences (Baglivio & Wolff, 2020) and are needed for all children. However, relationships become even more important for children living with the effects of CCT (Wall, 2020). Teachers can be a mechanism for providing positive childhood experiences as was demonstrated by the actions taken by the participants in my study. Over and over, they highlighted building and maintaining relationships with children living with the effects of CCT. This was identified as extremely important to the participants. Building and maintaining relationships was the very foundation for their work as “teachers are responsible for creating long-term emotional relationships with children, listening to students’ stories of personal adversity, not overreacting in the face of different circumstances, managing student behaviour, and delivering academic content to large groups” (Rawson, 2021, p. 72). A thread that runs through this thesis, almost like a broken record is there is very little research into teachers building and maintaining relationships with children living with the effects of CCT. There are some notable exceptions that have recently emerged. Townsend et al. (2020) conducted a systematic review of qualitative research which documented school experiences of children in out-of-home care. From the eleven studies which met the inclusion criteria for the systematic literature review, one of the key findings was the importance of teacher student relationships with children in out-of-home care (Townsend et al., 2020). Wall (2020) in her study of nine educators’ experiences with children living with the effects of CCT from a Southern Californian Title 1 public elementary school found building relationships was essential and more effective than providing rewards.

To build and maintain relationships it is important to understand the role of attachment in children who are living with the effects of CCT (Doyle & Cicchetti, 2017; Isobel et al., 2019; Kinniburgh et al., 2005). The participants from this study identified how children living with the effects of CCT formed attachments to them, as teachers. Although this type of relationship building must be acknowledged as well

intentioned, it may not always be in the best interests of the child or, indeed, of the teacher (Roorda et al., 2020). This finding highlighted the complexity of relationship building with children who have experienced CCT and the importance of self-reflection on their practices (Collier et al., 2020). Teachers knowing about attachment has been highlighted by Zsolnai and Szabó (2020) as important for providing a safe school environment. But how teachers manage, day-to-day, the various complexities associated with relationship formation and boundary setting with children who have experienced CCT could be a topic for future research.

Participants from this study discussed their relationships with children living with the effects of CCT, their families, and communities respectfully and compassionately. As well as articulating the challenges they faced, they also reinforced the importance of not finding blame for children's circumstances or casting judgements but working from a position of strength and agency. This approach is evidenced in participants in my study appears to contrast with findings of another recent study. In a case study conducted in remote New South Wales, Australia, Stacey (2019) found teachers' experiences with families and children led to teachers engaging in deficit discourses in which blame was apportioned to individual students and communities. As will be discussed later in this chapter, this contrast may be because the sample of teachers who volunteered their participation in my study were more knowledgeable about and positive towards the research topic than teachers who did not volunteer their participation.

5.2.5 Understanding children's experiences

The fifth category, *Understanding children's experiences* demonstrated how participants understood the experience of children living with the effects of CCT. Properties identified were effects of CCT on behaviour and effects of CCT on learning. The effect of CCT on children's behaviour and learning has also been uncovered by other researchers (Berger, 2019; Berger & Samuel, 2020; Collier et al., 2020). The experiences shared by participants in Davies and Berger's (2020) study were similar to those reported by the participants in my study. Teachers accounts of their experiences touched on how they understood CCT effects children's behaviour (both externalising and internalising behaviour) and their observations of lower academic achievement requiring differentiation in teaching.

Behaviours demonstrated by children who are living with the effects of CCT can manifest in classrooms. In this study, participants described behaviours displayed by children living with the effects of CCT as predominantly externalising behaviour (such as hitting, screaming, swearing, aggression, oppositional behaviours, and destroying of property) (Guest et al., 2020; Krause et al., 2021; Murray et al., 2019). This has also been found in recent literature on the behaviours of children who have been maltreated (Davies & Berger, 2019; Fondren et al., 2020; Hebert et al., 2018; Joseph et al., 2020). Lawson et al. (2019) in their Harvard Educational Review essay, stated that the behaviour of children living with the effects of trauma can have an adverse effect on others in education settings, including other children and teachers. This is because behaviour may be misunderstood by teachers as being defiant and/or disrespectful rather than as a response to trauma (Davis et al., 2018; Howard, 2013). To work effectively with children who have experienced CCT, teachers must understand the perception of threat that drives the behaviour of children affected by CCT (Davis et al., 2018; Harper & Neubauer, 2020). This is something that the participants from my study suggested they were able to do.

Participants in my study identified that CCT affected children's learning and required teachers to differentiate curriculum and learning experiences based on children's needs. Participants did this with limited support and resources. There is a growing body of literature discussing the impact on academic achievement of children exposed to trauma and maltreatment (Davis et al., 2018; Fondren et al., 2020; Harper & Neubauer, 2020; Romano et al., 2015; Ryan et al., 2018; Wall, 2020). Romano et al. (2015) conducted a systematic literature review on childhood maltreatment and educational outcomes. Results showed that children who have been maltreated have difficulties in achieving quality academic benchmarks, access special education classes, repeat grades, and are often absent from school (Romano et al., 2015). Romano et al.'s (2015) literature review also found the onset, type, and duration of maltreatment may influence the extent to which a child experiences academic difficulty (Romano et al., 2015). Ryan et al. (2018) investigated the link between prevalence of involvement with child protection services and academic outcomes. Results indicated early involvement with child protection services was associated with negative academic outcomes (Ryan et al., 2018). The authors raised the question of how schools should respond if trauma interferes with academic progress and there were no other indicators

of learning disability. This cascade of effects is something that the participants in my study hinted at when discussing children’s academic progress and explaining the tension between school curriculum expectations and standards, and children’s individual needs and capabilities. Although not all children living with the effects of CCT experience learning difficulties (Ryan et al., 2018), the literature points to the value of a whole school approach to trauma informed practices (Davis et al., 2018; Ryan et al., 2018).

The participants in this study put the wellbeing of their children first. This was clearly at odds with the focus on academic achievement data held by their school leadership teams, and school system expectations. This phenomenon is beginning to emerge as a topic for research. For example, Parker and Hodgson (2020), Willis and Grainger (2020), and Berger et al. (2020) found in their research with teachers, there was pressure for students to achieve academically with minimal understanding by others of what children living with the effects of CCT needed to succeed. This is compounded by the lack of funding for practical support for children living with the effects of CCT and their teachers (Berger et al., 2020). Participants in my study also found it difficult to balance the needs of children living with the effects of CCT against the needs of other children in their classes. This has since been documented by Berger et al. (2020) in their research with Victorian school teachers, and by Parker and Hodgson (2020) in their research with specialist teachers in student engagement and behaviour who worked in Western Australian Department of Education’s schools, leading to the latter to state “one size does not fill all” (p. 245) when responding to children living with the effects of CCT. For trauma informed work to be successful, it needs to be contextualised to the school and community (Harper & Neubauer, 2020; Reiersen & Becker, 2020).

5.2.6 Supporting children

Within the sixth category, *Supporting children*, three properties were identified: providing safe and supportive environments; developing and maintaining high expectations; and working collaboratively with others as important in understanding how to support children living with the effects of CCT. When teachers understand the effects of CCT on children, they can respond appropriately to these children’s learning needs (Blitz et al., 2020).

Participants identified for children living with the effects of CCT, a safe and supportive learning environment is needed. Providing a safe and supportive environment is a common theme in a body of current literature. Providing a safe and supportive environment includes establishing routines and being consistent (Berger & Samuel, 2020; Berger et al., 2020; Cavanaugh, 2016; Davis et al., 2018; Dorado et al., 2016; Neitzel, 2020; Parker & Hodgson, 2020; Reiersen & Becker, 2020) and teachers being viewed as a source of safety by students (Castagno & Brayboy, 2008). Townsend et al. (2020) also identified the importance of schools being a ‘safe haven’ for children living in out-of-home care.

The process of developing and maintaining high expectations was identified by the participants in my study as very important when working with children living with the effects of CCT. The process they described is characterised by being supportive of the child yet challenging in a supportive manner, especially towards negative thoughts/expectations and/or behaviours. The participants firmly believed that despite their experiences, children living with the effects of CCT were able to learn and achieve. Experiencing trauma was not viewed by participants as an excuse for not attempting schoolwork or being successful. Other researchers have identified the importance of having high expectations of children (Burgess, 2019; Rawson, 2021; Roffey, 2016; Sarmardin et al., 2020; Sarra & Shay, 2019; Shay et al., 2021; Townsend et al., 2020). Within the context of Indigenous education in Australia, Sarra et al. (2018) coined the phrase “high expectations relationships” (Sarra et al., 2018, p. 32) to describe strong teacher student relationships and communication with the awareness that personal beliefs and assumptions impact on others. The Queensland Department of Education’s *Every Aboriginal and Torres Strait Islander Student Succeeding* strategy (DoE, 2020d) also highlighted the importance of high expectations. For the concept of high expectations to work, teachers must understand trauma informed practice and have strong partnerships with parents and community (DoE, 2020d). These components of high expectations, understanding trauma, utilising trauma informed practices, and building relationship with parents and community were identified by participants in my study.

Participants also identified working with children living with the effects of CCT is something they cannot do by themselves. Working collaboratively with others such as Guidance Officers, Principals, Deputy Principals, and teachers were identified by

participants as essential. Working collaboratively with others including teacher colleagues, school mental health professionals, and community agencies has also been identified within the literature as important work (Berger & Samuel, 2020; Biddle et al., 2018; Collier et al., 2020; Mellin et al., 2017). The literature also reports teachers do consult with school based mental health professionals for support in understanding how to support children living with the effects of CCT (Cavanaugh, 2016; Hollingsworth, 2019; Reinke et al., 2011; Tatar, 2009). In Queensland state schools these mental health professionals are typically the school Guidance Officers (Collier et al., 2020). In the literature other school mental health professionals include school counsellors and school psychologists. Regardless of their titles, these school mental health professionals are often viewed as “experts on trauma informed practice” (Howell et al., 2019, p. 31). They are in the ideal position to be leaders in supporting children living with the effects of CCT (Gubi et al., 2018; Howell et al., 2019). Consequently, they are expected to be familiar with the effects of CCT on children (Gubi et al., 2018; Wood et al., 2017). They are also a source of positive emotional support, providing insights into students, and finding solutions with teachers, who then put them into place (Alisic, 2012; Kourkoutas & Giovazolias, 2015; Reinbergs & Fefer, 2018; Tatar, 2000). However, there is some research to suggest many school mental health professionals do not feel equipped in their knowledge, confidence, and skills in trauma and how it impacts on children’s learning and behaviour (Collier et al., 2020; Gubi et al., 2018). This has a flow-on effect to the support teachers receive, particularly in areas where there are limited services available and the school mental health professional is the main avenue for support for teachers and children.

5.2.7 Identifying what they need to do the work

Within this seventh category, *Identifying what they need to do the work*, four properties were identified: maintaining passion, looking after wellbeing, importance of support networks, and accessing professional development as a source of support.

The participants reinforced even though they faced challenges, they find their work in remote communities with children living with the effects of CCT to be rewarding. Berger et al. (2020) in their research also found teachers had a sense of fulfilment in working with children impacted by trauma. Despite feeling a sense of reward of fulfilment, participants shared that the work took a toll on their wellbeing emotionally and physically. Rawson (2021), a US school counsellor and instructor at

Gonzaga University and Eastern Washington University, stated that working with children living with the effects of CCT, “challenges an educators’ emotional, physical, and cognitive capacities, and can lead to teacher burnout” (Rawson, 2021, p. 71). This is congruent with the effects reported by participants in my study. They reported feeling self-doubt, the work taking an emotional toll, losing sleep, and in some instances drinking more than they should. These are similar responses found by other researchers, including exhaustion (Berger et al., 2020), self-doubt (Berger et al., 2020), and feeling emotional pressure, drained and sad (Berger & Samuel, 2020). Rawson (2021) goes onto suggest that there are six reasons why teachers experience what is referred to as secondary trauma. These include having empathy; insufficient recovery time in which there is limited time for self-care after dealing with a child’s adversity; a teacher’s unresolved personal trauma; children’s vulnerability which evokes a strong moral response from teachers who want to protect; isolation within the work place; and lack of systematic resources including lack of training and strategies (Rawson 2021, p. 72-73).

Willis and Grainger (2020) found there is limited research on how working conditions in remote schools’ impact on the wellbeing of teachers. There is limited support for teachers and administration staff in rural and remote schools making them vulnerable to the effects of secondary trauma, also referred to as secondary traumatic stress (Collier et al., 2020; Lawson et al., 2019) and type II trauma (Sage et al., 2018). Sage et al. (2018) in their systematic literature review identified protective and risk factors related to type II trauma (secondary traumatic stress, compassion fatigue, burnout, and vicarious trauma) of employees working with children who are impacted by trauma. In this review, there were not any studies identifying teachers as people who work with children impacted by trauma (forensic interviewers, therapists, child protection workers, mental health workers, Federal law enforcement, child welfare staff). Sage et al’s. (2018) literature review also found workers who had high levels of job satisfaction had lower levels of compassion fatigue. This was also similar to the experiences of participants in my study, even though the participants did not use the explicit terms, compassion fatigue, secondary traumatic stress, or vicarious trauma. The literature suggested secondary traumatic stress amongst teachers can manifest as disengagement and withdrawing at school, which can lead further effects to their personal life such as issues with sleep and substances (Blitz et al., 2016; Lawson et al.,

2019). Thus, remote teachers are at risk of developing these conditions if not properly supported or trained.

Participants identified the importance of having a strong support network and were reluctant to access the Queensland Department of Education's employee assistance program in being able to provide them with support. Consequently, teachers often supported each other. This has also been found by other researchers such as Davies and Berger (2020) and Berger et al. (2020), who found colleagues supported each other in their work with children impacted by trauma. Berger et al. (2020) identified that besides the institutional employee assistance program, there was limited professional support available for teachers. Willis and Grainger (2020) came to similar conclusions in their research and identified there is limited on the ground support with teachers often 'calling home' to get the support they need.

Strongly highlighted by the participants in my study was that to be able to do their work, appropriate professional development was needed. Participants identified that they did not have enough or had no training in trauma informed practices. They did not feel prepared to work with children living with the effects of CCT. The teachers in my study are not isolated cases. Many teachers do not receive formal training in trauma informed practices (Roman, 2020). Participants stated that they need ongoing professional development in trauma informed practices and on the ground support from a knowledgeable other to be able to do their work effectively. This was also identified by teachers who participated in recent research conducted by Australian researchers Willis and Grainger (2020), Berger and Samuel (2020), and also by teachers in the United States of America in research by Blitz et al. (2020). This new body of research has common findings. Berger et al. (2020) in their research found teachers identified the importance of accessing varying levels of training, for example, workshops, written resources, online modules, and on call support. Reiersen and Becker (2020) found consultation, coaching, and modelling needs to be part of the training suite for trauma informed teacher training. Willis and Grainger (2020) highlighted the importance of ongoing trauma informed training for teachers in remote areas. Training has been linked to increased confidence in working with children living with the effects of CCT (Berger et al., 2020; Loomis & Felt, 2020; Sonsteng-Person & Loomis, 2021). For example, Loomis and Felt (2020) in their study on the impact of trauma informed professional development with pre-school teachers found those

with more positive trauma informed attitudes identified as having lower stress with managing children's behaviour. These authors also advocated "self-reflection trauma informed training" (Loomis & Felt, 2020, p. 10), that is, training that focuses on self-reflection in which teachers consider their own histories as well as the effects of children's trauma on their wellbeing (Loomis & Felt, 2020). Participants in my study claimed to do a lot of reflection on their practice, however, they shared limited information about reflecting on their own personal histories yet according to recent literature, this may subtly affect how they work and cope with children living with the effects of CCT.

The Australian Human Rights Commission's *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report* (2020), reinforced the importance of trauma informed teachers. Relevant to my study is a quote from Mount Isa women who shared their voices in that report. Their comments are relevant to the impact of trauma on children's learning and engagement at school,

As an educator, I see the impacts of trauma on our babies that come to our schools. You see the kids exposed to domestic violence and how it affects the development of our kids, see it in the development of their brains. It impacts on their engagement in school and how they learn. That's big issue in our community – Mount Isa Women. (Australian Human Rights Commission, 2020, p. 470)

This quote, from an educator working in the same region from my study, reinforces the comments from many of my study's participants.

Another important area of professional development identified by participants was cultural awareness that is contextualised to the community where they are working as discussed in Chapter 4 (Section 4.9.4) and earlier in this chapter (Section 5.2.3). Cultural awareness training needs to be delivered by local Indigenous community members (Burgess, 2019; Burgess & Cavanagh, 2016). By taking this approach, it "embeds the local sociocultural and political landscape into teacher consciousness and so challenges the nature of Aboriginal and non-Aboriginal relationships in educational contexts" (Burgess, 2019, p. 491). However, becoming culturally competent, like becoming trauma informed, does not occur after a single session or training day. For teachers to become culturally competent takes time, ongoing learning, and reflection (AITSL, 2020).

If teachers do not have access to ongoing professional development in trauma informed practices and cultural awareness, alongside strategies for managing curriculum and learning demands (Stacey, 2019), it will remain difficult for teachers in remote areas to navigate the complex landscapes they find themselves in and could grow tendencies towards blame, deficit discourses, stress and burnout (Coetzee et al., 2017; Kim, 2019). It would also be difficult for teachers to continue to manage and support the behaviour and learning needs of children living with the effects of CCT (Loomis & Felt, 2020). It is important to acknowledge that teachers enter teaching with their own past histories and experiences, and this influences how they teach and interact with students (Loomis & Felt, 2020).

5.2.8 Summary

This section compared the categories of this theory, *Building Trauma Informed Teachers* with the current literature, accessed since data analysis was completed. This final dive into the literature confirmed there has not been any research specifically on how teachers in remote primary schools experience their work with children living with the effects of CCT. There were common threads and parallel experiences identified in the current literature and the categories emerging from this study. These included the need for teachers to receive trauma informed practices training, cultural awareness training, and ongoing support for their wellbeing. Of concern was that the existing literature seems to reflect a deficit discourse when discussing teachers' experiences. That is, teachers' efforts seem to be negatively rather than positively framed. In contrast my study adopts a position of teacher strength grounded in and respectful of the experiences of the participants.

5.3 CONTRIBUTION TO KNOWLEDGE, PRACTICE, AND RESEARCH

When I started my PhD journey there was no research on how teachers in remote primary schools experience their work with children living with the effects of CCT. At the time of writing, this remains the case. However, there has been recent research investigating teachers experience working with children living with the effects of trauma (Berger et al., 2020) and research into Australian remote teachers' wellbeing (Willis & Grainger, 2020) in which trauma was identified as an important area for teacher professional development. Willis and Grainger (2020) in their research devised a theoretical framework explaining education in remote schools was needed. My study

through the development of the theory *Building Trauma Informed Teachers* demonstrates how teachers in remote primary schools experience their work with children living with the effects of CCT. This study contributes to knowledge, practice, and research by providing a theory built directly from teachers' experiences and constructed from teachers' voices. The following sections discuss this study's contribution to knowledge, practice, and research.

5.3.1 Contribution to knowledge

Teaching in remote communities has been occurring in Australia for many thousands of years with First Nations people providing education to their children (Higgins, 1994). In 1788 the 'white' people way of educating, based on the British education system arrived in Australia (Australian Human Rights Commission, 2020; Higgins, 1994). Australia's population grew after the 1850 gold rush leading to people to live in more remote areas (Higgins, 1994). Displacement of Indigenous people occurred alongside myriad injustices. A British education system was adopted to educate Indigenous Australians (Stronger Smarter Institute, 2020) which severely impacted on the lives of Indigenous Australians creating tensions in "managing difference" (Swartz, 2019, p. 2) and the "construction of racial difference" (Swartz, 2019, p. 1). Colonists established power and ownership over the land and Indigenous people (Swartz, 2019) with education being a central part of that colonial history. Consequently, Aboriginal and Torres Strait Islander students were expected to "fit in" (Stronger Smarter Institute, 2020, p. 8) and the use of their strengths was not brought into the classroom (Stronger Smarter Institute, 2020). Despite British Western education occurring in remote areas in Australia since that time, its legacy remains an under researched area. Australian and international research is growing in the areas of preparing pre-service teacher and inducting new graduates (Cuervo & Acquaro, 2018; Haynes & Miller, 2016; Heffernan et al., 2016; Mitchell et al., 2019; Osborne, 2003; Trinidad et al., 2012; Trinidad et al., 2014; Versland et al., 2020), attracting teachers to rural and remote schools (Downes & Roberts, 2018; Opoku et al., 2020; Paynter & Taylor, 2018; See et al., 2020; Tran & Smith, 2020; White, 2019) and early career teaching (Hazel & McCallum, 2016; Lobb & Natale, 2020; Moffa & McHenry-Sorber, 2018; Papatrainaou et al., 2018; Weldon, 2018). Yet, willingness and ability to figure out what is going on for teachers who have been working on the coal face in remote areas is lacking. The research in this thesis is the first foray into research in this area

and is amongst the first worldwide to look closely at how teachers view their experiences.

In looking closely inside teachers' experiences, this research can contribute "usefulness" (Charmaz, 2014, p. 338) to the areas of teachers' experiences and trauma informed practices. It has shown that teachers display strong and positive qualities, which they put to work with children living with the effects of CCT. The focus group participants elicited what it takes to be a "quality" (FGP5) teacher in a remote area working with children living with the effects of CCT. Characteristics they identified included choosing "to make a difference" (FGP3), having "passion and determination" (FGP4), and "willingness to learn" (FGP3). Focus group participants were clear that, "you've got to be super strong and resilient yourself" (FGP1). The participants seem to be the right kind of teachers needed in remote areas.

In keeping with constructivist grounded theory, as a researcher, I did not take my position for granted by thinking I knew the 'right' questions to ask, which would lead to speculative theorising (Charmaz & Thornberg, 2020). By enabling participants to share their experiences I aimed to create rich and open sharing. I was fortunate to undertake research in communities I knew and in which I had worked as a practising teacher and education leader as explained in Chapter 1 (Section 1.2). This created mutual trust between myself and participants which helped to yield rich and compelling data explaining teacher motivations and practices in differing and more in-depth ways to earlier research (Schulz et al., 1997). I "examined processes for tacit [understanding or implied without being stated] implications" (Charmaz, 2014, p. 338) and have been able to describe a theory of teachers working from a position of strength and a proactive stance rather than a position of deficit and reactivity. This study "offers interpretations that people can use in their everyday worlds" (Charmaz, 2014, p. 338). It offers a new conceptual understanding of teachers' experiences in remote primary schools and teachers working with children living with the effects of CCT.

If anything, the reader of this thesis should take away a clear message that teachers really need professional development and ongoing support in the identified areas of trauma informed practice and cultural awareness to foster capabilities throughout their teaching lives. Teaching careers begin in teacher preservice training (or initial teacher education) and extend until retirement. This is a potential span of up to 40 years. My study has provided an entry point for conceptualising or understanding

teacher professional development in trauma informed practices and cultural awareness that needs to start right at the beginning of the teaching career and continues onwards. There are different things teachers need at different times and contexts, and this is never more evident than in remote contexts.

This grounded theory, *Building Trauma Informed Teachers* “challenges, extends and refines current ideas, concepts and practices” (Charmaz, 2014, p. 337) in the area of teaching children living with the effects of CCT in remote areas in Australia. The main contribution to knowledge from this study is it “provides new insights” (Charmaz, 2014, p. 337-338) about the context as well as the lives and experiences of teachers in remote schools working with children living with the effects of CCT

5.3.2 Contribution to practice

Since this study began, the Queensland University of Technology (QUT), Australia in collaboration with the Australian Childhood Foundation, a non-government organisation working with children, families, carers, and professionals to support children to recover and heal from abuse, neglect, and family violence (Australian Childhood Foundation, 2020), developed the *National Guidelines for Trauma-Aware Education* (Queensland University of Technology & Australian Childhood Foundation, 2021). At the time of writing, this is the first set of national guidelines worldwide to identify recommendations for education policy and practice aimed to establish and enhance capacities of educators and education systems to support and educate children living with the effects of CCT. The *National Guidelines for Trauma-Aware Education* (Queensland University of Technology & Australian Childhood Foundation, 2021) include ten guidelines for schools and early childhood services and ten guidelines for education systems (shown in Appendix Q). The findings of this study aligned well with this framework. Table 5.1 identifies how some features of the *National Guidelines for Trauma-Aware Education* (Queensland University of Technology & Australian Childhood Foundation, 2021) align with the categories within this study’s theory, *Building Trauma Informed Teachers*. This alignment is important because it provides important concepts that need to be considered by remote school systems who are wanting to implement a trauma informed approach in their school.

Table 5.1

Areas of alignment between the National Guidelines for Trauma-Aware Education and findings of this thesis

Ten Guidelines for education systems (Queensland University of Technology & Australian Childhood Foundation, 2021)	Building Trauma Informed Teachers (Brown, 2021)
Guideline 4: Embedding of a trauma-aware approach at a system level should take account of the cultural and geographical diversity of Australian states and territories, as well as the varying needs of schools and early childhood services and communities	Category 1: <i>Journeying to remote teaching</i> (Section 4.3). This section highlights what needs to be considered in supporting teachers as they journey to remote areas. Category 2: <i>Learning about complex childhood trauma</i> (Section 4.4). This section identifies the process by which CCT is conceptualised by teachers in remote schools. Understanding this process can inform the embedding of trauma informed practices in remote schools. Category 3: <i>Becoming culturally aware and responsive</i> (Section 4.5). This section highlights the importance of teachers learning and becoming culturally aware and responsive in the communities in which they are working.
Guideline 5: A trauma-aware approach should be developed in consultation with Aboriginal and Torres Strait Islander peoples and leaders to ensure the cultural strength of the approach for Aboriginal and Torres Strait Islander learners.	Category 3: <i>Becoming culturally aware and responsive</i> (Section 4.5). This section highlights the importance of teachers becoming culturally aware and responsive by engaging in training facilitated by local Aboriginal and Torres Strait Islander peoples and leaders. Category 4: <i>Building and maintaining relationships</i> (Section 4.6). This section highlights the importance of teachers building and maintaining relationships with communities, parents, and students and examines how the participants in this study did this.
Guideline 6: Particular consideration is needed for (but not limited to) education settings: in remote locations; that have boarding accommodations; that offer alternative/specialist programs; with learners from refugee backgrounds; with learners living in out-of-home care; with	This study provides evidence of what needs to be done to implement trauma approaches in education systems through the theory <i>Building Trauma Informed Teachers</i> .

learners with disabilities; servicing learners living with mental health concerns

Ten Guidelines for schools and early childhood services (Queensland University of Technology & Australian Childhood Foundation, 2021)

Building Trauma Informed Teachers

Guideline 2: Schools and early childhood services should engage in high quality whole-of-staff training in trauma-aware education.

Category 7: *Identifying what they need to do the work* (Section 4.9.4). Participants identified key components of training i) understanding trauma, ii) intergenerational and transgenerational trauma, iii) the impact of colonisation, iv) domestic and family violence, v) attachment theory, vi) how to build and maintain relationships, vii) trauma informed strategies through a strengths-based approach.

Guideline 5: Schools and early childhood services should develop constructive working relationships with parents and carers of learners who are living with the outcomes of complex trauma.

Category 4: *Building and maintaining relationships* (Section 4.6.2). This section emphasised the importance of teachers developing and maintaining relationships with community and parents and explored what is needed to build and maintain these relationships.

Guideline 9: Schools and early childhood services should acknowledge the potential impact that supporting traumatised children and young people have on educators and other school site personnel and should implement measures to provide support, supervision, and reflective practice to address such impact.

Category 7: *Identifying what they need to do the work* (Section 4.9.2). This section explored how teacher wellbeing is impacted and what is needed to protect and enhance teacher wellbeing.

Section 4.9.3 This section highlighted the importance of support networks and identified what teachers believed was important when establishing support networks.

Section 4.9.4 This section emphasised the importance of teachers accessing professional development as a form of support.

With the growth in interest and activity in trauma informed education in Australia and globally, education systems are increasingly developing practice guides for early childhood and school contexts (Appendix R). Together with professional development, these practice guides provide a sound bank of information for teachers, none of which can stand alone but can be used alongside effective professional development. Appendix R further extends these ideas by pointing to the alignment between practice guides and what my theory, *Building Trauma Informed Teachers* provides over and beyond these existing resources.

5.3.3 Contribution to research

An additional and important outcome of this study is its contribution to research by using constructivist grounded theory to examine teacher practice supporting students in remote schools living with the effects of CCT. Constructivist grounded theory is a “methodological approach that makes space for diverse ways of knowing” (de Eguia Huerta, 2020, p. 371). This study recognised the value of developing a theory that was directly informed by the “diverse ways of knowing” of practising teachers rather than using an existing theory like a prism via which to analyse their views and teaching experiences. Through the painstaking work of interviewing and analysing the data, I have made “systematic comparisons between observations and between categories” (Charmaz, 2014, p. 337). By analysing data manually rather than using a computer software program, I have avoided what Charmaz (2006) referred to as “short-changing the analytic process” (p. 179) and “superficial analyses” (Charmaz, 2006, p. 179). Consequently, my study has yielded abundant methodological understandings regarding the application of grounded theory to remote primary school teachers’ experiences of working with children living with the effects of CCT. My detailed explanation of the data analysis in Chapter 3 clearly showed the “processes that have been undertaken” (Charmaz, 2014, p. 338) and “categories portray the fullness of the studied experience” (Charmaz, 2014, p. 337). This was done in this study by providing detailed description of teachers’ experiences within this complex phenomenon of working with children living with the effects of CCT in the remote context. This study has facilitated in-depth knowledge and greater understanding of the participants’ lived experiences which can seed future research. Charmaz (2014) also maintained that for research to have a socially just outcome, knowledge must be

co-constructed between the researcher and the participants while at the same time examining these relationships.

Another important element of this study is its contribution to the ethics of researching with teachers and the need to care for participants. While my study does not break new ground in this respect, it does highlight the need to acknowledge, respect, and care for research participants who can be vulnerable due to their experience with having worked with children living with the effects of CCT, and the secondary trauma that can manifest from this experience, alongside aspect of their own personal histories. Future research investigating trauma within the school context needs to incorporate an ethic of care (Head, 2020). Schulz et al. (1997) explained that as researchers we need to “weigh the effects that our research decisions have on the development of the other as a caring person and of community of caring” (p. 475). This is because a “researcher’s role can vary considerably, from occupying a position as someone who builds active collaborative relationships with teachers, to that of a researcher who adopts a more academic approach” (Bergmark, 2020, p. 336). Care can be “reciprocal between the researcher and the participants dependent on the research context” (Bergmark, 2020, p. 336). An example of where this has occurred in my study is through the focus group in which I acknowledged the participants’ knowledge and competence in providing their perspective on the initial findings.

5.3.4 Summary

This section provided an overview of what *Building Trauma Informed Teachers* contributes to knowledge, practice, and research. This study contributed to knowledge in the areas of remote schooling, trauma informed practices, and teacher experiences. It has evidenced a strength perspective built directly on the experiences shared by the participants. This is in contrast to other research finding deficits in teachers’ experiences. This study has also contributed to practice. The developed theory, *Building Trauma Informed Teachers* was aligned against different guidelines from the *National Guidelines for Trauma-Aware Education* (Queensland University of Technology & Australian Childhood Foundation, 2021). The study yielded rich data with potential to advance research by applying constructivist grounded theory to the area of trauma. This study has provided an in-depth knowledge and greater understanding of teachers experiences which can inspire and inform further research (Section 5.7).

5.4 RECOMMENDATIONS

The findings of this study lead to several recommendations. The recommendations suggest systemic actions across teaching careers to support and enhance teachers' experiences and practices for working with children in remote areas who are living with the effects of CCT and to ensure all schools and all teachers are culturally responsive and trauma informed.

Universities delivering initial teacher education are responsible for preparing preservice teachers for their future careers. Teaching careers are very likely to include working with students living with the effects of CCT and may include working in remote areas. Based on the findings of this study, initial teacher education should consider the following:

- Teaching of core units specialising in trauma informed practice.
- Teaching of core units focusing on First Nations' perspectives and cultural awareness.
- Embedding trauma informed and First Nations' perspectives in all units in the teaching degree.
- Providing case studies and hypotheticals to pre-service teachers to identify how they would implement trauma informed practices and First Nations' perspectives.
- Developing strategies to support preservice teachers to experience teaching in remote areas.
- Researching the effectiveness of pre-service education in trauma informed practices and cultural awareness to inform future design and re-design of initial teacher education courses.

An additional recommendation for universities would be to incorporate training in trauma informed practices and First Nations' perspectives to support teachers, schools, and communities in postgraduate courses for school leaders and student support specialists such as school counsellors.

It is recommended that education systems managing the delivery of education services and teaching and leadership standards consider the following:

- Supporting development and implementation of culturally aware, trauma informed frameworks in all schools (Howard, 2018b; Howard, 2019) as articulated in the *National Guidelines for Trauma Aware Education* (Queensland University of Technology & Australian Childhood Foundation, 2021).
- Incorporating trauma informed approaches into professional standards for teachers.
- Providing ongoing training to system, school leaders and teachers to ensure quality and consistency in trauma informed practice and cultural awareness in schools.
- Partnering with universities to conduct research examining the effectiveness of trauma informed practices and cultural awareness in schools. The purpose is to “produce research with practical impacts” (Mills et al., 2020, p. 6).

It is recommended that training and support is provided to early career teachers in remote areas to enhance their resilience and skill for working with students living with the effects of CCT. This may include the following:

- Providing training that is culturally responsive, and trauma informed that addresses topics such as attachment theory, neuroscience, relationship building, cultural awareness, the role of history in intergenerational trauma and transgenerational trauma, and domestic and family violence.
- Training should be designed to enhance teacher self-reflection, and strategies for understanding cultural perspectives and thwarting the effects of implicit and explicit bias.
- Providing cultural awareness training that considers and involves the local community, to develop teacher awareness, responsiveness, and competency.
- Establishing effective support networks for teachers at the community, school, and personal levels.
- Training in student protection to include understanding of domestic and family violence and how this can impact children directly and indirectly.

- Encouraging ongoing research into the effectiveness of culturally responsive trauma informed practices which can inform local and systemic policy and practice.

These recommendations may go some distance towards supporting teachers throughout their teaching career. The alternative is dire. Teachers may find maladaptive ways to cope which can lead to stress and burnout and becoming ineffectual. This leads to larger than necessary attrition rates and the potential for research to focus only on teachers' deficits.

5.5 EVALUATING GROUNDED THEORY

Several sets of criteria have been proposed for evaluating the quality of grounded theory research (Charmaz & Thornberg, 2020). Glaser and Strauss (1967) used two criteria of credibility and applicability. Strauss and Corbin (1998) asked eight questions to determine the quality of grounded theory research which include,

- (i) Are concepts generated? (ii) Are the concepts systematically related? (iii) Are there many conceptual linkages, and are the categories well developed? Do categories have conceptual density? (iv) Is variation built into the theory? (v) Are the conditions under which variation can be found built into the study and explained? (vi) Has process been taken into account? (vii) Do the theoretical findings seem significant, and to what extent? (viii) Does the theory stand the test of time and become part of the discussions and ideas exchanged among relevant social and professional groups? (Strauss & Corbin, 1998, p. 270-272)

Charmaz (2014) proposed four criteria via which to evaluate grounded theory: credibility, originality, resonance and usefulness. *Credibility* “begins with having sufficient relevant data for asking incisive questions about the data, making systematic comparison throughout the research process, and developing a thorough analysis. It involves the researcher’s view and actions” (Charmaz & Thornberg, 2020, p. 11). *Originality* “can take varied forms such as offering new insights, providing a fresh conceptualisation of a recognised problem, and establishing the significance of the analysis” (Charmaz & Thornberg, 2020, p. 12). *Resonance* “demonstrates that the researchers have constructed concepts that not only represent their research participants’ experience, but also provide insight into others” (Charmaz & Thornberg, 2020, p. 12). And *usefulness*, “includes clarifying research participants’ understanding

of their everyday lives, forming a foundation for policy and practice applications, contributing new lines of research, as well as revealing pervasive processes and practices” (Charmaz & Thornberg, 2020, p. 12-13).

Recently, Charmaz and Thornberg (2020) have suggested thirteen guidelines that can be used by graduate and postgraduate students for using constructivist grounded theory. Although several sets of quality criteria have been proposed, in this chapter I will self-evaluate my study against a combination of Charmaz’s (2014) criteria and Charmaz and Thornberg’s (2020) guidelines. The full self-evaluation against Charmaz and Thornberg’s (2020) guidelines is provided in Appendix S. The following sections summarise my self-evaluation of the rigour of my study against Charmaz’s (2014) four criteria of quality grounded theory, *credibility*, *originality*, *resonance*, and *usefulness*.

5.5.1 Credibility

Charmaz (2014) asserted that credibility is achieved when the researcher has “intimate familiarity” (p. 337) with the topic. I have “intimate familiarity” with the topic as my position as a researcher was that of an insider as explained in Chapter 1 (Section 1.2). Also, in this study, the data have credibility on account of the range and number of in-depth systematic comparisons that have been made between the categories (Charmaz, 2014). There is enough evidence to persuade readers of the validity of the claims (Charmaz, 2014). Examples of the convergence of evidence from this study includes the confirmation of the focus group participants, and informal feedback from audience members at the conference presentations where this study has been presented. The credibility of this study is demonstrated in the number of research participants ($n=23$) and the high-quality data that was obtained from their accounts as shown in Chapter 4. The use of field notes, interview notes, and supervision notes as described in Chapter 3 (Section 3.7.5) also supports the credibility of the study’s findings. Additionally, analysing the data manually rather than using a computer software program enabled an intimate knowledge of the data. Finally, the seven categories that emerged are well supported by the strategies used in this study ensure its credibility.

5.5.2 Originality

Charmaz (2014) stated there needs to be originality in the theory generated in a grounded theory study. To achieve this I asked myself, “Are the categories fresh and the analysis provides new insights”? (Charmaz, 2014). In other words, is the theory new and significant?

This constructivist grounded theory, *Building Trauma Informed Teachers* is original in four ways. It is the first theory to explain how teachers in remote primary schools experience their work with children living with the effects of CCT. The theory provides a conceptualisation of CCT as identified first-hand by teachers in remote primary schools. It highlights the importance of being culturally aware and responsive, and the importance of being trauma informed. Finally, it identifies what is needed in the form of professional development and wellbeing support so that teachers can work effectively with children living with the effects of CCT in a culturally aware and responsive manner.

5.5.3 Resonance

Charmaz (2014) maintained a theory has rigour if its meaning makes sense to the participants. Resonance ensures the theory developed is reliable and provides the participants with a “deeper insight into their lives and worlds” (Charmaz, 2014, p. 338). As explained in Chapter 3 (Section 3.7.4), seven interview participants participated in the focus group in which the initial findings of this study were presented. This was possible because of the partnership developed between myself and the participants. Focus group participants were invited to answer several questions about the initial findings as shown in Appendix K and explained in Chapter 3 Section 3.7.4. The focus group participants agreed that the findings reflected their experiences. An example from the focus group is shown below in Figure 5.1.

Figure 5.1

Focus group participants confirming the study findings

Facilitator: So, the purpose of the research was to determine how teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma. Have we missed anything from everything we talked about, what I have presented to you, have we missed anything do you think?
FGP_7:	No. I think we've covered it all.

5.5.4 Usefulness

Charmaz (2014) also stated a grounded theory needs to have usefulness. This means “i) Does the grounded theory offer interpretations that people can use in their everyday world? ii) Can the grounded theory spark research in other areas? and iii) How does the research contribute to knowledge and making a better world?” (Charmaz, 2014, p. 338). It is my hope that, the constructivist grounded theory, *Building Trauma Informed Teachers* is useful to higher education institutions who provide pre-service teacher training, education systems who employ teachers, and schools who are at the coal face working with children living with the effects of CCT. The theory provides a framework that can be applied to support teachers in remote areas who are working with children living with the effects of CCT. Contributions to knowledge, practice, and research were detailed in section 5.3 of this chapter. Universities, education systems, and schools can use *Building Trauma Informed Teachers* as a framework to build teachers to be able to work effectively with children living with the effects of CCT, families, and communities.

5.5.5 Summary

This section summarised the grounded theory, *Building Trauma Informed Teachers* against Charmaz’s (2014) criteria for quality grounded theory. It discussed how my study meets the criteria for *credibility*, *originality*, *resonance*, and *usefulness*. Appendix S shows how my study addresses the quality guidelines proposed by Charmaz and Thornberg (2020) in supporting postgraduate students and researchers new to constructivist grounded theory.

5.6 STRENGTHS AND LIMITATIONS

This section highlights the strengths and limitations of this constructivist grounded theory. First, the strengths. This study presents an original theory which provides insights into how teachers in remote primary schools experience their work with children living with the effect of CCT. In doing so, this study is significant in five main ways. First, it provides understanding of how teachers conceptualise CCT to be intergenerational and transgenerational trauma, and the significance of domestic and family violence as intertwined with this. This conceptualisation of CCT enables teachers to understand the children in their classrooms and communities and respond

sensitively. Second, this study highlights the importance of teachers in remote areas becoming culturally aware and responsive through contextually appropriate cultural awareness training beginning in pre-service teacher education and extending through the teaching life course. This includes focusing on community strengths and working in proactive ways. Third, it extends and enriches understanding about the importance of building and maintaining relationships with children living with the effects of CCT. This study highlights participants' strengths rather than portraying deficits. Fourth, this study contributes to understandings of teacher wellbeing in remote teaching appointments. It highlights various levels of support – personal, family and colleagues. Finally, this study finds the importance of ongoing professional development throughout the teaching life course. Without ongoing professional development, teachers will burnout and this may lead to negativity and sub optimal practice in their work in remote schools with children living with the effects of CCT.

There were also some limitations in this study that should be discussed. One limitation was the lack of diversity in the participant sample. During the recruitment phase of this study, I emailed all rural and remote primary schools ($n=57$) within the North Queensland Region. However, participants ($n=23$) who volunteered to be interviewed were all from the western remote schools ($n=8$). There may have been other teachers who wanted to participate in the study but were unable to do so due to information not reaching them. A purposeful sample with the inclusion of rural and remote teachers across the region may have diversified the study's findings.

Another limitation to this study was my limited knowledge of constructivist grounded theory in the early stages of designing this study. My growth as a novice constructivist grounded theorist throughout my candidature has enabled me to comprehend the methodology in a more complex way. Had I comprehended constructivist grounded theory more thoroughly during early research design, I would have narrowed the phenomenon under investigation further by perhaps examining the experiences of only primary school teachers in remote areas (rather than both rural and remote areas) and I may also have expanded my participant pool by distributing invitations more widely.

5.7 FUTURE RESEARCH OPPORTUNITIES

Future research could move to test the theory *Building Trauma Informed Teachers*. Research could be conducted to examine the theory's applicability in different geographical areas, such as in other remote areas around Australia and internationally. Future research could also investigate the experiences of secondary teachers and urban/metropolitan teachers who work with children living with the effects of CCT to see if *Building Trauma Informed Teachers* holds true in these differing contexts. This study can “spark further research in other areas” (Charmaz, 2014, p. 338), such as in examining the perspectives of school leadership teams regarding working with children living with the effects of CCT. This study points to the need for research on the perspectives of children and community regarding their relationships with teachers, how school counsellors experience their work in supporting teachers and schools with children living with the effects of CCT. Research that dives more deeply into teacher wellbeing and cultural awareness is also needed.

5.8 CONCLUSION

In this final section, the conclusion, I come back to address the research question. This is then followed by a critical autobiographic reflection as recommended by Keane (Keane, 2009; Keane 2015). In Chapter 3 (Section 3.7.6), I provided a quote from Keane (2021) which described the critical autobiographic reflection as the facilitation of a “private conversation between me as a person and me as a researcher, as one navigates the terrain of the personal to the theoretical and back again” (p. 16). Here I provide examples by linking my own current personal experiences to the categories from the theory, *Building Trauma Informed Teachers*. This is followed by a final word in which I summarise how teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma (section 5.8.3).

5.8.1 Addressing the research question

This study investigated how teachers in remote primary schools experienced their work with children living with the effects of complex childhood trauma (CCT). A constructivist grounded theory methodology was adopted drawing on data from 23 individual interviews and a focus group consisting of 7 participants who self-identified from the individual interviews. This data was analysed, synthesised, and

abstracted to address the research question: *How do teachers in remote primary schools experience their work with children living with the effects of CCT?* Emerging from this research process was a theoretical explanation in the form of a grounded theory, *Building Trauma Informed Teachers* which explained how teachers in remote primary schools experienced their work with children living with the effects of CCT. This theory is represented in the form of a Jenga tower (Figure 4.1) in which all the blocks, the study categories and their related properties are dynamic and interact with each other to explain the experiences of teachers in remote primary schools working with children living with the effects of CCT. This theory consists of seven categories: (i) journeying to remote teaching, (ii) learning about complex childhood trauma, (iii) becoming culturally aware and responsive, (iv) building and maintaining relationships, (v) understanding children's experiences, (vi) supporting children, and (vii) identifying what they need to do the work. The 'take away' message from *Building Trauma Informed Teachers* is that the core category of *Building and maintaining relationships* is central to remote primary school teachers' experiences of working with children living with the effects of CCT. Through *Building and maintaining relationships*, it enables teachers to do their best work and the process needs to be supported through ongoing support and professional development in trauma informed practices. If *Building and maintaining relationships* and the processes identified in this study's categories do not occur or are removed, teachers cannot do their work. Relating this back to the Jenga metaphor, the tower would collapse.

5.8.2 Autobiographic critical reflection

The theory that has been developed from this study *Building Trauma Informed Teachers* offers what Charmaz (2014) suggested as being an "interpretive portrayal of the studied world" (p. 17). From the outset, I aimed to develop a theory that was grounded in the experiences of the participants, which was also relevant and relatable to people in everyday life, that is what Charmaz (2014) refers to as "resonance". Throughout this thesis, I have considered how the study aligns with other areas of research by interweaving the research literature throughout.

Although it is beyond the scope of this thesis, I find myself reflecting on this theory's applicability to other journeys. Some specific points of resonance include, first my journey for professional reasons from school Guidance Officer in remote

schools to a lecturer in a metropolitan university. This journey included experiencing a form of “culture shock” as a result of living and working in a remote community to a city. Second, through trauma informed practices consultancy work with schools and incorporating trauma informed practices as part of the Master of Education School Guidance and Counselling program, I am working with teachers and schools to give them what they need to be able to do their work with children living with the effects of CCT in a trauma informed way. Third, importance of building and maintaining relationships in different contexts.

The alignment of *Building Trauma Informed Teachers* with other areas of research (Chapter 5), practice guides (Appendix R) and the brief autobiographic critical reflection above, demonstrates that *Building Trauma Informed Teachers* is a theory that is robust for understanding the different journeys that maybe undertaken towards becoming trauma informed.

5.8.3 Conclusion to the thesis

This thesis has revealed how teachers in remote primary schools experienced their work with children living with the effects of CCT. It has delivered recommendations for improved professional development opportunities for teachers which in turn will lead to improved outcomes for children living with the effects of CCT. As well as recommendations for higher education institutions and education systems. Chapter 1 introduced the background and context of the study as well as my position as researcher. Chapter 2, the literature review, was a synthesis of literature relating to the broad field of childhood trauma and school systems’ responses. Constructivist grounded theory and the methodology undertaken for this study were explained in Chapter 3, along with the data collection procedures and analysis. In Chapter 4, the findings of the study and the theory, *Building Trauma Informed Teachers* were presented. In Chapter 5, a discussion of the study’s findings in the context of the current literature, implications and recommendations arising from the study’s findings, and the evaluation against Charmaz’s (2014) criteria for quality grounded theory was presented.

This thesis has highlighted the contribution of this study to advancing knowledge and practices of how teachers in remote primary schools experience their work with children living with the effects of CCT. It has been acknowledged that teachers’

experiences are unique and responsive to the needs of the children, and communities in which they teach.

Building Trauma Informed Teachers provides a theoretical framework to support the professional learning for higher education institutions, education systems, schools, and teachers who work with children living with the effects of CCT. Implementing professional learning throughout the teaching life course will produce positive outcomes for children living with the effects of CCT and teacher wellbeing.

This thesis has made a methodological contribution to constructivist grounded theory. It has detailed through the developed theory, *Building Trauma Informed Teachers* a framework that can be used by universities, and governing bodies to support teachers in remote areas working with children living with the effects of CCT. It is hoped that the recommendations from this chapter shift the way universities – teacher educators, education systems, policy makers, and school leaders think about how to teach children living with the effects of CCT, particularly in remote areas, and how to support the teachers who do this important work.

References

- Abel, R. M., & Friedman, H. A. (2009). Israeli school community response to war trauma: A review of selected literature. *School Psychology International*, 30(3), 255-281. <https://doi.org/10.1177/0143034309106493>
- Aber, L., Brown, J. L., Jones, S. M., Berg, J., & Torrente, C. (2011). School-based strategies to prevent violence, trauma, and psychopathology: The challenges of going to scale. *Development and Psychopathology*, 23(2), 411-421. <https://doi.org/10.1017/S0954579411000149>
- Aburn, G. E., Hoare, K., & Gott, M. (2021). “We are all a family”: Staff experiences of working in children’s blood and cancer centers in New Zealand – A constructivist grounded theory. *Journal of Pediatric Oncology Nursing*, 1-12. <https://doi.org/10.1177/10434542211011042>
- Acevedo, V. E., & Hernandez-Wolfe, P. (2014). Vicarious resilience: An exploration of teachers and children’s resilience in highly challenging social contexts. *Journal of Aggression, Maltreatment & Trauma*, 23(5), 473-493. <https://doi.org/10.1080/10926771.2014.904468>
- Adler, P. S. (1975). The transitional experience: An alternative view of culture shock. *Journal of Humanistic Psychology*, 15(4), 13-23. <https://doi.org/10.1177/002216787501500403>
- Adults Surviving Child Abuse [ASCA]. (2015). *Adults surviving child abuse*. <https://www.myvmc.com/supportive/adults-surviving-child-abuse-asca/>
- Alaggia, R. (2005). Disclosing trauma of child sexual abuse: A gender analysis. *Journal of Loss and Trauma*, 10, 453-470. <https://doi.org/10.1080/15325020500193895>
- Algood, C. L., Hong, J. S., Gourdine, R. M., & Williams, A. B. (2011). Maltreatment of children with developmental disabilities: An ecological systems analysis. *Children and Youth Services Review*, 33(7), 1142-1148. <https://doi.org/10.1016/j.childyouth.2011.02.003>
- Alisic, E. (2012). Teachers’ perspectives on providing support to children after trauma: A qualitative study. *School Psychology Quarterly*, 27(1), 51-59. <https://doi.org/10.1037/a0028590>
- Alisic, E., Bus, M., Dulack, W., Pennings, L., & Splinter, J. (2012). Teachers’ experiences supporting children after traumatic exposure. *Journal of Traumatic Stress*, 25, 98-101. <https://doi.org/10.1002/jts.20709>
- Alvarez, A. (2017). “Seeing through their eyes in the rearview mirror”: Identifying and responding to students’ challenging experiences. *Equity & Excellence in Education*, 50(1), 286-305. <https://doi.org/10.1080/10665684.2016.1250686>
- Anda, R. F., Butchart, A., Felitti, V. J., & Brown, D. W. (2010). Building a framework for global surveillance of the public health implications of adverse

- childhood experiences. *American Journal of Preventative Medicine*, 39(1), 93-98. <https://doi.org/10.1016/j.amepre.2010.03.015>
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse childhood experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256, 174-186. <https://doi.org/10.1007/s00406-005-0624-4>
- Anda, R. F., Porter, L. E., & Brown, D. W. (2020). Inside the adverse childhood experience score: Strengths, limitations, and misapplications. *American Journal of Preventive Medicine*, 59(2), 293-295. <https://doi.org/10.1016/j.amepre.2020.01.009>
- Anda, R., Tietjen, G., Schulma, E., Felitti, V., & Croft, J. (2010). Adverse childhood experiences and frequent headaches in adults. *Headache*, 50(9), 1473-1481. <https://doi.org/10.1111/j.1526-4610.2010.01756.x>
- Anderson, E. M., Blitz, L. V., & Saastamoinen, M. (2015). Exploring a school-university model for professional development with classroom staff: Teaching trauma-informed approaches. *School Community Journal*, 25(2), 113-134. <http://www.schoolcommunitynetwork.org/SCJ.aspx>
- Anderson, E. M., & Bronstein, L. R., (2012). Examining interdisciplinary collaboration within an expanded school mental health framework: A community-university initiative. *Advances in School Mental Health Promotion*, 5(1), 23-27. <https://doi.org/10.1080/1754730X.2012.664860>
- Annells, M. (1997). Grounded theory method, part I: Within five moments of qualitative research. *Nursing Inquiry*, 4, 120-129. <https://doi.org/10.1111/j.1440-1800.1997.tb00085.x>
- Askew, D. A., Schluter, P. J., Spurling, G. K. P., Bond, C. J. R., & Brown, A. D. H. (2013). Urban Aboriginal and Torres Strait Islander children's exposure to stressful events: A cross-sectional study. *Medical Journal of Australia*, 199(1), 42-45. <https://doi.org/10.5694/mja12.11716>
- Atkinson, J. (2002). *Trauma trails, recreating songlines: The transgenerational effects of trauma in Indigenous Australia*. Spinifex.
- Atkinson, J. (2013). *Trauma-informed services and trauma-specific care for Indigenous Australian children*. Resource Sheet No. 21. Closing The Gap Clearinghouse. Australian Institute of Health and Welfare. <https://earlytraumagrieff.anu.edu.au/files/ctg-rs21.pdf>
- Atkinson, J. (2019). Aboriginal Australia – trauma stories can become healing stories if we work with therapeutic intent. In R. Benjamin, J. Halibur, J., & S. King (Eds.), *Humanising mental health care in Australia: A guide to trauma-informed approaches* (pp. 133-142). Routledge. <https://doi.org/10.104324/9780429021923-10>
- Aultman, L. P., Williams-Johns, M. R., & Schultz, P. A. (2009). Boundary dilemmas in teacher-student relationships: Struggling with “the line”. *Teaching and Teacher Education*, 25, 636-646. <https://doi.org/10.1016/j.tate.2008.10.002>

- Australian Bureau of Statistics. (2016). *The Australian statistical geography standard (ASGS) remoteness structure: Map of the 2016 remoteness areas of Australia*.
<https://www.abs.gov.au/websitedbs/D3310114.nsf/home/remoteness+structure>
- Australian Bureau of Statistics. (2018). *Australian statistical geography standard [ASGS]: Volume 5 – remoteness structure, July 2016*. Australian Bureau of Statistics.
<https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/1270.0.55.005Main%20Features15July%202016?opendocument&tabname=Summary&prodno=1270.0.55.005&issue=July%202016&num=&view=>
- Australian Bureau of Statistics. (2020). *Migration, Australia – 2018-2019 financial year*. <https://www.abs.gov.au/statistics/people/population/migration-australia/latest-release>
- Australian Childhood Foundation. (2010). *Making space for learning*.
<https://professionals.childhood.org.au/resources/>
- Australian Childhood Foundation. (2015). *SMART online*.
<https://professionals.childhood.org.au/prosody/2015/07/smart-online/>
- Australian Childhood Foundation. (2020). *Australian Childhood Foundation*.
<https://www.childhood.org.au/>
- Australian Council of Deans of Education [ACDE]. (2018). *ACDE analysis of 2016 census statistics of Aboriginal Torres Strait Islander teachers and students*.
<https://www.acde.edu.au/acde-analysis-of-2016-census-statistics-of-aboriginal-torres-strait-islander-teachers-and-students/>
- Australian Curriculum, Assessment & Reporting Authority [ACARA]. (2015). *What does the ICSEA value mean?*
https://docs.acara.edu.au/resources/About_icsea_2014.pdf
- Australian Government. (2018). *Australian code of the responsible conduct of research*. <https://www.nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018>
- Australian Government. (2021). *Style manual: Aboriginal and Torres Strait Islander peoples*. <https://www.stylemanual.gov.au/format-writing-and-structure/inclusive-language/aboriginal-and-torres-strait-islander-peoples>
- Australian Human Rights Commission. (2020). *Wiyi Tani U Thangani (Women's Voices): Securing our rights, securing our future report*. Australian Human Rights Commission. <http://www.humanrights.gov.au/about/publications/>
- Australian Institute of Aboriginal and Torres Strait Islander Studies [AIATSIS]. (n.d.). *Indigenous Australians: Aboriginal and Torres Strait Islander people*.
<https://aiatsis.gov.au/explore/indigenous-australians-aboriginal-and-torres-strait-islander-people>
- Australian Institute of Family Studies. (2018). *The economic costs of child abuse and neglect. Child Family Community Australia*.
<https://aifs.gov.au/cfca/publications/economic-costs-child-abuse-and-neglect>

- Australian Institute of Health and Welfare [AIHW]. (2011). *Young Australians: Their health and wellbeing 2011*. Cat. No. PHE140. www.aihw.gov.au
- Australian Institute of Health and Welfare [AIHW]. (2017). *Child protection Australia 2015-16. Child Welfare Series number 66*.
<https://www.aihw.gov.au/getmedia/bce377ec-1b76-4cc5-87d9-d0541fca586c/20479.pdf.aspx?inline=true>
- Australian Institute of Health and Welfare [AIHW]. (2018). *Child protection Australia 2016-16. Child Welfare Series number 68*. AIHW.
<https://www.aihw.gov.au/getmedia/66c7c364-592a-458c-9ab0-f90022e25368/aihw-cws-63.pdf.aspx?inline=true>
- Australian Institute of Health and Welfare [AIHW]. (2019a). *Profile of Indigenous Australians*. <https://www.aihw.gov.au/reports/australias-welfare/profile-of-indigenous-australians>
- Australian Institute of Health and Welfare [AIHW]. (2019b). *Family, domestic and sexual violence*. Canberra: AIHW. <https://aihw.gov.au/reports/australians-welfare/family-domestic-and-sexual-violence>
- Australian Institute of Health and Welfare [AIHW]. (2020). *Child Protection Australia 2018-10. Child Welfare Series no. 72. Cat. No. CWS74*. AIHW.
<https://www.aihw.gov.au/getmedia/3a25c195-e30a-4f10-a052-afbd56d6d45/aihw-cws-74.pdf.aspx?inline=true>
- Australian Institute of Teaching and School Leadership [AITSL]. (2019). *Spotlight: Professional learning for rural, regional and remote teachers*.
https://www.aitsl.edu.au/docs/default-source/research-evidence/spotlight/11430-aitsl_spotlight_rrr_final.pdf?sfvrsn=e207d73c_0
- Australian Institute of Teaching and School Leadership [AITSL]. (2020). *Indigenous cultural competency in the Australian teaching workforce*.
<https://www.aitsl.edu.au/indigenous-cultural-competency/get-involved>
- Australian Statistical Geographical Standard [ASGS], (2018). *1270.0.55.005 – Australian Statistical Geography Standard (ASGS): Volume 5 – Remoteness structure, July, 2016*.
<https://www.abs.gov.au/ausstats/abs@.nsf/mf/1270.0.55.005>
- Ayre, K., & Krishnamoorthy, G. (2020). *Trauma informed behaviour support: A practical guide to developing resilient learners*. University of Southern Queensland. <https://usq.pressbooks.pub/traumainformedpractice/>
- Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., Cantos, A., Hamel, J., Kelly, D., Jordan, C., & Lehmann, P. (2016). Domestic violence perpetrator programs: A proposal for evidence-based standards in the United States. *Partner Abuse*, 7(4), 355-460. doi: 10.1891/1946-6560.7.4.355
- Baglivio, M. T., & Wolff, K. I. T. (2020). Positive childhood experiences (PCE): Cumulative resiliency in the face of adverse childhood experiences. *Youth Violence and Juvenile Justice*, 1-24. <https://doi.org/10.1177/1541204020972487>

- Bailey, C., Knight, T., Koomatirie, J., Brubacher, S., & Powell, M. (2018). Indigenous perspectives on Operation RESET: An initiative to improve the identification and persecution of child sexual abuse incidents in remote Indigenous communities. *Australian Psychologist*, 54, 187-192. doi: 10.1111/ap.12349
- Baker, C. N., Brown, S. M., Wilcox, P. D., Overstreet, S., Arora, P. (2015). Development and psychometric evaluation of the attitudes related to trauma-informed care (ARTIC) scale. *School Mental Health*, 8, 61-76. <https://doi.org/10.1007/s12310-015-9161-0>
- Baldry, H., McKeon, A., & McDougall, S. (2015). Queensland's frontier killing times – facing up to genocide. *QUT Law Review*, 15(1), 92-113. <https://doi.org/10.5204/qutlr.v15i1.583>
- Baldwin, J. R., Caspi, A., Meehan, A. J., Ambler, A., Arseneault, L., Fisher, H. L., Harrington, H., Matthews, T., Odgers, C. L., Poulton, R., Ramrakha, S., Moffitt, T. E., & Danese, A. (2021). Population vs individual prediction of poor health from results of adverse childhood experiences screening. *JAMA Pediatrics*, <https://doi.org/10.1001/jamapediatrics.2020.5602>
- Ban, J., & Oh, I. (2016). Mediating effects of teacher and peer relationships between parental abuse/neglect and emotional/behavioural problems. *Child Abuse & Neglect*, 61, 35-42. <https://doi.org/10.1016/j.chiabu.2016.09.010>
- Barnett, T., Hoang, H., Stuart, J., & Crocombe, L. (2015). Non-dental primary care providers' views on challenges in providing oral health services and strategies to improve oral health in Australian rural and remote communities: A qualitative study. *BMJ Open*, 5, Article e009341. <https://doi.org/10.1136/bmjopen-2015-009341>
- Barron, I. G., Abdallah, G., & Smith, P. (2013). Randomised control trial in CBT trauma recovery program in Palestinian schools. *Journal of Loss and Trauma*, 18(4), 306-321. <https://doi.org/10.1080/15325024.2012.688712>
- Bartlett, J. D., Barto, B., Griffin, J. L., Fraser, J. G., Hodgdon, H., & Bodian, R., Hanson, R. F., & Lang, J. (2016). Trauma-informed care in the Massachusetts child trauma project. *Child Maltreatment*, 21(2), 101-112. <https://doi.org/10.1177/1077559515615700>
- Baum, N. L., Rotter, B., Reidler, E., & Brom, D. (2009). Building resilience in schools in the wake of Hurricane Katrina. *Journal of Child and Adolescent Trauma*, 2, 62-70. <https://doi.org/10.1080/19361520802694323>
- Baweja, S., Santiago, C. D., Vona, P., Pears, G., Langley, A. & Kataoka, S., Overstreet, S., & Chafouleas, S. M., & Overstreet, S. (2016). Improving implementation of a school-based program for traumatised students: Identifying factors that promote teacher support and collaboration. *School Mental Health*, 8, 120-131. <https://doi.org/10.1007/s12310-015-9170-z>
- Beckett, P., Holmes, D., Phipps, M., Patton, D., & Molloy, L. (2017). Trauma-informed care and practice: Practices improvement strategies in an inpatient mental health ward. *Journal of Psychosocial Nursing and Mental Health Services*, 55(10), 34-38. <https://doi.org/10.3928/02793695-20170818-03>

- Belgrave, L., & Seide, K. (2019). Grounded theory methodology principles and practices. In P. Liamputtong (Ed.), *Handbook of Research Methods in Health Social Sciences* (pp. 299-316). Springer. https://doi.org/10.1007/978-981-10-5251-4_84
- Bell, H., Limberg, D., & Robinson, E. M. (2013). Recognising trauma in the classroom: A practical guide for educators. *Childhood Education*, 89(3), 139-145. <https://doi.org/10.1080/00094056.2013.792629>
- Bendall, S., Phelps, A., Browne, V., Metcalf, O., Cooper, J., Rose, B., Nursey, J., & Fava, N. (2018). *Trauma and young people: moving toward trauma-informed services and systems*. Orygen, The National Centre of Excellence in Youth Mental Health. <https://www.orygen.org.au/trauma>
- Bennett, D., Power, A., Thomson, C., Mason, B., & Bartleet, B. (2016). Reflection for learning: Developing Indigenous competencies in higher education. *Journal of University Teaching and Learning Practice*, 13(2). <https://ro.uow.edu.au/jutlp/vol13/iss2/7>
- Bercier, M. L., & Maynard, B. R. (2015). Interventions for secondary traumatic stress with mental health workers: A systematic review. *Research on Social Work Practice*, 25(1), 81-89. <https://doi.org/10.1177/1049731513517142>
- Berger, E. (2019). Multi-tiered approaches to trauma-informed care in schools: A systematic review. *School Mental Health*, 11, 650-664. <https://doi.org/10.1007/s12310-019-09326-0>
- Berger, E., Bearsley, A., & Lever, M. (2020). Qualitative evaluation of teacher trauma knowledge and response in schools. *Journal of Aggression, Maltreatment and Trauma*, 1-17. <https://doi.org/10.1080/10926771.2020.1806976>
- Berger, E., Carroll, M., Maybery, D., & Harrison, D. (2018). Disaster impacts on students and staff from a specialist, trauma-informed Australian School. *Journal of Child and Adolescent Trauma*, 11(4), 521-530. <https://doi.org/10.1007/s40653-018-0228-6>
- Berger, E., & Samuel, S. (2020). A qualitative analysis of the experiences, training, and support needs of school mental health workers regarding student trauma. *Australian Psychologist*, 55, 498-507. <https://doi.org/10.1111/ap.12452>
- Berger, R., Pat-Horenczyk, R., & Gelkopf, M. (2007). School-based interventions for prevention and treatment of elementary-students' terror-related distress in Israel: A quasi-randomised controlled trial. *Journal of Traumatic Stress*, 20(4), 541-551. <https://doi.org/10.1002/jts.20225>
- Bergmark, U. (2020). Rethinking researcher-teacher roles and relationships in educational action research through the use of Nel Noddings' ethics of care. *Educational Action Research*, 28(3), 331-344. <https://doi.org/10.1080/09650792.2019.1567367>
- Bessarab, D., & Crawford, F. (2010). Aboriginal practitioners speak out: Contextualising child protection interventions. *Australian Social Work*, 63(2), 179-193. <https://doi.org/10.1080/03124071003717663>

- Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs*, 33(12), 2106-2215. <https://doi.org/10.1377/hlthaff.2014.0914>
- Biddle, C., & Azano, A. P. (2016). Constructing and reconstructing the “rural school problem”: A century of rural education research. *Review of Research in Education*, 40, 298-325. <https://doi.org/10.3102/0091732X16667700>
- Biddle, C., Mette, I., & Mercado, A. (2018). Partnering with schools for community development: Power imbalances in rural community collaboratives addressing childhood adversity. *Community Development*, 49(2), 191-210. <https://doi.org/10.1080/15575330.2018.1429001>
- Biesta, G., & Burbules, N. C. (2003). *Pragmatism and educational research*. Rowman & Littlefield.
- Birks, M., Chapman, Y., & Francis, K. (2006). Moving grounded theory into the 21st century: Part 2 – mapping the footprints. *Singapore Nursing Journal*, 33(4), 12-17.
- Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing*, 13(1), 68-75. <https://doi.org/10.1177/1744987107081254>
- Birks, M., & Mills, J. (2011). *Grounded theory: A practical guide*. SAGE.
- Birks, M., & Mills, J. (2015). *Grounded theory: A practical guide* (2nd ed.). SAGE.
- Bischoff, R. J., Reisbig, A. M. J., Springer, P. R., Schultz, S., Robinson, W. D., & Olson, M. (2014). Succeeding in rural mental health practice: Being sensitive to culture by fitting in and collaborating. *Contemporary Family Therapy*, 36(1), 1-16. <https://doi.org/10.1007/s10591-013-9287-x>
- Bjornestad, A. G., Schwinle, A., & Elhai, J. D. (2014). Measuring secondary traumatic stress symptoms in military spouses with the posttraumatic stress disorder checklist military version. *The Journal of Nervous and Mental Disease*, 202(12), 864-869. <https://doi.org/10.1097/NMD.0000000000000213>
- BlackCard. (2020). *The BlackCard*. <https://www.theblackcard.com.au/>
- Blitz, L. V., Anderson, E. M., Saastamoinen, M. (2016). Assessing perceptions of culture and trauma in an elementary school: Informing a model for culturally responsive trauma-informed schools. *Urban Review*, 48(4), 520-542. <https://doi.org/10.1007/s11256-016-0366-9>
- Blitz, L. V., & Lee, Y. (2015). Trauma-informed methods to enhance school-based bullying prevention initiatives: An emerging model. *Journal of Aggression, Maltreatment & Trauma*, 24(1), 20-40. <https://doi.org/10.1080/10926771.2015.982238>
- Blitz, L. V., Yull, D., & Clauhs, M. (2020). Bringing sanctuary to school: Assessing school climate as a foundation of culturally responsive trauma-informed approaches for urban schools. *Urban Education*, 55(1), 95-124. <https://doi.org/10.1177/0042085916651323>

- Blodgett, C., Harrington, R., Lohan, J., Short, R., Turner, N., & Winikoff, J. (2010). *Adverse childhood experience and developmental risk in elementary school children*. <https://s3.wp.wsu.edu/uploads/sites/2101/2015/02/Adverse-Childhood-Experience-and-Developmental-Risk-in-Elementary-Schoolchildren-Research-Briefx.pdf>
- Blodgett, C., & Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. *School Psychology Quarterly*, 33(1), 137-146. <https://doi.org/10.1037/spq0000256>
- Blosnich, J. R., Dichter, M. E., Cerulli, C., Batten, S. V., & Bossarte, R. M. (2014). Disparities in adverse childhood experiences among individuals with a history of military service. *JAMA Psychiatry*, 71(9), 1041-1048. <https://doi.org/10.1001/jamapsychiatry.2014.724>
- Bluff, R. (2005). Grounded Theory: The methodology. In I. Holloway (Ed). *Qualitative Research in Health Care* (pp. 147-167). Open University Press.
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Prentice-Hall.
- Boddy, C. R. (2016). Sample size for qualitative research. *Qualitative Market Research*, 19(4), 426-432. <https://doi.org/10.1108/qmr-06-2016-0053>
- Bodkin-Andrews, G., Foster, S., Bodkin, F., Foster, J., Andrews, G., Adams, K., & Evans, R. (2021). Resisting the racist silence: When racism and education collide. In M. Shay & R. Oliver (Eds.), *Indigenous education in Australia: Learning and teaching for deadly futures* (pp.36-53). Routledge. <https://doi.org/10.4324/9780429263453-3>
- Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality and Quantity*, 36, 391-409. <https://doi.org/10.1023/A:1020909529486>
- Bogdan, R. C., & Knopp-Biklen, S. (2007). *Qualitative research for education: An introduction to theory and methods* (5th ed.). Pearson/Allyn and Bacon.
- Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations peoples in Canada. *Journal of Aboriginal Health*, 5(3), 6-47.
- Bonk, I. T. (2016). *Professional development for elementary educators: Creating a trauma informed classroom* (Doctoral dissertation). Regent University. ProQuest LLC.
- Borntager, C., Caringi, J. C., van den Pol, R., Crosby, L., O'Connell, Trautman, A., & McDonald, M. (2012). Secondary traumatic stress in school personnel. *Advances in School Mental Health Promotion*, 5(1), 38-50. doi: 10.1080/1754730.2012.664862
- Bosk, E. A., Williams-Butler, A., Ruisard, D., & MacKenzie, M. J. (2020). Frontline staff characteristics and capacity for trauma-informed care: Implications for the child welfare workforce. *Child Abuse & Neglect*, 110(Pt3), 104536-104536. <https://doi.org/10.1016/j.chiabu.2020.104536>

- Bottchler Berthelsen, C., Lindhardt, T., & Frederiksen, K. (2017). A discussion of differences in preparation, performance and post reflections in participant observations within two grounded theory approaches. *Scandinavian Journal of Caring Sciences*, 31, 413-420. doi: 10.1111/scs.12353
- Bottoms, T. (2013). *Conspiracy of silence: Queensland's frontier killing times*. Alley & Unwin.
- Bourke, L., Humphreys, J. S., Walkerman, J., & Taylor, J. (2012). Understanding rural and remote health: A framework for analysis in Australia. *Health & Place*, 18(3), 496-503. <https://doi.org/10.1016/j.healthplace.2012.02.009>
- Bousen, P. (2015). Arrival classification review changes for school leaders. *Queensland Teachers Journal*, 120(5). <https://stacks.qtu.asn.au/collections/queensland-teachers-journal/queensland-teachers-journal-2008-2015>
- Bowers, B. J. (1988). Grounded Theory. Pathways to knowledge: Innovative research methods for Nursing. Number 15-2233, 35-59. *National League for Nursing*.
- Brandt, R. C., Chitiyo, M., & May, M. E. (2014). Measures used in assessing outcomes of school-wide positive behaviour support. *Journal of Research in Special Educational Needs*, 14(4), 229-238. <https://doi.org/10.1111/j.1471-3802.2012.01260.x>
- Brasche, I., & Harrington, I. (2012). Promoting teacher quality and continuity: Tackling the disadvantages of remote Indigenous schools in the Northern Territory. *Australian Journal of Education*, 56(2), 110-125. <https://doi.org/10.1177/000494411205600202>
- Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52(1), 63-70. <https://doi.org/10.1093/sw/52.1.63>
- Brinkmann, S., & Kvale, S. (2015). *InterViews: Learning the craft of qualitative research interviewing* (3rd ed.). SAGE.
- Brokenleg, M. (2012). Transforming cultural trauma into resilience. *Reclaiming Children and Youth*, 21(3), 9-13. <http://reclaimingjournal.com/issues-48>
- Broome, R. (2010). *Aboriginal Australians: A history since 1788* (4th ed.). Alley & Unwin.
- Brown, B. (2006). Shame resiliency theory: A grounded theory study on women and shame. *Families in Society: The Journal of Contemporary Social Services*, 87(1), 43-52. <https://doi.org/10.1606/1044-3894.3483>
- Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent and lead*. Penguin Life.
- Brown, E. C., Freedle, A., Hurless, N. L., Miller, R. D., Martin, C., & Paul, Z. A. (2020). Preparing teacher candidates for trauma-informed practices. *Urban Education*, 1-24. <https://doi.org/10.1177/0042085920974084>

- Brown, S. M., Baker, C. N., & Wilcox, P. (2012). Risk connection trauma training: A pathway toward trauma-informed care in child congregate care settings. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(5), 507-515. doi: 10.1037/a0025269
- Brownridge, D. A., Taillieu, T., Afifi, T., Chan, K. L., Emery, C., Lavoie, J., & Elgar, F. (2017). Child maltreatment and intimate partner violence among Indigenous and non-Indigenous Canadians. *Journal of Family Violence*, 32, 607-619. <https://doi.org/10.1007/s10896-016-9880-5>
- Brunzell, T., Stokes, H., & Waters, L. (2016). Trauma-informed flexible learning: Classrooms that strengthen regulatory abilities. *International Journal of Child, Youth and Family Studies*, 7(2), 218-239. <https://doi.org/10.18357/ijcyfs72201615719>
- Brunzell, T., Stokes, H., Waters, L. (2018). Why do you work with struggling students? Teacher perceptions of meaningful work in trauma-impacted classrooms. *Australian Journal of Teacher Education*, 43(2), 116-142.
- Brunzell, T., Stokes, H., Waters, L. (2019). Shifting teacher practice in trauma affected classrooms: Practice pedagogy strategies within a trauma-informed positive education model. *School Mental Health*, 11, 600-614. <https://doi.org/10.1007/s12310-018-09308-8>
- Bryant, A. (2009). Grounded theory and pragmatism: The curious case of Anselm Strauss. *Forum: Qualitative Social Research*, 10(3).
- Bryant, A., & Charmaz, K. (2007). *The SAGE handbook of grounded theory*. SAGE.
- Buckley, C. A., & Waring, M. J. (2013). Using diagrams to support the research process: Examples from grounded theory. *Qualitative Research*, 13(2), 148-172. <https://doi.org/10.1177/1468794112472280>
- Buckskin, P. (2016). *More Aboriginal and Torres Strait Islander teachers initiative final report*. University of South Australia. <https://apo.org.au/sites/default/files/resource-files/2017-02/apo-nid74854.pdf>
- Buff, R. (2005). Grounded theory: The methodology. In I. Holloway (Ed.), *Qualitative research in health care* (pp. 147-167). Open University Press.
- Burgess, C. (2019). Beyond cultural competence: Transforming teacher professional learning through Aboriginal community-controlled cultural immersion. *Critical Studies in Education*, 60(4), 477-495. <https://doi.org/10.1080/17508487.2017.1306576>
- Burgess, C., & Cavanagh, P. (2016). Cultural immersion: Developing a community of practice of teachers and Aboriginal community members. *The Australian Journal of Indigenous Education*, 45(1), 48-55. <https://doi.org/10.1017/jie.2015.33>
- Burke-Harris, N. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. Houghton Muffin Harcourt.
- Campo, M., & Tayton, S. (2015). *Domestic and family violence in regional, rural, and remote communities: An overview of key issues*. Child Family Community

Australia Information Exchange.

<https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-resource-dv-regional.pdf>

- Capella, E., Frazier, S. L., Atkins, M. S., Schoenwald, S. K., & Glisson, C. (2008). Enhancing schools' capacity to support children in poverty: An ecological model of school-based mental health services. *Administration and Policy in Mental Health*, 35, 395-409. <https://doi.org/10.1007/s10488-008-0182-y>
- Capezza, N. M., & Najavits, L. M. (2012). Rates of trauma-informed counselling at substance abuse treatment facilities: Reports from over 10,000 programs. *Psychiatric Services*, 63(4), 390-394. <https://doi.org/10.1176/appi.ps.201000560>
- Caringi, J. C., Stanick, C., Trautman, A., Crosby, L., Devlin, M., & Adams, S. (2015). Secondary traumatic stress in public school teachers: Contributing and mitigating factors. *Advances in School Mental Health Promotion*, 8(4), 244-256. <https://doi.org/10.1080/1754730x.2015.1080123>
- Carnie, T., Berry, H. L., Blinkhorn, S. A., & Hart, C. R. (2011). In their own words: Young peoples' mental health in drought-affected rural and remote NSW. *The Australian Journal of Rural Health*, 19(5), 244-248. <https://doi.org/10.1111/j.1440-1584.2011.01224.x>
- Carolin, P. A., & Xaiver, G. G. (2020). Impact of domestic violence on children: Causes and preventive space measures. *BCM Journal of Social Work*, 16(1), 32-42.
- Castagno, A. E., & Brayboy, B. M. J. (2008). Culturally responsive schooling for Indigenous youth: A review of the literature. *Review of Educational Research*, 78(4), 941-993. <https://doi.org/10.3102/0034654308323036>
- Castro, A. J., Kelly, J., & Shih, M. (2010). Resilience strategies for new teachers in high-needs areas. *Teaching and Teacher Education*, 26, 622-629. <https://doi.org/10.1016/j.tate.2009.09.010>
- Causar, H., Bradley, E., Muse, K., & Smith, J. (2021). Bearing witness: A grounded theory of the experience of staff of two United Kingdom higher education institutions following a student death by suicide. *PLoS ONE*, 16(5), e0251369. <https://doi.org/10.1371/journal.pone.0251369>
- Cavanaugh, B. (2016). Trauma-informed classrooms and schools. *Beyond Behaviour*, 25(2), 41-46. <https://doi.org/10.1177/107429561602500206>
- Chafouleas, S., Johnson, A., Overstreet, S., & Santos, N. (2016). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health*, 8(1), 144-162. <https://doi.org/10.1007/s12310-015-9166-8>
- Chamberlain, C., Gee, G., Gartland, D., Mensah, F. K., Mares, S., Clark, Y., Ralph, N., Atkinson, C., Hirvonen, T., McLachlan, N., Edwards, T., Hermann, H., Brown, S. J., & Nicholson, J. M. (2020). Community perspectives of complex trauma assessment for Aboriginal parents: 'It's important, but how these discussions are held is critical'. *Frontiers in Psychology*, 11, 2014. <https://doi.org/10.3389/fpsyg.2020.02014>

- Charmaz, K. (1983). The grounded theory method: An explication and interpretation. In R. Emmerson (Ed.), *Contemporary field research: A collection of readings* (pp. 109-126). Waveland Press.
- Charmaz, K. (1990). 'Discovering' chronic illness: Using grounded theory. *Social Science & Medicine* (1982), 30(11), 1161–1172. [https://doi.org/10.1016/0277-9536\(90\)90256-R](https://doi.org/10.1016/0277-9536(90)90256-R)
- Charmaz, K. (1996). The search for meanings – grounded theory. In J. A. Smith, R. Harré, & L. van Langenhove (Eds.), *Rethinking methods in psychology* (pp. 27-49). SAGE.
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., 509-535). SAGE Publications.
- Charmaz, K. (2005). Grounded theory in the 21st century: Applications for advancing social justice issues. In K. N. Denzin & Y. S. Lincoln (Eds.), *The SAGE Handbook of Qualitative Research* (3rd ed., pp. 507-306). SAGE Publications.
- Charmaz, K. (2006). *Constructing grounded theory: A practice guide through qualitative analysis*. SAGE.
- Charmaz, K. (2008). Grounded theory as an emergent method. In S. N. Hess-Biber & P. Leavy (Eds.), *Handbook of emergent methods* (pp. 155-172). The Guilford Press.
- Charmaz, K. (2011). Grounded theory methods a social justice research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE Handbook of Qualitative Research* (4th ed., pp. 359-380). SAGE Publications.
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). SAGE.
- Charmaz, K. (2015). Teaching theory construction with initial grounded theory tools: A reflection on lessons and learning. *Qualitative Health Research*, 25(12), 1610-1622. <https://doi.org/10.1177/1049732315613982>
- Charmaz, K. (2017a). Constructivist grounded theory. *The Journal of Positive Psychology*, 12(3), 299-300. <https://doi.org/10.1080/17439760.2016.1262612>
- Charmaz, K. (2017b). The power of constructivist grounded theory for critical inquiry. *Qualitative Inquiry*, 23(1), 34-45. <https://doi.org/10.1177/1077800416657105>
- Charmaz, K. (2020). “With constructivist grounded theory you can’t hide”: Social justice research and critical inquiry in the public sphere. *Qualitative Inquiry*, 26(2), 165-176. <https://doi.org/10.1177/1077800419879081>
- Charmaz, K., & Belgrave, L. L. (2014). Qualitative interviewing and grounded theory analysis. In J. F. Gubrium, J. A. Holstein, A. B. Marvasti & K. D. McKinney (Eds.), *The SAGE handbook of interview research: The complexity of the craft* (pp. 347-366). SAGE Publications. <http://dx.doi.org/10.4135/9781452218403>

- Charmaz, K., & Bryant, A. (2010). Grounded theory. In P. Peterson, E. Baker & B. McGraw (Eds.), *International Encyclopedia of Education* (3rd ed., pp. 406-412). Elsevier. <https://doi.org/10.1016/B978-0-08-044894-7.01581-5>
- Charmaz, K., & Bryant, A. (2016). Constructing grounded theory analyses. *Qualitative Research*, E4, 385-399.
- Charmaz, K., & Thornberg, R. (2020). The pursuit of quality in grounded theory. *Qualitative Research in Psychology*, 1-23. <https://doi.org/10.1080/14780887.2020.1780357>
- Charmaz, K., Thornberg, R., & Keane, E. (2018). Evolving grounded theory and social justice inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (5th ed., 411-433). SAGE Publications.
- Chartier, M. J., Walker, J. R., & Naimark, B. (2010). Separate and cumulative effects of adverse childhood experiences in predicting adult health and health care utilisation. *Child Abuse & Neglect*, 34(6), 454-464. <https://doi.org/10.1016/j.chiabu.2009.09.020>
- Cheers, B., Binell, M., Coleman, H., Gentle, I., Miller, G., Taylor, J., & Weetra, C. (2016). Family violence: An Australian Indigenous community tells its story. *International Social Work*, 49(1), 51-63. <https://doi.org/10.1177/0020872806059401>
- Chen, S., & Phillips, B. (2018). Exploring teacher factors that influence teacher-child relationships in Head Start: A grounded theory. *The Qualitative Report*, 23(1), 80-97. <https://doi.org/10.46743/2160-3715/2018.2962>
- Choi, G. Y. (2017). Secondary traumatic stress and empowerment among social workers working with family violence or sexual assault survivors. *Journal of Social Work*, 17(3), 358-378. <https://doi.org/10.1177/1468017316640194>
- Christiaens, I., Hegadoren, K., & Olson, D. M. (2015). Adverse childhood experiences are associated with spontaneous preterm birth: A case-control study. *BMC Medicine*, 13(1), 124-132. <https://doi.org/10.1186/s12916-015-0353-0>
- Christian-Brandt, A. S., Santacrose, D. E., & Barnett, M. L. (2020). In the trauma-informed care trenches: Teacher compassion satisfaction, secondary traumatic stress, burnout, and intent to leave education within underserved elementary schools. *Child Abuse & Neglect*, 110(Pt3), 104437-104437. <https://doi.org/10.1016/j.chiabu.2020.104437>
- Chuang, E., & Lucio, R. (2011). Interagency collaboration between child welfare agencies, schools, and mental health providers and children's mental health service receipt. *Advances in School Mental Health Promotion*, 4(2), 4-15. <https://doi.org/10.1080/1754730x.2011.9715625>
- Clark, Y., Augoustinos, M., & Malin, M. (2016). Lateral violence within the Aboriginal community in Adelaide: "It affects our identity and wellbeing". *Journal of Indigenous Wellbeing*, 1(1), 43-52.
- Clarke, A. (2005). *Situational analysis: Grounded theory after the postmodern turn*. SAGE Publications.

- Clarke, K., & Denton, M. (2013). Red dirt thinking on child wellbeing in Indigenous, rural and remote Australian communities: The SpICE model “I just don’t want my kid to struggle like I did at school”. *The Australian Journal of Indigenous Education*, 42(2), 136-144. <https://doi.org/10.1017/jie.2013.21>
- Clarke, S., & Wildly, H. (2011). Improving the small rural and remote school: The role of the district. *Australian Journal of Education*, 55(1), 24-36. <https://doi.org/10.1177/000494411105500104>
- Clettenberg, S., Gentry, J., Held, M., & Mock, L. A. (2011). Traumatic loss and natural disaster: A case study of a school-based response to Hurricanes Katrina and Rita. *School Psychology International*, 32(5), 553-566. <https://doi.org/10.1177/0143034311402928>
- Coetzee, S., Ebersöhn, L., Ferreira, R., & Moen, M. (2017). Disquiet voices foretelling hope: Rural teachers’ resilience experiences of past and present chronic adversity. *Journal of Asian and African Studies*, 52(2), 201-216. <https://doi.org/10.1177/0021909615570955>
- Collier, S., Bryce, I., Trimmer, K., & Krishnamoorthy, G. (2020). Evaluating framework for practice in mainstream primary school classrooms catering for children with developmental trauma: An analysis of the literature. *Children Australia*, 45(4), 258-265. <https://doi.org/10.1017/cha.2020.53>
- Colucci, E. (2007). “Focus groups can be fun”: The use of activity-oriented questions in focus group discussions. *Qualitative Health Research*, 17(10), 1422-1433. doi: 10.1177/1049732307308129
- Commonwealth of Australia. (2018). *Final report: Joint select committee on constitutional recognition relating to Aboriginal and Torres Strait Islander peoples*. Parliament of the Commonwealth of Australia. https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Former_Committees/Constitutional_Recognition_2018/ConstRecognition/Final_Report
- Conradi, L., & Wilson, C. (2010). Managing traumatised children: A trauma systems perspective. *Current Opinion in Pediatrics*, 22(5), 621-625. <https://doi.org/10.1097/MOP.0b013e32833e0766>
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 32(5), 390-398. <https://doi.org/10.3928/00485713-20050501-05>
- Cooper, M., Evan, Y., & Pybis, J. (2016). Interagency collaboration in children and young peoples’ mental health: A systematic review of outcomes, facilitating factors and inhibiting factors. *Child: Care, Health and Development*, 42(3), 325-342. <https://doi.org/10.1111/cch.12322>
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research* (3rd ed.). SAGE Publications.
- Corbin, J., & Strauss, A. (2015). *Basics of qualitative research* (4th ed.). SAGE Publications.

- Cosgrave, C., Hussain, R., & Maple, M. (2015). Retention challenge facing Australia's rural community mental health services: Service managers' perspectives. *Australian Journal of Rural Health, 23*(5), 272-276. <https://doi.org/10.1111/ajr.12205>
- Costa, D. L., Yetter, N., & DeSomer, H. (2018). Intergenerational transmission of parental trauma among US civil war ex-POWs. *PNAS*. www.pnas.org/cgi/doi/10.1073/pnas.1803630115
- Coulton, C. J., Korbin, J. E., Sui, M., & Chow, J. (1995). Community level factors and child maltreatment rates. *Child Development, 66*(5), 1262-1276. <https://doi.org/10.2307/1131646>
- Craig, S. E. (2016). *Trauma-sensitive schools: Learning communities transforming lives K-5*. Teachers College Press.
- Craun, S. W., Bourke, M. L., Biere, D. M., & Williams, K. S. (2014). A longitudinal examination of secondary traumatic stress among law enforcement. *Victims and Offenders, 9*(3), 299-316. <https://doi.org/10.1080/15564886.2013.848828>
- Crepeau-Hobson, F., Sievering, K. S., Armstrong, C., & Stonis, J. (2012). A coordinated mental health crisis response: Lessons learned from three Colorado school shootings. *Journal of School Violence, 11*(3), 207-225. <https://doi.org/10.1080/15388220.2012.682002>
- Creswell, J. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). SAGE Publications.
- Crosby, S. D., Day, A. G., Baroni, B. A., & Somers, C. L. (2015). School staff perspectives on the challenges and solutions to working with court-involved students. *Journal of School Mental Health, 85*(6), 347-354. <https://doi.org/10.1111/josh.12261>
- Cross, J. E., Dickmann, E., Newman-Gonchar, R., & Fagan, J. M. (2009). Using mixed-method design and network analysis to measure development of interagency collaboration. *American Journal of Education, 30*(3), 310-329. <https://doi.org/10.1177/1098214009340044>
- Cross, R. (2012). Interpersonal childhood trauma and the use of therapeutic community recovery. *The International Journal of Therapeutic Communities, 33*(1), 39-53. <https://doi.org/10.1108/096641861211286311>
- Crouch, E., Radcliff, E., Probst, J. C., Bennett, K. J., & McKinney, S. (2020). Rural-urban differences in adverse childhood experiences across a national sample of children. *The Journal of Rural Health, 36*(1), 55-64. <https://doi.org/10.1111/jrh.12366>
- Cuervo, H., & Acquaro, D. (2018). Exploring metropolitan university pre-service teacher motivations and barriers to teaching in rural schools. *Asia-Pacific Journal of Teacher Education, 46*(4), 384-398. <https://doi.org/10.1080/1359866x.2018.1438586>
- Culp, R. E., Watkins, R. V., Lawrence, H., Letts, D., Kelly, D. J., & Rice, M. L. (1991). Maltreated children's language and speech development: Abused,

- neglected, and abused and neglected. *First Language*, 11(33), 377-389. <https://doi.org/10.1177/014272379101103305>
- Cummings, K. P. (2017). Supporting parent engagement in programme-wide behavioural intervention implementation. *Early Childhood Development and Care*, 187(11), 1623-1634. <https://doi.org/10.1080/03004430.2016.1177042>
- Cunneen, C., & Libesman, T. (2000). Post colonial trauma: The contemporary removal of Indigenous children and young people from their families in Australia. *The Australian Journal of Social Issues*, 35(2), 99-115. <https://doi.org/10.1002/j.1839-4655.2000.tb01088.x>
- Curthoys, A. (2020). Family violence and colonisation. *Australian Historical Studies*, 51(2), 146-164. <https://doi.org/10.1080/1031461X.2020.1733033>
- Datta-Roy, S., & Lavery, S. (2017). Experiences of overseas trained teachers seeking public school positions in Western Australia and South Australia. *Issues in Educational Research*, 27(4), 720-735. <http://www.iier.org.au/iier27/datta-roy.pdf>
- Davidson, I., Burke, H., Sullivan, L., Wallis, L. A., Artym, U., & Barker, B. (2020). Cultural conflict in text and materiality: The impact of words and lead on the northwest Queensland colonial frontier, Australia. *World Archaeology*, 51(5), 724-770. <https://doi.org/10.1080/00438243.2020.1711153>
- Davies, S., & Berger, E. (2020). Teachers' experiences in responding to students' exposure to domestic violence. *Australian Journal of Teacher Education*, 44(11), 96-109. <https://doi.org/10.14221/ajte.2019v44.n11.6>
- Davis, J., Ratliff, C., Parker, C., Davis, K., & Hysten-Williams, S. (2018). The impact of trauma on learning and academic success: Implications for the role of educators in urban academic settings. *The National Journal of Urban Education and Practice*, 11(3), 85-95.
- Dekel, R., & Goldblatt, H. (2008). Is there intergenerational transmission of trauma? The case of combat veterans' children. *American Journal of Orthopsychiatry*, 78(3), 281-289. <https://doi.org/10.1037/a0013955>
- de Eguia Huerta, M. (2020). Knowledge decolonisation à la grounded theory: Control juggling in research situations. *Social Epistemology*, 34(4), 370-381. <https://doi.org/10.1080/02691728.2019.1706118>
- de Laet, S., Colpin, H., Gooseens, L., Van Leeuwen, K., & Verschueren, K. (2014). Comparing parent-child and teacher-child relationships in early adolescence: Measurement invariance of perceived attachment-related dimensions. *Journal of Psychoeducational Assessment*, 32(6), 521-532. <https://doi.org/10.1177/0734282914527408>
- Denzin, N. K., & Lincoln, Y. S. (2000). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 1-32). SAGE Publications.

- Denzin, N. K., & Lincoln, Y. S. (2005). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (3rd ed., pp. 1-32). SAGE Publications.
- Denzin, N. K., & Lincoln, Y. S. (2011). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (4th ed., pp. 1-20). SAGE Publications.
- Denzin, N. K., & Lincoln, Y. S. (2018). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (5th ed., pp. 1-26). SAGE Publications.
- Department of Child Safety, Youth & Women. (2016). *Practice resource: School disciplinary absence*.
<https://www.csyw.qld.gov.au/resources/childsafety/practice-manual/practice-resource-sda.pdf>
- Department of Child Safety, Youth & Women. (2018). *Domestic and family violence and its relationship to child protection* [Practice paper]. Queensland Government. <https://www.csyw.qld.gov.au/resources/childsafety/practice-manual/prac-paper-domestic-violence.pdf>
- Department of Children, Youth Justice and Multicultural Affairs. (2019). *Queensland child protection guide (online)*. <https://www.csyw.qld.gov.au/about-us/partners/child-family/our-government-partners/queensland-child-protection-guide>
- Department of Education [DoE]. (2018). Student learning and wellbeing framework. <https://education.qld.gov.au/student/Documents/student-learning-wellbeing-framework.pdf>
- Department of Education [DoE]. (2020a). *Centres for learning and wellbeing*. <https://education.qld.gov.au/schools-educators/other-education/rural-and-remote-education/centres-for-learning-and-wellbeing>
- Department of Education [DoE]. (2020b). *School disciplinary absences by region, 2015-19*. Strategy and Performance: Analysis. Evidence. Insight. <https://qed.qld.gov.au/our-publications/reports/statistics/Documents/sda-by-region.pdf>
- Department of Education [DoE]. (2020c). *North Queensland region*. <https://teach.qld.gov.au/teach-in-queensland-state-schools/working-with-us/our-schools/north-queensland-region>
- Department of Education [DoE]. (2020d). *Every Aboriginal and Torres Strait Islander Student Succeeding Strategy*. <https://education.qld.gov.au/initiativesstrategies/Documents/atsie-student-succeeding-strategy.pdf>
- Department of Education and Training. (2010). *Educators belonging, being and becoming: Educators' guide to the early years learning framework for Australia*. <https://www.dese.gov.au/national-quality-framework-early-childhood-education-and-care/resources/educators-guide-early-years-learning-framework-australia>

- Department of Education and Training [DET]. (2017a). *School directory*.
<https://schoolsdirectory.eq.edu.au/>
- Department of Education and Training [DET]. (2017b). *Professional learning hubs*.
<https://education.qld.gov.au/about-us/budgets-funding-grants/grants/state-schools/previous-funded-programs/professional-learning-hubs>
- Department of Education and Training [DET]. (2017c). *Reports and statistics: School disciplinary absences by region, 2012-2016*. <https://det.qld.gov.au/det-publications/reports/earlyyears/Documents/sda-by-region.pdf>
- Department of Education and Training [DET]. (2017d). *Priority research themes*.
<http://education.qld.gov.au/corporate/research/docs/research-priorities.pdf>
- Department of Education and Training [DET]. (2017e). *Annual Report 2016-2017. Department of Education and Training Annual Report 2016-17 (including signature) (qed.qld.gov.au)*
- Department of Education, Employment and Workplace Relations [DEEWR]. (2009). *Belonging, being and becoming: The early years learning framework for Australia*. <https://www.dese.gov.au/national-quality-framework-early-childhood-education-and-care/resources/belonging-being-becoming-early-years-learning-framework-australia>
- Department of Education, Employment, and Workplace Relations [DEEWR]. (2011, October). *Guiding principles for developing Indigenous cultural competency in Australian universities*. <https://www.universitiesaustralia.edu.au/wp-content/uploads/2019/06/Guiding-Principles-for-Developing-Indigenous-Cultural-Competency-in-Australian-Universities.pdf>
- Department of Education, Skills, & Employment. (2013). *The early years learning framework in action: Educators' stories and models of practice*. DEEWR. <https://www.dese.gov.au/national-quality-framework-early-childhood-education-and-care/resources/early-years-learning-framework-action>
- de Ruiter, P. C., Volkmar, J. C. W., Moore, J. C., & Winemiller, K. O. (2005). Food web ecology: Playing Jenga and beyond. *Science*, 309(5731), 68-70.
<https://doi.org/10.1126/science.1096112>
- de Thierry, B. (2015). *Teaching the child on the trauma continuum*. Grosvenor House Publishing Ltd.
- Dew, A., Bullkeley, K., Veitch, C., Bundy, A., Gallego, G., Lincoln, M., Brentnall, J., & Griffiths, S. (2013). Addressing the barriers to accessing therapy services in rural and remote areas. *Disability and Rehabilitation*, 35(18), 1564-1570.
<https://doi.org/10.3109/09638288.2012.720346>
- Dewey, J. (1930). *The quest for certainty: A study of the relation of knowledge and action*. George Allen & Unwin Ltd.
- Dey, I. (1999). *Grounding grounded theory: Guidelines for qualitative inquiry*. Academic Press.
- Dillon, D. G., Holmes, A. J., Birk, J. L., Brooks, N., Lyons-Ruth, K., & Pizzagalli, D. A. (2009). Childhood adversity is associated with left basal ganglia

- dysfunction during reward anticipation in adulthood. *Biological Psychiatry*, 66(3), 206-213. <https://doi.org/10.1016/j.biopsych.2009.02.019>
- Dion, J., Cantinotti, M., Ross, A., Collin-Vezina, D. (2015). Sexual abuse, residential schooling and portable pathological gambling among Indigenous peoples. *Child Abuse & Neglect*, 44, 56-65. <https://doi-org.ezp01.library.qut.edu.au/10.1016/j.chiabu.2015.03.004>
- Dodaj, A. (2020). Children witnessing domestic violence. *Journal of Children's Services*, 15(3), 161-174. doi: 10.1108/JCS-04-2019-0023
- Dods, J. (2013). Enhancing understanding of the nature of supportive school-based relationships with youth who experienced trauma. *Canadian Journal of Education*, 36(1), 71-95.
- Doherty, C., Shield, P., Patton, W., & Mu, G. M. (2015). The limits to public service: Rural communities, professional families and work mobility. *Community, Work & Family*, 18(1), 100-116. <https://doi.org/10.1080/13668803.2014.953446>
- Doley, A., Sibly, C., Wigg, C., Crawford, P., Cowper, L., & Barker, C. (2008). Doctor on campus: A general practice initiative for detection and early intervention of mental health problems in rural Australian secondary school. *Health Sociology Review*, 17(1), 53-63. <https://doi.org/10.5172/hesr.451.17.1.53>
- Domestic and Family Violence Death Review & Advisory Board. (2019). *Domestic and family violence death review and advisory board 2018-2019 annual report*. Queensland Government. https://www.courts.qld.gov.au/_data/assets/pdf_file/0006/630159/domestic-and-family-violence-death-review-and-advisory-board-annual-report-2018-19.pdf
- Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy environments and response to trauma in schools (HEARTS): A whole school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health*, 8, 163-176. <https://doi.org/10.1007/s12310-016-9177-0>
- Downes, N., & Roberts, N. (2018). Revisiting the schoolhouse: A literature review on staffing rural, remote and isolated schools in Australia 2004-2016. *Australian and International Journal of Rural Education*, 28(1), 31-54.
- Downey, L. (2007). *Calmer classrooms*. Child Safety Commissioner. State Government Victoria. https://earlytraumagrief.anu.edu.au/files/calmer_classrooms.pdf
- Doyle, C., & Cicchetti, D. (2017). From the cradle to the grave: The effect of adverse caregiving environments on attachment and relationships throughout the lifespan. *Clinical Psychology*, 24(2), 203-217. <https://doi.org/10.1111/cpsp.12192>
- Dube, S., & McGiboney, G. W. (2018). Education and learning in the context of childhood abuse, neglect and related stressor: The nexus of health education. *Child Abuse & Neglect*, 75, 1-5. <https://doi.org/10.1016/j.chiabu.2017.09.029>

- DuBois, A. L. (2010). *An inquiry of the lived experiences and contextual understandings of early childhood special educators related to children's trauma* (Doctoral dissertation). Duquesne University. ProQuestLLC.
- Duffy, K., Ferguson, C., & Watson, H. (2004). Data collecting in grounded theory – some practical issues. *Nurse Researcher*, 11(4), 67-78. <https://doi.org/10.7748/nr2004.07.11.4.67.c6216>
- Duncan, R. D. (2000). Childhood maltreatment and college drop-out rates: Implications for child abuse researchers. *Journal of Interpersonal Violence*, 15(9), 987-995. <https://doi.org/10.1177/088626000015009005>
- Dunne, C. (2011). The place of the literature review in grounded theory research. *International Journal of Social Research Methodology*, 14(2), 111-124. <https://doi.org/10.1080/13645579.2010.494930>
- Duplechain, R., Reigner, R., & Packard, A. (2008). Striking differences: The impact of moderate and high trauma on reading achievement. *Reading Psychology*, 29(2), 117-136. <https://doi.org/10.1080/02702710801963845>
- Durden, T. R., Escalante, E., & Blicht, K. (2015). Start with us! Culturally relevant pedagogy in the preschool classroom. *Early Childhood Education Journal*, 43(3), 223-232. <https://doi.org/10.1007/s10643-014-0651-8>
- Early Childhood Australia. (2018). *Embed, enable and strive: A stretch reconciliation action plan for Early Childhood Australia*. <http://www.earlychildhoodaustralia.org.au/our-work/reconciliation/>
- Eber, L., Barrett, S., Scheel, N., Flammini, A., & Pohlman, K. (2020, November). *Centre on PBIS – Integrating a trauma-informed approach within a PBIS framework*. <https://www.pbis.org/resource/integrating-a-trauma-informed-approach-within-a-pbis-framework>
- Edelkott, N., Engstrom, D. W., Hernandez-Wolfe, P., & Gangsei, D. (2016). Vicarious resilience: Complexities and variations. *American Journal of Orthopsychiatry*, 86(6), 713-724. <https://doi.org/10.1037/ort0000180>
- Eklund, K., & Rossen, E. (2016). *Guidance for trauma screening in schools: A product of the Defending Childhood State Policy Initiative*. www.nasponline.org
- Eklund, K., Rossen, E., Koriakin, T., Chafouleas, S. M., & Resnick, C. (2018). A systematic review of trauma screening measures for children and adolescents. *School Psychology Quarterly*, 33(1), 30-43. <https://doi.org/10.1037/spq0000244>
- Elfner Childs, K., Kincaid, D., Peshak, G. H., & Gage, N. A. (2016). The relationship between school-wide implementation of positive behaviour intervention and supports and student discipline outcomes. *Journal of Positive Behaviour Interventions*, 18(2), 89-99. <https://doi.org/10.1177/1098300715590398>
- Elias, B., Mignone, J., Hall, M., Hong, S. P., Hart, L., & Sareen, J. (2012). Trauma and suicide behaviour histories among a Canadian Indigenous population: An empirical exploration of the potential role of Canada's residential school system.

Social Science & Medicine, 74(10), 1560-1569.
<https://doi.org/10.1016/j.socscimed.2012.01.026>

- El Hussein, M. T., Kennedy, A., & Oliver, B. (2017). Grounded theory and the conundrum of literature review: Framework for novice researchers. *The Qualitative Report*, 22(4), 1198-1210.
<https://nsuworks.nova.edu/tqr/vol22/iss4/16>
- Escueta, M., Whetten, K., Ostermann, J., O'Donnell, K., & The Positive Outcomes for Orphans Research team. (2014). Adverse childhood experiences, psychosocial well-being and cognitive development among orphans and abandoned children in five low income countries. *BMC International Health & Human Rights*, 14(6). <http://www.biomedcentral.com/1472-698X/14/6>
- Evans, G. D., Radunovich, H. L., Cornette, M. M., Wiens, B. A., & Roy, A. (2008). Implementation and utilisation characteristics of a rural, school-linked mental health program. *Journal of Child & Family Studies*, 17(1), 84-97.
<https://doi.org/10.1007/s10826-007-9148-z>
- Evans, G. D., & Rey, J. (2001). In the echoes of gunfire: Practicing psychologists' responses to school violence. *Professional Psychology: Research & Practice*, 32(2), 157-164. <https://doi.org/10.1037/0735-7028.32.2.157>
- Ewer, P. L., Teesson, M., Sannibale, C., Roche, A., & Mills, K. L. (2015). The prevalence and correlates of secondary traumatic stress among alcohol and other drug workers in Australia. *Drug and Alcohol Review*, 34, 252-258.
<https://doi.org/10.1111/dar.12204>
- Exell, M., & Gower, G. (2021). Developing strong relationships with Aboriginal students, families, and communities. In M. Shay & R. Oliver (Eds.), *Indigenous education in Australia: Learning and teaching for deadly futures* (pp.109-120). Routledge. <https://doi.org/10.4324/9780429263453-8>
- Eyal, M., Bauer, T., Playfair, E., & McCarthy, C. J. (2019). Mind-body group for teacher stress: A trauma-informed program. *The Journal of Specialists in Group Work*, 44(3), 204-221. <https://doi.org/10.1080/01933922.2019.1634779>
- Fallon, L. M., O'Keeffe, B. V., & Sugai, G. (2012). Consideration of culture and context in school-wide positive behaviour support: A review of current literature. *Journal of Positive Behaviour Interventions*, 14(4), 209-212.
<https://doi.org/10.1177/1098300712442242>
- Family Safety Victoria. (2018). *Family violence multiagency risk assessment and management framework: A shared responsibility for assessing and managing family violence risk*. Victoria State Government. <https://www.vic.gov.au/maram-practice-guides-and-resources>
- Farmer, E. M. Z., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services*, 54(1), 60-67. <https://doi.org/10.1176/appi.ps.54.1.60>
- Farmer, R., & Fasoli, L. (2011). *You're in new country*.
[http://eprints.batchelor.edu.au/id/eprint/277/1/Farmer & Fasoli 2011 You're in new country.pdf](http://eprints.batchelor.edu.au/id/eprint/277/1/Farmer_%20%26%20Fasoli%202011%20You're%20in%20new%20country.pdf)

- Farragher, R., & Coogan, D. (2018). Constructivist grounded theory: Recognising and raising the voice of young people with experience of care systems. *Child Care in Practice: Northern Ireland Journal of Multi-Disciplinary Child Care Practice*, 26(1), 38-49. <https://doi.org/10.1080/13575279.2018.1521377>
- Fellitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventative Medicine*, 14(4), 245-258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Fidgley, C. (1995). *Compassion fatigue*. Routledge.
- Finkelhor, D., Vanderminden, J., Turner, H., Hamby, S., & Shattuck, A. (2014). Child maltreatment rates assessed in a national household survey of caregivers and youth. *Child Abuse & Neglect*, 38(9), 1421-1435. <https://doi.org/10.1016/j.chiabu.2014.05.005>
- Flaherty, M. G., & Fine, G. A., (2001). Present, past, and future. *Time and Society*, 10(2-3), 147-161. <https://doi.org/10.1177/0961463X01010002001>
- Fondren, K., Lawson, M., Speidel, R., McDonnell, C. G., & Valentino, K. (2020). Buffering the effects of childhood trauma within the school setting: A systematic review of trauma-informed and trauma-responsive interventions among trauma-affected youth. *Children and Youth Services Review*, 109 (104691). <https://doi.org/10.1016/j.childyouth.2019.104691>
- Ford, K., Butler, N., Hughes, K., Quigg, Z., & Bellis, M. A. (2016, May). *Adverse childhood experiences (ACEs) in Hertfordshire, Luton and Northamptonshire*. Centre of Public Health, Liverpool John Moores University. <https://www.ljmu.ac.uk/~media/phi-reports/pdf/2016-05-adverse-childhood-experiences-in-hertfordshire-luton-and-northamptonshire.pdf>
- Fordham, L., & Kennedy, A. (2017). Engaging vulnerable children and families: learning from a new model of education and care. *Australasian Journal of Early Childhood*, 42(4), 30-37. <https://doi.org/10.23965/AJEC.42.4.04>
- Forgasz, H., & Leder, G. (2020). The NAPLAN numeracy test: Do school type and socio-economic background make a difference? *Mathematics Education Research Journal*. <https://doi.org/10.1007/s13394-020-00326-x>
- Forke, C. M., Catalozzi, M., Localio, A. R., Grisso, J. A., Wiebe, D. J., & Fein, J. A. (2019). Intergenerational effects of witnessing domestic violence: Health of the witnesses and their children. *Preventive Medicine Reports*, 15, 100942–100942. <https://doi.org/10.1016/j.pmedr.2019.100942>
- Frazier, K. N., West-Olatunji, C. A., Juste, S., & Goodman, R. D. (2009). Transgenerational trauma and child sexual abuse: Reconceptualising cases involving young survivors of CSA. *Journal of Mental Health Counselling*, 31(1), 22-33. <https://doi.org/10.17744/mehc.31.1.u72580m253524811>
- Fredericks, B., & Bargallie, D. (2016). ‘Which way? Talking culture, talking race’: Unpacking an Indigenous cultural competency course. *International Journal of Critical Indigenous Studies*, 9(1), 3-16. <https://doi.org/10.5204/ijcis.v9i1.141>

- Fry, D., Anderson, J., Hidalgo, R. J. T., Elizalde, A., Casey, T., Rodriguez, R., Marint, A., Oroz, C., Gammarra, J., & Padilla, K. (2016). Prevalence of violence in childhood and adolescence and the impact on educational outcomes: Evidence from the 2013 Peruvian national survey on social relations. *International Health*, 8(1), 44-52. <https://doi.org/10.1093/inthealth/ihv075>
- Fullan, M. (2005). 8 forces for leaders of change: Presence of the core concepts does not guarantee success, but their absence ensure failure. *JSD*, 26(4), 54-64. www.nsd.org
- Furman, R., & Jackson, R. (2002). Wrap-around services: An analysis of community-based mental health services for children. *Journal of Child and Adolescent Psychiatric Nursing*, 15(3), 124-131. <https://doi.org/10.1111/j.1744-6171.2002.tb00335.x>
- Fysh, H. (1933). *Taming the North: The story of Alexander Kennedy and other Queensland pathfinders*. Angus & Robertson Ltd.
- Gailiene, D., (2019). When culture fails: Coping with cultural trauma. *Journal of Analytical Psychology*, 64(4), 530-547. doi: 10.1111/1468-5922.12519
- Gair, S., Zuchowski, I., Thorpe, R., Henderson, D., & Munns, L. (2019). “In the firing line”: Grandparent carers at risk of family violence. *Journal of Family Violence*, 34(4), 321-329. <https://doi.org/10.1007/s10896-018-0030-0>
- Galvin, E., O'Donnell, R., Mousa, A., Halfpenny, N., & Skouteris, H. (2020). Attitudes towards trauma-informed care in residential out-of-home care. *Children & Youth Services Review*, 117, 105346. <https://doi.org/10.1016/j.childyouth.2020.105346>
- Gatwiri, K., McPherson, L., Parmenter, N., Cameron, N., & Rotumah, D. (2019). Indigenous children and young people in residential care: A systematic scoping review. *Trauma, Violence & Abuse*, 1-14. <https://doi.org/10.1177/1524838019881707>
- Gelkopf, M., Ryan, P., Cotton, S. J., & Berger, R. (2008). The impact of “training the trainers” course for helping tsunamic-survivor children on Sri Lankan disaster volunteer workers. *International Journal of Stress Management*, 15(2), 117-135. doi: 10.1037/1072-5245.15.2.117
- Gentles, S. J., & Vilches, S. L. (2017). Calling for a shared understanding of sampling technology in qualitative research: Proposed clarifications derived from a critical analysis of a methods overview by McCrae and Pursell. *International Journal of Qualitative Methods*, 16, 1-7. doi: 10.1177/1609406917725678
- Gherardi, S. A., Flinn, R. E., & Jaurve, V. B. (2020). Trauma-sensitive and social justice: A critical analysis. *The Urban Review*, 52(3), 482-504. <https://doi.org/10.1007/s11256-020-00553-3>
- Gilbert, R., Widom, C. S., Brown, K., Ferguson, D., Webb E., & Johnson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet*, 373(9657), 68-81. [https://doi.org/10.1016/S0140-6736\(08\)61706-7](https://doi.org/10.1016/S0140-6736(08)61706-7)

- Giles, T., King, L., & deLacey, S. (2013). The timing of the literature review in grounded theory research: An open mind versus an empty head. *Advances in Nursing Science*, 36(2), E29-E40. <https://doi.org/10.1097/ANS.0b013e3182902035>
- Gilham, B. (2005). *Research interviewing: The range of techniques*. Open University Press.
- Glaser, B. (1978). *Theoretical sensitivity*. Sociology Press.
- Glaser, B. G. (1965). The constant comparative method of qualitative analysis. *Social Problems*, 12(4), 436-445.
- Glaser, B. G. (1992). *Basics of grounded theory: Emergence versus forcing*. Sociology Press.
- Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*. Sociology Press.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine Transaction.
- Goh, Y. M., Love, P. E. D., Stagbouer, G., & Annesley, C. (2012). Dynamics of safety performance and culture: A group model building approach. *Accident Analysis and Prevention*, 48, 118-125. <https://doi.org/10.1016/j.aap.2011.05.010>
- Goldstein, S., Naglieir, J. A., Princiotta, D., & Otero, T. M. (2014). Introduction of executive functioning as a theoretical and clinical construct. In S. Goldstein & J. A. Naglieri (Eds.), *Handbook of executive functioning* (pp. 3-12). Springer.
- Golfashani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597-606. <https://doi.org/10.46743/2160-3715/2003.1870>
- Goodman, R. D., Miller, M. D., & West-Olatunji, C. A. (2012). Traumatic stress, socioeconomic status, and academic achievement among primary school students. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(3), 252-259. <https://doi.org/10.1037/a0024912>
- Goodman, R. D., & West-Olatunji, C. A. (2008). Transgenerational trauma and resilience: Improving mental health counselling for survivors of Hurricane Katrina. *Journal of Mental Health Counselling*, 30(2), 192-203. <https://doi.org/10.17744/mehc.30.2.q52260n242204r84>
- Goodridge, D., & Marciniuk, D. (2016). Rural and remote care: Overcoming the challenges of distances. *Chronic Respiratory Disease*, 13(2), 192-203. <https://doi.org/10.1177/1479972316633414>
- Goodsell, B., Lawrence, L. D., Ainley, J., Sawyer, M., Zubric, S. R., & Maratos, J. (2017). *Child and adolescent mental health and educational outcomes: An analysis of educational outcomes from Young Minds Matter: the second Australian child and adolescent survey of mental health and wellbeing*. Graduate School of Education, The University of Western Australia. <https://youngmindsmatter.telethonkids.org.au/siteassets/media-docs---young->

[minds-matter/childandadolescentmentalhealthandeducationaloutcomesdec2017.pdf](https://grattan.edu.au/report/widening-gaps/minds-matter/childandadolescentmentalhealthandeducationaloutcomesdec2017.pdf)

- Goss, P., Sonnemann, J., Chisholm, C., & Nelson, L. (2016). *Widening gaps: What NAPLAN tells us about student progress*. Grattan Institute. <https://grattan.edu.au/report/widening-gaps/>
- Gower, G., Ferguson, C., & Forrest, S. (2020). Building effective school-community partnerships in Aboriginal school settings. *The Australian Journal of Indigenous Education*, 1-9. <https://doi.org/10.1017/jie.2020.11>
- Granek, L., Nakash, O., Cohen, M., Ben-David, M., & Ariad, S. (2017). Oncologists' communication about end of life: The relationship among secondary traumatic stress, compassion fatigue, and approach and avoidance communication. *Psycho-Oncology*, 26(11), 1980-1986. <https://doi.org/10.1002/pon.4289>
- Granot, D. (2016). Socioemotional and behavioural adaptation of students with disabilities: the significance of teacher-student attachment-like relationships. *Emotional and Behavioural Difficulties*, 21(4), 416-432. <https://doi.org/10.1080/13632752.2016.1235324>
- Greenwood, A. (2018). Memory, forgetting and the reconciliation process. *History and Anthropology*, 29(5), 584-598. <https://doi.org/10.1080/02757206.2018.1528244>
- Gubi, A. A., Strait, J., Wycoff, K., Vega, V., Brauser, B., & Osman, Y. (2018). Trauma-informed knowledge and practices in school psychology: A pilot study and review. *Journal of Applied Psychology*, 35(2), 176-199. <https://doi.org/10.1080/15377903.2018.1549174>
- Guest, J. D., Wymer, B. C., Deaton, J. D., Hipp, C. J., Newton, T. L., & Ohrt, J. H. (2020). Beginning counsellors' experiences working with children who exhibit externalised behaviours. *Counselling & Psychotherapy Research*, 20(4), 605-614. <https://doi.org/10.1002/capr.12358>
- Hall, H., Griffiths, D., & McKenna, L. (2013). From Darwin to constructivism: The evolution of grounded theory. *Nurse Researcher*, 20(3), 17-21. <https://doi.org/10.7748/nr2013.01.20.3.17.c9492>
- Hall, L. (2013). The 'come and go' syndrome of teachers in remote Indigenous schools: Listening to perspectives of Indigenous teachers about what helps teachers to stay and what makes them go. *The Australian Journal of Indigenous Education*, 41(2), 187-195. <https://doi.org/10.1017/jie.2012.13>
- Hallberg, L. (2006). The "core category" of grounded theory: Making constant comparisons. *International Journal of Qualitative Studies on Health and Wellbeing*, 1(3), 141-148. <https://doi.org/10.1080/17482620600858399>
- Hamilton, G., Brubacher, S. P., & Powell, M. B. (2016). Expressions of shame in investigative interviews with Australian Aboriginal children. *Child Abuse & Neglect*, 51, 64-71. <https://doi.org/10.1016/j.chiabu.2015.11.004>

- Hanrahan, C., Sabo, B. M., & Robb, P. (2017). Secondary traumatic stress and veterinarians: Human-animal bonds as psychosocial determinants of health. *Traumatology*, 24(1), 73-82. <https://doi.org/10.1037/trm0000135>
- Hanson, J. L., van den Bos, W., Roeber, B. J., Rudolph, K. D., Davidson, R. J., & Pollak, S. D. (2017). Early adversity and learning: Implications for typical and atypical behavioural development. *Journal of Child Psychology & Psychiatry*, 58(7), 770-778. <https://doi.org/10.1111/jcpp.12694>
- Hanson, R. F., & Lang, J. (2016). A critical look at trauma-informed care among agencies and systems serving maltreated youth and their families. *Child Maltreatment*, 21(2), 95-100. <https://doi.org/10.1177/1077559516635274>
- Harden, T., Kenemore, T., Mann, K., Edwards, M., List, C., & Martinson, K. J. (2015). The truth n' trauma project: Addressing community violence through a youth-led, trauma-informed and restorative framework. *Child and Adolescent Social Work Journal*, 32(1), 65-79. <https://doi.org/10.1007/s10560-014-0366-0>
- Hardwick-Franco, K. G. (2019). Educational leadership is different in the country: What support does the rural school principal need? *International Journal of Leadership in Education*, 22(3), 301-315. <https://doi.org/10.1080/13603124.2018.1450997>
- Harkins, J. (1990). Shame and shyness in the Aboriginal classroom: A case for "practical semantics". *Australian Journal of Linguistics*, 10(2), 293-306. <https://doi.org/10.1080/07268609008599445>
- Harper, G. W., & Neubauer, L. C. (2020). Teaching during a pandemic: A model for trauma-informed education and administration. *Pedagogy in Health Promotion: The Scholarship of Teaching and Learning*, 1-11. doi:10.1177/2373379920965596
- Harrison, N., Burke, J., & Clarke, I. (2018). Stolen generations: Teaching about the experiences of trauma. *Knowledge of Cultures*, 6(2), 51-63. doi:10.22381/KC6220184
- Hartman, S. L., Stotts, J., Ottley, J. R., & Miller, R. (2017). School-community partnerships in rural settings: Facilitating positive outcomes for young children who experience maltreatment. *Early Childhood Education Journal*, 45(3), 403-410. <https://doi.org/10.1007/s10643-016-0796-8>
- Hatch, A. J. (2002). *Doing qualitative research in education settings*. State University of New York Press.
- Hattie, J. (2012). *Visible learning for teachers: Maximising impact on learning*. Routledge.
- Haynes, J., & Miller, J. (2016). Transitioning from university to teaching in schools located in rural and remote settings. *Australian and International Journal of Rural Education*, 26(2), 34-38.
- Hazel, S., & McCallum, F. (2016). The experience is in the journey: An appreciative case study investigating early career teachers' employment in rural schools. *Australian and International Journal of Rural and Education*, 26(2), 19-33.

- Head, G. (2020). Ethics in educational research: Review boards, ethical issues and researcher development. *European Educational Research Journal*, 19(1), 72-83. <https://doi.org/10.1177/1474904118796315>
- Heart, M. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7-13. <https://doi.org/10.1080/02791072.2003.10399988>
- Hebert, M., Langevin, R., & Oussaid, E. (2018). Cumulative childhood trauma, emotion regulation, disassociation, and behaviour problems in school-aged sexual abuse victims. *Journal of Affective Disorder*, 225, 306-312. <https://doi.org/10.1016/j.jad.2017.08.044>
- Heffernan, A., Fogarty, R., & Sharplin, E. (2016). G ‘aim’ing to be a rural teacher? Improving pre-service teachers’ learning experiences in an online rural and remote teacher preparation course. *Australian & International Journal of Rural Education*, 26(2), 49-61.
- Heikonen, L., Pietarinen, J., Pyhalto, K., Toom, A., & Soini, T. (2017). Early career teachers’ sense of professional agency in the classroom: Associations with turnover intentions and perceived inadequacy in teacher-student interactions. *Asia-Pacific Journal of Teacher Education*, 45(3), 250-266. <https://doi.org/10.1080/1359866X.2016.1169505>
- Hennink, M. M. (2014). *Understanding focus group discussions*. Oxford University Press. doi:10.1093/acprof.osobl/9780199856169.003.0002
- Henry, C. (2018). Exposure to domestic violence as abuse and neglect: Constructions of child maltreatment in daily practice. *Child Abuse & Neglect*, 86, 79-88. <https://doi.org/10.1016/j.chiabu.2018.08.018>
- Henry, J., Richardson, M., Black-Pond, C., Sloane, M., Atchinson, B., & Hyter, Y. (2011). A grassroots prototype for trauma-informed care welfare system change. *Child Welfare*, 90(6), 169-186.
- Herman, A. N., & Whitaker, R. C. (2020). Reconciling mixed messages from mixed methods: A randomised trial of a professional development course to increase trauma-informed care. *Child Abuse & Neglect*, 101, 104349–104349. <https://doi.org/10.1016/j.chiabu.2019.104349>
- Hernandez, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process*, 46(2), 229-242. <https://doi.org/10.1111/j.1545-5300.2007.00206.x>
- Herring, J. E. (2018). Constructivist grounded theory: A 21st century research methodology. In K. Williamson & G. Johanson (Eds.), *Research methods: Information, systems, and contexts* (2nd ed., pp. 225-240). Chandos Publishing. <http://dx.doi.org/10.1016/B978-0-08-102220-7.00009-1>
- Hertel, R., Frausto, L., & Harrington, R. (2009). *The compassionate schools pilot project report*. Office of Superintendent of Public Instruction Washington. <https://www.k12.wa.us/sites/default/files/public/studentssupport/sel/pubdocs/compassionateschoolspilotprojectreport.pdf>

- Hicks, J. (2019). *Essential Aboriginal insights: A guide for anyone involved in closing gaps in Australia* (2nd ed.). Aboriginal Insights.
- Higgins, A. H. (1994). A background to rural education schooling in Australia. *Journal of Research in Rural Education*, 10(1), 48-57.
- Hill, B., Tulloch, M., Mlcek, S., & Lewis, M. (2018). The ‘within’ journey: Assessment of the online Indigenous Australian cultural competence training program at Charles Sturt University. *The Australian Journal of Indigenous Education*, 49(1), 14-22. doi:10.1017/jie.2018.12
- Hill, J. S., Lau, M. Y., & Wing Sue, D. (2010). Integrating trauma psychology and cultural psychology: Indigenous perspectives on theory, research, and practice. *Traumatology*, 16(4), 39-47. <https://doi.org/10.1177/1534765610388303>
- Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence a past-year violence against children: A systematic review and minimum estimates. *Pediatrics*, 137(3), e20154079–e20154079. <https://doi.org/10.1542/peds.2015-4079>
- Hobbs, C., Paulsen, D., & Thomas, J. (2019). Trauma-informed practice for pre-service teachers. *Oxford Research Encyclopedia of Education*. Oxford University Press. <https://doi.org/10.1093/acrefore/9780190264093.013.1435>
- Hodges, M., Godbout, N., Briere, J., Lanktree, C. Gilbert, A., & Kletzka Taylor, N. (2013). Cumulative trauma and symptom complexity in children: A path analysis. *Child Abuse & Neglect*, 37(11), 891-898. <https://doi.org/10.1016/j.chiabu.2013.04.001>
- Hollingsworth, M. (2019). Trauma informed practice: Increasing awareness for pre-service counsellors. *European Journal of Educational Sciences*, 116-129. doi: 10.19044/ejes.s.v6a8
- Holt, W. C. (2008). *An investigation of the life experiences and beliefs of teachers exhibiting effective classroom management behaviours in diverse rural schools* (Doctoral dissertation). Lamar University. ProQuestLLC.
- Hood, T. L., & Copeland, D. (2021). Student nurses’ experiences of critical events in the clinical setting: A grounded theory. *Journal of Professional Nursing*, 37, 885-893. <https://doi.org/10.1016/j.profnurs.2021.07.007>
- Horner, R. H., Sugai, G., & Anderson, C. M. (2010). Examining the evidence base for school-wide positive behaviour support. *Focus on Exceptional Children*, 42(8), 1-14. <https://doi.org/10.17161/foec.v42i8.6906>
- Horner, R. H., Sugai, G., Smolkowski, K., Eber, L., Nakasato, J., Todd, A. W., & Esperanza, J. (2009). A randomised, wait-list controlled effectiveness trial assessing school-wide positive behaviour support in elementary schools. *Journal of Positive Behaviour Interventions*, 11(3), 133-144. <https://doi.org/10.1177/1098300709332067>
- Howard, J. A. (2013). *Distressed or deliberately defiant? Managing challenging student behaviour due to trauma and disorganised attachment*. Academic Press.

- Howard, J. A. (2018a). Supporting our most vulnerable and victimised children. *Every Child*, 24(3), 24-25. <https://doi.org/10.3316/informit.131088657618023>
- Howard, J. A. (2018b). *A systematic framework for trauma-aware schooling in Queensland*. (unpublished). <https://eprints.qut.edu.au/120276/>
- Howard, J. A. (2019). A systematic framework for trauma-informed schooling: Complex but necessary! *Journal of Aggression, Maltreatment and Trauma*, 28(5), 545-565. <https://doi.org/10.1080/10926771.2018.1479323>
- Howard, J. A. (2020). *Trauma-aware early childhood and care*. Early Childhood Australia.
- Howell, P. B., Thomas, S., Sweeney, D., & Vanderhaar, J. (2019). Moving beyond schedules, testing and other duties deemed necessary by the principal: The school counsellor's role in trauma informed practices. *Middle School Journal*, 50(4), 26-34. <https://doi.org/10.1080/00940771.2019.1650548>
- Huang, L., & Mossige, S. (2012). Academic achievement in Norwegian secondary schools: The impact of violence during childhood. *Social Psychology of Education*, 15(2), 147-164. <https://doi.org/10.1007/s11218-011-9174-y>
- Huebner, D. R. (2012). The construction of mind, self and society: The social process behind G. H. Mead's social psychology. *Journal of the History of the Behavioural Sciences*, 48(2), 134-153. <https://doi.org/10.1002/jhbs.21544>
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences and behavioural problems in middle childhood. *Lancet Public Health*, 2(8), e356-e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
- Hunt, T. K. A., Slack, K. S., Berger, L. M. (2016). Adverse childhood experiences and behavioural problems in middle childhood. *Child Abuse & Neglect*, 67, 391-402. <https://doi.org/10.1016/j.chiabu.2016.11.005>
- Hunter, S. V. (2008). Child maltreatment in remote Aboriginal communities and the Northern Territory emergency response: A complex issue. *Australian Social Work*, 61(4), 372-388. <https://doi.org/10.1080/03124070802430700>
- Hutchinson, S. A. (2005). Education and grounded theory. In R. R. Sherman & R. B. Webb (Eds.), *Qualitative research in education: Focus and methods* (pp. 122-139). Routledge. <https://idr.uin-antasari.ac.id/473/1/kualitatifrisetEDUCATION.pdf>
- Hydon, S., Wong, M., Langley, A. K., Stein, B. D., & Kataoka, S. H. (2015). Preventing secondary traumatic stress in educators. *Child & Adolescent Psychiatric Clinics of North America*, 24(2), 319-333. <https://doi.org/10.1016/j.chc.2014.11.003>
- Ijadi-Maghsoodi, R., Marlotte, L., Garcia, E., Aralis, H., Lester, P., Escudero, P., & Kataoka, S. (2017). Adapting and implementing a school-based reliance-building curriculum among low-income racial and ethnic minority students. *Contemporary School Psychology*, 21, 223-239. <https://doi.org/10.1007/s40688-017-0134-1>

- Irving, M., Short, S., Gwynne, K., Tennant, M., & Blinkhorn, A. (2017). 'I miss my family, it's been a while...' A qualitative study of clinicians who live and work in remote Australian Aboriginal communities. *The Australian Journal of Rural Health*, 25(5), 260-267. <https://doi.org/10.1111/ajr.12343>
- Isobel, S. (2016). Trauma informed care: A radical shift or basic good practice? *Australian Psychiatry*, 24(6), 589-591. <https://doi.org/10.1177/1039856216657698>
- Isobel, S., & Edwards, C. (2017). Using trauma informed care as a nursing model of care in an acute inpatient mental health unit: A practice development process. *International Journal of Mental Health Nursing*, 26, 88-94. <https://doi.org/10.1111/inm.12236>
- Isobel, S., Goodyear, M., Furness, T., & Foster, K. (2019). Preventing intergenerational trauma transmission: A critical interpretive synthesis. *Journal of Clinical Nursing*, 28(7-8), 1100-1113. <https://doi.org/10.1111/jocn.14735>
- Isumi, A., Fujiiwara, T., Kato, H., Tsuji, T., Takagi, D., Kondo, N., & Kondo, K. (2020). Assessment of additional medical costs among older adults in Japan with a history of childhood maltreatment. *JAMA Network Open*, 3(1), e1918681. <https://doi.org/10.1001/jamanetworkopen.2019.18681>
- James, M. (1994). Domestic violence as a form of child abuse: Identification and prevention. *Australian Institute of Family Studies*, NCPC Issues No. 2 – June 1994. <https://aifs.gov.au/cfca/publications/domestic-violence-form-child-abuse-identification>
- Janke, T. (2018). *Indigenous knowledge: Issues for protection and management. Discussion paper*. Australian Government, IP Australia. https://www.ipaustralia.gov.au/sites/default/files/ipaust_ikdiscussionpaper_28march2018.pdf
- Jawaid, A., & Mansuy, I. M. (2019). Inter- and transgenerational inheritance of behavioural phenotypes. *Current Opinion in Behavioural Sciences*, 25, 96-101. <https://doi.org/10.1016/j.cobeha.2018.12.004>
- Jaycox, L. H., Morse, L. K., Tanielian, T., & Stein, B. (2006). *How can schools help students recover from traumatic experiences: A tool kit for supporting long-term recover*. RAND Corporation. https://www.rand.org/content/dam/rand/pubs/technical_reports/2006/RAND_TR413.pdf
- Jervis-Tracey, P., Chenoweth, L., McAuliffe, D., O'Connor, B., & Stehlik, D. (2012). Managing tensions in statutory professional practice: Living and working in rural and remote communities. *Australian and International Journal of Rural Education*, 22(2), 97-111.
- Jones, M. (2013). *Teacher response to trauma training*. (Doctoral dissertation). Walden University. ProQuest Dissertations Publishing.
- Jorgensen, R. (2020). Culturally responsive pedagogy: Addressing 'shame' for Aboriginal learners. In C. Nicol, A. Glanfield, A. J. S. Dawson, & J. Archibald (Eds.), *Living culturally responsive mathematics education with/in Indigenous*

communities (pp. 155-173). Brill Sense.
https://doi.org/10.1163/9789004415768_008

- Jorgensen (Zevenbergen), R., Grootenboer, P., Niesche, R., & Lerman, S. (2010). Challenges for teacher education: The mismatch between beliefs and practice in remote Indigenous contexts. *Asia-Pacific Journal of Teacher Education*, 38(2), 161-175. <https://doi.org/10.1080/13598661003677580>
- Joseph, A. A., Wilcox, S. M., Hnilica, R. J., & Hansen, M. C. (2020). Keeping race at the centre of school discipline practice and trauma informed care: An interpersonal framework. *Children and Schools*, 42(3), 161-170. <https://doi.org/10.1093/cs/cdaa013>
- Karpouza, E., & Emvalotis, A. (2019). Exploring teacher-student relationship in graduate education: A constructivist grounded theory. *Teaching in Higher Education*, 24(2), 121-140. <https://doi.org/10.1080/13562517.2018.1468319>
- Keane, C. A., Magee, C. A., & Kelly, P. J. (2016). Is there complex trauma experience typology for Australian's experiencing extreme social disadvantage and how housing stability? *Child Abuse & Neglect*, 61, 43-54. <https://doi.org/10.1016/j.chiabu.2016.10.001>
- Keane, E. (2009). 'Widening participation' and traditional-entry students at an Irish University: Strategising to 'make the most' of higher education (unpublished PhD dissertation). National University of Ireland, Galway. Accessed from author 5 February 2020 (personal communication).
- Keane, E. (2015). Considering the practical implementation of constructivist grounded theory in a study of widening participation in Irish higher education. *International Journal of Social Research Methodology*, 18(4), 415-431. <https://doi.org/10.1080/13645579.2014.923622>
- Keane, E. (2021). Critical analytic memoing. In C. Vanover, P. Mihás, & J. Saldaña (Eds.), *Analyzing and interpreting qualitative data: After the interview*. SAGE. In press.
- Kearns, S., & Hart, N. (2017). Narratives of 'doing, knowing, being and becoming': Examining the impact of an attachment-informed approach within initial teacher education. *Teacher Development*, 21(4), 511-527. <https://doi.org/10.1080/13664530.2017.1289976>
- Keesler, J. M. (2014). Trauma through the lens of service co-ordinators: Exploring their awareness of adverse life events among adults with intellectual disabilities. *Advances in Mental Health Intellectual Disabilities*, 8(3), 21-25. <https://doi.org/10.1108/AMHID-04-2013-0028>
- Keesler, J. M., Tucker, M., Terrell, B., Shipman, K., & Osborne, R. (2020). Two schools, on rural county: Exploring adverse childhood experiences among school-aged youth. *Journal of Aggression, Maltreatment & Trauma*, 1-17. <https://doi.org/10.1080/10926771.2020.1747130>
- Kenardy, J., De Young, A., Le Brocque, R., & March, S. (2011). *Childhood trauma reactions: A guide for teachers from preschool to year 12*. CONROD.

https://www.schools.aidr.org.au/media/4605/conrod_childhood-trauma-reactions.pdf

- Kelly, M., Clarke, S., & Wildy, H. (2019). School principals' interactions with remote, Indigenous communities: A trajectory of encounters. *Leading & Managing*, 25(2), 33-50.
- Kennedy, B. L. (2008). Education students with insecure attachment histories: Toward an interdisciplinary theoretical framework. *Pastoral Care in Education*, 26(4), 211-230. <https://doi.org/10.1080/02643940802472148>
- Kennedy, R. (2011). Australian trials of trauma: The stolen generations in human rights, law and literature. *Comparative Literature Studies*, 48(3), 333-355. <https://doi.org/10.5325/complitstudies.48.3.0333>
- Kenny, M., & Fourie, R. (2014). Tracing the history of grounded theory methodology: From formation to fragmentation. *The Qualitative Report*, 19(52), 12-29. <https://doi.org/10.46743/2160-3715/2014.1416>
- Kenny, M., & Fourie, R. (2015). Contrasting classic, Straussian, and constructivist grounded theory: Methodological and philosophical conflicts. *The Qualitative Report*, 20(8), 1270-1289. <https://doi.org/10.46743/2160-3715/2015.2251>
- Kerns, K. E. U., Pullmann, M. D., Negrete, A., Uomoto, J. A., Berliner, L., Shogren, D., Silverman, E., & Putnman, B. (2016). Development and implementation of a child welfare workforce strategy to build a trauma-informed system for support for foster care. *Child Maltreatment*, 21(2), 135-146. <https://doi.org/10.1177/1077559516633307>
- Kezleman, C., Hossack, N., Stavropoulos, P., & Burley, P. (2015). *The cost of unresolved childhood trauma and abuse in adults in Australia*. Adults Surviving Child Abuse and Pegasus Economics. https://www.blueknot.org.au/Portals/2/Economic%20Report/The%20cost%20of%20unresolved%20trauma_budget%20report%20fnl.pdf
- Kickett-Tucker, C. (2021). Cultural learnings: Foundations for Aboriginal student wellbeing. In M. Shay & R. Oliver (Eds.), *Indigenous education in Australia: Learning and teaching for deadly futures* (pp. 68-80). Routledge. <https://doi.org/10.4324/9780429263453-5>
- Kim, S. W. (2019). Left-behind children: Teachers' perceptions of family-school relations in rural China. *Compare: A Journal of Comparative & International Education*, 49(4), 584-601. <https://doi.org/10.1080/03057925.2018.1438885>
- Kim, Y. J. (2017). Secondary traumatic stress and burnout of North Korean refugee service providers. *Psychiatry Investigation*, 14(2), 118-125. <https://doi.org/10.4306/pi.2017.14.2.118>
- Kinniburgh, K. J., Blaustein, M., Spinazzola, J., & van der Kolk, B. A. (2005). Attachment, self-regulation, and competency: A comprehensive intervention framework for children with complex trauma. *Psychiatric Annals*, 35(5), 424-430. <https://doi.org/10.3928/00485713-20050501-08>

- Klengel, T., Dias, B. G., & Ressler, K. J. (2016). Models of intergenerational and transgenerational transmission of risk of psychopathology in mice. *Neuropsychopharmacology Reviews*, 41(1), 219-231. <https://doi.org/10.1038/npp.2015.249>
- Kletza, N. T., & Siegfried, C. (2008). Helping children in the child welfare systems heal from trauma: A systems integration approach. *Juvenile and Family Court Journal*, 59(4), 7-20. <https://doi.org/10.1111/j.1755-6988.2008.00018.x>
- Klinic Community Health Center. (2013). *Trauma-informed: The trauma toolkit. A resource for service organisations and providers to deliver services that are trauma informed* (2nd ed.). Manitoba. https://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf
- Knight, B. A., Knight, C., & Teghe, D. (2007). Students at risk: Interagency collaboration in Queensland. *Youth Studies Australia*, 26(2), 50-57.
- Knight, R., & Rossi, S. (2018). *Children in out-of-home-care and their educational outcomes: A literature review*. The Australian Centre for Philanthropy and Nonprofit Studies, Queensland University of Technology. doi. 10.5204.rep.eprints.122389
- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., Brymer, M. J., & Layne, C. M. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39(4), 396-404. <https://doi.org/10.1037/0735-7028.39.4.396>
- Koh, E. (2019). Cultural work in addressing conflicts and violence in traumatised communities. *New England Journal of Public Policy*, 31(1), article 3. <https://scholarworks.umb.edu/nejpp/vol31/iss1/3>
- Kourkoutas, E., & Giovazolias, T. (2015). School-based counselling work with teachers: An integrative model. *The European Journal of Counselling Psychology*, 3(2), 137-158. <https://doi.org/10.5964/ejcop.v3i2.58>
- Krause, A., Goldberg, B., D'Agostino, Klan, A., Rogers, M., Smith, J. D., Whitely, J., Hone, M., & McBrearty, N. (2021). The association between problematic school behaviours and social and emotional development in children seeking mental health treatment. *Emotional and Behavioural Difficulties*. <https://doi.org/10.1080/13632752.2020.1861852>
- Kreitzer, L., McLaughlin, A. M., Elliott, G., & Nicholas, D. (2016). Qualitative examination of rural service provision to persons with concurrent developmental and mental health challenges. *European Journal of Social Work*, 19(1), 46-61. <https://doi.org/10.1080/13691457.2015.1022859>
- Krieg, A. (2009). The experience of collective trauma in Australian Indigenous communities. *Australian Psychiatry: Bulletin of the Royal Australian and New Zealand College of Psychiatrists*, 17(s1), S28-S32. <https://doi.org/10.1080/10398560902948621>

- Krstic, K. (2015). Attachment in the student-teacher relationships as a factor of school achievement. *Teaching Innovations*, 28(3), 167-188.
<https://doi.org/10.5937/inovacije1503167K>
- Krueger, R. A., & Casey, M. A. (2015). Focus group interviewing. In K. E. Newcomer, H. P. Hatry, & J. S. Wholey (Eds.), *Handbook of practical program evaluation* (4th ed., pp. 506-534). Jossey-Bass & Pfeiffer Imprints, Wiley.
- Kutay, C. (2018). Teaching an Australian Aboriginal knowledge sharing process. In C. Faucher (Ed.), *Advances in culturally-aware intelligent systems and in cross-cultural psychological studies* (pp. 63-96). Springer.
https://doi.org/10.1007/978-3-319-67024-9_4
- Lacoe, J. (2016). Too scared to learn? The academic consequence of feeling unsafe in the classroom. *Urban Education*, 1-34.
<https://doi.org/10.1177/0042085916674059>
- Lang, J. M., Campbell, K., Shanley, P., Crusto, C. A., Connell, C. M., Hanson, R. F., & Lang, J. (2016). Building capacity for trauma-informed care in the child welfare system: Initial results from a statewide implementation. *Child Maltreatment*, 21(2), 113-124. <https://doi.org/10.1177/1077559516635273>
- Langton, M., Smith, K., Eastman, T., O'Neill, L., Cheesman, E., & Rose, M. (2020). *Improving family violence legal and support services for Aboriginal and Torres Strait Islander women* (Research report, 25/2020). ANROWS.
https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/AT.19.03_Langton_RR-FVsupport-Women.pdf
- Larson, S., Chapman, S., Spetz, J., & Brindis, C. D. (2017). Chronic childhood trauma, mental health, academic achievement, and school-based health centre medical health services. *Journal of School Health*, 87(9), 675-686.
<https://doi.org/10.1111/josh.12541>
- Lawson, H. A., Caringi, J. C., Gottfried, R., Bride, B. E., & Hydon, S. P. (2019). Educators' secondary traumatic stress, children's trauma, and the need for trauma literacy. *Harvard Educational Review*, 89(3), 421-447.
<https://doi.org/10.17763/1943-5045-89.3.421>
- Leadbeater, B. J., Sukhawathanakul, P., Smith, A., Thompson, R. S. Y., Gladstone, E. J., & Sklar, N. (2013). Bullying and victimisation in rural schools: Risks, reasons, and responses. *Journal of Rural and Community Development*, 8(1), 31-47.
- Lee, S. Y., Benson, S. M., Klein, S. M., & Franke, T. M. (2015). Accessing quality early care and education for children in child welfare: Stakeholders' perspectives on barriers and opportunities for interagency collaboration. *Children and Youth Services Review*, 55, 170-181.
<https://doi.org/10.1016/j.chilyouth.2015.06.003>
- Lemaigre, C., Taylor, E. P., & Gittoes, C. (2017). Barriers and facilitators to disclosing sexual abuse in childhood and adolescence: A systematic review. *Child Abuse & Neglect*, 70, 39-52. <https://doi.org/10.1016/j.chiabu.2017.05.009>

- Levers, M. D. (2013). Philosophical paradigms, grounded theory, and perspectives on emergence. *SAGE Open*, 3(4), 215824401351724. <https://doi.org/10.1177/2158244013517243>
- Levin, A. P., Albert, L., Besser, A., Smith, D., Zelenski, A., Rosenkranz, R., & Neria, Y. (2011). Secondary traumatic stress in attorneys and their administrative support staff working with trauma-exposed clients. *The Journal of Nervous and Mental Disease*, 199(12), 946-955. <https://doi.org/10.1097/NMD.0b013e3182392c26>
- Levitt, J. M., Saka, N., Romanelli, L., & Hoagwood, K. (2007). Early identification of mental health problems in schools: The status of instrumentation. *Journal of School Psychology*, 45(2), 163-191. <https://doi.org/10.1016/j.jsp.2006.11.005>
- Lev-Wiesel, R., Eisikovits, Z., First, M., Gottfried, R., & Mehlhausen, D. (2018). Prevalence of child maltreatment in Israel: A national epidemiological study. *Journal Child & Adolescent Trauma*, 11(2), 141-150. <https://doi.org/10.1007/s40653-016-0118-8>
- Liao, M., Lee, A. S., Roberts-Lewis, A. C., Hong, J. S., & Jiao, K. (2011). Child maltreatment in China: An ecological review of the literature. *Children and Youth Services Review*, 33(9), 1709-1719. <https://doi.org/10.1016/j.chilyouth.2011.04.031>
- Lietz, P., Darmawan, I. G. N., & Aldous, C. (2014). *Indigenous and rural students: Double whammy or golden opportunity? Evidence from South Australia and around the world. Quality and Equity: What does the research tell us?* Research Conference 3-5 August 2014, Adelaide Convention Centre. Conference paper, pp. 104-115. Australian Council for Educational Research. https://research.acer.edu.au/cgi/viewcontent.cgi?article=1242&context=research_conference#page=106
- Lightfoot, N., Strasser, R., Maar, M., & Jacklin, K. (2008). Challenges and rewards of health research in northern, rural and remote communities. *Annals of Epidemiology*, 18(6), 507-514. <https://doi.org/10.1016/j.annepidem.2007.11.016>
- Lilley, R., Sedgwick, M., & Pellicano, E. (2020). Inclusion, acceptance, shame and isolation: Attitudes to autism in Aboriginal and Torres Strait Islander communities in Australia. *Autism*, 24(7), 1860-1873. <https://doi.org/10.1177/1362361320928830>
- Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE Handbook of Qualitative Research* (4th ed., pp.163-188). SAGE Publications.
- Lind, T., & Stjernstrom, O. (2015). Organisational challenges for schools in rural municipalities: Cross-national comparisons in a Nordic context. *Journal of Research in Rural Education*, 30(6), 1-14. <http://urn.kb.se/resolve?urn=urn:nbn:se:umu:diva-103964>
- Litrownik, A. J., Newton, R., Hunter, W. M., English, D., & Everson, M. D. (2003). Exposure to family violence in young at-risk children: A longitudinal look at the effects of victimisation and witnessed physical and psychological aggression.

Journal of Family Violence, 18(1), 59-73.
<https://doi.org/10.1023/A:1021405515323>

- Little, S. G., & Akin-Little, A. (2011). Responses to childhood trauma: An international perspective. *School Psychology International*, 32(5), 441-447.
<https://doi.org/10.1177/0143034311402915>
- Liu, Y., Croft, J. B., Chapman, D. P., Perry, G. S., Greenlund, K. J., Zhao, G., & Edwards, V. J. (2013). Relationship between diverse childhood experiences and unemployment among adults in five US states. *Social Psychiatry and Psychiatric Epidemiology*, 48, 357-369. doi: 10.1007/s00127-012-0554-1
- Lobb, R., & Natale, P. (2020). The many benefits of working in a rural school: A teacher's journey. *Australian & International Journal of Rural Education*, 30(1), 82-84.
- Loomis, A. M. (2018). The role of preschool as a point of intervention and prevention for trauma-exposed children: Recommendations for practice, policy, and research. *Topics in Early Childhood Special Education*, 38(3), 134-145.
<https://doi.org/10.1177/0271121418789254>
- Loomis, A. M., & Felt, F. (2020). Knowledge, skills, and self-reflection: Linking trauma content to trauma-informed attitudes and stress in preschool teachers and staff. *School Mental Health*, <https://doi.org/10.1007/s12310-020-09394-7>
- Lowe, K., Bub-Connor, H., & Ball, R. (2019). Teacher professional change at the cultural interface: A critical dialogic narrative inquiry into a remote school teacher's journey to establish a relational pedagogy. *Australian International Journal of Rural Education*, 29(1), 17-29.
- Lucas, L. (2008). The pain of attachment: "You have to put a little wedge there". How Vicarious trauma affects child/teacher attachment. *Childhood Education*, 84(2), 85-91. <https://doi.org/10.1080/00094056.2008.10522979>
- Luke, A., Cazden, C., Coopes, R., Klenowski, V., Ladwig, J., Lester, J., Macdonald, S., Phillips, D., Shield, P., Spina, N., Theroux, P., Tones, M., Villegas, M., & Woods, A. (2013). *A summative evaluation of the Stronger Smarter learning communities project: 2013 Report – Volume 1 and Volume 2*. Queensland University of Technology, Australia. <https://eprints.qut.edu.au/59535/>
- Luke, C., & Gore, G. (1992). *Feminisms and critical pedagogy*. Routledge.
- Lünnemann, M. K. M., van der Horst, F. C. P., Prinzie, P., Luijk, M. P. C. M., & Steketee, M. (2019). The intergenerational impact of trauma and family violence on parents and their children. *Child Abuse & Neglect*, 96, 104134–104134.
<https://doi.org/10.1016/j.chiabu.2019.104134>
- Luthar, S. S., & Mendes, S. H. (2020). Trauma-informed schools: supporting educators as they support the children. *International Journal of School & Educational Psychology*, 8(2), 147-157.
<https://doi.org/10.1080/21683603.2020.1721385>
- Macmillan, R., & Hagan, J. (2004). Violence in the transition to adulthood: Adolescent victimisation, education, and socioeconomic attainment later in life.

- Journal of Research on Adolescence*, 14(2), 127-158.
<https://doi.org/10.1111/j.1532-7795.2004.01402001.x>
- Macquarie Dictionary Publishers. (2020). "Build". <https://www-macquariedictionary-com-au.ezp01.library.qut.edu.au/>
- Madigan, S., Wade, M., Plamondon, A., Maguire, J. L., & Jenkins, J. M. (2017). Maternal adverse childhood experience and infant health: Biomedical and psychosocial risks as intermediary mechanisms. *The Journal of Pediatrics*, 187, 282-289, e1. <https://doi.org/10.1016/j.jpeds.2017.04.052>
- Madsen, B., Perkins, R., & Shay, M. (2021). Critical selection of curriculum materials: Tools for educators. In M. Shay & R. Oliver (Eds.), *Indigenous education in Australia: Learning and teaching for deadly futures* (pp. 164-183). Routledge. <https://doi.org/10.4324/9780429263453-11>
- Maguire-Jack, K., Jespersen, B., Korbin, J. E., & Spilsbury, J. C. (2020a). Rural child maltreatment: A scoping literature review. *Trauma, Violence, & Abuse*. <https://doi.org/10.1177/1524838020915592>
- Maguire-Jack, K., Lanier, P., & Lombardi, B. (2020b). Investigating racial differences in clusters of adverse childhood experiences. *American Journal of Orthopsychiatry*, 90(1), 106-114. <https://doi.org/10.1037/ort0000405>
- Mainwaring, D. J. (2015). Creating a safe space: A case study of complex trauma and a call for proactive comprehensive psychoeducational assessments and reviews. *Journal of Psychologists and Counsellors in Schools*, 25(1), 87-103. <https://doi.org/10.1017/jgc.2014.24>
- Makadia, R., Sabiun-Farrell, R., & Turpin, G. (2017). Indirect exposure to client trauma and the impact on the trainee clinical psychologists: Secondary traumatic stress or vicarious traumatisation? *Clinical Psychology & Psychotherapy*, 24(5), 1059-1068. <https://doi.org/10.1002/cpp.2068>
- Manley, L., Barr, R., McNamara, P., Lehmann, J., & Sanders, R. (2014). Strengthening trauma-informed therapeutic practice approaches in out-of-home-care. *Children Australia*, 39(4), 216-220. <https://doi.org/10.1017/cha.2014.33>
- Manning, K. (1997). Authenticity in constructivist inquiry: Methodological considerations without prescription. *Qualitative Inquiry*, 3(1), 93-115. <https://doi.org/10.1177/107780049700300105>
- Marcus, R. F., & Sanders-Reio, J. (2001). The influence of attachment on school completion. *School Psychology Quarterly*, 16(4), 427-444. <https://doi.org/10.1521/scpq.16.4.427.19894>
- Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research?: A review of qualitative interviews in research. *Journal of Computer Information Systems*, 54(1), 11-22. <https://doi.org/10.1080/08874417.2013.11645667>
- Martin, C. G., Cromer, L. D., DePrince, A. P., Freyd, J. J., & Gold, S. N. (2013). The role of cumulative trauma, betrayal, and appraisals in understanding trauma

- symptomology. *Psychological Trauma: Theory, Research, Practice and Policy*, 5(2), 110-118. <https://doi.org/10.1037/a0025686>
- Martin, S. L., Ashley, O. S., White, L., Axelson, S., & Clark, M. (2017). Incorporating trauma-informed care into school-based programs. *Journal of School Mental Health*, 87(12), 958-967. <https://doi.org/10.1111/josh.12568>
- Massachusetts Advocates for Children Trauma & Learning Policy Initiative. (2005a). *Helping Traumatized children learn: Supportive school environments for children traumatized by family violence* (volume 1). <https://traumasensitiveschools.org/wp-content/uploads/2013/06/Helping-Traumatized-Children-Learn.pdf>
- Massachusetts Advocates for Children Trauma & Learning Policy Initiative. (2005b). *Creating and advocating for trauma-sensitive schools* (volume 2). <https://traumasensitiveschools.org/tlpi-publications/>
- Massachusetts Advocates for Children Trauma & Learning Policy Initiative. (2006). *Educational rights of children affected by homelessness and/or domestic violence*. <https://traumasensitiveschools.org/tlpi-publications/>
- May, E. L., (2004). Strengthening the safety net. *Healthcare Executive*, 19(1), 10-15.
- Maynard, B. R., Farina, A., & Dell, N. A. (2017). PROTOCOL: Effects of trauma-informed approaches in schools. *Campbell Systematic Review*, 13(1), 1-32. <https://doi.org/10.1002/CL2.177>
- Maynard, B. R., Farina, A., Dell, N. A., & Kelly, M. S. (2019). Effects of trauma-informed approaches in schools: A systematic review. *Campbell Systematic Reviews*, 15, e1018. <https://doi.org/10.1002/cl2.1018>
- McCarthy, M. M., Taylor, P., Norman, R. E., Pezzullo, L., Tucci, J., & Goddard, C. (2016). The lifetime economic and social costs of child maltreatment in Australia. *Children & Youth Services Review*, 71, 217-226. <https://doi.org/10.1016/j.childyouth.2016.11.014>
- McCurdy, B. L., Thomas, L., Truckenmiller, A., Rich, S. H., Hillis-Clark, P., Lopez, J. C. (2016). School-wide positive behavioral interventions and supports for students with emotional and behavioural disorders. *Psychology in the Schools*, 53(4), 375-389. <https://doi.org/10.1002/pits.21913>
- McGaw, B., Loudon, W., & Wyatt-Smith, C. (2020). *NAPLAN review final report August 2020*. State of New South Wales. https://naplanreview.com.au/data/assets/pdf_file/0004/1222159/2020_NAPLAN_review_final_report.pdf
- McGhee, G., Marland, G. R., & Atkinson, J. (2007). Grounded theory research: Literature reviewing and reflexivity. *Journal of Advanced Counselling*, 60(3), 334-342. doi: 10.1111/j.1365-2648.2007.04436.x
- McGrath, K. F., & van Bergen, P. (2017). Elementary teachers' emotional and relational expression when speaking about disruptive and well behaved students. *Teaching and Teacher Education*, 67, 487-497. <https://doi.org/10.1016/j.tate.2017.07.016>

- McGuiness, T. M., & Waldrop, J. R. (2015). Adverse childhood experiences and the mental health of veterans. *Journal of Psychosocial Nursing*, 53(6), 23-26. <https://doi.org/10.3928/02793695-20150527-55>
- McIntosh, K., Predy, L. K., Upreti, G., Hume, A. E., Turri, M. G., & Mathews, S. (2014). Perceptions of contextual features related to the implementation and sustainability of school-wide positive behaviour support. *Journal of Positive Behavior Interventions*, 16(1), 31-43. <https://doi.org/10.1177/1098300712470723>
- McIntyre, E., Baker, C. N., Overstreet, S., Marsac, M. L., DeLeon, P. H., Cutuli, J. J., & Alderfer, M. A. (2019). Evaluating foundational professional development training for trauma-informed approaches in schools. *Psychological Services*, 16(1), 95-102. <https://doi.org/10.1037/ser0000312>
- McIntyre, E., Simon, K., Petrovic, L., Chafouleas, M., & Overstreet, S. (2016). Toolbox for student trauma: Highlighting the school mental health special issue on trauma informed schools. *Communique*, 44(8), 26-29. ISSN: 0164775X
- McLoughlin, P. J., & Gonzalez, R. (2014). Healing complex trauma through therapeutic residential care: The Lighthouse Foundation therapeutic family model of care. *Children Australia*, 39(3), 169-176. <https://doi.org/10.1017/cha.2014.22>
- Mead, G. H. (1934). *Mind, self, and society: From the standpoint of a social behaviourist*. The University of Chicago Press.
- Mellin, E. A., Ball, A., Iachini, A., Togno, N., & Rodriguez, A. M. (2017). Teachers' experiences collaborating in expanded school mental health: Implications for practice, policy and research. *Advances in School Mental Health Promotion*, 10(1), 85-98. <https://doi.org/10.1080/1754730X.2016.1246194>
- Menec, V., Bell, S., Novek, S., Minnigaleeva, G. A., Morales, E., Ouma, T., Parodi, J. F., & Winterton, R. (2015). Making rural and remote communities more age-friendly: Experts perspectives on issues, challenges, and priorities. *Journal of Aging & Social Policy*, 27(2), 173-191. <https://doi.org/10.1080/08959420.2014.995044>
- Menzies, K. (2019). Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma. *International Social Work*, 62(6), 1522-1534. <https://doi.org/10.1177/0020872819870585>
- Menzies, K., & Grace, R. (2020). The efficacy of child protection training program on the historical welfare context and Aboriginal trauma. *Australian Social Work*. <https://doi.org/10.1080/0312407X.2020.1745857>
- Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children & Youth Services Review*, 72, 141-149. <https://doi.org/10.1016/j.childyouth.2016.10.021>
- Meyer, S., & Stambe, R. (2020). Indigenous women's experiences of domestic and family violence, help seeking and recovery in regional Queensland. *Australian Journal of Social Issues*, 1-16. <https://doi.org/10.1002/ajs4.128>

- Miller, J., & Berger, E. (2020). A review of trauma-informed practice for Aboriginal and Torres Strait Islander children and youth. *The Educational and Developmental Psychologist*, 37(1), 39-46. <https://doi.org/10.1017/edp.2020.2>
- Miller, P. (2015). Leading remotely: Exploring the experiences of principals in rural and remote school communities in Jamaica. *International Journal of Whole Schooling*, 11(1), 35-53.
- Miller, W. L., & Crabtree, B. F. (2004). Indepth interviewing. In S. N. Hesse-Biber & P. Leavy (Eds.), *Approaches to qualitative research: A reader on theory and practice* (pp. 185-202). Oxford University Press.
- Miller, L., & Steele, C. (2021). Teaching and learning: There is no one right way, but there are right things to do. In M. Shay & R. Oliver (Eds.), *Indigenous education in Australia: Learning and teaching for deadly futures* (pp. 136-163). Routledge. <https://doi.org/10.4324/9780429263453-10>
- Mills, J., Birks, M., & Hoare, K. (2014). Grounded theory. In *Qualitative Methodology: A practical guide* (pp. 107-122). SAGE Publications. <https://dx-doi-org.ezp01.library.qut.edu.au/10.4135/9781473920163.n7>
- Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory. *International Journal of Qualitative Methods*, 5(1), 25-35. <https://doi.org/10.1177/160940690600500103>
- Mills, M., Mockler, N., Stacey, M., & Taylor, B. (2020). Teachers' orientations to educational research and data in England and Australia: Implications for teacher professionalism. *Teaching Education*, 1-22. <https://doi.org/10.1080/10476210.2020.1843617>
- Missouri Department of Elementary and Secondary Education. (2019). *The Missouri model for trauma-informed schools*. https://dese.mo.gov/sites/default/files/cnsl_Missouri_Model%20school_guidance_doc.pdf
- Mitchell, R., Olsen, A. W., Hampton, P., Hicks, J., Long, D., Olsen, K. (2019). Rural exposures: An examination of three initiatives to introduce and immerse teachers in rural communities and rural schools in the US and Australia. *The Rural Educator*, 40(2), 12-22. <https://doi.org/10.35608/ruraled.v40i2.847>
- Mitchell, R., Paliadelis, P., McNeil, K., Parker, V., Giles, M., Higgins, I., Parmenter, G., & Aherns, Y. (2013). Effective interpersonal collaboration in rural contexts: A research protocol. *Journal of Advanced Nursing*, 69(10), 2317-2326. <https://doi.org/10.1111/jan.12083>
- Moffa, E. D., & McHenry-Sorber, E. (2018). Learning to be rural: Lessons about being rural in teacher education programs. *Rural Educator*, 39(1), 26-40. <https://doi.org/10.35608/ruraled.v39i1.213>
- Mohay, H., & Forbes, N. (2009). Reducing the risk of posttraumatic stress disorder in children following natural disasters. *Australian Journal of Guidance & Counselling*, 19(2), 179-195. <https://doi.org/10.1375/ajgc.19.2.179>

- Monnat, S. M., & Chandler, R. F. (2015). Long-term physical health consequences of adverse childhood experiences. *The Sociological Quarterly*, 56(4), 723-752. <https://doi.org/10.1111/tsq.12107>
- Monroe, A. (2008). Shame solutions: How shame impacts school-aged children and what can teachers do to help. *The Educational Forum*, 73(1), 58-66. <https://doi.org/10.1080/00131720802539614>
- Morgan, A., Pendergast, D., Brown, R., & Heck, D. (2015). Relational ways of being an educator: Trauma-informed practice supporting disenfranchised young people. *International Journal of Inclusive Education*, 19(10), 1037-1051. <https://doi.org/10.1080/13603116.2015.1035344>
- Morris, S. (2020). Love and Thoms: Implications for Indigenous constitutional recognition. *Federal Law Review* (in press).
- Morse, J. M. (2000). Determining sample size. *Qualitative Health Research*, 10(1), 3-5. <https://doi.org/10.1177/104973200129118183>
- Morse, J. M., & Clark, L. (2020). The nuances of grounded theory sampling and the pivotal role of theoretical sampling. In A. Bryant & K. Charmaz (Eds.). *The SAGE handbook of current developments in grounded theory* (pp. 145-166). SAGE. <https://dx.doi.org/10.4135/9781526485656>
- Motta, R. W. (2012). Secondary trauma in children and school personnel. *Journal of Applied School Psychology*, 28(3), 256-269. <https://doi.org/10.1080/15377903.2012.695767>
- Moustakas, C. (1994). *Phenomenological research methods*. SAGE.
- Muecke, A., Lenthall, S., & Lindemann, M. (2011). Culture shock and health care workers in remote Indigenous communities of Australia: What do we know and how can we measure it? *Rural and Remote Health*, 11(2), 1607. www.rrh.org.au/journal/article/1607
- Muirhead, S., & Birks, M. (2020). Roles of rural and remote nurses in Australia: An integrative review. *Australian Journal of Advanced Nursing*, 37(1), 21-33. <https://doi.org/10.37464/2020.371.5>
- Muhammad, H. S. (1915). A Swahili History of Pate. *Journal of the Royal African Society*, 14(56), 392-413. <https://www.jstor.org/stable/716071>
- Murray, A. L., Booth, T., Eisner, M., Ribeaud, D., McKenzie, K., & Murray, G. (2019). An analysis of response shifts in teacher reports associated with the use of a universal school-based intervention to reduce externalising behaviour. *Prevention Science*, 20, 1265-1273. <https://doi.org/10.1007/s11121-019-00999-2>
- Mutch, C., & Gawith, E. (2014). The New Zealand earthquakes and the role of schools in engaging children in emotional processing of disaster experiences. *Pastoral Care in Education*, 32(1), 54-67. <https://doi.org/10.1080/02643944.2013.857363>
- Mwakanyamale, A. A., Wande, D. P., & Yizhen, Y. (2018). Multi-type child maltreatment: Prevalence and its relationship with self-esteem among secondary

- school students in Tanzania. *BMC Psychology*, 6 (35).
<https://doi.org/10.1186/s40359-018-0244-1>
- MySchool. (2018). My school. Australian Curriculum, Assessment and Reporting Authority [ACARA]. <https://www.myschool.edu.au/>
- Nadeem, E., Jaycox, L., Kataoka, S., Langley, A., & Stein, B. (2011). Going to scale: Experiences implementing a school-based trauma intervention. *School Psychology Review*, 40(4), 549-568.
<https://doi.org/10.1080/02796015.2011.12087529>
- Nadeem, E., & Ringle, V. A. (2016). De-adoption of an evidence-based trauma intervention in schools: A retrospective report from an urban school district. *School Mental Health*, 8(1), 132-143. <https://doi.org/10.1007/s12310-016-9179-y>
- National Child Traumatic Stress Network [NCTSN]. (2005). *Understanding traumatic stress*. National Centre for Child Traumatic Stress. www.nctsn.org
- National Child Traumatic Stress Network [NCTSN]. (2014). *Complex trauma: Facts for educators*. National Centre for Child Traumatic Stress.
<https://www.nctsn.org/resources/complex-trauma-facts-educators>
- National Council on Crime and Delinquency. (2019). *Queensland Child Protection Guide 2.1 March 2019*. Department of Child Safety, Youth and Women. NCCD Children's Research Centre.
<https://www.csyw.qld.gov.au/resources/dcsyw/about-us/partners/government/child-protection-procedures-manual.pdf>
- National Health & Medical Research Council (2007). *National Statement on Ethical Conduct in Human Research 2007* (Updated 2018). The National Health and Medical Research Council, the Australian Research Council and the Australian Vice-Chancellors' Committee. Commonwealth of Australia.
<https://ahrecs.com/resources/national-statement-on-ethical-conduct-in-human-research/>
- Neill, K. S., & Hammatt, J. (2015). Beyond urban places: Responding to intimate partner violence in rural and remote areas. *Journal of Forensic Nursing*, 11(2), 93-100. <https://doi.org/10.1097/JFN.0000000000000070>
- Neitzel, J. (2020). Addressing trauma in early childhood classrooms: Strategies and practices for success. *Young Exceptional Children*, 23(3), 157-168. doi: 10.1177/1096250619850137
- Newton, B. J. (2017). An Aboriginal community's perceptions and experience of child neglect in a rural town. *Australian Journal of Social Issues*, 52(3), 262-277. <https://doi.org/10.1002/ajs4.18>
- Newton, B. J. (2018). Understanding child neglect in Aboriginal families and communities in the context of trauma. *Child & Family Social Work*, 24(2), 218-226. <https://doi.org/10.1111/cfs.12606>

- Nickson, A., Gair, S., & Miles, D. (2016). Supporting isolated workers in their work with families in rural and remote Australia: Exploring peer group supervision. *Children Australia*, 41(4), 265-274. <https://doi.org/10.1017/cha.2016.41>
- Nietz, H. (2018). "Reframing" relation-based practice in the child protection sector in remote Aboriginal communities of Australia. *Journal of Social Work Practice*, 32(3), 251-263. <https://doi.org/10.1080/02650533.2017.1359777>
- Niimura, J., Nakanishsi, M., Okumura, Y., Kawano, M., & Nishida, A. (2019). Effectiveness of 1-day trauma-informed care training programme on attitudes in psychiatric hospitals: A pre-post study. *Mental Health Nursing*, 28, 980-988. doi: 10.1111/inm.12603
- Noble, H., & Mitchell, G. (2016). What is grounded theory? *Evidence Based Nursing*, 19(2), 34-35. <https://doi.org/10.1136/eb-2016-102306>
- Noble-Carr, D., Moore, T., & McArthur, M. (2020). Children's experiences and needs in relation to domestic and family violence: Findings from a meta-synthesis. *Child and Family Social Work*, 25(1), 182-191. <https://doi.org/10.1111/cfs.12645>
- Nolan, W., & Hill, B. (2011). *National Best Practice Framework for Indigenous cultural competency in Australian Universities*. Universities Australia. <https://www.universitiesaustralia.edu.au/wp-content/uploads/2019/06/National-Best-Practice-Framework-for-Indigenous-Cultural-Competency-in-Australian-Universities.pdf>
- Noonan, P. M., Erickson, A. G., & Morningstar, M. E. (2013). Effects of community transition teams on interagency collaboration for school and adult agency staff. *Career Development and Transition for Exceptional Individuals*, 36(2), 96-104. <https://doi.org/10.1177/2165143412451119>
- Nutton, J., & Fast, E. (2015). Historical trauma, substance use, and Indigenous peoples: Seven generations of harm from a 'big event'. *Substance Use & Misuse*, 50(7), 839-847. <https://doi.org/10.3109/10826084.2015.1018755>
- Oberg, K. (1960). Cultural shock: Adjustment to new cultural environments. *Practical Anthropology*, 7(4), 177-182. <https://doi.org/10.1177/009182966000700405>
- O'Brien, J. (2010). Building understanding: Sensitive issues and putting the researcher in the research. *Anthropology Matters Journal*, 12(1), 1-16. <http://www.anthropologymatters.com>
- O'Connor, A., Carpenter, B., & Coughlan, B. (2018). An exploration of key issues in the debate between classic and constructivist grounded theory. *The Grounded Theory Review*, 17(1), 90-103.
- Okur, P., van der Knaap, L. M., & Bogaerts, S. (2017). A quantitative study on gender differences in disclosing sexual abuse and reasons for non-disclosure. *Journal of Interpersonal Violence*, 35(23-24), 5255-5275. <https://doi.org/10.1177/0886260517720732>

- Olson, J. D., McAllister, C., Grinnell, L. D., Walters, K., & Appunn, F. (2016). Applying constant comparative method with multiple investigators and inter-code reliability. *The Qualitative Report*, 21(1), 26-42. <https://doi.org/10.46743/2610-3715/2016.2447>
- O'Loughlin, M. (2009). A psychoanalytic exploration of collective trauma among Indigenous Australians and a suggestion for intervention. *The Royal Australian and New Zealand College of Psychiatrists*, 17, s33-s36. doi: 10/1080/10398560902948746
- O'Neill, L., Guenette, F., & Kitchenham, A. (2010). "Am I safe here and do you like me?" Understanding complex trauma and attachment and disruption in the classroom. *British Journal of Special Education*, 37(4), 190-197. doi: 10.1111/j.1744-7941.12067
- Onnis, L., & Pryce, J. (2016). Health professionals working in remote Australia: A review of the literature. *Asia Pacific Journal of Human Resources*, 54(1), 32-56. <https://doi.org/10.1111/1744-7941.12067>
- Opoku, M., Asare-Nuamah, P., Nketsia, W., Asibey, B., & Arinaitwe, G. (2020). Exploring the factors that enhance teacher retention in rural schools in Ghana. *Cambridge Journal of Education*, 50(2), 201-217. <https://doi.org/10.1080/0305764X.2019.1661973>
- Organisation for Economic Co-operation & Development [OECD]. (2018). OECD Economic Surveys: Australia 2018. *OECD Economic Surveys*, OECD Publishing. https://www.oecd-ilibrary.org/economics/oecd-economic-surveys-australia-2018_eco_surveys-aus-2018-en
- Orr, C., Fisher, C. M., Preen, D. B., Glauert, R. A., & O'Donnell, M. (2020). Exposure to family and domestic violence is associated with increased childhood hospitalisations. *PLoS One*, 15(8), e0237251. <https://doi.org/10.1371/journal.pone.0237251>
- Osborne, B. (2003). Preparing preservice teachers' minds, hearts and actions for teaching in remote Indigenous contexts. *The Australian Journal of Indigenous Education*, 31(2003), 17-24. <https://doi.org/10.1017/S1326011100003653>
- O'Sullivan, M. (2005). 'Past' violations under international human rights law: The Indigenous 'Stolen Generation' in Australia. *Netherlands Quarterly of Human Rights*, 23(2), 243-272. <https://doi-org.ezp01.library.qut.edu.au/10.1177/016934410502300204>
- Overstreet, S., & Chafouleas, S. M. (2016). Trauma-informed schools: Introduction to the special issue. *School Mental Health*, 8(1), 1-6. <https://doi.org/10.1007/s12310-016-9184-1>
- Oxfam. (2015). *Aboriginal and Torres Strait Islander cultural protocols*. Oxfam Australia. https://www.oxfam.org.au/wp-content/uploads/2015/11/2015-74-ATSI-Cultural-Protocols-update_WEB.pdf
- Palmer, J., & Pocock, C. (2020). Aboriginal colonial history and the (un)happy object of reconciliation. *Cultural Studies*, 34(1), 49-69. <https://doi.org/10.1080/09502386.2019.1602153>

- Paradies, Y. (2016). Colonisation, racism and Indigenous health. *Journal of Population Research* 33(1), 83-96. <https://doi.org/10.1007/s12546-016-9159-y>
- Parker, J., Olson, S., & Bunde, J. (2020). The impact of trauma-based training on educators. *Journal of Child & Adolescent Trauma*, 13(2), 217-227. <https://doi.org/10.1007/s40653-019-00261-5>
- Parker, M., & Henfield, M. S. (2012). Exploring school counsellors' perceptions of vicarious trauma: A qualitative study. *The Professional Counselor*, 2(2), 134-142. <https://doi.org/10.15241/mpp.2.2.134>
- Parker, R., & Hodgson, D. (2020). 'One size does not fit all': Engaging students who experienced trauma. *Issues in Educational Research*, 30(1), 245-259. <http://www.iier.org.au/iier30/parker.pdf>
- Pataky, M. G., Baez, J. C., & Renshaw, K. (2019). Making schools trauma informed: Using the ACE study and implementation science to screen for trauma. *Social Work in Mental Health*, 17(6), 639-661. <https://doi.org/10.1080/15332985.2019.1625476>
- Patton, M. Q. (2015). *Qualitative research and evaluation methods: Integrating theory and practice* (4th ed.). SAGE Publications.
- Paulus, F. W., Ohmann, S., & Popow, C. (2016). Practitioner review: School-based interventions in child mental health. *Journal of Child Psychology and Psychiatry*, 57(12), 1337-1359. <https://doi.org/10.1111/jcpp.12584>
- Paynter, A. M., & Taylor, E. (2018). Attracting teachers to rural and remote Queensland: A case study. *Australian & International Journal of Rural Education*, 28(2), 1-6.
- Pearrow, M., & Cosgrove, L. (2009). The aftermath of combat-related PTSD: Toward an understanding of transgenerational trauma. *Communication Disorders Quarterly*, 30(2), 77-82. <https://doi.org/10.1177/1525740108328227>
- Pembry, M., Saffery, R., & Bygren, L. O. (2014). Human transgenerational responses to early-life experience: Potential impact on development, health and biomedical research. *Journal of Medical Genetics*, 51, 563-572. doi: 10.1136/jmedgenet-2014-102577
- Perera, S., Hetrick, S., Cotton, S., Parker, A., Rickwood, D., Davenport, T., Hickie, I. B., Hermann, H., & McGorry, P. (2020). Awareness of headspace youth mental health service centres across Australian communities between 2008 and 2015. *Journal of Mental Health*, 29(4), 410-417. <https://doi.org/10.1080/09638237.2019.1630718>
- Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., Pfenninger Saint Gilles, M. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990-2015. *School Mental Health*, 8, 7-43. doi: 10.1007/s12310-016-9175-2
- Perry, B. (2004). Understanding traumatised and maltreated children: The core concepts: The fear response – the effects of trauma on children (Vol. Video series 1). *The Child Trauma Academy*. <http://childtrauma.org/>

- Perry, B. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical applications of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, 14(4), 240-255. <https://doi.org/10.1080/15325020903004350>
- Perry, D. L., Daniels, M. L., Overstreet, S., & Chafouleas, S. M. (2016). Implementing a trauma-informed practices in the school setting: A pilot study. *School Mental Health*, 8(1), 177-188. <https://doi.org/10.1007/s12310-016-9182-3>
- Persyn, M. K. (2016). Agents of progress: Schools and traumatic stress. *Poverty and Race*, 25(4), 3-22.
- Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect*, 86, 178-183. <https://doi.org/10.1016/j.chiabu.2018.09.018>
- Phifer, L. W., Hull, R., Overstreet, S., & Chafouleas, S. M. (2016). Helping students heal: Observations of trauma-informed practices in the schools. *School Mental Health*, 8(1), 201-205. <https://doi.org/10.1007/s12310-016-9183-2>
- Phillips, J. (2021). Foundations of teacher knowledge in Indigenous education. In M. Shay & R. Oliver (Eds.), *Indigenous education in Australia: Learning and teaching for deadly futures* (pp. 21-35). Routledge. <https://doi.org/10.4324/9780429263453-2>
- Phipps, R. M., & Degges-White, S. (2014). Application: Theory to culturally competent practice: A new look at transgenerational trauma transmission: second-generation Latino immigrant youth. *Multicultural Counseling and Development*, 42, 174-187. doi: 10.1002/j.2161-1912.2014.00053.x
- Pianta, R. C. (1999). Enhancing relationships and teachers. *American Psychological Association*. <http://dx.doi.org/10.1037/10314-002>
- Pianta, R. C., & Stuhlman, M. W. (2004). Teacher-child relationships and children's success in the first years of school. *School Psychology Review*, 33(3), 444-458. <https://doi.org/10.1080/02796015.2004.12086261>
- Pihama, L., Smith, L. T., Evans-Campbell, T., Kohu-Morgan, H., Cameron, N., Mataki, T., Te Nan, R., Skipper, H., & Southey, K. (2017). Investigating Maori approaches to trauma informed care. *Journal of Indigenous Wellbeing*, 2(3), 18-31.
- Plumb, J. L., Bush, K. A., & Kersevich, S. E. (2016). Trauma-sensitive schools: An evidence-based approach. *School Social Work Journal*, 40(2), 37-60.
- Pokonobe Associates. (2016). *Jenga*. <https://www.jenga.com/about.php>
- Porche, M. V., Costello, D. M., & Rosen-Reynoso, M. (2016). Adverse family experiences, child mental health, and educational outcomes for a national sample of students. *School Mental Health*, 8(1), 44-60. <https://doi.org/10.1007/s12310-016-9174-3>
- Porche, M. V., Fortuna, L. R., Lin, J., & Algeria, M. (2011). Childhood trauma and psychiatric disorders as correlates to school dropout in a national sample of

- young adults. *Child Development*, 82(3), 982-998.
<https://doi.org/10.1111/j.1467-8624.2010.01534.x>
- Post, P. B., Grybush, A. L., Elmadani, A., Lockhart, C. E., & Hudspeth, F. (2020). Fostering resilience in classrooms through a child-teacher relationship training. *International Journal of Play Therapy*, 29(1), 9-19.
<https://doi.org/10.1037/pla0000107>
- Powell, M. A., & Graham, A. (2017). Wellbeing in schools: Examining the policy-practice nexus. *Australian Educational Researcher*, 44(2), 213-231.
<https://doi.org/10.1007/s13384-016-0222-7>
- Preston, J. P., & Barnes, K. E. R. (2017). Successful leadership in rural schools: Cultivating collaboration. *The Rural Educator*, 38(1), 6-15.
<https://doi.org/10.35608/ruraled.v38i1.231>
- Prinstein, M. J., La Greca, A. M., Vernberg, E. M., & Silverman, W. K. (1996). Children's coping assistance: How parents, teachers, and friends help children cope after a natural disaster. *Journal of Clinical Child Psychology*, 25(4), 463-475. https://doi.org/10.1207/s15374424jccp2504_11
- Puetz, V. B., & McCrory, E. (2015). Exploring the relationship between childhood maltreatment and addiction: A review of the neurocognitive evidence. *Current Addiction Reports*, 2(4), 318-325. <https://doi.org/10.1007/s40429-015-0073-8>
- Quadara, A., & Hunter, C. (2016). *Principles of trauma-informed approaches to child sexual abuse: A discussion paper*. Royal Commission into Institutional Responses to Child Sexual Abuse. <https://childprotection.unigre.it/wp-content/uploads/2016/11/AUS-RC-Trauma-informed-care-October-2016.compressed.pdf>
- Queensland Department of Education. (2018). *Remote Area Incentive Scheme [RAIS]*.
<http://ppr.det.qld.gov.au/pages/search.aspx?k=remote%20area%20incentive%20scheme> Retrieved 10 October 2019.
- Queensland Government. (2011). *Embedding Aboriginal and Torres Strait Islander perspectives in schools: A guide for school learning communities*.
https://earlychildhood.qld.gov.au/fundingAndSupport/Documents/eatsips_2011.pdf
- Queensland Government. (2019a). *Rural and remote incentives calculator*.
<https://teach.qld.gov.au/teach-in-queensland-state-schools/pay-benefits-and-incentives/rural-and-remote-incentives-calculator>
- Queensland Government. (2019b). *Choose your teaching adventure in rural or remote Queensland*. <https://teach.qld.gov.au/>
- Queensland Government. (2020a). *Guidance officer (generic) role description*.
<https://qed.qld.gov.au/workingwithus/Documents/guidance-officer.DOCX>
- Queensland Government. (2020b). *Student protection procedure*.
<https://ppr.qed.qld.gov.au/education/community/Pages/Student-Protection.aspx>

- Queensland Government Office of Industrial Relations. (2019). *Minister for Industrial Relations Directive: Locality allowance – directive 16/18*. <https://www.forgov.qld.gov.au/system/files/documents/1618-locality-allowances.pdf?v=1526279816>
- Queensland Health. (n.d). *Aboriginal and Torres Strait Islander cultural capability: Protocols for use of 'Aboriginal' and 'Torres Strait Islander'*. https://www.health.qld.gov.au/data/assets/pdf_file/0031/147919/terminology.pdf
- Queensland Health. (2020). *Understanding domestic and family violence*. Queensland Government. https://www.health.qld.gov.au/data/assets/pdf_file/0025/952072/1_Understanding-DFV-Booklet.pdf
- Queensland University of Technology [QUT] & Australian Childhood Foundation (2021). *National guidelines for trauma-aware education*. Queensland University of Technology. https://eprints.qut.edu.au/207800/1/National_Trauma_Aware_Guidelines_web_version_2021.pdf
- Radcliff, E., Crouch, E., & Strompolis, M. (2018). Rural-urban differences in exposure to adverse childhood experiences among South Carolina adults. *Rural and Remote Health*, 18 (1), 4434. <https://doi.org/10.22605/RRH4434>
- Ragusa, A. T., & Crowther, A. (2014). Australian mental health nursing: The challenges of working in rural and remote communities. *Rural Lifestyles, Community Well-being and Social Change*, 253-299. doi: 10.2174/9781608058020114010009
- Raissan, K. M., & Bullinger, L. R. (2017). Money matters: Does the minimum wage affect child maltreatment rates? *Children & Youth Services Review*, 72, 60-70. <https://doi.org/10.1016/j.chilyouth.2016.09.033>
- Ralph, N., Clark, Y., Gee, G., Brown, S., Mensah, F., Hirvonen, T., & Chamberlain, C. (2018). *Healing the past by nurturing the future: Perinatal support for Aboriginal and Torres Strait Islander Parents who experienced complex childhood trauma – Workshop one report*. Judith Lumely Centre, La Trobe University, Australia. https://www.latrobe.edu.au/data/assets/pdf_file/0011/943715/HPNF-Workshop-1-Report.pdf
- Rani, D. J., & Xavier, G. G. (2020). Consequences of Domestic violence on children and role social institutions on the problem. *BCM Journal of Social Work*, 16(1), 51-61.
- Ravi, A., & Little, V. (2017). Providing trauma informed care. *American Family Physician*, 95(10), 655-657.
- Rawson, S. (2021). *Applying trauma-sensitive practice in school counselling: Interventions for achieving change*. Routledge. doi: 10.4324/9780429281402
- Ready, K. J., Hostager, T. J., Lester, S., & Bergmann, M. (2004). Beyond the silo approach: Using group support systems in organisational behaviour classes to

- facilitate student understanding of individual and group behaviour in electronic meetings. *Journal of Management Education*, 28(6), 770-789.
<https://doi.org/10.1177/1052562903256490>
- Reconciliation Australia. (2021). *State of reconciliation in Australia report: Moving from safe to brave*. https://www.reconciliation.org.au/wp-content/uploads/2021/01/state-of-reconciliation-2021-full-report_web.pdf
- Record-Lemon, R. M., & Buchanan, M. J. (2017). Trauma-informed practices in schools: A narrative literature review. *Canadian Journal of Counselling & Psychotherapy*, 51(4), 286-305. ISSN 0826-3893
- Reichertz, J. (2013). Induction, deduction, abduction. In U. Flick (Ed.), *The SAGE handbook of data qualitative analysis* (pp. 123-135). SAGE.
<http://dx.doi.org/10.4135/9781446282243.n9>
- Reid, J., Green, B., Cooper, M., Hastings, W., Lock, G., & White, S. (2010). Regenerating rural social space? Teacher education for rural-regional sustainability. *Australian Journal of Education*, 54(3), 262-276.
<https://doi.org/10.1177/000494411005400304>
- Reierson, C. A., & Becker, S. R. (2020). Coherent school improvement: Integrating outcomes-based assessment and trauma-informed practice. *Improving Schools*, 1-13. <https://doi.org/10.1177/1365480220953640>
- Reinbergs, E. J., & Fefer, S. A. (2018). Addressing trauma delivery options for in schools: Multitiered service practitioners. *Psychology in Schools*, 55(3), 250-263. <https://doi.org/10.1002/pits.22105>
- Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles and barriers. *School Psychology Quarterly*, 26(1), 1-13.
 doi:10.1037/a0022714
- Reinke, W. M., Stormont, M., Herman, K. C., Wang, Z., Newcomer, L., & King, K. (2014). Use of coaching and behaviour support planning with students with disruptive behaviour within a universal classroom management program. *Journal of Emotional and Behavioral Disorders*, 22(2), 74-82.
<https://doi.org/10.1177/1063426613519820>
- Richards, S. (2012). Coast to country: An initiative aimed at changing pre-service teachers' perceptions of teaching in rural and remote locations. *Australian and International Journal of Rural Education*, 22(2), 53-63.
- Richardson, M. M., Coryn, C. L. S., Henry, J., Black-Pond, C., & Unrau, Y. (2012). Development and evaluation of the trauma-informed system change instrument: Factorial validity and implications for use. *Child & Adolescent Social Work Journal*, 29(3), 1-18. <https://doi.org/10.1007/s10560-012-0259-z>
- Rieger, K. L. (2019). Discriminating among grounded theory approaches. *Nursing Inquiry*, 26(1), e12261. <https://doi.org/10.1111/nin.12261>

- Riley, P. (2009). An adult attachment perspective on the student-teacher relationship and classroom management difficulties. *Teaching and Teacher Education*, 25(5), 616-635. <https://doi.org/10.1016/j.tate.2008.11.018>
- Riley, T. (2019). Exceeding expectations: Teachers' decision making regarding Aboriginal and Torres Strait Islander Students. *Journal of Teacher Education*, 70(5), 512-525. <https://doi.org/10.1177/0022487118806484>
- Riley, T., & Pidgeon, M. (2019). Australian teachers' voice their perceptions of the influences of stereotypes, mindsets and school structure on teachers' expectations on Indigenous students. *Teaching Education*, 30(2), 123-144. <https://doi.org/10.1080/10476210.2018.1453796>
- Roberts, P., Green, B., Allendyke, S., Bright, G. N., & Manchester, H. (2013). Researching rural places: On social justice and rural education. *Qualitative Inquiry*, 19(10), 765-774. <https://doi.org/10.1177/1077800413503795>
- Robinson, G. G., Bursuck, W. D., & Sinclair, K. D. (2013). Implementing RTI in two rural elementary schools: Encouraging beginnings and challenges for the future. *The Rural Educator*, 34(3), 1-9. <https://doi.org/10.35608/ruraled.v34i3.394>
- Roden-Foreman, J. W., Bennett, M. M., Rainey, E. E., Garrett, J. S., Powers, M. B., & Warren, A. M. (2017). Secondary traumatic stress in emergency medicine clinicians. *Cognitive Behaviour Therapy*, 46(6), 522-532. <https://doi.org/10.1080/16506073.2017.1315612>
- Rodgers, L. (2017). Time for a new era. *The Educator*, 3.04. <http://www.educatoronline.com.au/contents/e-magazine.aspx?id=243126>
- Roffey, S. (2016). Building a case for whole-child, whole-school wellbeing in challenging contexts. *Educational & Child Psychology*, 33(2), 30-42.
- Roman, T. A. (2020). Supporting the mental health of teachers in COVID-19 through trauma-informed educational practices and adaptive formative assessment tools. *Journal of Technology and Teacher Education*, 28(2), 473-481.
- Romano, E., Babchishin, L., Marquis, R., & Frechette, S. (2015). Childhood maltreatment and educational outcomes. *Trauma, Violence & Abuse*, 16(4), 418-437. <https://doi.org/10.1177/1524838014537908>
- Roorda, D. L., Zee, M., & Koomen, H. M. Y. (2020). Don't forget student-teacher dependency! A meta-analysis on associations with students' school adjustment and the moderating role of student and teacher characteristics. *Attachment & Human Development*. <https://doi.org/10.1080/14616734.2020.1751987>
- Rosen, A. L., Handley, E. D., Cicchetti, D., & Rogosch, F. A. (2018). The impact of patterns of trauma exposure among low income children with and without histories of child maltreatment. *Child Abuse & Neglect*, 80, 301-311. <https://doi.org/10.1016/j.chiabu.2018.04.005>
- Rossen, E., & Cowan, K. (2013). The role of schools in supporting traumatised students. *Principal's Research Review*, 8(6), 1-8. ISSN 1558-5948

- Roufeil, L., Gullifer, J., & Maybery, D. (2014). The health challenges facing rural people and communities in Australia: What can psychology offer? *Australian Journal of Rural Health*, 22(6), 271-272. <https://doi.org/10.1111/ajr.12155>
- Rowland, T., Waddell, N., & McKenna, B. (2016). Are we there yet? A technique to determine theoretical saturation. *Journal of Computer Information Systems*, 56(1), 40-47. doi: 10.1080/08874417.2015.11645799
- Ryan, J. P., Jacob, B. A., Gross, M., Perron, B. E., Moore, A., & Ferguson, S. (2018). Early exposure to child maltreatment and academic outcomes. *Child Maltreatment*, 23(4), 365-375. <https://doi.org/10.1177/1077559518786815>
- Sage, C. A. M., Brooks, S. K., & Greenberg, N. (2018). Factors associated with type II trauma in occupational groups working with traumatised children: A systematic review. *Journal of Mental Health*, 27(5), 457-467. <https://doi.org/10.1080/09638237.2017.1370630>
- Saldaña, J. (2013). *The coding manual for qualitative researchers*. SAGE Publications.
- Sargent, S., Samanta, J., & Yelden, K. (2016). *A grounded theory analysis of a focus group study*. SAGE Publications.
- Sarmardin, D., Leske, R., Woods, A., & Thorpe, K. (2020). 'It's much more than getting ready to go to school': Thinking about young Aboriginal and Torres Strait Islander children learning literacy. In A. Woods & B. Exley (Eds.), *Literacies in early childhood: Foundations for equity and quality* (pp. 146-162). Oxford University Press.
- Sarnyai, Z., Berger, M., & Jawan, I. (2016). Allostatic load mediates the impact of stress and trauma on physical and mental health in Indigenous Australians. *Australasian Psychiatry: Bulletin of the Royal Australian and New Zealand College of Psychiatrists*, 24(1), 72-75. <https://doi.org/10.1177/1039856215620025>
- Sarra, C. (2012). *Good morning, Mr Sarra: My life working for a stronger, smarter future for our children*. University of Queensland Press.
- Sarra, C., Spillman, D., Jackson, C., Davis, J., & Bray, J. (2018). High-expectations relationships: A foundation for enacting high expectations in all Australian schools. *The Australian Journal of Indigenous Education*, 49(1), 32-45. <https://doi.org/10.1017/jie.2018.10>
- Sarra, G., & Shay, M. (2019). Indigenous education, critical perspectives to enhance learning practices. In M. Peters (Ed.), *Encyclopedia of Teacher Education*. Springer. https://doi.org/10.1007/978-981-13-1179-6_195-1
- Savage, C., Lewis, J., & Colless, N. (2011). Essential for implementation: Six years of school wide positive behaviour support in New Zealand. *New Zealand Journal of Psychology*, 40(1), 29-37.
- Saxton, M. D., Jaffe, P. G., Dawson, M., Olszowy, L., & Straatman, A. L. (2020). Barriers to addressing risk to children exposed to domestic violence. *Child*

Abuse & Neglect, 104554–104559.
<https://doi.org/10.1016/j.chiabu.2020.104554>

- Scheffer, I. (1974). *Four pragmatists: A critical introduction to Pierce, James, Mead, and Dewey*. Routledge & Kegan Paul, Ltd.
- Schulz, R., Schroeder, D., & Brody, C. M. (1997). Collaborative narrative inquiry: Fidelity and the ethics of caring teacher research. *International Journal of Qualitative Studies in Education*, 10(4), 473-485.
<https://doi.org/10.1080/095183997237052>
- Schulz, S. (2017). Desire for the desert: Racialising white teachers' motives for working in remote schools in the Australian desert. *Race Ethnicity and Education*, 20(2), 209-224. <https://doi.org/10.1080/13613324.2015.1110296>
- Scott, T. M., Hirn, R. G., & Cooper, J. T. (2017). *Teacher and student behaviours: Key to success in classroom instruction*. Rowman & Littlefield.
- Sebastian, K. (2019). Distinguishing between the type of grounded theory: Classical, interpretive and constructivist. *Journal of Social Thought*, 3(1), 1-9.
- See, B., Morris, R., Gorard, S., Soufi, N. (2020). What works in attracting and retaining teachers in challenging schools and areas? *Oxford Review of Education*, 46(6), 678-697. <https://doi.org/10.1080/03054985.2020.1775566>
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. Teachers College.
- Shalka, T. R., (2015). Toward a trauma-informed practice: What educators needs to know. *About Campus*, 20(5), 21-27. <https://doi.org/10.1002/abc.21217>
- Shamblin, S., Graham, D., & Bianco, J. A. (2016). Creating trauma-informed schools for rural Appalachia: The partnerships program for enhancing resiliency, confidence and workforce development in early childhood education. *School Mental Health*, 8(1), 189-200. <https://doi.org/10.1007/s12310-016-9181-4>
- Sharplin, E. (2002). Rural retreat or outback hell: Expectations of rural and remote teaching. *Issues in Educational Research*, 12(1), 49-63.
<http://www.iier.org.au/iier12/sharplin.html>
- Sharplin, E. D. (2014). Reconceptualising out-of-field teaching: Experiences of rural teachers in Western Australia. *Educational Research*, 56(1), 97-110.
<https://doi.org/10.1080/00131881.2013.874160>
- Shay, M., Sarra, G., & Woods, A. (2021). Strong identities, strong future: Indigenous identities and wellbeing in schools. In M. Shay & R. Oliver (Eds.), *Indigenous education in Australia: Learning and teaching for deadly futures* (pp. 81-95). Routledge. <https://doi.org/10.4324/9780429263453-6>
- Shea, B., Nahwegahbow, S., & Anderson, N. (2010). Reduction of family violence in Aboriginal communities: A systematic review of interventions and approaches. *Pimatisiwin*, 8(2), 35-60.
- Shoji, K., Lesnierowska, M., Smoktunowicz, E., Bock, J., Luszczynska, A., Benight, C. C., Cieslak, R., & Elhai, J. D. (2015). What comes first, job burnout or

- secondary traumatic stress? Findings from two longitudinal studies from the US and Poland. *PLoS One*, 10(8), e0136730.
<https://doi.org/10.1371/journal.pone.0136730>
- Silverman, D. (2010). *Doing qualitative research: A practical handbook* (3rd ed.). SAGE.
- Sisson, J. H., Whittington, V., & Shin, A. (2020). “Teaching culture through culture”: A case study of culturally responsive pedagogies in an Australian early childhood/primary context. *Journal of Research in Childhood Education*, 34(1), 108-126. <https://doi.org/10.1080/02568543.2019.1692110>
- Sitler, H. C. (2009). Teaching with awareness: The hidden effects of trauma on learning. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*, 82(3), 119-123. <https://doi.org/10.3200/TCHS.82.3.119-124>
- Smith, M. L. (1982). Benefits of naturalistic methods in research in science education. *Journal of Research in Science Teaching*, 19(8), 627-638.
<https://doi.org/10.1002/tea.3660190802>
- Soleimanpour, A., Geierstranger, S., & Brindis, C. D. (2017). Adverse childhood experiences and resilience: Addressing the unique needs of adolescents. *Academic Pediatrics*, 17(7), S108-S114.
<https://doi.org/10.1016/j.acap.2017.01.008>
- Solomon, E. P., & Heide, K. M. (1999). Type III trauma: Toward a more effective conceptualisation of psychological trauma. *International Journal of Offender Therapy and Comparative Criminology*, 43(2), 202-210.
<https://doi.org/10.1177/0306624X99432007>
- Solomon, R. P., Portelli, J. P., Daniel, B., & Campbell, A. (2005). The discourse of denial: How white teacher candidates construct race, racism and ‘white privilege’. *Race Ethnicity and Education*, 8(2), 147-169. doi: 10.1080/13613320500110519
- Sonsteng-Person, M., & Loomis, A. M. (2021). The role of trauma-informed training in helping Los Angeles teachers manage the effects of student exposure to violence and trauma. *Journal of Child & Adolescent Trauma*.
<https://doi.org/10.1007/s40653-021-00340-6>
- Sorlie, M., & Ogden, T. (2015). School-wide positive behaviour support – Norway: Impacts on problem behaviour and classroom climate. *International Journal of School & Educational Psychology*, 3(3), 303-217.
<https://doi.org/10.1080/21683603.2015.1060912>
- Souers, K., & Hall, P. (2016). *Fostering resilient learners: Strategies for creating a trauma-sensitive classroom*. ASCD.
- Special Taskforce on Domestic and Family Violence in Queensland. (2015). *Not now, not ever: Putting an end to domestic and family violence in Queensland*.
<https://www.csyw.qld.gov.au/campaign/end-domestic-family-violence/about/not-now-not-ever-report>

- Spilt, J. L., Koomen, H. M. Y., & Thijs, J. T. (2011). Teacher wellbeing: The importance of teacher-student relationships. *Educational Psychology Review*, 23(4), 457-477. <https://doi.org/10.1007/s10648-011-9170-y>
- Sprang, G., Craig, C., & Clark, J. (2011). Secondary traumatic stress and burnout in child welfare workers: A comparative analysis of occupational distress across professional groups. *Child Welfare*, 90(6), 149-168.
- Stacey, M. (2019). Deficit discourses and teachers' work: The case of an early career teacher in a remote Indigenous school. *Critical Studies in Education*, 1-16. <https://doi.org/10.1080/17508487.2019.1650383>
- Stahl, G., Brock, C. H., Young, J., Caldwell, D., Sharplin, E., & Boyd, B. (2020). Dispositions towards diversity: Two pre-service teachers' experiences of living and teaching in a remote Indigenous community. *Pedagogy, Culture & Society*, 28(4), 525-542. <https://doi.org/10.1080/14681366.2019.1665090>
- Star, S. (2007). Living grounded theory: Cognitive and emotional forms of pragmatism. In A. Bryant & K. Charmaz (Eds.), *The SAGE handbook for grounded theory* (pp. 75-94). SAGE Publications.
- State of Tasmania, Department of Education. (2020). *Good teaching: Trauma informed practice* (version 2). Tasmanian Government. <https://publicdocumentcentre.education.tas.gov.au/library/Shared%20Documents/Good-Teaching-Trauma-Informed-Practice.pdf>
- Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., & Fink, A. (2003). A mental health intervention for school children exposed to violence. *JAMA*, 290(5), 603-611. doi:10.1001/jama.290.5.603
- Stewart, J. (2007). Grounded theory and focus groups: Reconciling methodologies in Indigenous Australian education research. *Australian Journal of Indigenous Education*, 36, 32-37. <https://doi.org/10.1017/S1326011100004671>
- Stiller, A., & Hellmann, D. F. (2017). In the aftermath of disclosing child sexual abuse: Consequences, needs, and wishes. *Journal of Sexual Aggression*, 23(3), 251-265. <https://doi.org/10.1080/13552600.2017.1318964>
- Stokes, H., & Brunzell, T. (2019). Professional learning in trauma informed positive education: Moving school communities from trauma affected to trauma aware. *School Leadership Review*, 14(2). <https://scholarworks.sfasu.edu/slr/vol14/iss2/6>
- Stokes, H., Stafford, J., & Holdsworth, R. (1999). *Rural and remote education: A survey for the human rights and equal opportunity commission*. Youth Research Centre, University of Melbourne. https://humanrights.gov.au/sites/default/files/content/pdf/human_rights/rural_remote/scoping_survey.pdf
- Stokes, H., & Turnbull, M. (2016). *Evaluation of the Berry Street Model: Trauma informed positive education enacted in mainstream schools*. Youth Research Centre, University of Melbourne. <https://learning.berrystreet.org.au/sites/default/files/2018-05/Evaluation-of-the-Berry-Street-Education-Model.pdf>

- Stratford, B., Cook, E., Hanneke, R., Katz, E., Seok, D., Steed, H., Fulks, E., Lessans, A., & Temkin, D. (2020). A scoping review of school-based efforts to support student who have experienced trauma. *School Mental Health*, 12, 442-447. <https://doi.org/10.1007/s12310-020-09368-9>
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge University Press.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research*. SAGE Publications.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research* (2nd ed.). SAGE Publications.
- Strom, I., Schultz, J., Wentzel-Larsen, T., & Dyb, G. (2016). School performance after experiencing trauma: A longitudinal study of school functioning in survivors of the Utoya shootings in 2011. *European Journal of Psychotraumatology*, 7(1), 31359–31359. <https://doi.org/10.3402/ejpt.v7.31359>
- Stronger Smarter Institute. (2013). *Leadership programs*. <https://strongersmarter.com.au/leaderships-programs/>
- Stronger Smarter Institute Limited. (2014). *High-expectations relationships: A foundation for quality learning environments in all Australian schools*. Stronger Smarter Institute Limited Position Paper. <https://strongersmarter.com.au/high-expectations-relationships/>
- Stronger Smarter Institute. (2020). *Stronger Smarter: A strength-based approach to Aboriginal and Torres Strait Islander education*. Stronger Smarter Institute position paper. https://strongersmarter.com.au/wp-content/uploads/2020/08/PUB_strength-based-approaches_final_2020.pdf
- Substance Abuse and Mental Health Services Administration [SAMHSA]. (2014). *SAMHSA's concept of trauma and guidance for trauma-informed approach*. HMS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- Sugai, G., & Horner, R. R. (2006). A promising approach for expanding and sustaining school-wide positive behaviour support. *School Psychology Review*, 35(2), 245-259. <https://doi.org/10.1080/02796015.2006.12087989>
- Sugai, G., & Horner, R. R. (2009). Responsiveness-to-intervention and school-wide positive behaviour supports: Integration of multi-tiered system approaches. *Exceptionality: The Official Journal of the Division for Research of the Council for Exceptional Children*, 17(4), 223-237. <https://doi.org/10.1080/09362830903235375>
- Sugai, G., Horner, R. H., Dunlap, G., Hieneman, M., Lewis, T. J., Nelson, C. M., Scott, T., Liaupsin, C., Sailor, W., Turnbull, A. P., Turnbull, H. R., Wickham, D., Wilcox, B., & Ruef, M. (2000). Applying positive behaviour support and functional behaviour assessment in schools. *Journal of Positive Behavior Interventions*, 2(3), 131-143. <https://doi.org/10.1177/109830070000200302>

- Sugai, G., O’Keeffe, B. V., & Fallon, L. M. (2012). A contextual consideration of culture and school-wide positive behaviour support. *Journal of Positive Behavior Interventions*, 14(4), 197-208.
<https://doi.org/10.1177/1098300711426334>
- Sullivan, A. L., & Simonson, G. R. (2016). A systematic review of school-based social-emotional interventions for refugee and war-traumatised youth. *Review of Educational Research*, 86(2), 503-530.
<https://doi.org/10.3102/0034654315609419>
- Sullivan, K., Perry, L. B., & McConney, A. (2014). How do school learning environments differ across Australia’s rural, regional and metropolitan communities? *Australian Educational Researcher*, 41(5), 521-540.
<https://doi.org/10.1007/s13384-014-0144-1>
- Swartz, R. (2019). *Education and empire: Children, race and humanitarianism in the British settler colonies, 1833-1880*. Palgrave Macmillan.
<https://doi.org/10.1007/978-3-319-95909-2>
- Tabone, J. K., Rishel, C. W., Hartnett, H. P., & Szafran, K. F. (2020). Examining the effectiveness of early intervention to create trauma-informed school environments. *Children Youth Services Review*, 113, 104998.
<https://doi.org/10.1016/j.childyouth.2020.104998>
- Tapper, D., Kleinman, P., & Nakashian, M. (1997). An interagency collaboration strategy for linking schools with social and criminal justice services. *Social Work in Education*, 19(3), 176-188. <https://doi.org/10.1093/cs/19.3.176>
- Tatar, M. (2009). Teachers turning for help to school counsellors and colleagues: Toward a mapping of relevant predictors. *British Journal of Guidance & Counselling*, 37(2), 107-127. <https://doi.org/10.1080/03069880902728564>
- Taylor, A. (2019). *Impact of the experience of domestic and family violence on children: What does the literature have to say?* QCDFVR, Central Queensland University.
- Terr, L. C. (1991). Childhood traumas: An outline and review. *The American Journal of Psychiatry*, 148(1), 10-21. <https://doi.org/10.1176/ajp.148.1.10>
- Terrasi, S., & Crain de Galarce, P. (2017). Trauma and learning in America’s classrooms. *Phi Delta Kappan*, 98(6), 35-41.
<https://doi.org/10.1177/0031721717696476>
- The Chadwick Trauma-Informed Systems Project. (2012). *Creating trauma-informed child welfare systems: A guide for administrators* (1st ed.). Chadwick Center for Children and Families. www.ctisp.org
- The Lancet Public Health. (2018). Australia’s stolen generation: Sorry is not enough. *The Lancet Public Health*, 3(9), e407–e407. [https://doi.org/10.1016/S2468-2667\(18\)30165-8](https://doi.org/10.1016/S2468-2667(18)30165-8)
- The State of Queensland (Department of Education). (2020). *Verification*. <https://education.qld.gov.au/students/students-with-disability/education-adjustment-program/verification>

- Thomas, B., Scott, B., & Pooler, D. K. (2015). Increasing the use of trauma-sensitive lens for school case managers: A training assessment. *Journal of Adolescent and Family Health*, 7(1), 4. <https://scholar.utc.edu/jafh/vol7/iss1/4>
- Thomas, M. S., Crosby, S., & Vanderhaar, J. (2019). Trauma-informed practices in schools across two decades: An interdisciplinary review. *Review of Research*, 43, 422-452. <https://doi.org/10.3102/0091732X18821123>
- Thompson, C. (2019). Trauma-aware practice: In a Catholic primary school. *Teacher Learning Network*, 26(2), 19-21.
- Thompson, E. H., & Trice-Black, S. (2012). School-based group interventions for children exposed to domestic violence. *Journal of Family Violence*, 27(3), 233-241. <https://doi.org/10.1007/s10896-012-9416-6>
- Thornberg, R., & Charmaz, K. (2013). Grounded theory and theoretical coding. In U. Flick (Ed.), *The SAGE handbook of qualitative data analysis* (pp. 153-169). SAGE Publications. <https://dx.doi.org/10.4135/9781446282243>
- Thornberg, R., & Dunne, C. (2019). Literature review in grounded theory. In A. Bryant, & K. Charmaz (Eds.), *The SAGE handbook of current developments in grounded theory* (pp. 206-221). SAGE Publications. <https://dx.doi.org/10.4135/9781526485656>
- Thrane, L. E., Hoyt, D. R., Whitbeck, L. B., & Yoder, K. A. (2006). Impact of family abuse on running away, deviance, and street victimisation among homeless rural and urban youth. *Child Abuse & Neglect*, 30(10), 1117-1128. <https://doi.org/10.1016/j.chiabu.2006.03.008>
- Tishelman, A. C., Haney, P., O'Brien, J. G., & Blaustein, M. E. (2010). A framework for school-based psychological evaluations: Utilising a 'trauma lens'. *Journal of Child & Adolescent Trauma*, 3(4), 279-302. <https://doi.org/10.1080/19361521.2010.523062>
- Tobin, K., King, D., Henderson, S., Bellocchi, A., & Ritchie, S. M. (2016). Expression of emotions and physiological changes during teaching. *Cultural Studies of Science Education*, 11(3), 669-692. <https://doi.org/10.1007/s11422-016-9778-9>
- Townsend, I. M., Berger, E. P., & Reupert, A. E. (2020). Systematic review of the educational experiences of children in care: Children's perspectives. *Children & Youth Services Review*, 111, 104835. <https://doi.org/10.1016/j.chilyouth.2020.104835>
- Tran, H., & Smith, D. A. (2020). What matters most for recruiting teachers to rural hard-to-staff districts: A mixed methods analysis of employment related conditions. *American Journal of Education*, 126(3), 447-481. <https://doi.org/10.1086/708252>
- Trinidad, S., Broadley, T., Terry, E., Boyd, D., Lock, G., Byrne, M., Sharplin, E., & Ledger, S. (2012). Going bush: Preparing pre-service teachers to teach in regional Western Australia. *Australian and International Journal of Rural Education*, 22(1), 39-55.

- Trinidad, S., Sharplin, E., Ledger, S., & Broadley, T. (2014). Connecting for innovation: Four universities collaboratively preparing pre-service teachers to teach in rural and remote Western Australia. *Journal of Research in Rural Education*, 29(2), 1-13.
- Trippany, R. L., Kress, V. E. W., & Wilcoxon, S. A. (2004). Preventing vicarious trauma: What counsellors should know when working with trauma survivors. *Journal of Counseling & Development*, 82(1), 31-37. <https://doi.org/10.1002/j.1556-6678.2004.tb00283.x>
- Trudgett, M., Page, S., Bodkin-Andrews, G., Franklin, C., Whittaker, A. (2017). Another brick wall? Parent perceptions of school educational experiences of Indigenous Australian children. In M. Walter, K. L. Martin, & G. Bodkin-Andrews (Eds.), *Indigenous Australian children growing up strong: A longitudinal study of Aboriginal and Torres Strait Islander families* (pp. 233-248). Palgrave MacMillan. doi: 10.1057/978-1-137-53435-4_11
- Tsey, K., Whiteside, M., Daly, S., Deemai, A., Gibson, T., Cadet-James, Y. Wilson, A., Santhanam, R., & Haswell-Elkins, M. R. (2005). Adapting the ‘family wellbeing’ empowerment program to the needs of remote Indigenous school children. *Australian and New Zealand Journal of Public Health*, 29(2), 112-116. <https://doi.org/10.1111/j.1467-842X.2005.tb0059.x>
- Turner, K., & Stough, C. (2020). Pre-service teachers and emotional intelligence: A scoping review. *The Australian Educational Researcher*, 47, 283-305. <https://doi.org/10.1007/s13384-019-00352-0>
- Twomey, A. (2012). The race power – Its replacement and interpretation. *Federal Law Review*, 40(3), 413-433. <https://doi.org/10.1177/0067205X1204000305>
- United Nations. (2007). *United Nations declaration of the rights of Indigenous peoples*. https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf
- United Nations Children’s Fund. (2014). *Hidden in plain sight: A statistical analysis of violence against children*. UNICEF. https://www.unicef.org/publications/index_74865.html
- University of California. (2009). *UCSF HEARTS: Healthy environments and response to trauma in schools. Partnering with school communities to promote healing, social justice, and school success*. <https://hearts.ucsf.edu/>
- van Bergeijk, E. O., & Sarmiento, T. L. (2006). The consequences of reporting child maltreatment: Are school personnel at risk of secondary traumatic stress? *Brief Treatment and Crisis Intervention*, 6(1), 79-98. <https://doi.org/10.1093/brief-treatment/mhj003>
- van Berkel, S. R., Prevoo, M. J. L., Linting, M., Pannebakker, F. D., & Alink, L. R. A. (2020). Prevalence of child maltreatment in the Netherlands: An update and cross-time comparison. *Child Abuse & Neglect*, 103, 104439–11. <https://doi.org/10.1016/j.chiabu.2020.104439>
- van der Kolk, B. A. (2007). The developmental impact of childhood trauma. In L. J. Kirmayer, R. Lemelson, & M. Barad (Eds.), *Understanding trauma: Integrating*

- biological, clinical and cultural perspectives* (pp. 224-241). Cambridge University Press.
- van der Wegen, T. A. (2013). *Complex childhood trauma and school responses: A case study of the impact of professional development in one elementary school* (Doctoral dissertation). Washington State University. ProQuest Dissertation Publishing.
- van Petegem, K., Creemers, B. P. M., Rossel, Y., & Aelterman, A. (2005). Relationships between teacher characteristics, interpersonal teacher behaviour and teacher wellbeing. *The Journal of Classroom Interaction*, 40(2), 34-43.
- van Wert, M., Fallon, B., Tromé, N., & Collin-Vézina, D. (2018). Educational neglect: Understanding 20 years of child welfare trends. *Child Abuse & Neglect*, 75, 50-60. <https://doi.org/10.1016/j.chiabu.2017.04.034>
- Vaughn, M. G., Sala-Wright, C. P., Huang, J., Zhengim, Q., Terzis, L. D., & Helton, J. J. (2017). Adverse childhood experiences among immigrants to the United States. *Journal of Interpersonal Violence*, 32(10), 1543-1564. <https://doi.org/10.1177/0886260515589568>
- Vaughan-Jensen, J., Smith, D. M., Blakde, J. J., Keith, V. M., & Wilson, V. K. (2020). Breaking the cycle of child maltreatment and intimate partner violence: The effects of student gender and caring relationships with teachers. *Journal of Aggression, Maltreatment & Trauma*, 29(2), 223-241. <https://doi.org/10.1080/10926771.2018.1522407>
- Veltman, M. W. M., & Browne, K. D. (2001). Three decades of child maltreatment research: Implications for the school years. *Trauma, Violence, & Abuse*, 2(3), 215-239. <https://doi.org/10.1177/1524838001002003002>
- Verschueren, K., & Koomen, H. M. Y. (2012). Teacher-child relationships from an attachment perspective. *Attachment & Human Development*, 14(3), 205-211. <https://doi.org/10.1080/14616734.2012.672260>
- Versland, T., Will, K., Lux, N., & Hicks, J. (2020). Envisioning the rural practicum: A means to positively affect recruitment and retention in rural schools. *Theory & Practice in Rural Education*, 10(1), 103-118. <https://doi.org/10.3776/tpre.2020.v10n1p103-118>
- Wade, R., Crohholm, P. F., Fein, J. A., Forke, C. M., Davis, M. B., Harkins-Schwarz, M., Pachter, L. M., & Bair-Merritt, M. H. (2016). Household and community-level adverse childhood experiences and adult mental health outcomes in a diverse urban population. *Child Abuse & Neglect*, 52, 135-145. <https://doi.org/10.1016/j.chiabu.2015.11.021>
- Wall, C. R. G. (2020). Relationship over reproach: Fostering resilience by embracing a trauma-informed approach to elementary education. *Journal of Aggression, Maltreatment & Trauma*. <https://doi.org/10.1080/10926771.2020.1737292>
- Wall, L. Higgins, D., & Hunter, C. (2016). *Trauma-informed care in child/family welfare services: CFCA Paper No. 37*. Australian Institute of Family Studies. <https://aifs.gov.au/cfca/publications/trauma-informed-care-child-family-welfare-services>

- Warin, M., Kowal, E., & Meloni, M. (2020). Indigenous knowledge in a postgenomic landscape: The politics of epigenetic hope and reparation in Australia. *Science, Technology, & Human Values*, 45(1), 87-111. <https://doi.org/10.1177/0162243919831077>
- Watson, J. B. (1994). Psychology as the behaviourist views it. *Psychological Review*, 101(2), 248-253. <https://doi.org/10.1037/0033-295X.101.2.248>
- Webb, C., & Kevern, J. (2001). Focus group a research method: A critique of some aspects of their use in nursing research. *Journal of Advanced Nursing*, 33(6), 798–805. <https://doi.org/10.1046/j.1365-2648.2001.01720.x>
- Weiss, R. S. (1994). *Learning from strangers: The art and method of qualitative interview studies*. The Free Press.
- Weldon, P. (2018). Early career attrition in Australia: Evidence, definition, classification and measurement. *Australian Journal of Education*, 62(1), 61-78. <https://doi.org/10.1177/0004944117752478>
- West, S. D., Day, A. G., Somers, C. L., & Baroni, B. A. (2014). Student perspectives of how trauma experiences manifest in the classroom: Engaging court-involved youth in the development of a trauma-informed curriculum. *Children & Youth Services Review*, 34, 58-65. <https://doi.org/10.1016/j.childyouth.2014.01.013>
- Whitaker, R. C., Herman, A. N., Dearth-Wesley, T., Smith, H. G., Burnim, S. B., Myers, E., Saunders, A. M., & Kainz, K. (2019). Effect of a trauma-awareness course on teachers' perceptions of conflict with pre-school aged children from low-income urban households. *JAMA Network Open*, (4)e193193. <https://doi.org/10.1001/jamanetworkopen.2019.3193>
- White, S. (2019). Recruiting, retaining and supporting early career teachers for rural schools. In A. Sullivan, B. Johnson, & M. Simons (Eds.), *Attracting and keeping the best teachers: Issues and opportunities* (pp. 143-159). Springer. https://doi.org/10.1007/978-981-13-8621-3_8
- White, S. & Reid, J. (2008). Placing teachers? Sustaining rural schooling through place-consciousness in teacher education. *Journal of Research in Rural Education*, 23(7), 1-11.
- Whitley, J. (2010). The role of educational leaders in supporting the mental health of all students. *Exceptionality Education Canada*, 20-55-69. <https://doi.org/10.5206/eei.v20i2.7663>
- Wiebler, L. R. (2013). Developmental differences in response to trauma. In E. A. Rossen & R. Hull (Eds.), *Supporting and educating traumatised students: A guide for school-based professionals* (pp. 37-50). Oxford University Press. <https://doi.org/10.1093/med:psych/9780199766529.003.003>
- Wiest-Stevenson, C., & Lee, C. (2016). Trauma-informed schools. *Journal of Evidence-Informed Social Work*, 13(5), 498-503. <https://doi.org/10.1080/23761407.2016.1166855>
- Williams, C. E., Hadwin, J. A., & Bishop, F. L. (2021). Primary teachers' experiences of teaching pupils with selective mutism: A grounded theory study,

Educational Psychology in Practice, 1-17.
<https://doi.org/10.1080/02667363.2021.1920372>

- Williams, J. H., Horvath, V. E., Wei, H., van Dorn, R. A., & Jonson-Reid, M. (2007). Teachers perspectives of children's mental health service needs in urban elementary schools. *Children & Schools*, 29(2), 95-107.
<https://doi.org/10.1093/cs/29.2.95>
- Williams, T. M., & Smith, G. P. (2017). Does training change practice? A survey of clinicians and managers one year after training in trauma-informed care. *The Journal of Mental Health Training, Education & Practice*, 12(3), 188-198.
<https://doi.org/10.1108/JMHTEP-02-2016-0016>
- Willis, A. S., & Grainger, P. R. (2020). Teacher wellbeing in remote Australian communities. *Australian Journal of Teacher Education*, 45(5), 18-37.
<http://dx.doi.org/10.14221/ajte.2020v45n5.2>
- Willis, J., Crosswell, L., Morrison, C., Gibson, A., & Ryan, M. (2017). Looking for leadership: The potential for dialogic reflexivity with rural early-career teachers. *Teachers and Teaching: Theory & Practice*, 23(7), 794-809.
<https://doi.org/10.1080/13540602.2017.1287695>
- Wilson, J. M., Fauci, J. E., & Goodman, L. A. (2015). Bringing trauma-informed practice to domestic violence programs: A qualitative analysis of current approaches. *American Journal of Orthopsychiatry*, 85(6), 586-599.
<http://dx.doi.org/10.1037/ort0000098>
- Wilson, M. A. (2013). *Compassionate school model: Creating trauma sensitive schools* (Doctoral dissertation). Seattle Pacific University. ProQuestLLC.
- Wingard, B. (2010). A conversation with lateral violence. *The International Journal of Narrative Therapy and Community Work*, 2010(1), 13-17.
- Wolmer, L., Hamiel, D., Barchas, J. D., Slone, M., Laor, N. (2011). Teacher-delivered resilience-focused intervention in schools with traumatised children following the second Lebanon war. *Journal of Traumatic Stress*, 24(3), 309-316.
<https://doi.org/10.1002/jts.20638>
- Wolmer, L., Hamiel, D., Margalit, N., Versano-Eisman, T., Findler, Y., Laor, N., & Slone, M. (2016). Enhancing children's resilience in schools to confront trauma: The impact on teachers. *The Israeli Journal of Psychiatry and Related Sciences*, 53(2), 25-32.
- Wolpow, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). *The heart of teaching and learning: Compassion, resiliency, and academic success*. Washington State Office of Superintendent of Public Instruction.
<https://www.k12.wa.us/sites/default/files/public/compassionateschools/pubdocs/theheartoflearningandteaching.pdf>
- Wong, M. (2006). Commentary: Building partnerships between schools and academic partners to achieve a health-related research agenda. *Ethnicity & Disease*, 16, 149-153.

- Wood, C. E., Domingues, J., Howard, J. M., & Said, S. (2017). Understanding and responding to crisis and trauma in the school setting. In M. Thiekling, & M. D. Terjesen (Eds.), *Handbook of Australian School Psychology* (pp. 413-434). Springer. https://doi.org/10.1007/978-3-319-45166-4_21
- World Health Organisation [WHO]. (2014). *Global status report on violence prevention 2014*.
https://www.who.int/violence_injury_prevention/violence/status_report/2014/en/
- World Health Organisation [WHO]. (2016). *Child maltreatment*.
<http://www.who.int/mediacentre/factsheets/fs150/en/>
- Yehuda, R., Daskalakis, N. P., Bierer, L. M., Bader, H. N., Klengel, T., Holsboer, F., & Binder, E. B. (2016). Holocaust exposure induced intergenerational effects of FKBP5 methylation. *Biological Psychiatry*, 80(5), 372-380.
<https://doi.org/10.1016/j.biopsych.2015.08.005>
- Young, K. D., Grainger, P., & James, D. (2018). Attracting pre-service teachers to remote locations. *Australian Journal of Teacher Education*, 43(2), 157-171.
<http://dx.doi.org/10.14221/ajte.2018v43n2.9>
- Zoom Video Communications Inc. (2017). *Zoom*. <https://zoom.us/>
- Zsolnai, A., & Szabó, L. (2020). Attachment aware schools and teachers. *Pastoral Care in Education*, 1-17. <https://doi.org/10.1080/02643944.2020.1827284>

Appendices

Appendix A

Examples of Analytical Memos – My position as a researcher

Memo. Date: 13.8.18 My position as a researcher (excerpt)

After doing these two interviews, I have been thinking about my position as a researcher. I have been reading Charmaz (2014) who states as researchers we are “obligated to be reflexive about what we bring to the scene, what we see, and how we see it” (p. 27). She goes on further to say, “what we bring to the study also influences what we can see” (Charmaz, 2014, p. 27). What I took away is that as a novice researcher, I draw upon my own experiences. It allows me to become ‘sensitised’ to the phenomenon being studied. When I write up my findings, I need to make sure that I am very explicit in describing my position. Looking back at my confirmation document, in Chapter 1, I need to make it clearer. Prior to the interviews, I had my own view about how teachers experience their work with children living with the effects of CCT. This is because of my closeness to the participants as being an “insider”. I have taught kids who are living with the effects of CCT in remote schools. I need to be careful that my own views do not bias the data collection and analysis. After reading Charmaz (2014), this may be a methodological limitation that I need to address – my preconceived conceptions about the participants. I also need to be aware of power imbalances. To address this, I have taken the following steps:

- At the start of each interview (which I did for the first two interviews and will continue to do so), is make clear to the participants that I am interviewing as a QUT PhD candidate and not an employee of the Department.
- Conduct interviews after school hours and in places nominated by the participants.
- Discuss with supervisors.
- Write memos.

**Memo. Date: 17-31.03.19 Who are they and why do these teachers come here?
(excerpt)**

.....I was asking myself, WHY do they come here? I went back to the grounded theory literature to see if this was a common thought, i.e., asking why questions. After reading Charmaz (2017a), I learnt that “grounded theory leads to why questions” (p. 299). To help my analysis in addressing ‘why’, I have included quotes to keep the participants in the forefront of my analysis....these quotes resonate with me. Is it because I have felt the same and can relate to it because of my own experiences as a teacher in remote schools working with children living with the effects of CCT? Having started my teaching career in the same areas as these participants, going through the data and analysing the quotes have brought back my own memories. These included feeling self-doubt when dealing with challenging behaviours with limited support, but also the joys when children have succeeded, and the level of care I felt for students and community. I am seeing similarities with my own experiences at the same stage of teaching as these participants. The biggest difference that I am noting is the participants have so much more knowledge about trauma and how to support these students than I did at the same stage in my teaching career. This could be because in the 1990s, trauma was not part of remote teachers’ vocabularies. It was not until 2015 when working in a very remote community school that I heard the term ‘trauma’ and ‘trauma informed practices’ first used within school contexts. It was a colleague who ‘opened my eyes’ to what I was observing in students was a result of living with the effects of CCT, and consequently started me on this journey.

Upon reflection, I find I can connect with the participants and their experiences. The difference is that these participants have a pretty good grasp of what trauma is and how it can affect students. They also identified they are developing confidence in supporting these students. I too came ‘out west’ for similar reasons to the participants – to obtain my first teaching position and wanting to make a difference to the lives of children. I also wanted to work in a remote area as many of my family members have worked and lived in remote areas (not in education, but as graziers on cattle stations).

I am also aware of my own biases and position of privilege (Farragher & Coogan, 2018). My insider position has an advantage as I have had similar experiences to the participants having taught in remote schools in the same region (albeit different schools to the participants). Thus, co-production of knowledge is occurring already

through this analysis (Farragher & Coogan, 2018). Highlighted in the findings will be the participants' conceptualisations of how they experience their work with children living with the effects of CCT. In other words, giving prominence to the voices of teachers who are in remote areas working with children living with the effects of CCT.

Memo. Date: 24.6.19 Focus group reflection – position as a researcher

Today was the focus group. Something that I have been very keen to engage in for such a long time! I have written another memo, 24.6.19 – Focus group – which detailed the actual process of how the focus group ran and the participants' responses to the focus group activities. This current memo is reflecting on my thoughts and experiences as my position as researcher in this focus group. Even though not all the focus group participants knew each other well, they had this 'insider' feel as they had been the interview participants, experienced the work, and they had experiences that clearly resonated with each other. In the focus group I was very much the researcher, not an insider, but the outsider – the researcher who was facilitating the discussion with and among the participants. It was bit like taking a bird's eye view or being a fly on the wall, listening to the participants discuss the tentative findings from my study. I observed myself going from being an insider during the individual interviews to more of an outsider during the focus group. It was a transition that initially gave me a bit of a shock as I was not expecting to feel like this, however, on reflection since the focus group occurred, I realised that this would be a normal feeling for a novice researcher to have.

Memo. Date 30.11.20-02.12.20 My position as a researcher – a further memo

As I am nearing the completion of my thesis, and reviewing Chapter 1 and Chapter 5, I am thinking again about my changing position as a researcher. This has also been provoked by participating in a webinar on the 26.11.20, "A conversation on grounded theory", that was facilitated by Professor Jane Mills (La Trobe University) and Professor Melanie Birks (James Cook University), Australian grounded theory researchers. Professor Birks state it is very important to be very clear on your position as a researcher. This is something that I have been thinking deeply about as I am finishing up the draft of my thesis. The message is very timely.

When looking at my study as a whole, I am an insider and outsider during this research. I am ‘insider’ because I have taught in remote primary schools with children living with the effects of CCT. I am also an ‘outsider’, as remote communities have high Indigenous populations – I am not Indigenous nor was I born in these remote communities. I was also an ‘outsider’ during the focus group (refer to Memo 24.6.19 Focus group reflection – position as a researcher).

There are many advantages of being an ‘insider’, including that:

- I have a very good understanding of the context in which the participants are teaching.
- I have already established trust with the participants. If I were not an ‘insider’, I would have spent a lot of time trying to understand what was going on for the participants and trying to establish trust with them to enable them to share their experiences openly and honestly.
- Being an ‘insider’ allows the process (important in constructivist grounded theory) to be explored rather than focusing only on the end result. Richer (deeper) data was able to be gathered, rather than surface-level (shallow) data.
- Unlike the participants I did not experience ‘culture shock’ as they seem to be describing.
- It forced me to be theoretically sensitive.

Strategies I used to address potential biases associated with being an ‘insider’ included:

- When looking back through my memos, field notes, jottings on scrap pieces of paper, I have reflected on my reactions, my relationship with participants, and provided reasons for my decision making (formally captured in Chapter 3).
- This was also done through monthly supervision meetings with my PhD supervisors which occurred throughout my candidature.
- Interviews were conducted with participants after hours during the week, and in some instances on weekends.

- Locations for conducting the interviews were chosen by the interview participants.
- In some instances, travel by myself or the interview participants.

I had not worked with all the participants in my role as a Guidance Officer. They knew who I was, and I knew of them, however, I had not done any explicit work with them. For some of the other participants, I had worked with while I was in different regional positions. I made it very clear at the start of the interview that I was interviewing them a QUT PhD candidate, not as their work colleague. To me they respected this. By having an established relationship with them enabled rich experiences to be shared.

Towards the final analysis of the data, I had physically relocated to Brisbane to take up a full-time academic position at QUT. This distance and 'space' enabled me to take a step back and take stock to really see the participants' voices come through the data analysis and the development of the theory. When I look back at my Memo dated 13.8.18 - My position as a researcher, my experiences as a teacher, teaching children living with the effects of CCT were different, yet there were also many similarities.

Appendix B

Participant Information Sheet and Consent Form



PARTICIPANT INFORMATION FOR QUT RESEARCH PROJECT – Interview –

How do teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma?

QUT Ethics Approval Number 1800000177

RESEARCH TEAM

Principal Researcher:	Meegan Brown	PhD student
Associate Researchers:	Professor Kerryann Walsh	Principal Supervisor
	Dr Judith Howard	Associate Supervisor

Faculty of Education, Queensland University of Technology (QUT)

DESCRIPTION

This research project is being undertaken as part of a PhD study for Meegan Brown.

The purpose of this project is to explore how teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma.

You are invited to participate in this research project because you are a teacher working in a rural and/or remote primary school within Queensland's Department of Education North Queensland region.

PARTICIPATION

Your participation will involve an audio recorded interview through your choice of mode (either face to face, via phone, or web conferencing using Zoom) that will take approximately 60 minutes of your time.

Questions will include, for example:

Tell me how you came to be a teacher in a rural and remote area? What led you into this job?

Tell me what you understand complex childhood trauma to be?

I'm interested in your experiences of your work with children at school who are living with the effect of CCT, describe some of this work for me.

If I could give you a magic wand and you could make anything happen – what would make working with these children easier/better for you and for them?

Your participation in this research project is entirely voluntary. If you do agree to participate you can choose to withdraw from the research project without comment

or penalty, during the interview, or within 1 week after your interview (i.e., before the interview transcription takes place). Should you choose to withdraw, any identifiable information already obtained from you will be destroyed. Your decision to participate or not participate will in no way impact upon your current or future relationship with QUT or the Queensland Department of Education.

EXPECTED BENEFITS

It is expected that this research project will not benefit you directly. However, it may benefit future teachers in rural and remote schools who are working with children living with the effects of complex childhood trauma.

RISKS

There are some risks associated with your participation in the interview for this research project.

These include:

- Risk of inconvenience: interviews will take approximately 60 minutes of your time. To help minimize this inconvenience, we will try to schedule interviews at a time convenient for you and outside of school hours. You will have a choice of interview mode – face to face, phone or web conferencing through Zoom - and the interviews will remain focused on the study topic.
- Risk of discomfort: this a relatively low, yet the questions may elicit discomfort for you in recalling previous challenging or stressful work experiences with children living with the effects of complex childhood trauma. To help with this, you can stop and start the interview if you need to. You can decline to answer a question or terminate the interview at any time if you prefer, and this will be fine. You can request a break if you need to. If you feel more than mild discomfort and need to talk with someone, we suggest the following services: (i) as an employee of Queensland's Department of Education, you can also access **OPTUM 1800 604 640**; (ii) Lifeline provides access to online, phone or face-to-face support, call **13 11 14** for 24-hour telephone crisis support from anywhere in Australia; (iii) if you are aged under 25, you can call the Kids Helpline on **1800 551 800**. Your participation is voluntary and is not sponsored or financially supported by the Queensland Department of Education.
- Risk of identity disclosure: in interviews there is a risk that you may inadvertently reveal details that may identify you. To address this, your data from the interview will be de-identified at the point of transcription by the researcher, Meegan Brown or the transcriber from Pacific Transcriptions Solutions. In publication of study findings, your name and any other identifying details will be replaced with a pseudonym or code.
- Risk of revealing failure to report harm to a child: teachers working with the Queensland Department of Education have obligations under state law and departmental policy to report known or suspected harm to a child. In the interview

preamble you will be reminded of these duties and we will request that you take special care in describing your experiences of working with children to ensure you act in compliance with these obligations.

<http://ppr.det.qld.gov.au/education/community/Procedure%20Attachments/Student%20Protection/student-protection.pdf>

PRIVACY AND CONFIDENTIALITY

All comments and responses will be treated confidentially unless required by law, or regulatory or monitoring bodies, such as the ethics committee. The names of individual persons are not required in any of the responses.

As the research project involves an audio recording:

- The recording will be destroyed 5 years after the last publication.
- Only the named researchers will have access to the recording.
- It is not possible to participate in the research project without being recorded.

Any data collected as part of this research project will be stored securely as per QUT's Management of research data policy.

Please note that non-identifiable data from this research project may be used as comparative data in future research projects or stored on an open access database for secondary analysis.

CONSENT TO PARTICIPATE

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate.

QUESTIONS / FURTHER INFORMATION ABOUT THE RESEARCH PROJECT

If you have any questions or require further information please contact one of the listed researchers:

Meegan Brown	mn.reid@hdr.qut.edu.au	041 9741 075
Kerryann Walsh	k.walsh@qut.edu.au	07 3138 3174
Judith Howard	ja.howard@qut.edu.au	07 3138 3934

CONCERNS / COMPLAINTS REGARDING THE CONDUCT OF THE RESEARCH PROJECT

QUT is committed to research integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the research project you may contact the QUT Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au. The QUT Research Ethics Advisory Team is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

**THANK YOU FOR HELPING WITH THIS RESEARCH PROJECT.
PLEASE KEEP THIS SHEET FOR YOUR INFORMATION.**

How do teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma?

QUT Ethics Approval Number 180000177

RESEARCH TEAM

Meegan Brown	mn.reid@hdr.qut.edu.au	041 9741 075
Kerryann Walsh	k.walsh@qut.edu.au	07 3138 3174
Judith Howard	ja.howard@qut.edu.au	07 3138 3934

STATEMENT OF CONSENT**By signing below, you are indicating that you:**

- Have read and understood the information document regarding this research project.
- Have had any questions answered to your satisfaction.
- Understand that if you have any additional questions you can contact the research team.
- Understand that you are free to withdraw without comment or penalty up to one week after participation in the interview.
- Understand that if you have concerns about the ethical conduct of the research project you can contact the Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au.
- Understand that the research project will include an audio recording.
- Understand that non-identifiable data from this project may be used as comparative data in future research projects.
- Agree to participate in the research project.

Name _____

Signature _____

Date _____

PLEASE RETURN THE SIGNED CONSENT FORM TO THE RESEARCHER.

Appendix C

Individual Semi- Structured Interview Protocol including complex childhood trauma definition

Research question: How do teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT)?

Time of interview: _____ (at mutually-convenient time with participant outside of school hours).

Interview location: _____ Participants to have a choice of mode (i.e., face to face, Zoom, telephone). If face-to-face, a quiet meeting area at the participant's school such as a classroom/office or at another mutually-convenient location.

Interview equipment: Audio recording device. Equipment based on participant's choice of mode for the interview (i.e., face to face, Zoom, telephone). If participants are unable to participate in the interview face-to-face due to location, interview to be conducted using Zoom (computer, webcam, headphones, consider internet speed) (Salmons, 2015) or telephone (mobile or landline).

Interviewer: Meegan Brown

Interviewee: _____ If using Zoom, participant may choose to use a pseudonym as their username (Hooley, Marriott, & Wellens, 2012).

School: _____

Opening statement and research ethics reminders:

Thank you for offering to share your experiences working with children living with the effects of complex childhood trauma (CCT).

I am interested in this topic because complex childhood trauma (CCT) can influence the educational and life outcomes of children, their families and society. Children living with the effects of complex childhood trauma spend many hours per day, and days per year in school, and teachers are very important people in their lives. However, it is becoming increasingly clear that we don't really know much about teachers' experiences of working with these children, nor how to support teachers in doing this work, and it can be challenging.

My goal in doing this research is to talk to teachers in rural and remote schools who have taught children living with the effects of CCT, to find out more about their experiences.

I am interviewing today as a QUT PhD student. In a moment I will ask for your permission to audio-record our conversation, and you will have read in the study's participant information sheet that when I transcribe the interview, I will remove any identifying details so that your identity is protected. In writing up the research report, I will not use your real name but will instead use a pseudonym (or made up name) and this will appear in any written material that comes from the study including the thesis itself, journal publications or book chapters etc. Also, you will have read in the participant information sheet that, if at any time in the interview you would like to stop, we can do that, no problem at all.

I also need to remind you about your student protection obligations: Owing to the complex nature of teachers' work, we understand that student protection is paramount. We remind you during this interview to be mindful of your legal and policy duties to report harm to a child, and request that you take special care in describing your experiences of working with children to ensure you act in compliance with these obligations.

Now, I have a "to do" list here that reminds me so that I do not miss anything out so pardon me while I get these done (Gillham, 2005; Cridland, Jones, Caputi & Magee, 2015).

Audiorecording permission

I would like to audio-record our conversation, are you ok with that? (start recording)

Consent form

Have participant sign consent form if they have not done so already.

Demographics sheet

Have participant complete demographic sheet if they have not already done so or collect this if already completed.

PREAMBLE

I'm going to begin our conversation by asking you some fairly broad questions and then I will become more specific. OK, let's go 😊

INITIAL OPEN-ENDED QUESTIONS (Charmaz, 2014)

- Tell me how you came to be a teacher in a rural and remote area?
Possible probes:
 - What led you into this job?
 - What has it been like for you teaching in a rural and remote area?
 - What are the pros and cons of teaching here/where you do?
 - How long do you see yourself continuing to teach here/where you do?
Why is that?
 - What kinds of things do you think about in relation to being a teacher in a rural and remote area?

Thanks [participant's name], now let's talk a bit about this idea of complex childhood trauma.

INTERMEDIATE QUESTIONS (Charmaz, 2014)

- Tell me what you understand complex childhood trauma to be?
Possible probe if participant refers to definition from information sheet:
 - How would you describe it in your own words?
- I'm interested in your experiences of your work with children at school who are living with the effect of CCT, describe some of this work for me?
Possible probes (Boucher, 2012, p. 248):
 - How do you generally come to know that a child might be living with the effects of CCT?
 - What kinds of things do you generally see in these children's behaviour or presentation at school?
 - How do you make sense of this behaviour or presentation at school?
 - What helps you to understand them?
 - Thinking back, how did you respond? What kinds of things did you do?
 - What kind of things have come up for you in these work experiences?
 - What did you find yourself thinking about / How did you make sense of this?
 - Tell me about ways you have responded that seemed to work?
 - What were the signs that it was working? What did you do/try and what happened?
 - Tell me about ways you responded that seemed to not work?
 - What were the signs that it was not working? What did you do/try and what happened?
- How does living and working in a school in a rural and remote area influence how you work with children living with the effects of CCT?
Possible probes
 - How would this be different if you were working in a non-rural/remote area?
- If I could give you a magic wand and you could make anything happen – what would make working with these children easier/better for you and for them?

- If I get the opportunity to present my research to senior staff in government departments, what message(s) would you want me to deliver to them? (and which of these would be most important)?
- What advice would you give to a teacher in your situation who is setting out on a teaching journey with children who have experienced complex childhood trauma in a context that is similar to yours?

ENDING QUESTIONS (Charmaz, 2014)

- Do you think you have you grown as a teacher after having these experiences? In what ways?
- It has been wonderful talking with you [participant's name], is there something that you might not have thought about before, that has occurred to you for the first time during our conversation? (Charmaz, 2014, p. 67)
- Do you have any other thoughts to share about your experiences working with children in rural and remote schools?

Thank you again for your willingness to talk with me. I know your time is precious and I appreciate it very much.

Turn off audio-recording.

For the purposes of this research, the definition that will be adopted is from the United States National Child Traumatic Stress Network (NCTSN) (2014) who define **complex childhood trauma** (or CCT) as:

both children's exposure to multiple traumatic events and the wide-ranging, long-term impact of this exposure. These events are severe, pervasive and often interpersonal, such as abuse or profound neglect. They usually begin early in life, may disrupt many aspects of the child's development, and interfere with the child's ability to form secure attachment bonds (p. 1).

Appendix D

Conference Presentations

1. Brown, M. (2017, October). *How do teachers in rural and remote primary schools cope with children exposed to complex childhood trauma?* Presented at the Trauma Aware Schooling Conference, Brisbane.
2. Brown, M. (2017, November). *How do teachers in rural and remote primary schools cope with children exposed to complex childhood trauma?* Presented at the Queensland University of Technology Higher Degree Research Student International Conference, Brisbane.
3. Brown, M. (2018, August). *How do teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma?* Presented at the Australian Childhood Foundation – 3rd Biennial International Childhood Trauma Conference, Melbourne.
4. Brown, M. (2019, June). *How do teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma?* Presented at the Trauma Aware Schooling Conference, Brisbane.
5. Brown, M. (2019, October). *How do teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma?* Presented at the Lightning talks at the 35th Annual Society for the Provision of Education in Rural Australia, Brisbane.
6. Brown, M. (2019, October). *How do teachers in remote primary schools experience their work with children living with the effects of complex childhood trauma?* Presented at the 35th Annual Society for the Provision of Education in Rural Australia, Brisbane.

Due to COVID-19 in 2020, I did not attend or present at any conferences.

Appendix E

QUT Ethics Approval

Mail - mn.reid@hdr.qut.edu.au

Page 1 of 2

Ethics application - approved - 1800000177

Human Ethics Advisory Team

Mon 26/03/2018 2:32 PM

To: Kerryann Walsh <k.walsh@qut.edu.au>; Judith Howard <j.howard@qut.edu.au>; Meegan Brown <mn.reid@hdr.qut.edu.au>;

Cc: Human Ethics Advisory Team <humanethics@qut.edu.au>;

Dear Prof Kerryann Walsh and Mrs Meegan Brown

Ethics Category: Human - Negligible-Low Risk
UHREC Reference number: 1800000177
Dates of approval: 26/03/2018 to 26/03/2019
Project title: How do teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT)?

Thank you for submitting the above research project for ethics review. This project was considered by Chair, Queensland University of Technology (QUT) Human Research Ethics Committee (UHREC) or a Faculty-based low risk review panel.

We are pleased to advise you that the above research project meets the requirements of the National Statement on Ethical Conduct in Human Research (2007) and ethics approval for this research project has been granted on behalf of the UHREC, to be ratified at their next scheduled meeting.

Approval of this project is valid as per the dates above, subject to the following conditions being met:

- < The Chief Investigator (CI) / Project Supervisor (PS) will immediately report anything that might warrant review of ethical approval of the project.
- < The CI/PS will notify the UHREC of any event that requires a modification to the protocol or other project documents and submit any required amendments in accordance with the instructions provided by the UHREC. These instructions can be found at <http://www.orei.qut.edu.au/human/>.
- < The CI/PS will submit any necessary reports related to the safety of research participants in accordance with UHREC policy and procedures. These instructions can be found at <http://www.orei.qut.edu.au/human/>.
- < The CI/PS will report to the UHREC annually in the specified format

<https://outlook.office.com/owa/?realm=qut.edu.au&path=/mail/inbox>

26/03/2018

and notify the UHREC when the project is completed at all sites.

< The CI/PS will notify the UHREC if the project is discontinued at a participating site before the expected completion date, with reasons provided.

< The CI/PS will notify the UHREC of any plan to extend the duration of the project past the approval period listed above and will submit any associated required documentation. Instructions for obtaining an extension of approval can be found at <http://www.orei.qut.edu.au/human/>.

< The CI/PS will notify the UHREC of his or her inability to continue as CI/PS including the name of and contact information for a replacement.

This email constitutes ethics approval only.

If appropriate, please ensure the appropriate authorisations are obtained from the institutions, organisations or agencies involved in the project and/or where the research will be conducted.

The UHREC Terms of Reference, Standard Operating Procedures, membership and standard forms are available from:

<http://www.orei.qut.edu.au/human/manage/conditions.jsp>.

Should you have any queries about the consideration of your project please contact the Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au.

We wish you every success in your research.

Janette Lamb / Debbie Smith
Research Ethics Advisory Team, Office of Research Ethics & Integrity
on behalf of the Chairperson, UHREC
Level 4 | 88 Musk Avenue | Kelvin Grove
+61 7 3138 5123 humanethics@qut.edu.au

The UHREC is constituted and operates in accordance with the National Statement on Ethical Conduct in Human Research (2007) and registered by the National Health and Medical Research Council (# EC00171).

<https://outlook.office.com/owa/?realm=qut.edu.au&path=/mail/inbox>

26/03/2018

Appendix F

Department of Education and Training Approval Letter



Department of
Education

12 June 2018

Mrs Meegan Brown
33 Thomson Road
MT ISA QLD 4825

Dear Mrs Brown

Thank you for your application seeking permission to conduct research in Queensland state schools titled *How do teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT)?* I wish to advise that your application to invite research participants to be involved in your study has been supported. This letter gives you permission to approach potential research participants only.

You may approach principals of the schools nominated in your application and invite them to participate in your research project. In the first instance, please provide principals of these schools with the attached letter which provides important information to help inform their decision about whether they wish to participate in this study. Your permission is conditional upon provision of this letter to each of the school principals you have nominated (you may need to photocopy the attached letter to provide sufficient copies for all principals).

As detailed in the Department's research guidelines the following applies to the study:

- You need to obtain consent from the relevant principals before your research project can commence.
- Principals have the right to decline participation if they consider that the research will cause undue disruption to educational programs in their schools.
- Principals have the right to monitor any research activities conducted in their facilities and can withdraw their support at any time.

This permission has been granted on the basis of the information you have provided in your research proposal and is subject to the conditions detailed below.

- Adherence to the Department's *Terms and Conditions of Approval to Conduct Research* in Departmental sites is required as outlined in the document at: http://education.qld.gov.au/corporate/research/terms_conditions.pdf
- Any changes required by your institution's ethics committee must be submitted to the Department of Education for consideration before you proceed. Conversely, any changes required by the Department must be submitted to your institution's ethics committee to ensure you are not in breach of your ethics approval.
- Any variations to the research proposal as originally submitted, including changes to the research team, changes to data collection, additional research undertaken with the data, or publication based on the data beyond what is normally associated with academic studies, should be submitted to the research officer via email. Significant variations will require the submission of a new application.
- Papers and articles intended for publication that are based on data collected from Queensland state schools and/or

Education House
30 Mary Street Brisbane 4000
PO Box 15033 City East
Queensland 4002 Australia
Telephone (07) 303 45929
Website www.det.qld.gov.au
ABN 76 337 613 647

Departmental sites must be provided to the Department for comment before release.

- Under no circumstances should any publications disclose the names of individuals or schools.
- You are required to contact the Department if you are contacted by the media about research activities conducted on Departmental sites or if you intend to issue a media release about the study.
- At the conclusion of your study you are required to provide this Office and principals of participating schools with a summary of your research results and any associated published papers or materials in hard copy. You are also requested to submit a summary of your findings to the Queensland Education Research Inventory (QERI) at <https://research.det.qld.gov.au>. **Failure to provide a summary of your research will preclude you from undertaking any future research in Queensland state schools.**

Please note that this letter constitutes permission to invite principals and teachers to participate in the research project as outlined in your research application. This permission does not constitute ethics approval or support for the general and commercial use of an intervention or curriculum program, software program or other enterprise that you may be evaluating as part of your research.

Research Services values your input into the research application process and is seeking your responses through the enclosed short feedback form. It is hoped that this feedback will enable Research Services to effectively assess whether its processes are efficiently streamlined, transparent and mutually beneficial to all stakeholders.

Should you require further information on the research application process, please feel free to contact Research Officer, Rebecca Libke, Strategic Policy and Intergovernmental Relations on (07) 3034 5962. Please quote the file number 550/27/2001 in future correspondence.

I wish your study every success.

Yours sincerely



Dr Angela Ferguson
Director
Research Services
Strategic Policy and Intergovernmental Relations

Appendix G

Recruitment Email to Principals

Subject Title: Participate in a QUT research study about teachers in rural and remote primary schools and childhood trauma

Dear colleagues,

Study Description

My name is Meegan Brown. I have been working in Queensland's Department of Education North Queensland Region for over 17 years. I am currently doing a PhD in the Faculty of Education at QUT. My study is about how teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma.

I'm emailing to ask for your permission to recruit teachers at your school to participate in this study.

Participation

Your participation as a school principal will involve you providing consent for teachers at your school to participate in the study, by replying to this email, and then circulating this email to teachers at your school.

Your teachers' participation will involve an audio-recorded semi-structured interview via their choice of mode (either face to face, via phone, or web conferencing using Zoom) that will take approximately 60 minutes of their time. Interviews would be scheduled at a mutually-convenient time outside school hours.

Questions will include, for example:

- Tell me how you came to be a teacher in a rural and remote area? What led you into this job?
- Tell me what you understand complex childhood trauma to be?
- I'm interested in your experiences of your work with children at school who are living with the effect of CCT, describe some of this work for me.
- If I could give you a magic wand and you could make anything happen – what would make working with these children easier/better for you and for them?

Teachers who complete an interview will also be invited to participate in a focus group later in the project to discuss their views about the initial findings of the research.

As a school principal, your participation in this research project is entirely voluntary. Your decision to participate or not participate will in no way impact upon your current or future relationship with QUT or the Queensland Department of Education.

Expected Benefits

This research project may not benefit you or the teachers at your school directly. However, it may benefit future teachers in rural and remote schools who are working with children living with the effects of complex childhood trauma.

Risks

There are some risks associated with your teachers' participation in the interviews for this research project. These include:

- Risk of inconvenience: Interviews will take approximately 60 minutes. To help minimize this inconvenience, we will try to schedule interviews at a time convenient for teachers outside of school hours. Teachers will have a choice of interview mode – face to face, phone or web conferencing through Zoom - and the interviews will remain focused on the study topic.
- Risk of discomfort: This a relatively low risk, yet it is possible that the questions may elicit discomfort for teachers in recalling previous challenging or stressful work experiences with children living with the effects of complex childhood trauma. To help with this, teachers can stop and start the interview if they need to. They can decline to answer a question or terminate the interview at any time if they prefer, and this will be fine. They can request a break if they need to. If they feel more than mild discomfort and need to talk with someone, we will suggest the following services: (i) as an employee of Queensland's Department of Education, you can also access OPTUM 1800 604 640; (ii) Lifeline provides access to online, phone or face-to-face support, call 13 11 14 for 24-hour telephone crisis support from anywhere in Australia; (iii) if a teacher is aged under 25, they can call the Kids Helpline on 1800 551 800. Teachers' participation is voluntary and is not sponsored or financially supported by the Queensland Department of Education.
- Risk of identity disclosure: In interviews there is a risk that teachers may inadvertently reveal details that may identify themselves. To address this, their data from the interview will be de-identified at the point of transcription by the researcher, Meegan Brown or the transcriber from Pacific Transcriptions Solutions. In publication of study findings, teachers' names and any other identifying details will be replaced with a pseudonym or code.
- Risk of revealing failure to report harm to a child: Teachers working with the Queensland Department of Education have obligations under state law and departmental policy to report known or suspected harm to a child. In the interview preamble teachers will be reminded of these duties and we will request that they take special care in describing their experiences of working with children to ensure they act in compliance with these obligations.

<http://ppr.det.qld.gov.au/education/community/Procedure%20Attachments/Student%20Protection/student-protection.pdf>

The focus groups carry the above risks and one further risk:

- Risk of revealing information to third parties outside of the focus group: In a focus group there is a risk that participants may mistakenly share information from the focus group with others who were not involved in the focus group. At the beginning and end of the focus group we will gently remind you about this particular type of confidentiality.

Privacy and Confidentiality

All comments and responses will be treated confidentially unless required by law, or regulatory or monitoring bodies, such as the ethics committee. The names of individual persons are not required in any of the responses.

As the research project involves an audio recording:

- The recording will be destroyed 5 years after the last publication.
- Only the named researchers will have access to the recording.
- It is not possible for teachers to participate in the research project without being recorded.

Any data collected as part of this research project will be stored securely as per QUT's Management of research data policy.

Consent

We would like to ask you to reply via email to confirm your agreement for your school to participate. You can then forward this email to your teachers.

Questions and further information about the research project

If you have any questions, please let me or my supervisors know and we will be glad to help. Our contact details are:

- Meegan Brown, PhD Student, 041 9741 075, mn.reid@hdr.qut.edu.au
- Professor Kerryann Walsh, Principal Supervisor, 07 3138 3174, k.walsh@qut.edu.au
- Dr Judith Howard, Associate Supervisor, 07 3138 3934, ja.howard@qut.edu.au.

Approvals

The study has been approved by the QUT Human Research Ethics Committee (approval number 1800000177) and by Queensland Department of Education. See attached approval letter from the Queensland Department of Education.

Concerns / complaints relating to the research project

QUT is committed to research integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the research project you may contact the QUT Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au. The QUT Research Ethics Advisory Team is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

Thank you

If you are able to assist, I would greatly appreciate you forwarding this email to the teachers at your school and inviting them to participate in this research study. A Teacher Participant Information Sheet is attached to make it easy for you to simply forward this email on to your teachers.

Many thanks for your consideration of this request, it is very much appreciated.

Meegan Brown
PhD Candidate
Faculty of Education
Queensland University of Technology (QUT)
Mobile: 0419 741 075
Email: mn.reid@hdr.qut.edu.au



I acknowledge the traditional owners of the lands where QUT now stands, pay respect to their Elders – past, present, and emerging – and acknowledge that these have always been places of teaching and learning.

CRICOS NO. 00213J



Department of
Education

12 June 2018

Dear Colleague,

Mrs Meegan Brown of Queensland University of Technology has the Department's permission to approach your school inviting participation in the research project titled *How do teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT)?*

The acceptance of the invitation to participate is entirely voluntary and at your discretion.

This letter provides you with information about the Department's terms and conditions for research conducted on state school sites to inform your decision as to whether or not your school will participate in this research. The Department supports the conduct of quality research in State schools and values the potential contribution of good research in informing educational policy and professional practice. Participation in research, however, may impact on the daily operations of schools, and it is therefore imperative that discretion is used when deciding whether to agree to research involving your school.

As a minimum, the researcher should provide you with the following documentation to inform your decision regarding school research participation:

- an information statement which describes the research, identifies who will be involved (e.g. students, teachers, parents/caregivers) and explains what will be required of these participants;
- the informed consent form for you to sign to indicate your agreement that school staff, students and/or parents/caregivers can be invited to participate in the research;
- a copy of the approval to approach letter from central office or a regional office (where applicable);
- a copy of the final ethical clearance from their institution's Human Research Ethics Committee;
- full copies of any data collection instruments such as surveys, questionnaires, and interview schedules to be used in the study;
- a copy of all current Blue Cards and/or exemption notices from Blue Card Services at www.bluecard.qld.gov.au for any researcher(s) seeking access to children on school sites.

Education House
30 Mary Street Brisbane 4000
PO Box 15033 City East
Queensland 4002 Australia
Telephone (07) 303 45929
Website www.det.qld.gov.au
ABN 76 337 613 647

Most importantly, participation in any research is voluntary, and you have the right to decline your school's participation in a research project, even if approval to approach your school has been granted at central office or regional level. It is also recommended that you monitor any research activities conducted in your school and you may, if you wish, withdraw your support for the research study at any time without penalty.

At the conclusion of research involving your school, the researchers are required to provide you and participants with a written report summarising the main findings of the study. They are also required to submit a summary of findings to the Queensland Education Research Inventory (QERI) at <https://research.det.qld.gov.au> .

Should you require further information on the research application process, please feel free to contact Research Officer, Rebecca Libke, Strategic Policy and Intergovernmental Relations on (07) 3034 5962. Please quote the file number 550/27/2001 in future correspondence.

Yours sincerely



Dr Angela Ferguson
Director
Research Services
Strategic Policy and Intergovernmental Relations

Appendix H

Department of Education and Training (Queensland) Rural and Remote Primary Schools as at February 2017

Queensland Government schools are allocated a band based on a review conducted by the Department of Education and Training’s Human Resources Branch (DET, 2017). Schools are allocated a band from ‘04’ to ‘11’ (DET, 2017a). This is determined by “comparing the school’s enrolment level within a set benchmark for the enrolment norms (bell-curve) for all positions within the same band level, operating in a similar determined environment (complexity)” (Bousen, 2015, p. 18). Enrolment numbers determine the number of staff. However, schools may have additional positions depending on the context and student need (DET, 2017a).

More than half of Queensland’s state schools are local in rural and remote locations (DET, 2017a). *Rural* areas are defined by DET (2017a) as consisting of *smaller towns in outlying districts* which have populations of less than 25,000 residents. While *remote areas are small towns* which have populations of less than 25,000 residents.

Primary School	Band	Enrolment Numbers	Rural	Remote
Information retrieved from https://schoolsdirectory.eq.edu.au/ February 2017 (DET, 2017a; Queensland Government, 2019b)				
Abergowrie SS	5	4	√	
Airville SS	5	22	√	
Ayr SS	6	134	√	
Barkly Highway SS	8	420		√
Bluewater SS	8	430	√	
Bowen SS	8	458	√	
Boulia SS	6	35		√
Brandon SS	5	43	√	
Burketown SS	5	24		√
Cameron Downs SS	5	13		√
Camooweal SS	6	35		√

Cannonvale SS	9	753	√	
Charters Towers Central SS	7	200	√	
Clare SS	5	21	√	
Collinsville SS	5	49		√
Dajarra SS	6	27		√
East Ayr SS	9	554	√	
Forrest Beach SS	5	34	√	
Giru SS	6	42	√	
Greenvale SS	5	34		√
Gumlu SS	5	12		√
Halifax SS	5	22	√	
Hamilton Island SS	5	66		√
Happy Valley SS	8	413		√
Hayman Island SS	5	9		√
Healy SS	7	148		√
Home Hill SS	7	268	√	
Homestead SS	5	13		√
Ingham SS	8	290	√	
Jarvisfield SS	5	16	√	
Julia Creek SS	6	35		√
Kalamia SS	5	10	√	
Karumba SS	6	32		√
Macknade SS	5	38	√	
Magnetic Island SS	6	142	√	
Maidavale SS	5	4	√	
Merinda SS	6	76	√	
Millchester SS	7	185	√	
Millaroo SS	5	11		√
Mount Fox SS	5	6	√	
Mount Isa Central SS	7	210		√
Mutarnee SS	5	15	√	
Osborne SS	5	14	√	
Pentland SS	5	19		√
Prairie SS	5	11		√
Proserpine SS	9	573	√	
Queens Beach SS	8	423	√	
Ravenswood SS	5	22		√
Richmond Hill SS	8	364	√	
Rollingstone SS	6	81	√	
Scottville SS	6	47		√
Sunset SS	8	264		√
Toobanna SS	5	13	√	
Townview SS	8	268		√
Trebonne SS	5	19	√	
Urandangi SS	5	11		√
Victoria Plantation SS	6	54	√	
Woodstock SS	6	58	√	

Appendix I

Demographic Questionnaire

How do teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma (CCT)?

Individual Interview Short demographic sheet

These questions are about you, your education, the time you have spent teaching and your professional learning about complex childhood trauma. In responding to questions, please mark the appropriate box.

1. I identify as:
 - Male
 - Female
 - Other. Please specify _____

2. How old are you?
 - Under 25
 - 25-29
 - 30-39
 - 40-49
 - 50-59
 - 60+

3. What is your employment status?
 - Full time
 - Part time

4. How long have you been working as a teacher?
 - This is my first year
 - 1-2 years
 - 3-5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - More than 20 years

5. How long have you been working as a teacher at this school?
 - This is my first year
 - 1-2 years

- 3-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years

6. How long have you been working in DET's North Queensland Region?

- This is my first year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years

7. During your pre-service initial teacher education (i.e., university degree), did you complete units that covered complex childhood trauma?

- Yes
- No

If yes, which university provided this

8. During the last 12 months, did you participate in any form of professional development activities on complex childhood trauma?

- a. Courses/workshops Yes
 No

If yes, please list:

- b. Education conferences or seminars Yes
 No

If yes, please list:

- c. Staff meetings Yes
 No

If yes, who provided the training? (e.g., principal, Guidance Officer, guest speaker)

d. Coaching Yes
No


e. Reading professional literature Yes
No

9. My level of confidence in engaging in a trauma-informed manner with child/children living with the effects of complex childhood trauma is:

- Not at all confident
- Developing confidence
- Very confident

Appendix J

Focus Group Information Sheet and Consent Form

	PARTICIPANT INFORMATION FOR QUT RESEARCH PROJECT – Focus group –
How do teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma?	
QUT Ethics Approval Number 1800000177	

RESEARCH TEAM

Principal Researcher:	Meegan Brown	PhD student
Associate Researchers:	Professor Kerryann Walsh	Principal Supervisor
	Dr Judith Howard	Associate Supervisor
Faculty of Education, Queensland University of Technology (QUT)		

DESCRIPTION

This research project is being undertaken as part of a PhD study for Meegan Brown.

The purpose of this research project is to explore how teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma.

You are invited to participate in this research project because you are teacher working in a rural and/or remote primary school in Queensland's Department of Education North Queensland region.

PARTICIPATION

Your participation will involve an audio0recorded focus group which will be facilitated through the web conferencing platform Zoom (<https://zoom.us>). It will take approximately 60 minutes.

Questions will include, for example:

- How accurate do you think these interpretations of the data are?
- Does this reflect your own experience?
- What is missing?

Your participation in this research project is entirely voluntary. If you do agree to participate you can choose to withdraw from the research project without comment or penalty, during the focus group, or within 1 week after your participation in the focus group (i.e., before the focus group transcription takes place). Should you choose to withdraw, any identifiable information already obtained from you will be destroyed. Your decision to participate or not participate will in no way impact upon your current

or future relationship with QUT or the Queensland Department of Education.

EXPECTED BENEFITS

It is expected that this research project will not benefit you directly. However, it may benefit future teachers in rural and remote schools who are working with children living with the effects of complex childhood trauma.

RISKS

There are some risks associated with your participation in the focus group for this research project.

These include:

- **Risk of inconvenience:** The focus group will take approximately 60 minutes of your time. To help minimize this inconvenience, we will try to schedule the focus group at a time that is convenient the majority of participants. It will be scheduled outside of school hours. As your time is valuable, we will ensure the focus group remains focused on the study topic. If this is the first time you are using Zoom, you will be provided instructions on how to access and set up Zoom prior to the focus group. A staff member from the QUT IT Helpdesk will be on hand to assist.
- **Risk of discomfort:** This a relatively low risk, yet the it may elicit discomfort for you in recalling previous challenging or stressful work experiences with children living with the effects of complex childhood trauma or hearing others' accounts of their work. To help with this, you can signal to stop or start the focus group if you need to. You can decline to answer a question or terminate your involvement at any time if you prefer, and this will be fine. You can request a break if you need to. If you feel more than mild discomfort and need to talk with someone, we suggest the following services: (i) as an employee of Queensland's Department of Education, you can also access OPTUM 1800 604 640; (ii) Lifeline provides access to online, phone or face-to-face support, call **13 11 14** for 24-hour telephone crisis support from anywhere in Australia; (iii) if you are aged under 25, you can call the Kids Helpline on **1800 551 800**. Your participation is voluntary and is not sponsored or financially supported by the Queensland Department of Education
- **Risk of identity disclosure:** In a focus group there is a risk that participants may inadvertently reveal details that may identify them. To address this, your data from the focus group will be de-identified at the point of transcription by the researcher, Meegan Brown or transcriber from Pacific Transcriptions Solutions. In publication of study findings, your name and any identifying details will be replaced with a pseudonym or code.
- **Risk of revealing information to third parties outside of the focus group:** In a focus group there is a risk that participants may mistakenly share information from the focus group with others who were not involved in the focus group. At the beginning and end of the focus group we will gently remind you about this particular type of confidentiality.
- **Risk of revealing failure to report harm to a child:** Teachers working with the Queensland Department of Education have obligations under state law and departmental policy to report known or suspected harm to a child. In the focus group preamble you will be reminded of these duties and we will request that you

take special care in describing your experiences of working with children to ensure you act in compliance with these obligations.

<http://ppr.det.qld.gov.au/education/community/Procedure%20Attachments/Student%20Protection/student-protection.pdf>

PRIVACY AND CONFIDENTIALITY

All comments and responses will be treated confidentially unless required by law, or regulatory or monitoring bodies, such as the ethics committee.

As the research project involves an audio recording:

- The recording will be destroyed 5 years after the last publication.
- Only the named researchers will have access to the original recording.
- It is not possible to participate in the research project without being recorded.

Any data collected as part of this research project will be stored securely as per QUT's Management of Research Data policy.

Please note that non-identifiable data from this research project may be used as comparative data in future research projects or stored on an open access database for secondary analysis.

CONSENT TO PARTICIPATE

We would like to ask you to sign a written consent form to confirm your agreement to participate.

QUESTIONS / FURTHER INFORMATION ABOUT THE RESEARCH PROJECT

If you have any questions or require further information, please contact one of the listed researchers:

Meegan Brown	mn.reid@qut.edu.au	041 9741 075
Kerryann Walsh	k.walsh@qut.edu.au	07 3138 3174
Judith Howard	ja.howard@qut.edu.au	07 3138 3934

CONCERNS / COMPLAINTS REGARDING THE CONDUCT OF THE RESEARCH PROJECT

QUT is committed to research integrity and the ethical conduct of research projects. However, if you do have any concerns or complaints about the ethical conduct of the research project you may contact the QUT Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au. The QUT Research Ethics Advisory Team is not connected with the research project and can facilitate a resolution to your concern in an impartial manner.

**THANK YOU FOR HELPING WITH THIS RESEARCH PROJECT.
PLEASE KEEP THIS SHEET FOR YOUR INFORMATION.**

CONSENT FORM FOR QUT RESEARCH PROJECT
Interview

How do teachers in rural and remote primary schools experience their work with children living with the effects of complex childhood trauma?

QUT Ethics Approval Number 180000177

RESEARCH TEAM

Meegan Brown	mn.reid@hdr.qut.edu.au	041 9741 075
Kerryann Walsh	k.walsh@qut.edu.au	07 3138 3174
Judith Howard	ja.howard@qut.edu.au	07 3138 3934

STATEMENT OF CONSENT

By signing below, you are indicating that you:

- Have read and understood the information document regarding this research project.
- Have had any questions answered to your satisfaction.
- Understand that if you have any additional questions you can contact the research team.
- Understand that you are free to withdraw without comment or penalty up to one week after participation in the interview.
- Understand that if you have concerns about the ethical conduct of the research project you can contact the Research Ethics Advisory Team on 07 3138 5123 or email humanethics@qut.edu.au.
- Understand that the research project will include an audio recording.
- Understand that non-identifiable data from this project may be used as comparative data in future research projects.
- Agree to participate in the research project.

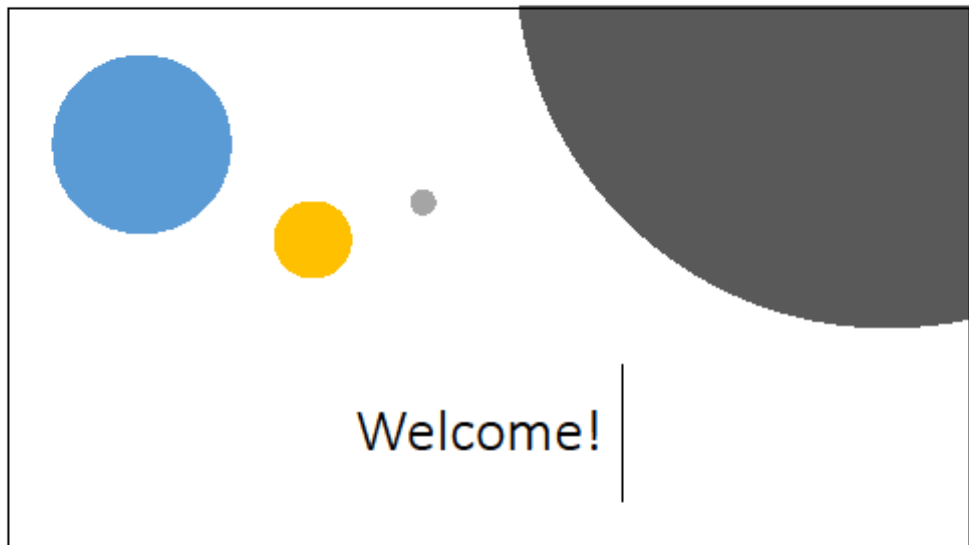
Name _____

Signature _____

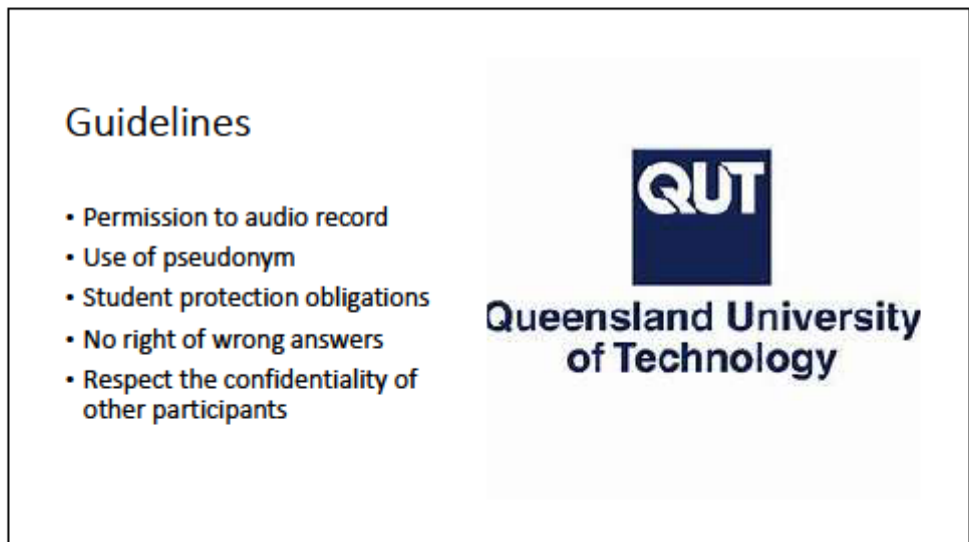
Date _____

PLEASE RETURN THE SIGNED CONSENT FORM TO THE RESEARCHER.

Appendix K
Focus Group Protocol



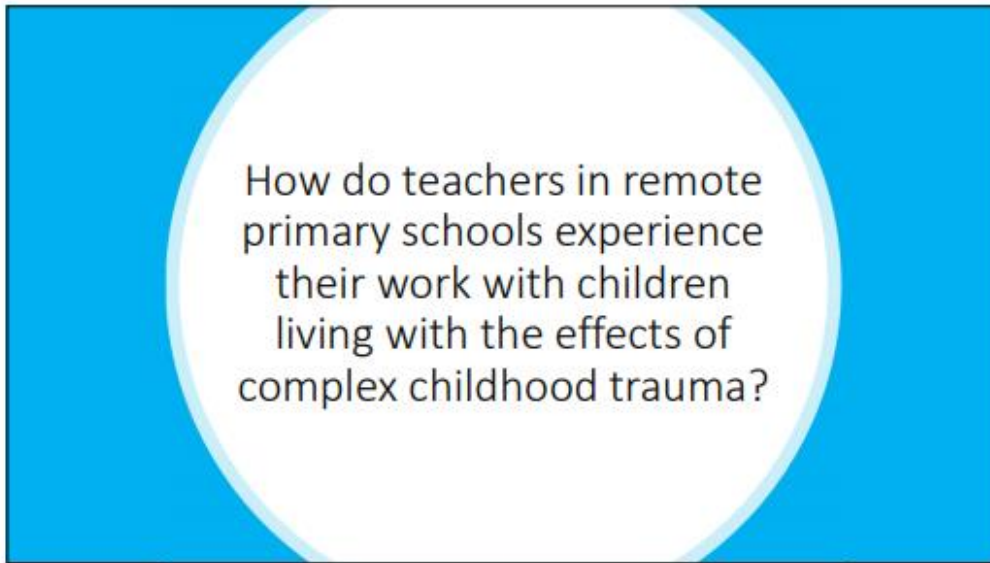
1



2



3



4



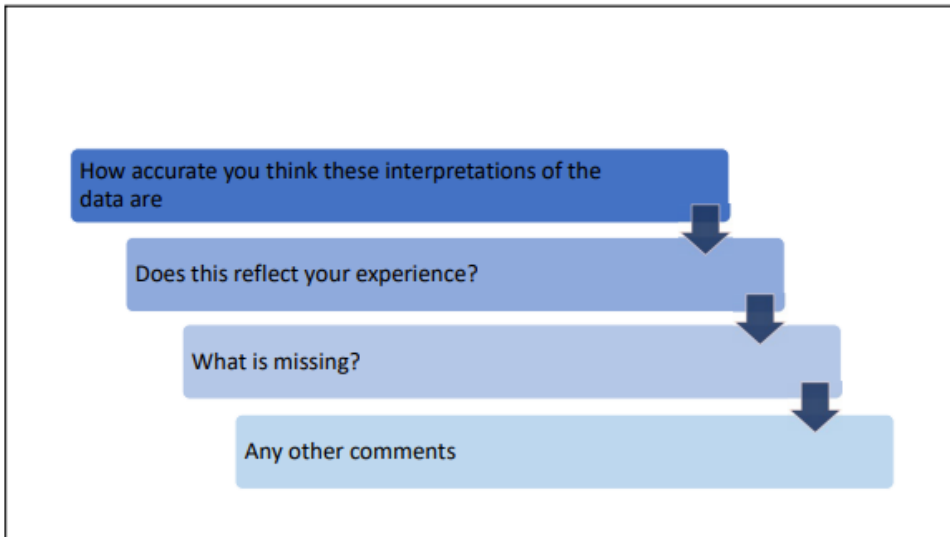
5

What have been your experiences of being in a remote school working with children living with the effects of CCT?

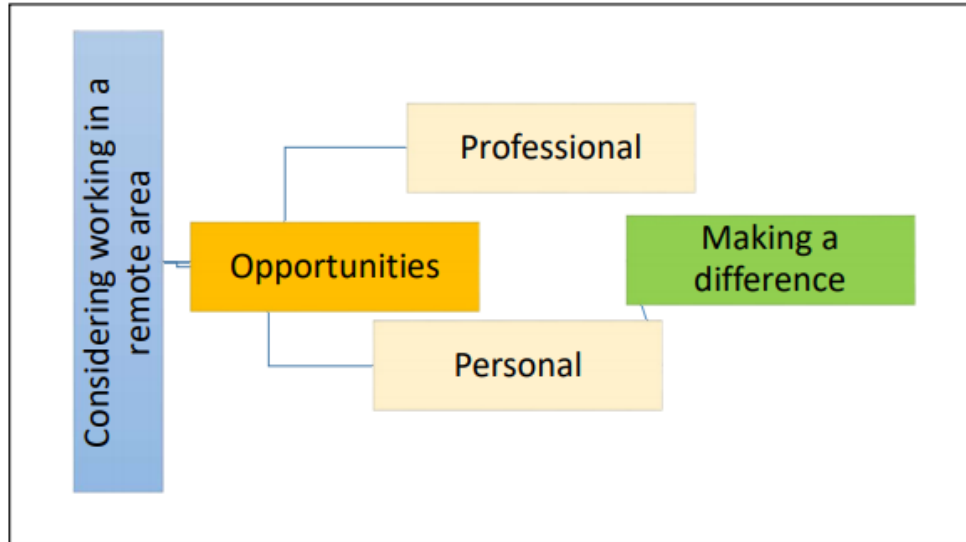
6



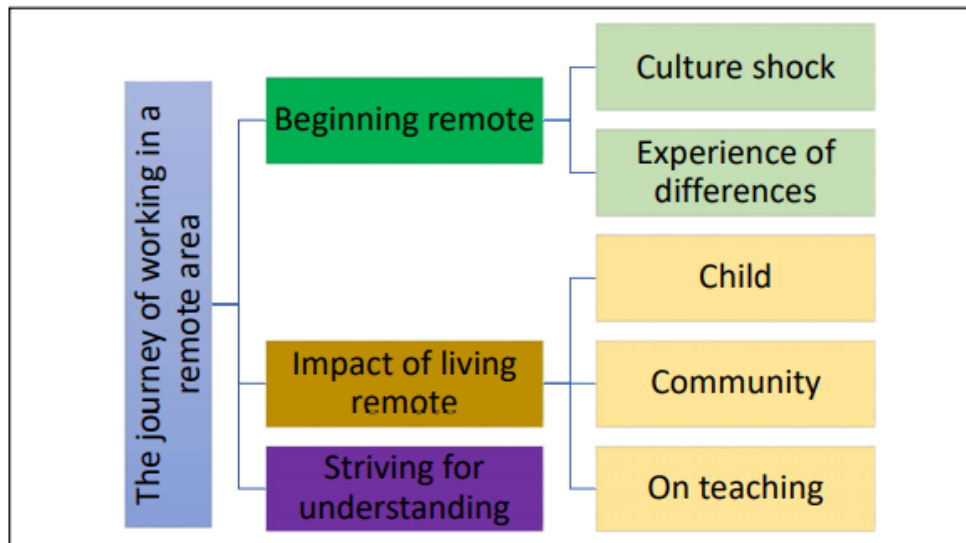
7



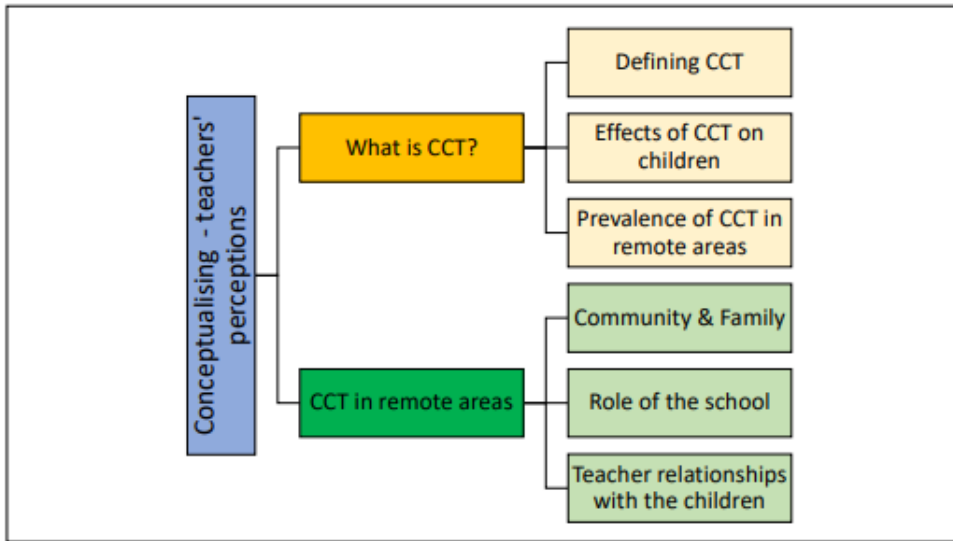
8



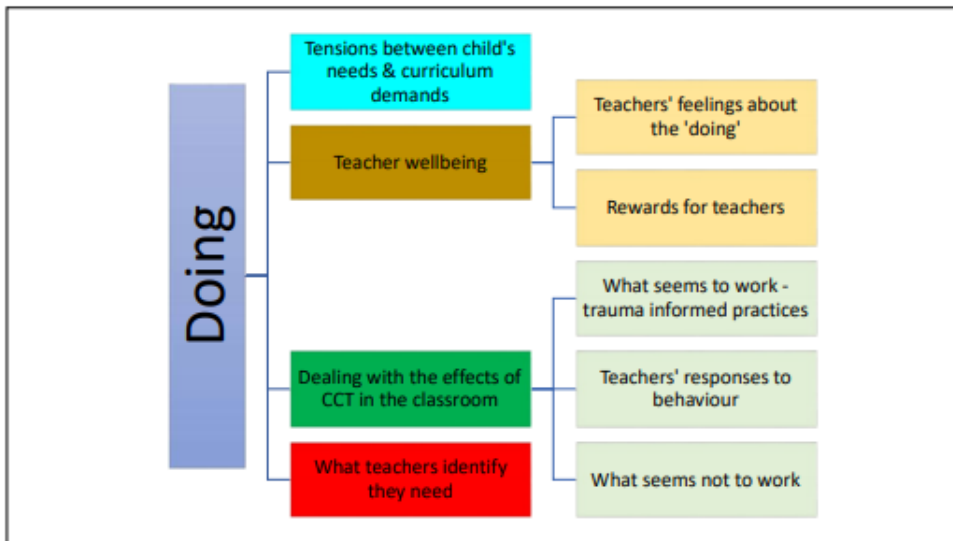
9



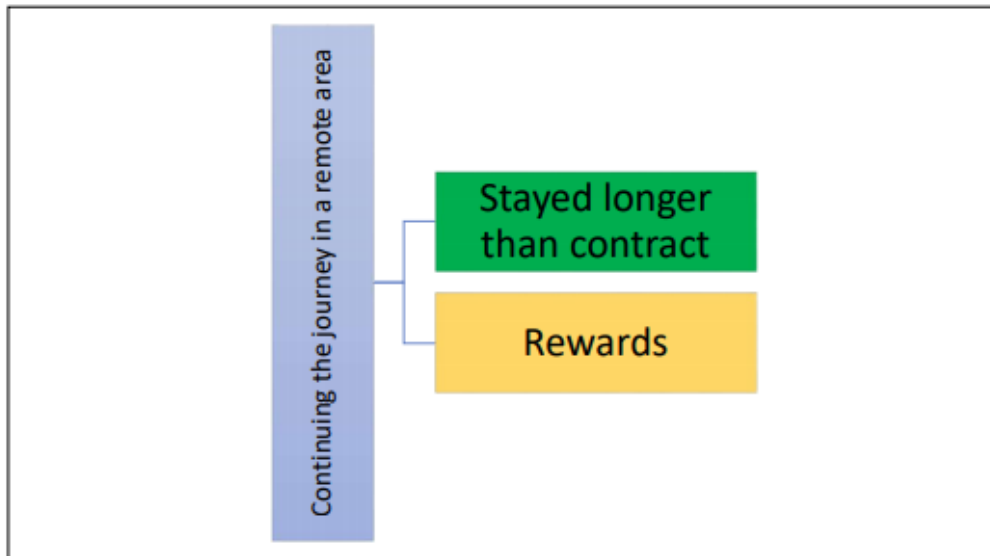
10



11



12

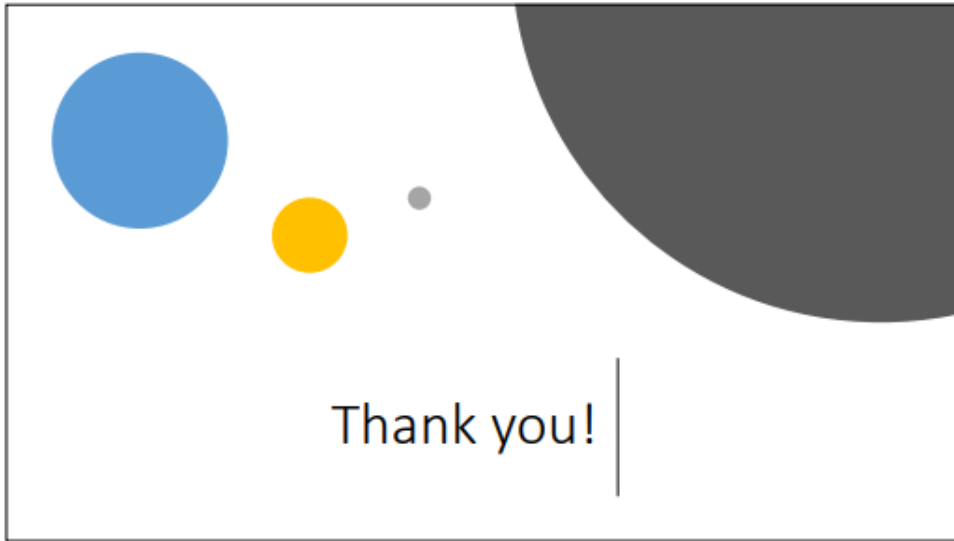


13

Final opportunity for comments

- Summary of key points
- Purpose of research. Anything missed?
- If you had 1 minute with the Minister of Education, what message would you like to convey from our discussion today?

14



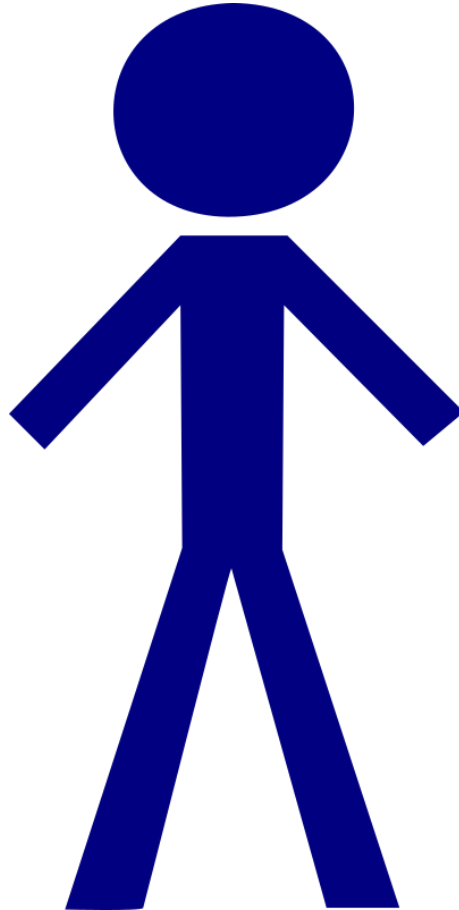
15

My Journey of working in a remote area:

Think back to the start of your journey of teaching in a remote area, add words or narrative depicting your own personal journey around the picture.

First name or Initials _____

***Please note a pseudonym will be used to protect your identity when reporting outcomes/data from this study.*



Conceptualising CCT

First name or Initials _____

***Please note a pseudonym will be used to protect your identity when reporting outcomes/data from this study.*

The first 3 words that pops in your mind when you think of CCT in a remote area	<ul style="list-style-type: none">•••
The first 3 words that pops in your mind when you think about the impact of CCT on children from remote areas	<ul style="list-style-type: none">•••
The first 3 words that pops in your mind when you think about working with children living with the effects of CCT	<ul style="list-style-type: none">•••
The first 3 words that pops in your mind about the prevalence of CCT in remote areas	<ul style="list-style-type: none">•••

Thinking page – *this page is available for you to jot down your thoughts as we are discussing the different areas.*

First name or Initials _____

***Please note a pseudonym will be used to protect your identity when reporting outcomes/data from this study.*

Area	Thoughts
Considering the journey in a remote area	
Journey of working in a remote area	
Teachers' working in a remote area conceptualising CCT	
The doing – what you do teaching in a remote area to support children living with the effects of CCT	
Continuing the journey in a remote area	

Appendix L

Preparatory Memo – Full version from Figure 3.21

Memo. Date: 14-15 April 2019: The “doing” - Participants’ everyday experiences – “It’s worth it” (IP_23)

The participants shared their experiences of what they do every day when working with children living with the effects of CCT. What is evident is what they do is coming from a position of **care**:

- “If you don’t care about the kids, this is the wrong spot to be” (IP_8).
- “You can’t come out here and do what you’ve done in Brisbane” (IP_8).

This emphasis on care permeates throughout the data particularly when participants are describing what they do, how they respond, and feel when working with children living with the effects of CCT.

Through their responses, participants demonstrated they undergo a reflective process about doing their work. This includes reflecting:

- About the children living with the effects of CCT:
 - “Just realise that it is part of who they are, or they’ve seen or what they’ve been through” (IP_12).
 - “Try to remember that it is not their fault” (IP_13).
 - “They’re nice kids. They’re just in a tough situation. I guess they’re put in a situation that they had no control over” (IP_22).

This shows participants are aware of what the children have experienced and know it will have an impact on their development and learning (IP_8, 9, 12, 14, 15, 18, 20, 22, 23). Including experiencing difficulties with communication of their needs and wants (IP_5, 8, 10, 11, 12, 13, 14, 15, 17, 20, 21).

- Self-reflection about what they do:
 - Feelings about the doing:
 - “It’s rough, it’s scary, it’s quite upsetting...but there’s so much you can do” (IP_6).
 - “I’m wearing this mask of, ‘I can handle this. I can take care of this’.... deep down I’m a different person” (IP_7).
 - “Try to divorce yourself emotionally” (IP_7).
 - “Expect to be feeling every emotion, everyday” (IP_23).
 - Role of the teacher of children living with the effects of CCT:
 - “We are no longer just delivering curriculum. We are social workers, we are politicians, we are carers, we are the parents that the kids may not be getting at home. We are basically everything. We are the love and support” (IP_11).
 - “Realise what a big impact you have on each student and to make sure that you are constantly like, checking your professionalism, what you can do because most of the time it isn’t the child” (IP_18).
 - “But sometimes it’s stressful for a teacher because you know, you are made to through this content or you know.... if the kids are getting Ds...why are they getting Ds? They should be getting Cs” [describing admin expectations] (IP_22).

- “For the first term, the curriculum sort of took the back burner. And because these kids, there was more than just those 2, there were 5 or 6” (IP_23).
- What teachers do is also impacted by the limited number of services available in remote areas (IP_1, 2, 9, 12, 13, 14, 16, 18, 20, 21, 22, 23). This includes school specialists being stretched across schools (IP_6). This places teachers into a position where:
“You have to think outside the box....and you have...try everything you know and then ask every other person, ‘What have you tried?’” (IP_12).
- Wellbeing – the effect of the doing:
 - Not looking after own wellbeing (IP_10, 11) which has a flow on effect on how they then approach student behaviour. Including self-imposed pressure (IP_11).
- Outcome of the doing - Positive impact children living with the effects of CCT can have on teachers:
 - Identified the positive impact the children have on them (IP_6, 11, 14, 17, 23). “I love the kids” (IP_6).

These reflections show the ‘doing’, that is, working with children living with the effects of CCT is very complex and demanding. Regardless of the complexities and demands, participants show how much they care by doing whatever it takes within their role to be able to support children living with the effects of CCT.

Some of the complexity’s participants have described are the behaviours that children living with the effects of CCT can display within the classroom/school setting. These behaviours can be categorised into three areas:

- *Externalising behaviours*. This area is the largest area in the data. The question is why? Is it because children living with the effects of CCT are using strategies that they have observed others have used to survive?
 - Physical e.g., throwing objects (IP_2, 3, 4, 6, 10, 13, 14, 16).
 - Violent towards others – peers and/or teachers (IP_2, 6, 8, 12, 13, 14, 15, 17, 18, 20, 23).
 - Unable to self-regulate (IP_5, 6, 8, 10, 11, 12, ,13, 14, 15, 20).
 - Defiant/non-compliant (IP_2, 9, 13, 14, 16, 22, 23).
 - Unpredictable (IP_14).
 - Swearing (IP_6, 15).
 - Lack of concentration (IP_11, 20).
 - Inappropriate touch (IP_7, 11).
 - Wanting control (IP_2, 14).
 - Not taking responsibility (IP_2, 14).
 - Yelling (IP_2, 16).
 - Walking/running away (IP_2, 5, 6, 8, 12, 13, 14, 18).
 - Destroy classroom (IP_4, 6, 7, 26).

These behaviours can then have an effect on the teacher and other students (IP_2, 9, 11, 14, 16). Often, because of these externalising behaviours displayed, these children may be suspended (IP_5, 15, 18).

- *Internalising behaviours*
 - Withdrawn/quiet (IP_1, 7, 9, 10, 13, 19, 21, 23).

- *Appears well adjusted despite experiences* (IP_4, 15, 19, 21).

Participants have observed children's behaviours also change depending on what is happening within the home environment (IP_1, 2, 3, 6, 10, 11, 14, 22).

Participants have described strategies and approaches they have used that they see as being **successful** when working children living with the effects of CCT.

Proactive strategies can be seen in two areas: Responses coming from a focus on care and the doing of teaching. The data suggests each of these areas influences the other.

Responses from a focus of care:

- Importance of connection and relationship building (IP_1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 18, 21, 22, 23): "If you're not taking the time to mend relationships, to build relationships, you're not going to get anywhere" (IP_18).
- Realising that curriculum may not be the priority at certain times (IP_16, 23).
- Providing safety (IP_2, 6, 10, 14, 18).

Doing of teaching:

- Importance of differentiation (IP_1, 4, 8, 9, 11, 12, 13, 15, 18, 19, 21, 22).
 - "It affects all of your pedagogy, your planning, your literacy rotations, and making sure there are sensory activities at their level" (IP_8).
- Teaching social skills (IP_3, 11, 12, 18, 23).
- Working collaboratively with others (IP_3, 4, 8, 9, 10, 11, 14, 15, 20, 22).
- Training in areas not just with a CCT focus e.g., Management of Actual or Perceived Aggression [MAPA] course, Practical Functional Behaviour Assessment [P-FBA], Mental Health First Aid (IP_14, 17, 18).

The use of strategies used by the participants could be viewed as best practice behaviour management strategies (e.g., Essential Skills of Classroom Management). However, these participants have used with a focus on **care** when working with children living with the effects of CCT:

- Structure and routine (IP_2, 4, 5, 8, 11, 15, 18, 19).
- Consistency (IP_3, 4, 5).
- Clear expectations (IP_2, 3, 11, 13, 14, 18, 19).
- Pre-warn/cue (IP_11).
- Redirection (IP_2, 3, 16, 17).
- Giving choices (IP_2, 6, 8, 22).
- Processing time (IP_1).
- Positive reinforcement (IP_15, 16, 19, 22, 23).

Other proactive strategies used by participants:

- Giving students space (IP_7).
- Visuals (IP_11).
- Hands on sensory activities (IP_3, 8, 11, 12, 23).
- Use of one-on-one support (IP_6, 8, 16, 23).

Participants also identified they have used reactive strategies which have led to positive outcomes:

- Behaviour charts (IP_15).
- Removing class/students (IP_16).
- Time out (IP_20).
- Behaviour plans (IP_14).
- Physical restraint (IP_17).

Teacher responses to children's behaviour is also very important:

Participants' caring behaviours which have led to positive responses from children living with the effects of CCT include:

- Persisting:
 - “It might not work one time, but it might work the next time. So, you keep trying” (IP_1).
 - “Look for the rainbow at the end” (IP_6).
- Being prepared (IP_4).
- Calm demeanour:
 - “Build a thick skin” (IP_6).
 - “I’m wearing this mask of, ‘I can handle this. I can take care of this’.... deep down I’m a different person” (IP_7).
 - “So, it’s about always keeping yourself in check and trying to respect what you’re teaching them that you are doing the same thing” (IP_18).
- Firm, but kind (IP_15, 16).
- Picking battles (IP_18, 20).
- Avoid triggers (IP_3).

Participants have identified responses which have had led to **alternative (negative) outcomes**:

- Losing control including yelling, raised voice, ordering (IP_2, 3, 4, 6, 10, 16, 17, 18):
 - “That’s just throwing petrol on the fire” (IP_16).
- Not having a relationship with the child (IP_10, 14).
- Not knowing triggers (IP_17).
- Not knowing academic level (IP_8, 9, 15, 17, 19, 20, 23).
- Not giving students space when needed (IP_1, 10).
- Pulling away from student too quickly (IP_5).
- Ignoring or forgetting student (IP_4, 5).
- Not giving enough attention (IP_8).
- Giving another student/s attention (IP_22).

To keep doing the work with children living with the effects of CCT, participants have also reflected on what they need:

Support:

- Teacher knowledge on trauma (IP_1, 18, 19), including access to more trauma PD (IP_1, 2, 3, 9, 11, 12, 14, 18, 19, 20, 22, 23).
- Strategies specific to working with children living with the effects of CCT (IP_2, 4, 8, 11, 14, 22).
- Coaching in how to work with children living with the effects of CCT (IP_11, 13, 14).
- Face to face support from knowledgeable others in the area of CCT (IP_2, 4, 6, 13, 14, 20).
- Meeting the curriculum demands when teaching children living with the effects of CCT (IP_4, 6, 7, 9, 11, 17, 18).
- Work with parents (IP_2, 5, 8, 11, 12, 15, 20, 22, 23).

Access to services:

- for students (IP_8, 9, 10, 12, 13, 14, 19, 20, 21, 22, 23).
- Teacher wellbeing support (IP_14, 17, 20).

Appendix M

Conceptual Memo – Full version from Figure 3.22

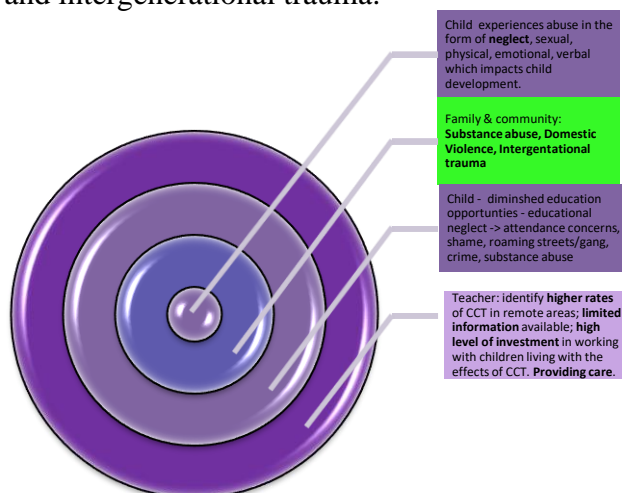
Memo. Date: 12-13 April 2019: How teachers conceptualise CCT and become aware of children living with its effects

When exploring teachers experiences of working with children living with the effects of CCT it is important to understand how they conceptualise it within the context that they live and work. How they conceptualise CCT will be the lens they use when working with children, families, and community. This lens is also influenced by their own personal experiences and viewpoints, as well as their professional learning in this area (i.e., mandatory Student Protection training as part of their role as an employee of the Department of Education; as well as their own professional learning on CCT).

The literature discusses many different definitions of trauma which include a focus on event/s that have an impact on a child and their development (e.g., Australian Childhood Foundation, 2010; National Child Traumatic Stress Network, 2014; Perry, 2004; Solomon & Heide, 1999; Substance Abuse and Mental Health Services Administration, 2014; Terr, 1991). There are also definitions related to First Nation peoples' experiences of trauma including intergenerational trauma (e.g., Atkinson, 2002; Atkinson, 2013). This is very important to consider when looking at teachers experiences because this remote area is predominantly composed of Indigenous people from many different cultural/tribal groups who are living with the effects of trauma that has occurred as a result of events in North West Queensland during the 1860s to 1880s (Bottoms, 2013). Teachers starting their journey in these communities will see the impact of this firsthand.

What is clear is there is not one definition to explain the complex and diverse nature of trauma and its effects on those who are living in remote areas.

Based on the experiences of the participants, CCT can be conceptualised as a system where each component has a ripple effect on the other. When defining CCT, participants consistently highlighted key areas of neglect, substance abuse, domestic violence, and intergenerational trauma.



Child:

- “Struggling with the demons that they carry on their backs every single day” (IP_7).

- “Tar pit of sadness and awful events that a child cannot pull themselves out of” (IP_7).

Teachers are aware of the ongoing effects of trauma on a child.

- “Trauma of maybe being withdrawn from schooling and not being able to have access to things by parental choice” (IP_11).
- “Pulled from environment that is a stable environment [school]” (IP_11).

These two quotes are suggesting **education neglect** is a form of CCT. Education neglect is possibly a new area of conversation in the area of CCT. Van Wert, Fallon, Tscome, and Collin-Vezina (2018) suggests it is a form of child maltreatment and in some countries, it is investigated as part of their child protection system’s policies and procedures (e.g., Canada). Education neglect in the context of this research, is a child not accessing education due to parent decision. This decision could be influenced by the parent’s own trauma and experiences in family and community. Participants have identified as a result, children experience shame (IP_5, 7, 17), do not attend school (IP_5, 7, 11, 12, 21), roam the streets (IP_5), in some instances becoming involved in a gang (IP_5), engage in crime (IP_5, 23), and substance abuse (IP_23). This is despite schools being a protective factor in a child’s life (Dube & McGiboney, 2018; Van Wert et al., 2018), particularly when there are teachers who can provide support and **care**. These teachers are often the first ones to notice if there is something going on for a child and look for ways to support.

Family/community:

- “They can’t get out of it no matter how much they try and want to and try and pull them out as they always get sucked back in” (IP_7).
- “From parents or within their communities or within their family groupings as well” (IP_19).

This describes the continuous cycle of trauma and how it impacts all levels of the system in which a child lives. These quotes could be describing the effects of **lateral violence** (Wingard, 2010). Lateral violence occurs as the result of trauma experienced by Indigenous societies that have been colonised. Clark et al. (2016) define lateral violence as “the infighting within oppressed Indigenous communities and its roots to colonialism” (p. 49). Examples include violence, gossiping, jealousy, bullying, threats, and shaming (Clark et al., 2016; Wingard, 2010). These characteristics are common in the different definitions of abuse identified by participants e.g., physical, verbal, and emotional abuse.

Teacher:

Even though participants have a broad understanding of CCT and how it relates to their community context, finding out whether a child they are teaching is living with the effects of CCT is not straight forward. They often have limited information available to them and draw on their own resources to work out what is happening or has happened to a child. Even if information is available, it is limited and often comes from the principal, deputy principal, guidance officer, and in some cases family members, or information provided by others. The only time it is clear to teachers that a child is living with the effects of CCT is if the child is in Out of Home Care. Even then the information available on a child’s experiences is often limited.

The prevalence of CCT in remote areas was described in anecdotal terms as being at a higher rate than other areas (IP_8, 10, 14, 15):

- “I think children are exposed to and so much more than we even know” (IP_19).

- “Here you have multiple kids with trauma, the different types of trauma...ummmm...that can be tricky because you’re trying to differentiate to support them” (IP_22).
- “More frequent here” (IP_23).

Regardless of the information available to teachers on a child’s experiences of CCT, participants demonstrate through their actions an extremely high level of care:

- “I feel like we are a lot more invested in them” (IP_11).

Appendix N

Analytical Memo – Full version from Figure 3.23

Memo. Date: 27.11.20 My position as a researcher – a critical autobiographical reflection

I've been doing so much reading about grounded theory, particularly constructivist grounded theory. What is standing out to me is about my position as a researcher and that I need to be really thinking about my own background and recognise any implicit biases that I may have in relation to the research. I need to be mindful of how this will play out when I am conducting interviews and then analysing the data. I need to be careful of how my position impacts on this. I suppose this is where supervision will help me with this as well memoing.

I feel that I can relate to the participants having been a classroom teacher and teaching small school principal within the same region as them. Even though the schools are diverse and unique. I had also worked with some of the participants as their school guidance officer with children and families requiring support and who were living with the effects of trauma. When teachers found out that I was doing my PhD in this topic, they were so keen to want to participate to share their experiences and felt that they could trust me to share their experiences to enable change to occur and for the voice of remote teachers to be heard.

Thinking back now towards the end of the whole PhD process – nearly 6 years! As a novice researcher using constructivist grounded theory, I am happy with the processes that I have taken and the way that I have shared the stories of the participants to be able to develop a theory showing the processes of the participants' experiences – their experiences. I have been very mindful not to project my own views and feelings so as to let the participants stories shine through. This is where supervision was so beneficial in helping me with this. As well as using the quotes from participants at the forefront of all data analysis and development of the core categories. I would have loved the time to be able to go back to the participants again to share the final theory that has been developed. I believe this theory is an accurate picture of the participants' experiences and that I have been transparent about the processes that I have undertaken. I wonder what they would think? I have built the theory from the perspectives of the participants and have been open to all data.

What has been the strength of undertaking a constructivist grounded theory approach to this study is that it has really drawn upon the participants' experiences, it shows their stories and the strength that they have in working in complex and challenging situations. Everything is informed by their stories which I then transferred into the theory through constant comparison of the different codes and categories etc. When doing the final literature review, I was amazed and disappointed at the deficit discourse that was being reported about teachers' experiences. Reading those articles to me, appeared that the teachers were being 'set up' and not given the opportunity to really share what was going on. I wonder if given the opportunity, other results would emerge. It may be those researchers' biases that are coming through? I do acknowledge that I am very passionate about rural and remote education. I know the good, the bad and the ugly. However, working from a position of deficit is not a fair and true representation of what it is like. Yes, it is tough. Yes, there are limited

resources. Yes, you cry and become frustrated. However, the connections and relationships and the creativity that can occur if you allow yourself will change your life forever.

Now that I have finished the data collection and writing the final chapter, I am wanting to use my position of ‘power’ and ‘influence’ to be able to advocate for teachers and children and remote communities by producing a theory from their perspectives which was built from the ground up to explain how they experience their work with children living with the effects of CCT.

Reflecting on my own personal experiences as a teacher with these teachers. Were my experiences different? In so many ways yes. When I was a teacher the word ‘trauma’ was not part of a teachers’ vocabulary. I knew that some kids had hard lives but due to my ignorance I did not know that it could possibly be trauma. In the schools that I was working at I didn’t have access to the support of what these teachers have e.g., guidance officers. Principals and Deputy Principals also didn’t have the trauma vocabulary. Starting as a guidance officer, the term trauma was not commonly used. Only for those kids who were in out of home care, not for any other kids. It wasn’t until 2015 when I was working in a regional role in which I was working collaboratively with an external agency to help reculture a school that I heard the term trauma informed. This consultant stated to me in frustration (as we were dodging fights within the playground while doing observations to gather data on what was happening at the school that) “this school needs a trauma informed approach”. By working at this very complex and complicated school that my eyes were opened, and I started to really see the impact of trauma and the effects of historical trauma on children and communities. It was working there that I started my own journey in becoming trauma informed. So, the participants in this study as teachers are so much more informed about trauma and cultural awareness than I ever was a classroom teacher. It shows the changing in time and the hunger of these teachers who know students and are wanting help in implementing a trauma informed and culturally aware approach to their work. How lucky are those kids! Maybe I have had something to do with this?

Appendix O

Memos incorporating an ongoing literature review – Full version from

Figure 3.25 & Figure 3.26

Excerpt from Memo 15.8.18, 1.9.18, 6.9.18: Ongoing reflection: Intergenerational trauma and “the legacy of trauma” (Milroy, ACF Conference 31.7.18) on teachers’ experiences with students living with the effects of trauma.

As I reflect on these interviews what was very clear to me is the impact of how intergenerational trauma influences the teacher’s experiences with working with the children of those who are living with the effects of trauma. I acknowledge, the schools where the participants are teaching have a high Indigenous student enrolment and are also located across the north west part of DoE’s North Queensland Region. This suggests what the participants are experiencing is not located to one school. What was interesting about these interviews is that intergenerational trauma has been mentioned but also the fact that these 3 participants, either identify as being Aboriginal or of Aboriginal decent. This makes me think of whether they are aware of this from their own personal experience or aware because of their cultural background? This is very hard to determine. Regardless, it is something that has arisen in these interviews and it is something very important to address, particularly with the high Indigenous populations in schools in remote areas. Intergenerational trauma is not a new concept. There is an abundance of literature addressing the wide impact of intergenerational trauma across many different groups of people, for example, descendants of US Civil War ex-POWS (e.g., Costa et al., 2018), Holocaust survivors (e.g., Yehuda et al., 2016), First Nations people (e.g., Atkinson, 2002; Bombay et al., 2009), and maternal trauma (e.g., Babcock et al., 2016).

However, as I go back through the literature to compare concepts with my data, I have not yet come across anything that addresses teachers discussing the impacts of intergenerational trauma on children in their care. I see this as a huge gap in the literature and I wonder what is covered in pre-service teacher education at the general level and the ongoing professional learning of current teachers that is targeted to the local area. This learning is important as identified by IP_19 if people are going to teach and live-in remote areas. It is going to be the teachers working with children living with the effects of trauma who may have the influence on a child/children to be able to “break that cycle...” (IP_19). If we get the skills, knowledge, and ongoing support we may just have a chance in supporting these “beautiful kids” (IP_1,8, 9, 15, 19).

and how it can impact their core business of delivering the Australian Curriculum
“There is not enough cultural awareness training....it really needs to and that understanding of our protocols really needs to continue to be developed” (IP_19).

IP_19, described how the Australian Curriculum, particularly a science unit which includes the use of Ochre, was a challenge for IP_19. IP_19 described how because they are not from the local area, are not allowed to touch the ochre due to cultural protocols. IP_19 discussed concerns about following correct cultural protocol for the

students in the class who are from a wide number of cultural groups. IP_19 also expressed frustration of others not understanding this. However, IP_19 did state that they haven't discussed this with their principal and gets around the issues of the curriculum by working with their non-Indigenous teacher aide. As an educator living in this area for over 20 years, I had not consciously thought of how cultural protocols could directly impact the delivery of curriculum and then how it could also be a possible trigger for a trauma response to collective and intergenerational trauma i.e., not respecting the country and the First Nation people of that country. How would a new teacher to the area let alone an early career teacher know this? I think this has only been shared with me because of the trust I have developed with this participant over many years. IP_19 told me they were only participating because it was me and if it was someone else conducting the interview and research they wouldn't have participated. I found myself during this interview to be in a very privileged and honoured position. When I also reflect on the other participants who have spoken about this topic (IP_9, IP_17), I have also developed a very strong relationship with them that has spanned many years. I wonder if I would have obtained the same information or whether they would have participated if it was someone else? This suggests to me when working in this area and discussing this topic, trust and having a relationship is so important to help inform what is needed to better the outcomes of the children and communities in which we work. I wonder if this is bias or whether I'm co-constructing with the participants?

Harrison et al. (2018) discussed the teaching of the Stolen Generations which is part of the Australian curriculum, is extremely challenging for the teachers who do not have knowledge and/or skills "to teach about the experiences of trauma, or to recognise the impact that these experiences may have on their students" (p. 51). This leads to the question, how are pre-service education courses and ongoing professional learning is provided to support these teachers so that they can work with and support those students who may have family members who are from the Stolen Generation and that the effect of this maybe for some, still raw and ongoing? All participants to date have expressed their need for trauma professional development and ongoing support.

O'Loughlin (2009) suggests "teachers of Indigenous children need to be thoroughly familiar with the history and customs of the groups with whom they work and ideally they should be members of those groups and they should also be trained in understanding the workings of intergenerationally transmitted trauma so that they know how to recognise and address trauma symptoms" (p. 35).

Taking it a step further, there is literature which suggests the current high level of Indigenous youth in detention and removal of children from families is a "new practice of forced separation which *mirrored* earlier colonial practices" (Cunneen & Libesman, 2000, p. 100; Nietz, 2018). Is this the outcome of earlier collective trauma events resulting in intergenerational trauma, where the primary school aged children who the participants are currently teaching may and are, in some cases, in Out of Home Care (IP_12, 15) and in one instance a primary aged child who has gone to youth detention (IP_5). We know the current child protection data (2016-2017) reports Indigenous children are 10 times (13.6 per 1000) more likely to be in Out of Home Care than their non-Indigenous counter parts (1.4 per 1000) (AIHW, 2018). Even more important, I think, is for schools to be trauma aware/informed so they can work effectively with children but also the communities they work in. To do this, we need a systemic

approach in addressing trauma as recommend by Howard (2018b), and the cultural and protocol awareness applicable to each remote area.

I'm also reflecting on what is the most appropriate term to describe the passing on of trauma. The literature includes terms of intergenerational, transgenerational, and multigenerational (e.g., Pembrey et al., 2014). Helen Milroy at the Australian Childhood Foundation Conference on 31.7.18 suggests, "we need to be careful that the term 'intergenerational trauma' doesn't inadvertently lead to survivors feeling blame for passing on trauma".

Excerpt from Memo12-13 April 2019: How teachers conceptualise CCT and become aware of children living with its effects

When exploring teachers experiences of working with children living with the effects of CCT it is important to understand how they conceptualise it within the context that they live and work. How they conceptualise CCT will be the lens they use when working with children, families, and community. This lens is also influenced by their own personal experiences and viewpoints, as well as their professional learning in this area (i.e., mandatory Student Protection training as part of their role as an employee of the Department of Education; as well as their own professional learning on CCT).

The literature discusses many different definitions of trauma which include a focus on event/s that have an impact on a child and their development (e.g., Australian Childhood Foundation, 2010; National Child Traumatic Stress Network, 2014; Perry, 2004; Solomon & Heide, 1999; Substance Abuse and Mental Health Services Administration, 2014; Terr, 1991). There are also definitions related to First Nation peoples' experiences of trauma including intergenerational trauma (e.g., Atkinson, 2002; Atkinson, 2013). This is very important to consider when looking at teachers experiences because this remote area is predominantly composed of Indigenous people from many different cultural/tribal groups who are living with the effects of trauma that has occurred as a result of events in North West Queensland during the 1860s to 1880s (Bottoms, 2013). Teachers starting their journey in these communities will see the impact of this firsthand.

What is clear is there is not one definition to explain the complex and diverse nature of trauma and its effects on those who are living in remote areas. Based on the experiences of the participants, CCT can be conceptualised as a system where each component has a ripple effect on the other. When defining CCT, participants consistently highlighted key areas of neglect, substance abuse, domestic violence, and intergenerational trauma.

Child:

- "Struggling with the demons that they carry on their backs every single day" (IP_7).
- "Tar pit of sadness and awful events that a child cannot pull themselves out of" (IP_7).

Teachers are aware of the ongoing effects of trauma on a child.

- “Trauma of maybe being withdrawn from schooling and not being able to have access to things by parental choice” (IP_11).
- “Pulled from environment that is a stable environment [school]” (IP_11).

These two quotes are suggesting **education neglect** is a form of CCT. Education neglect is possibly a new area of conversation in the area of CCT. van Wert et al. (2018) suggests it is a form of child maltreatment and in some countries, it is investigated as part of their child protection system’s policies and procedures (e.g., Canada). Education neglect in the context of this research, is a child not accessing education due to parent decision. This decision could be influenced by the parent’s own trauma and experiences in family and community. Participants have identified as a result, children experience shame (IP_5, 7, 17), do not attend school (IP_5, 7, 11, 12, 21), roam the streets (IP_5), in some instances becoming involved in a gang (IP_5), engage in crime (IP_5, 23), and substance abuse (IP_23). This is despite schools being a protective factor in a child’s life (Dube & McGiboney, 2018; Van Wert et al., 2018), particularly when there are teachers who can provide support and **care**. These teachers are often the first ones to notice if there is something going on for a child and look for ways to support.

Family/community:

- “They can’t get out of it no matter how much they try and want to and try and pull them out as they always get sucked back in” (IP_7).
- “From parents or within their communities or within their family groupings as well” (IP_19).

This describes the continuous cycle of trauma and how it impacts all levels of the system in which a child lives. These quotes could be describing the effects of **lateral violence** (Wingard, 2010). Lateral violence occurs as the result of trauma experienced by Indigenous societies that have been colonised. Clark, Augoustinos, and Malin (2016) define lateral violence as “the infighting within oppressed Indigenous communities and its roots to colonialism” (p. 49). Examples include violence, gossiping, jealousy, bullying, threats, and shaming (Clark et al., 2016; Wingard, 2010). These characteristics are common in the different definitions of abuse identified by participants e.g., physical, verbal, and emotional abuse.

Teacher:

Even though participants have a broad understanding of CCT and how it relates to their community context, finding out whether a child they are teaching is living with the effects of CCT is not straight forward. They often have limited information available to them and draw on their own resources to work out what is happening or has happened to a child. Even if information is available, it is limited and often comes from the principal, deputy principal, guidance officer, and in some cases family members, or information provided by others. The only time it is clear to teachers that a child is living with the effects of CCT is if the child is in Out of Home Care. Even then the information available on a child’s experiences is often limited. The prevalence of CCT in remote areas was described in anecdotal terms as being at a higher rate than other areas (IP_8, 10, 14, 15):

- “I think children are exposed to and so much more than we even know” (IP_19).
- “Here you have multiple kids with trauma, the different types of trauma...ummmm...that can be tricky because you’re trying to differentiate to support them” (IP_22).
- “More frequent here” (IP_23).

Regardless of the information available to teachers on a child’s experiences of CCT, participants demonstrate through their actions an extremely high level of care:

“I feel like we are a lot more invested in them” (IP_11).

Appendix P

Participant details in full – Table 4.1, Table 4.2

Table 5.2

Interview participant details in full from Table 4.1

Interview Participant Code	Gender	Age Range	Years teaching	Years in current school	Years teaching in North Queensland Region	Brief participant background – information obtained from field notes and interviews
IP1	Female	30-39	0-2	0-2	0-2	Previous youth worker, disability support services, and teacher aide.
IP2	Female	50-59	>20	3-5	11-15	Had a variety of roles within schools including learning support, curriculum co-ordination
IP3	Male	25-29	6-10	0-2	0-2	Highlighted the positive aspect of working and living in a remote area.
IP4	Female	< 25	0-2	0-2	0-2	Works in a small remote school. Did internship (short term on the job training while completing studies) at current school.
IP5	Female	30-39	6-10	6-10	6-10	Background in working with students with disability.
IP6	Female	25-29	3-5	3-5	3-5	From interstate – came to Queensland for job opportunities.
IP7	Female	30-39	6-10	6-10	6-10	Worked in small remote school and larger remote school in region. Father is of Indigenous decent and grew up in the area where participant is working.
IP8	Female	25-29	0-2	0-2	0-2	Started in a small remote school as a mid-year appointment.
IP9	Female	25-29	6-10	6-10	6-10	Queensland Government's Pearl Duncan Scholarship recipient while studying for her teaching degree (recipients who identify as Aboriginal and/or Torres Strait Islander and are studying teaching. Scholarship up to AUD\$20 000 before tax to support study and related expenses, and obtain permanent employment as a teacher on successful completion of studies https://teach.qld.gov.au/scholarships-and-grants/pearl-duncan-teaching-scholarship). Father identifies as Indigenous. Works in a small remote school.
IP10	Female	25-29	3-5	3-5	3-5	Worked previously as a teacher aide. Came to remote area for teaching job opportunities.
IP11	Female	30-39	3-5	3-5	3-5	Early years background. From interstate. Came to remote area for teaching job opportunities.
IP12	Female	50-59	11-15	3-5	6-10	Local to the remote area. Worked previously as a teacher aide. Works predominantly with students with disabilities and children in out of home care.
IP13	Female	25-29	3-5	3-5	3-5	Came to remote area for teaching job opportunities.
IP14	Female	50-59	>20	>20	>20	Came to remote area as beginning teacher and has been at the same school for 31 years.
IP15*	Female	< 25	0-2	0-2	0-2	Experience as a teacher aide prior to becoming a teacher.
IP16	Female	50-59	3-5	3-5	3-5	Works in a small remote school. Mature early career teacher.
IP17	Female	40-49	3-5	1-2	3-5	Works in a small remote school. Previously worked in the health sector. Identifies family being of Indigenous decent.
IP18	Female	40-49	6-10	3-5	3-5	Worked in State (government) Schools and Catholic Schools. Works with students disengaged from learning and school.
IP19	Female	40-49	>20	6-10	6-10	Identifies as Aboriginal. Transferred to area due to family and husband's work commitments.
IP20	Female	30-39	11-15	3-5	3-5	Previous work as teacher of the deaf. Leads and works in special education at current school. Transferred to remote area due to husband's work commitments.
IP21	Male	30-39	6-10	3-5	3-5	Worked in both State (government) and Catholic Schools in area. Completed two different teaching contracts within the remote area.
IP22	Female	< 25	3-5	3-5	3-5	Came to remote area for job permanency.
IP23	Male	25-29	3-5	1-2	1-2	Identifies as Aboriginal. Wanting to work with Indigenous students from a country area.

*IP15 is the sole participant who was a new graduate, in their first year of teaching

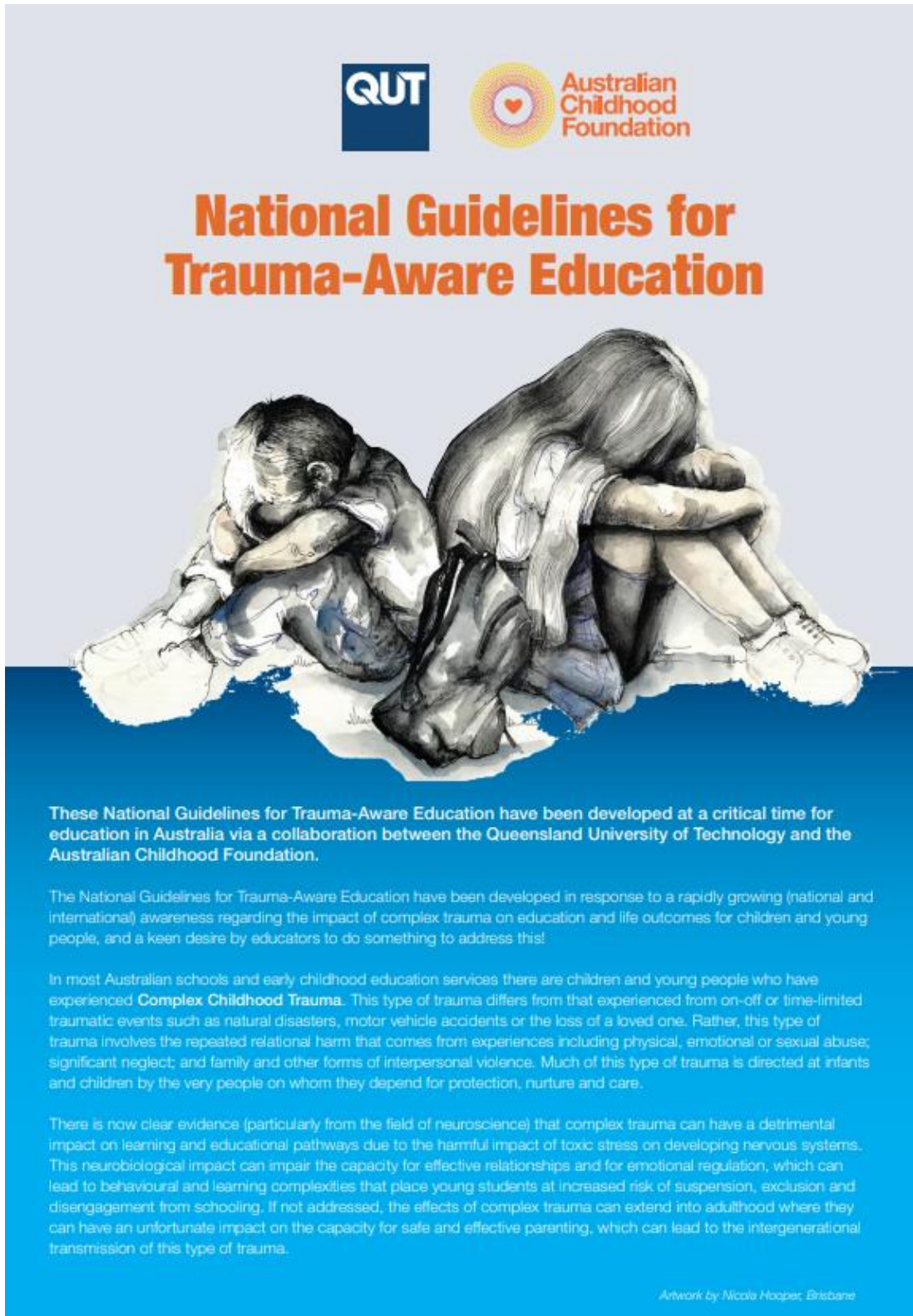
Table 5.3*Focus group participant details* in full from Table 4.2*


Focus Group Participant Code	Gender	Age Range	Years teaching	Years in current school	Years teaching in North Queensland Region	Brief participant background – information obtained from field notes and interviews
FGP1	Female	30-39	3-5	3-5	3-5	Early years background. From interstate. Came to remote area for teaching job opportunities.
FGP2	Female	<25	3-5	3-5	3-5	Came to remote area for job permanency.
FGP3	Female	40-49	>20	6-10	6-10	Identifies as Aboriginal. Transferred to area due to family and husband's work commitments.
FGP4	Female	25-29	3-5	3-5	3-5	Worked previously as a teacher aide. Came to remote area for teaching job opportunities.
FGP5	Female	30-39	6-10	6-10	6-10	Background in working with students with disability.
FGP6	Female	25-29	3-5	3-5	3-5	From interstate – came to Queensland for job opportunities.
FGP7	Female	30-39	0-2	0-2	0-2	Previous youth worker, disability support services, and teacher aide.

*Focus group participants were interview participants who self-identified during the interview process to be part of the focus group.

Appendix Q

National Guidelines for Trauma-Aware Education (Queensland University of Technology & Australian Childhood Foundation, 2021)



QUT  Australian Childhood Foundation

National Guidelines for Trauma-Aware Education

These National Guidelines for Trauma-Aware Education have been developed at a critical time for education in Australia via a collaboration between the Queensland University of Technology and the Australian Childhood Foundation.

The National Guidelines for Trauma-Aware Education have been developed in response to a rapidly growing (national and international) awareness regarding the impact of complex trauma on education and life outcomes for children and young people, and a keen desire by educators to do something to address this!

In most Australian schools and early childhood education services there are children and young people who have experienced **Complex Childhood Trauma**. This type of trauma differs from that experienced from on-off or time-limited traumatic events such as natural disasters, motor vehicle accidents or the loss of a loved one. Rather, this type of trauma involves the repeated relational harm that comes from experiences including physical, emotional or sexual abuse; significant neglect; and family and other forms of interpersonal violence. Much of this type of trauma is directed at infants and children by the very people on whom they depend for protection, nurture and care.

There is now clear evidence (particularly from the field of neuroscience) that complex trauma can have a detrimental impact on learning and educational pathways due to the harmful impact of toxic stress on developing nervous systems. This neurobiological impact can impair the capacity for effective relationships and for emotional regulation, which can lead to behavioural and learning complexities that place young students at increased risk of suspension, exclusion and disengagement from schooling. If not addressed, the effects of complex trauma can extend into adulthood where they can have an unfortunate impact on the capacity for safe and effective parenting, which can lead to the intergenerational transmission of this type of trauma.

Artwork by Nicole Hooper, Brisbane

National and international research and the experience of educators and other professionals show that societal impacts from complex trauma are concerning and costly.



No social or cultural group is immune from the impact of complex trauma. The prevalence is significant and of growing concern.



Many (but not all) children and young people living with the outcomes of complex trauma are recipients of **child protection services and may live in out-of-home care**. Some remain unidentified and some continue to suffer the experience of complex trauma.



National and international **cost-benefit analyses** have identified that the long-term impacts of complex childhood trauma lead to **substantial and growing costs for societies and governments**, including those associated with health, welfare, education, child protection and care, and the downstream costs associated with adult mental health issues, alcohol and drug issues, crime, unemployment, homelessness and other productivity losses.



Managing the needs and behaviours of students living with the outcomes of complex trauma can have a significant **impact on the personal and professional well-being and consequential attrition rates of educators**, which is also very costly to education budgets.



Without knowledge and skill in trauma-aware practices, schools often defer to **punitive responses, including suspension and exclusion**, which may exacerbate rather than mediate the needs and behaviours of children and young people.



Living with unresolved complex trauma can lead to **intergenerational transmission** of trauma. This occurs when unresolved trauma suffered by those who are currently parenting has a serious impact on their capacity to parent in a safe and effective manner, leading to intergenerational harm.



There are important and powerful learnings regarding the impact of **historical trauma on generations of Aboriginal and Torres Strait Islander peoples** throughout Australia. The intergenerational impacts of the European colonisation, the subsequent forced removal of children from families and communities, and the ongoing impacts of interpersonal and institutional racism continues to impact on these communities and families and continues to add complexity to the well-being and education of their children and young people.



Education settings are critically positioned to be able to support the needs of children and young people who have lived through complex trauma through the relational and learning environments they can offer and the amount of time that young students spend in these environments.

In response to growing awareness regarding complex trauma, many Australian schools and early childhood education services are now working within, or aspiring to develop, trauma-aware education frameworks.

Trauma-aware education is not an extra body of work or responsibility for teachers and school leaders. Rather it is a **systemic process** to ensure all educators are aware of the premises underpinning this approach and are supported to engage in trauma-aware practice. It is a way of **thinking, understanding, believing and acting** so that the harm that complex trauma exerts on the functioning of students is minimised or alleviated, leading to improved (education and life) outcomes not only for these students, but also for their classmates and those adults working hard to deliver inclusive education programs.

Schools are now "crying out" for systemic support for this work, so that all schools are adequately empowered to support all students, particularly those who have lived through complex trauma. The *National Guidelines for Trauma-Aware Education* are designed to be part of this "systemic support".

The rapidly growing body of research that has informed the development of the *National Guidelines for Trauma-Aware Education*:

- draws from a combination of the science of child and adolescent development, the prevalence and impact of adverse childhood experiences, the longer-term biomedical and intergenerational consequences of complex trauma, and developmental resilience.
- has been revolutionising practice in many areas (including health and mental health, social services, youth services and youth justice) and is now having a growing impact within early childhood education and schooling.

The *National Guidelines for Trauma-Aware Education* draw from common elements within growing national and international evidence to provide best practice guidance at both the site level and the education system level.

- **Guidance is provided at the site level** to help schools and early childhood services identify elements that will support the development of effective trauma-aware approaches for the children, young people and/or educators attending the site.
- **Guidance is provided at the system level** to help education systems identify elements that will help education sites implement trauma-aware approaches.

The *National Guidelines for Trauma-Aware Education* also align with the *Australian Institute for Teaching and School Leadership (AITSL) Standards*.

- **Standard 1:** Know students and how they learn.
- **Standard 4:** Create and maintain supportive and safe learning environments.
- **Standard 6:** Engage in professional learning.
- **Standard 7:** Engage professionally with colleagues, parents/carers and the community.

As the experience of complex trauma in childhood crosses all social and cultural dimensions of our society, it is important that **all early childhood education services and all schools are supported to work in trauma-aware ways** (not just those sites considered to have high risk populations or disadvantaged students).

The *National Guidelines for Trauma-Aware Education* have been developed to support this important and ambitious goal to support all young Australians who have experienced complex trauma.

Ten guidelines for schools and early childhood services

- 1** Training processes are needed to ensure leaders of schools and services are trauma-aware! It is agreed that:
 - Effective trauma-aware practice relies on effective leadership within education settings.
 - Leaders who are not aware of the impacts of complex childhood trauma on children and adolescents and the means to address the impacts, are far less likely to support and lead trauma-aware schooling thinking and processes.
 - Leaders who are trauma-informed are far more likely to recognise the benefits of trauma-aware schooling and support educational reform in their schools or early childhood services.
- 2** Schools and early childhood services should engage in high-quality, whole-of-staff training in trauma-aware schooling.
 - The mode and intensity of training may be dependent on requirements from individual sites and available training structures. However, this should not limit or deny schools or early childhood services access to training.
 - Where possible, education sectors (districts, regions, dioceses, etc.) should develop internal training structures to provide capacity building activity to schools and early childhood services.
 - Where needed, schools and early childhood services can access accredited external providers to provide training and support that integrates the knowledge of trauma-aware approaches with the educational context. These training programs should incorporate sustainability measures to enable the ongoing application of trauma-aware schooling practices.
- 3** Schools and early childhood services should identify learners living in out-of-home care and ensure that trauma-aware processes are available to enhance the support and education of these learners.
 - The goal for this work is a positive educational trajectory for these learners.
- 4** Trauma-aware practices should be inclusive of all learners in schools and early childhood services.
 - This is important because there are learners in most education settings who are not living in out-of-home care but who are still living with the outcomes of complex trauma and it is important to acknowledge that some of these learners remain unidentified.
- 5** Schools and early childhood services should develop constructive working relationships with parents and carers of learners who are living with the outcomes of complex trauma.
 - It is important that this also includes organisations overseeing foster care and residential care programs.
- 6** Schools and early childhood services should develop constructive working relationships with local child and adolescent support agencies and specialists who provide services to their learners.
 - Schools and early childhood services should be prepared to take a leadership role in these collaborative opportunities where required.
- 7** Children and young people should be involved in the design and evaluation of trauma-aware activities and supports that seek to meet their needs.
 - The participation of children and young people in active feedback processes meet children's rights principles as well as have therapeutic benefit. This could include retrospective input from past learners who are now adults.
- 8** Whole-of-school/program frameworks should be implemented that:
 - Address the needs of learners living with the outcomes of complex trauma.
 - Are also appropriate for and supportive of all learners.
 - Are protective of the professional and personal well-being of educators.
 - Build capacity in the resilience of educators.
 - Are inclusive of all adult staff members within the school (including front office staff, education support staff, etc.) to ensure consistency of practice.
- 9** Schools and early childhood programs should acknowledge the potential impact that supporting traumatised children and young people can have on educators and other site personnel and should implement measures to provide support, supervision and reflective practice to address such impact.
 - It is proposed that this will minimise concerns with educator attrition rates and address concerns with the impact that supporting these learners can have on the personal and professional well-being of educators.
- 10** Policies developed by individual schools and early childhood services should be reviewed to identify and address elements that might enhance or hinder trauma-aware schooling.
 - It is vital that behaviour management policy is examined in this light.

Ten guidelines for education systems

- 1** Training processes are needed to ensure leaders of education systems are trauma-aware. It is agreed that effective trauma-aware education practice relies on informed and supportive system leadership to develop policy and funding frameworks to support and resource the embedding of trauma-aware practice in education systems.
- 2** Education system law and policy should be reviewed to identify and address elements that might enhance or hinder trauma-aware schooling. This is important at all levels of systems, (including national, state, local, and jurisdiction).
- 3** The embedding of a trauma-aware approach at a system level should be supported by a long-term implementation strategy and change management approach that is committed to by governing bodies and by government.
- 4** Embedding a trauma-aware approach at a system level should take account of the cultural and geographic diversity of Australian states and territories, as well as the varying needs of schools and early childhood services and communities.
- 5** A trauma-aware approach should be developed in consultation with Aboriginal and Torres Strait Islander peoples and leaders to ensure the cultural strength of the approach for Aboriginal and Torres Strait Islander learners.
- 6** Specific consideration is needed for (but not limited to) education settings:
 - in remote locations
 - that have boarding accommodations
 - that offer alternate or specialist education programs
 - with learners from refugee backgrounds
 - with learners living in out-of-home care
 - with learners with disabilities
 - servicing learners living with mental health concerns.
- 7** Cross-agency (whole-of-government and non-government) funding and staffing of training and support programs should be investigated and negotiated as a cost-effective strategy for enhancing outcomes for learners accessing a number of services.
- 8** Collaborations between education systems and Australian universities and other tertiary training programs should be explored to help with pre-service and post-graduate training provision, resource development, program evaluation, and further research.
- 9** Trauma-aware principles and implementation strategies should be incorporated into pre-service training and ongoing professional development for educators and support practitioners (including school psychologists, counsellors or therapists; teacher aides, chaplains, and school-based nurses and police officers, etc.).
- 10** Education reform in the area of trauma-aware schooling should be quarantined from political and leadership change.



Conclusion

It is timely for Australian education systems and all Australian schools and early childhood education services to establish trauma-aware schooling processes, so that all educators can contribute to minimising the long-term impacts of complex trauma for young Australians and for state, territory, and federal budgets.

Trauma-aware education can enhance the education experience of learners living with the outcomes of complex trauma. It can achieve reparative outcomes for learners, minimise behaviour concerns, lessen the use of suspension and exclusion, enhance the support and educational achievements of learners living in out-of-home care, improve the personal and professional well-being and attrition rates of educators, and minimise long-term, large-scale personal and economic burden associated with unresolved complex trauma.

Trauma-aware practice in education will support improved academic and well-being outcomes not only for learners with complex trauma backgrounds but all learners.

A systemic approach is required to provide successful, consistent and sustainable outcomes so that all educators are informed and supported to implement trauma-aware practice in classrooms across the country.

These national guidelines provide an important framework for ongoing education policy and practice development across Australia!

Professional learning and engagement opportunities

Biennial Trauma Aware Schooling Conference
www.traumaawareschooling.com.au

Graduate Certificate in Education and Master of Education (Trauma-Aware Education)
www.qut.edu.au/courses/graduate-certificate-in-education-trauma-aware-education
www.qut.edu.au/courses/master-of-education-trauma-aware-education-specialisation

Online short courses - *Teaching students who have suffered complex trauma*
www.qut.edu.au/education/engage/professional-development

Contact

For more information, contact Dr Judith Howard on ja.howard@qut.edu.au

© QUT and Australian Childhood Foundation, 2021.

This work is distributed under a Creative Commons-Attribution-NonCommercial-NoDerivatives International 4.0 Licence (CC-BY-NC-ND), with the exception of any third party material.



Appendix R

Trauma Informed Practice Guides and Building Trauma Informed Teachers

Trauma informed practice guides and *Building Trauma Informed Teachers*

This appendix is to accompany Section 5.3.2 (contribution to practice) to show the points of alignment between *Building Trauma Informed Teachers* and other guidelines. It also shows what my theory adds to these practice guides. Below is a list of the practice. This is followed by a comparative table.

Australian Practice Guides:

- Australian Childhood Foundation's *Making space for learning* (2010)
- *Trauma informed behaviour support: A guide to developing resilient learners* (Ayre & Krishnamoorthy, 2020)
- *Calmer classrooms* (Downey, 2007)
- *Trauma-aware early childhood education and care* (Howard, 2020)
- *Childhood trauma reactions: a guide for teachers from preschool to year 12 – produced for the Queensland government natural disaster response* (Kenardy et al., 2011)
- *Good teaching: Trauma informed practice* (version 2) (State of Tasmania, Department of Education, 2020)

International Practice Guides:

- The United States Centre on Positive Behavioural Interventions and Supports (PBIS) practice guide: *Integrating a trauma informed approach within a PBIS framework* (Eber et al., 2020).
- *Helping traumatised children learn: Supportive school environments for children traumatised by family violence* (Volume 1) (Massachusetts Advocates for Children Trauma and Learning Policy Initiative, 2005a)

- *Creating and advocating for trauma-sensitive schools* (Volume 2) (Massachusetts Advocates for Children Trauma and Learning Policy Initiative, 2005b)
- *Educational rights of children affected by homelessness and/or domestic violence* (Massachusetts Advocates for Children Trauma and Learning Policy Initiative, 2006)
- *The Missouri model for trauma informed schools* (Missouri Department of Elementary & Secondary Education, 2019)

Comparative Table		
Practice Guide	Points of alignment	What <i>Building Trauma Informed Teachers</i> adds over and beyond
Australian practice guides		
Australian Childhood Foundation's <i>Making space for learning</i> (2010)	<ul style="list-style-type: none"> • Defining trauma: complex trauma • Trauma can impact relationships, behaviour, learning 	<ul style="list-style-type: none"> • Intergenerational trauma • Transgenerational trauma • Domestic and family violence • Cultural awareness and responsiveness • Building and maintaining relationships • Remote
<i>Trauma informed behaviour support: A guide to developing resilient learners</i> (Ayre & Krishnamoorthy, 2020).	<ul style="list-style-type: none"> • Family violence • Complexity in defining trauma • Prevalence • Impact learning and behaviour • Disruptive behaviour • Internalising behaviour • Trigger/antecedent • Aboriginal & Torres Strait Islander children • Child protection • How children respond to trauma can be different • Cultural competence • Attachment • Secondary trauma • Self-care • Lack of systemic resources 	<ul style="list-style-type: none"> • Intergenerational trauma • Transgenerational trauma • Cultural awareness and responsiveness • Building and maintaining relationships • Remote
<i>Calmer classrooms</i> (Downey, 2007)	<ul style="list-style-type: none"> • Attachment • Domestic and family violence • Impact on learning, behaviour, relationships 	<ul style="list-style-type: none"> • Complex trauma • Transgenerational trauma • Cultural awareness and responsiveness

	<ul style="list-style-type: none"> • Shame • Teaching Indigenous students • Impact of trauma on Aboriginal communities • Self-care for teachers and teacher self-regulation • Out-of-home care • Importance of relationships • Consistency and safety • Working with parents/carers 	<ul style="list-style-type: none"> • Remote
<i>Trauma-aware early childhood education and care</i> (Howard, 2020)	<ul style="list-style-type: none"> • Complex childhood trauma • Prevalence of CCT • Effects of CCT on children • Intergenerational trauma • Indigenous communities • Professional development • Staff wellbeing 	<ul style="list-style-type: none"> • Transgenerational trauma • Cultural awareness and responsiveness • Domestic and family violence • Remote • Primary school context
<i>Childhood trauma reactions: a guide for teachers from preschool to year 12 – produced for the Queensland government natural disaster response</i> (Kenardy et al., 2011)	<ul style="list-style-type: none"> • Natural disasters can be traumatic • How children respond to trauma can be different • Routines • Expectations for behaviour • Safety • Triggers • Focus on strengths and positives • Teacher self-care • Work collaboratively with others e.g. school counsellor 	<ul style="list-style-type: none"> • Intergenerational trauma • Transgenerational trauma • Domestic and family violence • Cultural awareness and responsiveness • Building and maintaining relationships • Remote
<i>Good teaching: Trauma informed practice</i> (version 2) (State of Tasmania, Department of Education, 2020)	<ul style="list-style-type: none"> • Trauma impacts on all areas of child development • Complex trauma 	<ul style="list-style-type: none"> • Intergenerational trauma • Transgenerational trauma • Cultural awareness and responsiveness

	<ul style="list-style-type: none"> • Family violence • Knowing the student • Relationships with children • Collaborating with others • Support plans • Safety and predictability • Positive reinforcement • Separate behaviour from child • Differentiation • Child protection and out-of-home care 	<ul style="list-style-type: none"> • Remote
International practice guides		
The United States Centre on Positive Behavioural Interventions and Supports (PBIS) practice guide: <i>Integrating a trauma informed approach within a PBIS framework</i> (Eber et al., 2020).	<ul style="list-style-type: none"> • Safety • Consistency • Consider community context • Relationships • Professional development • Coaching 	<ul style="list-style-type: none"> • Complex childhood trauma • Intergenerational trauma • Transgenerational trauma • Domestic and family violence • Culturally aware and responsive • Remote • Australian context
<i>Helping traumatised children learn: Supportive school environments for children traumatised by family violence</i> (volume 1) (Massachusetts Advocates for Children Trauma and Learning Policy Initiative, 2005a)	<ul style="list-style-type: none"> • Impact of trauma on learning, behaviour and relationships • Teachers working with others collaboratively • Building relationships • Cultural awareness • Family violence • CCT • Strengths focused • Staff training 	<ul style="list-style-type: none"> • Intergenerational trauma • Transgenerational trauma • Staff wellbeing • Remote • Australian context

<p><i>Creating and advocating for trauma-sensitive schools</i> (volume 2) (Massachusetts Advocates for Children Trauma and Learning Policy Initiative, 2005b)</p>	<ul style="list-style-type: none"> • Prevalence • Impact of trauma on learning, behaviour and relationships at school • Safety • Holistic approach • Collaboration • Family and domestic violence • Culturally responsive • Rural context • Professional development 	<ul style="list-style-type: none"> • Intergenerational trauma • Transgenerational trauma • Remote context • First Nations • Australian context
<p><i>Educational rights of children affected by homelessness and/or domestic violence</i> (Massachusetts Advocates for Children Trauma and Learning Policy Initiative, 2006)</p>	<ul style="list-style-type: none"> • Domestic and family violence • Safety • Differentiation • Relationships • Working collaboratively with others 	<ul style="list-style-type: none"> • Intergenerational trauma • Transgenerational trauma • Cultural awareness and responsiveness • Remote context • Australian context
<p><i>The Missouri model for trauma informed schools</i> (Missouri Department of Elementary & Secondary Education, 2019)</p>	<ul style="list-style-type: none"> • Impact of trauma on children • Impact of trauma on behaviour and learning • Historical trauma • Culturally responsive • Safety • Collaboration with others • Journey • Community relationships • Parent and family relationships • Professional development • Coaching • Differentiation 	<ul style="list-style-type: none"> • Intergenerational trauma • Transgenerational trauma • Domestic and family violence • Building relationships with children living with the effects of trauma • Remote • Australian context

Appendix S

Charmaz & Thornberg (2020) Grounded Theory Guidelines

Guidelines – Quality in Constructivist Grounded Theory – Charmaz & Thornberg (2020) for graduate and postgraduate students and beginners in constructivist theory (p. 17-18)	Evidence in Thesis
<p>1. Strive to achieve methodological self-consciousness (Charmaz 2017). Why have you chosen the specific topic, methodology and methods, and how do these fit with who you are and your research objectives and questions? What version of grounded theory have you adopted and why? What are the ontological and epistemological assumptions, and what do these mean for the research process, researcher position, findings, and quality issues, including transferability?</p>	<p><i>Why have you chosen the specific topic?</i></p> <ul style="list-style-type: none"> • Chapter 1: Section 1.3; Section 1.4 <p><i>Methodology and methods, and how do these fit with who you are and your research?</i></p> <ul style="list-style-type: none"> • Chapter 3: Section 3.1 <p><i>What version of grounded theory have you adopted and why?</i></p> <ul style="list-style-type: none"> • Chapter 3: Section 3.1 <p><i>What are the ontological and epistemological assumptions, and what do these mean for the research process, researcher position, findings, and quality issues, including transferability?</i></p> <ul style="list-style-type: none"> • Chapter 3: Section 3.1, Section 3.2, Section 3.3 • Participation in monthly PhD supervision
<p>2. Learn everything you can about the type of qualitative inquiry you adopt, whether it's narrative inquiry, discourse analysis, or a version of grounded theory. If possible, work with a mentor who is knowledgeable about your approach.</p>	<ul style="list-style-type: none"> • Participation in the Constructivist Grounded Theory Master Class with Kathy Charmaz – Queensland University of Technology, Brisbane, Australia – September 2017. Refer to Chapter 3 Section 3.2 • Participation in monthly PhD supervision. • Towards end of PhD journey during the final write up stage – 26.11.20: A Conversation on Ground Theory. Professor Jane Mills and Professor Melanie Birks (La Trobe University, Australia & James Cook University, Australia)
<p>3. Take an open, non-committal, critical, analytic view of the existing literature in the field. In contrast to Glaserian grounded theory but in line with Straussian and constructivist grounded theory, we recommend that you review the literature to establish a defensible rationale for the study, to avoid re-</p>	<p>Literature reviews:</p> <ul style="list-style-type: none"> • Initial – Chapter 2 – part of PhD requirements at confirmation • Ongoing – Chapter 3: Section 3.7.8 and Chapter 4 • Final – Chapter 5 – Section 5.2

<p>inventing the wheel, and to increase theoretical sensitivity. Treat the literature as provisional and fallible, not as the Truth.</p>	
<p>4. Gather rich data. For psychologists, rich data usually means learning and collecting the stories of people who have had or are having a specific experience. Rich data means an openness to the empirical world and a willingness to try to understand the experiences of people who may be far different from you.</p>	<p>Refer to Chapter 3: Section 3.5; Section 3.6; Section 3.7.1</p> <ul style="list-style-type: none"> ○ 23 individual interviews conducted and transcribed by the researcher ○ Focus group – 7 participants who self-identified from the interviews ● Refer to Appendix P ● Chapter 4 ● Participation in monthly PhD supervision
<p>5. Be transparent. Describe how you conducted your study, obtained your sample and state how and why you have included the participants, and how you have used grounded theory and data collection methods. Include justifications of your choices.</p>	<p>Refer to chapter 3:</p> <ul style="list-style-type: none"> ● Section 3.4, Section 3.5, Section 3.6, Section 3.7 ● Figure 3.2 ● Participation in monthly PhD supervision
<p>6. Go back and forth between data and your developing analysis to focus your subsequent data collection and to fill out your emerging analytic categories.</p>	<p>Memos for examples refer to:</p> <ul style="list-style-type: none"> ● Chapter 3 – Sections 3.7.6 and 3.7.8 ● Refer to Figures 3.21, 3.22, 3.23 ● Participation in monthly PhD supervision
<p>7. Tolerate ambiguity while you struggle to gain intimate familiarity with the empirical world and to create an analytic handle to understand it.</p>	<p>Memos</p> <p>Participation in monthly PhD supervision</p>
<p>8. As you proceed, ask progressively focused questions about the data that help you develop your emerging analysis.</p>	<p>Chapter 3: Section 3.4, Section 3.5, Section 3.6, Section 3.7</p> <p>Memos</p> <p>Participation in monthly PhD supervision</p>
<p>9. Play with your data and your ideas about it. Look for all possible theoretical explanations of the data and check them.</p>	<p>Chapter 3 – Section 3.7.3. Figures 3.7, 3.8, 3.9, 3.10; 3.15, 3.16, 3.17, 3.18, 3.19., 3.20</p> <p>Participation in monthly supervision</p>
<p>10. Collect sufficient data to (a) make useful comparisons, (b) create robust analytic categories, and (c) convince</p>	<p>Refer to Chapter 3</p> <p>Refer to Chapter 5: Section 5.5</p> <p>23 interview participants</p> <p>7 focus group participants</p> <p>Memos</p>

readers of the significance of your categories.	Participation in monthly PhD supervision Presentations at conferences – Appendix D
11. Ask questions about your categories: What are their properties? In which ways do they subsume minor categories? How are your main categories connected? How do they make a theoretical statement? What is the significance of this statement?	Memos – Refer to Chapter 3: Section 3.4, Section 3.5, Section 3.6, Section 3.7 Participation in monthly PhD supervision
12. Always treat your codes, categories and theoretical outlines as provisional and open for revision and even rejection in the light of new data and further analysis.	Chapter 3 – Section 3.7.3. Figures 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10; 3.15, 3.16, 3.17, 3.18, 3.19., 3.20 Participation in monthly PhD supervision
13. After you have completed your analysis, compare it with relevant material from the literature, which may well include case studies and perspectives that you did not address during your earlier review. At this time, your review will be focused on the ideas that you have developed. This review gives you the opportunity to show how your analysis fits, extends, or challenges leading ideas in your field.	Chapter 4 – literature woven throughout Chapter 5 – Section 5.2 Returning to the literature Participation in monthly PhD supervision