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Teachers' Perceptions, Awareness, and Responses to Students with Childhood Trauma

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ABSTRACT

The purpose of this correlational study was to explore the relationship between trauma training, education, experience and teacher self-efficacy, and teachers' self-reported perceptions of student behavior, awareness of trauma symptoms, and response to behaviors of students with trauma history. All participants were K-12 teachers currently employed in a large, urban district in the northeast United States. Three multiple regression analyses were conducted; each analysis used the predictor variables *educator trauma training*, *education*, *experience*, and *self-efficacy scores*. This research study found a significant positive correlation between teachers' sense of self-efficacy and trauma awareness and responses when teaching traumatized children.

Keywords: trauma, schools, trauma-informed education, mental health, quantitative research, teacher self-efficacy, urban education

Many factors have been researched and hypothesized as important in teacher effectiveness with students impacted by trauma; one of the factors that seems to surface regularly is self-efficacy (Delale-O'Connor, 2017; Kim et al. 2021). When teachers feel better prepared to deal with the challenges of student trauma in the classroom, they are more likely to feel competent, which in turn leads to a better ability to support their students. A sense of self-efficacy may also be a factor in teacher retention and career longevity, as these are increasingly impacting the field of education, particularly in the aftermath of the COVID-19 pandemic (Bryant, et al.,

2023). The COVID-19 pandemic has transformed U.S. society's norms and brought instability, intensifying the complexity of traumatized children and adolescents' symptoms (Oosterhoff et al., 2020). This study, conducted during the pandemic, explored how well educators handled students with trauma in their classroom. Teachers' input, based on their perspective and understanding of what students experience in the classroom, can provide valuable practical information for generating professional development training and schoolwide implementation of trauma-informed practices. Understanding more about trauma and its impact on students can help support teachers in the classroom and in developing a sense of self-efficacy when working with a variety of students.

TRAUMA AWARENESS IN SCHOOLS

One historical focal point for advancing the research on traumatic childhood exposure and its effect on humans during early development was the CDC-Kaiser Permanente adverse childhood experiences (ACEs) study (Felitti et al., 1998). This study was one of the most extensive analyses on childhood abuse, neglect, household challenges, and later-life health and overall welfare. Results from the CDC-Kaiser Permanente study indicated that adverse childhood experiences are common across all populations. Ultimately, this study proposed that as the number of ACEs increases, so does the risk for adverse health outcomes. Petruccelli et al. (2019) conducted a meta-analysis of 96 articles, showing that a high ACEs score is an indicator of negative mental health, undesirable psychosocial behavior, and poor health outcomes. The original ACEs study showed the negative adult outcomes of early adverse childhood experiences which was the basis for research on trauma-informed practices (Felitti et al., 1998).

Following the results of the ACEs study, various national initiatives, methods, and training models have emerged to develop more trauma-informed childcare systems. Of note is the work of the National Child Traumatic Stress Network (NCTSN) in the United States (Greeson et al., 2014). Established by Congress in 2000, the NCTSN is a group of 70 treatment and research centers across the United States, which have been instrumental in implementing trauma-informed child welfare initiatives in the United States and internationally. Strategies include professional development, trauma screening and referral, and the dissemination of trauma-focused evidence-based treatments (Greeson et al., 2014). Responding to students' social, relational, and emotional needs is now directly within the school's, teachers', and school support staff's scope and responsibility. Furthermore, there is an ongoing public awareness and concern over what is reported to be escalating violence in schools and severe behavioral and and mental distress among some students (Department of Education, 2018).

PERCEPTIONS OF TRAUMA IN SCHOOLS

The impact of trauma can lead to severe emotional, developmental, and neurobiological challenges that develop well beyond childhood into adulthood (Akiki et al., 2018). Strøm et al. (2018) found that children who experience trauma are likely

to struggle academically in school for 1 to 2 years after the incident but can improve with the support of teachers. Furthermore, children with a history of trauma exposure score lower on standardized tests (Ryan et al., 2018), have higher suspension and expulsion rates (Chafouleas et al., 2019), and are more likely to be given individual education plans (IEPs) and labeled as special education students. As a result, the school environment must be a thoughtful, safe, and nurturing space where students can work with trauma-informed caregivers to cope with traumatic events from the past and build a safer educational future (Anderson, 2022).

Starting in elementary school, teachers are likely to encounter children who have experienced trauma (Koslouski & Stark, 2021). These traumas may include separation issues related to experienced loss of a loved one, sexual abuse, emotional abuse, physical abuse, and numerous forms of violence. Trauma research demonstrates that all types of traumas can negatively impact children's abilities to learn and fulfill classroom expectations, develop good mental health, and form supportive relationships (Chafouleas et al., 2019).

TEACHER RESPONSES TO CHILDREN WITH TRAUMA

Today, children are exposed to trauma more than ever before (Jennings et al., 2017). Schools need to play an integral role in supporting the mental health and well-being of children and serve as their access point for mental health services as a response to critical incidents, such as the COVID-19 pandemic and the rise of school violence. Classroom teachers play a crucial role in identifying student trauma and employing trauma-informed practices. Teachers are often the primary individuals in the school who connect with the students and are asked to implement school-based interventions and refer students in need of additional emotional support (Missenden & Campbell, 2019).

The COVID-19 pandemic increased exponentially the trauma impact in schools. As such, in addition to mitigating typical impact of trauma, administrators and policymakers in positions of authority within the education system must seek to assuage the impact of trauma resulted from the COVID-19 pandemic (O'Toole & Simovska, 2022). Since its start, the COVID-19 pandemic created serious concerns leading to increased anxiety (Roy et al., 2020). A variety of issues, such as school closures, limitations to academic access and development, restricted social engagement, limited access to school-based mental health services, health services, and food have increased the negative impact of the pandemic, mitigating measures for students suffering from trauma (Phelps & Sperry, 2020; Loades, et al., 2020).

A copious amount of research has been conducted on trauma and its impact on individual learning and achievement in schools (Ryan et al., 2018). However, little research has presented the perspective of educators' self-efficacy regarding the classroom culture, structures, skills, and techniques they can employ in their classrooms to minimize the impact of trauma and change the lives of children. Perceptions and responses of teachers who have had training in trauma can guide our thinking about what best practices look like in different educational settings.

According to recent research (Skinner et al., 2019), teachers can identify their students' mental health struggles based on impressions alone. However, despite the

current magnitude of research on trauma and student learning, most educators lack training about trauma and trauma-informed practices and, consequently, feel unprepared to support the needs of such students adequately (Jennings et al., 2017). There is limited research surrounding the relationship between interacting with and teaching traumatized students, as well as teacher professional development. This study seeks to fill this gap in research and practice and was collected during the early stages of the COVID-19 shut down in the year 2020. Researchers, clinicians, administrators, and many organizations see the need for trauma-informed care; however, little to no evidence exists regarding the teachers' experiences, knowledge, and skills when working with children who have a history of trauma exposure. Gathering data on teachers' training, education, and self-efficacy can help shape the way individual schools in different cultural settings modify and implement trauma-informed care as a response to school-level traumatic events.

SIGNIFICANCE OF THE STUDY

The COVID-19 pandemic impacted three academic school years, and the complicated short- and long-term effects continue to unfold. In addition to schools, states across the country and the globe mandated the closure of businesses to slow the spread of the virus for almost 18 months (Minkos & Gelbar, 2021). While it is reasonable to assume that the pandemic compounded the impact of existing trauma, the long-term effects of closures on students and their education, as well as on the teachers' contributions and efficacy, are still unfolding. As mentioned before, most educators have no trauma-informed training and feel hesitant in their role of support (Jennings et al., 2017). Additionally, there is limited research about teachers' perceptions about working with students with histories of trauma.

The purpose of this correlational study was to research the relationship between teacher trauma training, education, experience, and self-efficacy as predictor variables, and perceptions of trauma, awareness of trauma, and responses when teaching trauma-exposed students as the criterion variables. Specifically, this study was guided by three research questions:

RQ1: What is the relationship between trauma training, education, experience, and self-efficacy, and teacher perceptions of student behavior, as measured by the Teacher Perceptions of Student Behavior Scale?

RQ2: What is the relationship between trauma training, education, experience, and self-efficacy, and awareness when teaching students with a history of trauma exposure, as measured by the Teaching Traumatized Students Scale?

RQ3: What is the relationship between trauma training, education, experience, self-efficacy, and teacher responses to student behavior as measured by the Teacher Responses to Student Behavior Scale?

METHODS

Following approval by the Institutional Review Board, the study utilized a correlational research design to investigate the relationship between teacher trauma training, education, experience, self-efficacy, and teachers' perceptions, awareness, and responses to students with trauma.

Participants & Setting

A priori power analyses were conducted through G*Power software (Faul et al., 2007). For the multiple regression analysis, the total sample size deemed appropriate to detect a medium effect was 129 participants (f2 = .15), power ($1 - \beta$) = .95, and a significance level of $\alpha = 0.05$ - four predictors. For this study, the researcher chose to use the number of participants that would detect a medium effect size for the analyses, $N = 129$.

All participants were licensed K-12 teachers currently employed in a large, urban district in the northeast United States. Participants were recruited during the COVID-19 pandemic from a convenience sample of teachers via their public school district emails. Participants were asked to fill out the survey using the online software Qualtrics to gather responses. Researchers offered a drawing for 10 Amazon gift cards of $25 each to participants for completing the survey, selected at random.

An initial informed consent was employed to screen all potential participants for their eligibility and willingness to participate. Inclusion criteria required that participants self-report as an adult over 18 years of age, currently teaching with a teaching license, and demonstrate the ability to comprehend and sign an informed consent form.

Instrumentation

The demographic section of the survey consisted of 10 questions. The purpose of the demographic section was to gather essential demographic information for description and analysis purposes. Demographic items included grade taught, gender, age, highest degree held, length of time teaching, and information about previous training and education related to trauma.

Teachers' Self-Efficacy Scale

This study utilized the Teacher Sense of Efficacy Scale to measure teachers' sense of efficacy in student engagement, instructional practices, and classroom management. Tschannen-Moran and Woolfolk Hoy (2001) developed the Teacher Sense of Efficacy Scale, which is comprised of three subscales: student engagement, instructional practices, and classroom management (Yoo, 2016). The Teacher Sense of Efficacy Scale has 24 items rated on a 9-point Likert scale, with 1 indicating "Nothing" and 9 designating "A great deal" (Yoo, 2016). While this scale is a self-report instrument, the Teacher Sense of Efficacy Scale instrument has been extensively used in the education field to assess teachers' ability to use various instructional and evaluation strategies in their teaching contexts (Yoo, 2016). One research article analyzed the Teacher Sense of Efficacy Scale on large representative

samples of Polish schoolteachers and concluded the Teacher Sense of Efficacy Scale is a reliable measurement tool (Koniewski, 2019). Support was observed for the Teacher Sense of Efficacy Scale measurement invariance of form, factor loadings, factor variances, and covariances across primary and lower-secondary school teachers (Koniewski, 2019).

Trauma Scales

Three complementary measures were developed to evaluate academic staff on their readiness to work with traumatized students. These measures were developed by Crosby et al. (2018) with a detailed analysis of the literature on childhood trauma, its impression on educational well-being, and academic responses to traumatized students; the instruments assess academic staff perceptions of student behavior (Teacher Perceptions of Student Behavior Scale), awareness of trauma (Teaching Traumatized Students Scale), and responses to student behavior (Teacher Responses to Student Behavior Scale). Crosby et al.'s (2018) research resulted in a list of concepts associated with the target constructs of school staff perceptions of, awareness of, and responses to student trauma. Crosby et al. (2018) reported on the preliminary psychometric properties of three instruments to help evaluate teachers' perceptions of student trauma: the *Teacher Perceptions of Student Behavior Scale (TPSBS)*, *Teaching Traumatized Students Scale (TTSS)*, and the *Teacher Responses to Student Behavior Scale (TRSBS)*. These measures were used in the present study to evaluate educational staff perceptions of student behavior (TPSBS), overall awareness of trauma in the classroom and its impact on learning (TTSS), and responses to disruptive behavior (TRSBS). Researchers described the psychometric properties, indicating that these measures may be potentially useful for helping researchers, program administrators, and academic organizations to achieve a greater understanding of the school environment for traumatized students (Crosby et al., 2018).

Procedures

To begin the screening process, participants were emailed instructions and background information about the researcher and the investigation being conducted, with a link that took them to the confidentiality and consent form process. Screened participants who met the inclusion criteria completed the informed consent form that detailed the risks and benefits of participation, the limits of confidentiality, and participation compensation. No identifying information was gathered from participants as part of the survey. Participants were required to read and acknowledge an informed consent page before proceeding to the survey questions.

Data Analysis

The researchers used IBM SPSS Statistics 27 to calculate all statistical analyses. Three multiple regression analyses were conducted. Each analysis used the following predictor variables: highest degree held, length of time teaching, information about

previous training, education related to trauma, and *Teacher Sense of Efficacy Scale* scores. The criterion variable for each analysis was comprised of the scores from the individual trauma scales: the *Teacher Perceptions of Student Behavior Scale*, the *Teaching Traumatized Students Scale*, and the *Teacher Responses to Student Behavior Scale*.

Sample Description

For this study, the researcher requested information on participants' grade taught, gender, age, highest degree held, length of time teaching, and information about previous training and education related to trauma. A summary of demographic data is presented in Table 1.

In the final sample, 19.2% were elementary teachers, 3.8% were high school teachers, and 69.9% were middle school teachers. Trauma training received: 23.7% received 0-4 hours, 25.3% received 5-9 hours, 20.8% received 10-15 hours; 20.5% received 16-20 hours, and 2.6 % received 21 hours or more. Level of education in the sample is as follows: 45.2% hold a bachelor's degree, 47.1% hold a masters, and .6 % hold a doctorate degree. Experience for the sample is as follows: 38.1% have 1-5 years of teaching, 44.2% have 6-11 years of teaching, 5.1% have 12-18 years of teaching, 3.8% have 19-24 years of teaching, and 1.6% have 25 years of teaching or more. For more detail, please find the information in Table 1

Table 1: Demographic Questionnaire

Demographics	*N*	%
Type of Teacher:		
English language learner (ELL/ESOL)	72	23.1%
Other	3	1.0%
Regular education	136	43.6%
Special education	79	25.3%
Primary Teaching Grade:		
12th grade	3	1.0%
11th grade	3	1.0%
10th grade	3	1.0%
9th grade	3	1.0%
1st grade	6	1.9%
2nd grade	16	5.1%
3rd grade	21	6.7%
4th grade	7	2.2%
5th grade	11	3.5%
6th grade	77	24.7%
7th grade	63	20.2%
8th grade	71	22.8%
9th grade	3	1.0%
Kindergarten	9	2.9%

Demographics	*N*	%
Total Years Teaching		
1-5 years	119	38.1%
6-11 years	138	44.2%
12-18 years	16	5.1%
19-24 years	12	3.8%
25+ years	5	1.6%
Teaching Level		
Elementary school (K-5th grade)	60	19.2%
High school (9th-12th grade)	12	3.8%
Middle school (6th-8th grade)	218	69.9%
Age		
20-25 years old	46	14.7%
26-35 years old	98	31.4%
36-45 years old	89	28.5%
46-55 years old	52	16.7%
56+ years old	5	1.6%
Gender Identity		
Female	167	53.5%
Male	123	39.4%
Non-binary/third gender	0	0%
Prefer not to say	0	0%
Ethnicity		
American Indian or Alaska Native	42	13.5%
Asian	60	19.2%
Black or African American	58	18.6%
Other	1	0.3%
White	129	41.3%
Highest Degree Earned		
Bachelor's degree	141	45.2%
Master's degree	147	47.1%
Doctorate degree	2	0.6%
Amount of Trauma Training Career		
0-4 hours	74	23.7%
5-9 hours	79	25.3%
10-15 hours	65	20.8%
16-20 hours	64	20.5%
21+ hours	8	2.6%

RESULTS

The multiple regression was conducted with N = 289 participants. The first research question was, "What is the relationship between trauma training, education, experience, self-efficacy, and teacher perceptions of student behavior, as measured by the Teacher Perceptions of Student Behavior Scale?" The predictor variables were

training, education, experience, and self-efficacy. The criterion variable was the Teacher Perceptions of Student Behavior Scale scores. The first null hypothesis stated no correlation between trauma training, education, experience, and self-efficacy, as measured by the Teacher Perceptions of Student Behavior Scale. Results of the regression analysis were not statistically significant ($R2 = .023$, adjusted $R2 = .009$, $F(4,275) = 1.631$, $p = .167$). Therefore, the researcher failed to reject the null hypothesis and concluded the model did not significantly predict teacher perceptions of student behavior.

The second research question was, "What is the relationship between trauma training, education, experience, self-efficacy, and teaching students with a history of trauma exposure, as measured by the Teaching Traumatized Students Scale?" The predictor variables were training, education, experience, and self-efficacy. The criterion variable was the Teaching Traumatized Students Scale scores. The second null hypothesis stated no correlation between trauma training, education, experience, and self-efficacy and teaching students with a history of trauma exposure as measured by the Teaching Traumatized Students Scale. Results of the regression analysis were statistically significant ($R2 = .098$, adjusted $R2 = .085$, $F(4,275) = 7.455$, $p < .001$). Therefore, the researcher rejected the null hypothesis and concluded the model significantly predicted trauma awareness when teaching traumatized students. There was a small but significant positive correlation between trauma training, education, experience, and self-efficacy, as measured by the Teaching Traumatized Students Scale. The correlation accounts for 9.8% of the variation ($R2 = .098$, $p < .001$). The beta weights show that Teacher Sense of Efficacy Scale predictor variable significantly predicted the dependent variable based on t-scores $t = 4.8$ and p-values $p = .000$.

The third research question was, "What is the relationship between trauma training, education, experience, self-efficacy, and teacher responses to student behavior, as measured by the Teacher Responses to Student Behavior Scale?" The predictor variables were training, education, experience, and self-efficacy. The criterion variable was the Teacher Responses to Student Behavior Scale scores. The third null hypothesis stated no correlation existed between training, education, experience, self-efficacy, and teacher responses to student behavior as measured by the Teacher Responses to Student Behavior Scale. Results of the regression analysis were statistically significant ($R2 = .089$, adjusted $R2 = .076$, $F(4,275) = 6.732$, $p < .001$). Therefore, the researcher rejected the null hypothesis and concluded the model significantly predicted teacher response to student behavior. There was a small but significant positive correlation between trauma training, education, experience, and self-efficacy, as measured by the Teacher Responses to Student Behavior Scale. The correlation accounted for 8.9% of the variation ($R2 = .089$, $p < .001$). The Teacher Sense of Efficacy Scale predictor variable significantly predicted the dependent variable based on t-scores $t = 4.04$ and p-values $p = .000$.

DISCUSSION

The regression analysis for RQ1 provided non-significant results. Teachers' trauma training, level of education, experience, and self-efficacy did not significantly

correlate with teacher perceptions of student behavior. These results were somewhat unexpected, as literature supported differences between teachers' perceptions of student behavior ratings of the same student. However, research shows that students' perceptions vary systematically by teacher and student race, and other demographic characteristics have a relationship with teacher perceptions (Weathers, 2019). A credible explanation for the lack of significance in the overall model could be an outcome of teacher bias of students with a history of trauma. Literature provides evidence that the racial match between teachers and students influences teachers' perceptions of students; students are perceived more favorably when assessed by teachers of the same race (Weathers, 2019). Since the study did not account for this aspect, it is possible that the predictors were not related to teachers' perceptions. Additionally, given that the data was collected during the pandemic, it is possible that the limited contact teachers had with their students may impacted these results.

The second research question investigated whether teachers' trauma training, level of education, experience, and self-efficacy positively correlated to increased awareness of trauma symptoms. While the results were significant, only self-efficacy scores correlated positively with awareness of trauma when teaching. The literature supports the results of this model and the importance of trauma training for educators teaching students with a history of trauma to improve teacher self-efficacy. McIntyre et al.'s (2019) research study sampled educators with various levels of work experiences and demonstrated that teacher knowledge of trauma-informed approaches grew significantly from pre- to post-training. The percentage of teachers who answered at least 80% of the test items correctly increased from just 20% to 70% post-training (McIntyre et al., 2019). Combining previous literature with the results from this research support the notion that the relationship between teacher self-efficacy and trauma awareness in educators teaching students with a history of trauma is positively correlated.

Regarding associations between self-efficacy and teaching traumatized children, self-efficacy theory (Bandura, 1977) suggested that higher self-efficacy leads to more remarkable persistence and more positive outcomes when facing difficulties. Literature supports the results of this study: teachers with higher self-efficacy tended to respond more positively to children, they communicated with them in ways that improved achievement, and they encountered less stress (Putwain & von der Embse, 2019; Zee & Koomen, 2016).

Literature highlights that teachers with high levels of self-efficacy tend to execute effective teaching strategies (Zee & Koomen, 2016). Teachers' self-efficacy positively links with students' academic adjustment (Zee & Koomen, 2016) and relates to student learning outcomes (Klassen & Tze, 2014). Research shows that traumatic and stressful experiences place urban children at a heightened risk of academic difficulty, mental health disorders, illnesses, behavioral difficulties, and substance use (Larson et al., 2017; McLaughlin, 2016). Since teachers' sense of self-efficacy significantly correlated with their overall awareness of trauma and its impact on learning, there is a clear need for professional development to help increase teachers' trauma awareness. While this study was conducted during the pandemic, teachers' sense of self-efficacy likely had an impact in their teaching of traumatized children.

The third research question investigated whether teachers' trauma training, level of education, experience, and self-efficacy positively correlated with using trauma-sensitive instructional practices with students. However, only self-efficacy appeared to positively correlate with positive responses of teachers when working with trauma impacted students. These results highlight educators' training and policy needs regarding students with a history of trauma. In previous literature, teachers reported varying results and responses to levels of training and policy regarding students with a history of trauma (Berger et al., 2020). The study's findings that teachers' sense of self-efficacy significantly positively correlated with the use of trauma-sensitive instructional practices with students resemble Alisic et al.'s (2012) study, which showed that teachers with more significant experience and training regarding trauma are more confident and knowledgeable to respond to students. Recommendations from the literature included more training and trauma policies (Berger et al., 2018). Results support the need for school policy regarding the impact of student trauma on other students and a need for staff-wide acceptance of trauma-specific protocols. Because this study was conducted during the pandemic, and likely many more students were impacted by trauma, teacher self-efficacy and responses became even more significant in this context.

Preparing and training teachers to work with students with traumatic history may help address new educators' stress, burnout, and teacher turnover and increase teacher self-efficacy. Moreover, recent teachers' shortages (Karbowski, 2022) are likely due in part to teachers not feeling prepared to deal with new and unexpected student behaviors. As we do not yet know the full extent of the impact of the pandemic, it is safe to say that teachers with more trauma training will likely develop more self-efficacy and in turn, this will have a positive impact on career longevity. Educators are critical stakeholders in trauma-informed schools as the frontline hands with the most direct contact with students. Literature on trauma-informed schools recommends addressing students' and educators' needs (Thomas et al., 2019). These barriers include lack of training, time, and teachers' buy-in regarding this mindset and approach (Baweja et al., 2016). Administrators may help support implementation by offering professional development for a deeper understanding between trauma and school climate, culture, and teacher connections (Blitz et al., 2020).

Limitations

These study results must be considered in the context of limitations that may impact their generalizability. It is possible that teachers already held positive perceptions of trauma-informed approaches and training. Future work should include more diverse samples of educators and school locations. Exploring how schools shape individual teachers' perceptions of trauma-informed approaches will advance our understanding of teaching traumatized students.

The use of teacher self-report assessment instruments was another limitation of this study. The assessments used in this research utilized teachers' self-report and may have evaluated teachers' perceptions instead of actual changes in skill levels and student behavioral difficulties. Also, the correlational design can only show

relationships between the variables and does not imply causality between predictors and criterion variables.

This study was conducted during the COVID-19 pandemic. While researching during a pandemic has provided unprecedented correlational insights, the impact on research is limited because the pandemic curtailed most academic, industry, and government normal daily functions. The COVID-19 pandemic has intensified research challenges by transforming school environments and outcomes.

DISCUSSION

This study has implications for trauma-specific training and policy in schools as well as trauma-informed educators. The implications include ongoing professional development explicit about identifying trauma, impacts of trauma, responding to students with a history of trauma, and teacher self-efficacy. Results indicated that self-efficacy, possibly gained through training, is an essential factor for teaching and responding to students with a history of trauma. More prominent recognition of the role of teacher training is important, as the literature has supported training all school staff in response to trauma (Berger et al., 2018). While support and training can come from more experienced staff, or outside providers, involving school counselors can provide the additional necessary knowledge and support (Pincus et al., 2020).

Implications for school-wide changes include more comprehensive training focused on managing student behavior and learning needs, and administrative support for staff. Such issues could potentially be addressed by integrating school counseling evidence-based interventions and protocols within school-wide support. School counselors, administrators, and other specialized school staff can provide student support, teacher training, and individualized peer coaching based on teachers' level of student trauma training. Integrated responses and staff preparedness to respond to the many challenges of traumatized students could also be facilitated through the inclusion of trauma emotional regulation instruction in curricula. Support for school staff could also examine models of self-care and school-wide supports provided to educators.

While school counselors and other school based mental health personnel have specific training for supporting students with trauma, they cannot do it all. The needs are increasing in school settings; therefore, competent teachers who are adequately trained in aspects of trauma, can be the first line of defense for students with a history of trauma. Trauma shows up in the classroom in many ways, from students having trouble concentrating to expressing themselves through angry outbursts (Jacob et al., 2018). Insecurities caused by the COVID-19 pandemic are also affecting children (Minkos & Gelbar, 2021). Knowing how to respond to such behaviors and challenges, and being confident (having self-efficacy) that they have the know-how to handle different classroom management challenges can empower teachers and increase their longevity in the profession.

Exposure to trauma can result in significant long-term negative consequences (Chafouleas et al., 2019). The result may be insignificant for some children, whereas COVID-19 will represent an adverse childhood experience for others. Nonetheless, impacts are influenced by the duration and intensity of traumatic experiences

(Chafouleas & Marcy, 2020), all of which are challenging to assess within a continually evolving pandemic. Institutions and administrators should anticipate students will react to the pandemic in various ways, depending on the student's personal experiences and developmental level (Baloran, 2020). Hence, it is essential for schools and districts to provide all school staff with trauma-informed training to understand the indicators and symptoms of trauma and respond appropriately.

Administrators can focus on increasing trauma training that equips teachers to recognize trauma's effects on the body and brain, regulate stress in the classroom, and develop resilience in themselves and their students. Administrators must examine the various benefits of professional development in this field. For current teachers, continuing education that furthers trauma-informed learning environments can be beneficial. There are many ways to integrate trauma-informed approaches into schools, including strategic planning by administrators, staff training, and teacher peer support. Finally, encouraging collaboration and consultation with school counselors and other mental health professionals can benefit not only the teachers, but ultimately the students as well.

Recommendations for Further Research

Additional research is needed to determine the optimal way to introduce trauma training in teacher education programs. Training format approaches should be evaluated to ascertain the best way to facilitate trauma-informed teaching skill competence among educators to improve teacher self-efficacy. Future research may examine teachers' self-efficacy scores for trauma-informed professional development training. For example, analyzing pre- and post-training teachers' self-efficacy scores to evaluate the effectiveness of trauma-informed professional development training could further explore the nature of the relationship between teacher self-efficacy and teaching students with a history of trauma.

Relatively few investigations have attempted to demonstrate the benefits of relevant training for educators. Additional research is needed to understand the impact of trauma-informed training on educators' self-efficacy. Since educators provide the primary relationship with students, teacher-focused trauma-informed training is ideal for helping build schools that are safe and supportive places for students who have experienced trauma.

Future research should examine compassion fatigue and burnout among school faculty and how schools take a trauma-informed approach to address burnout and self-care. As the number of trauma-impacted students in the United States continues to grow, educators' understanding and professional development on student needs and the best practices in trauma education also need to grow.

Additional research is needed to ascertain the optimal way to introduce trauma training in teacher development programs to improve teacher self-efficacy. Such research would enable school systems to integrate trauma informed care with professional development. Educational research literature has consistently identified that teachers do not feel prepared or equipped to support the mental health of their students (Alisic et al., 2012). Furthermore, teacher self-efficacy has been recognized as a variable against burnout and supports teacher effectiveness even when faced with

students with a history of trauma (McCallum & Price, 2010). Given the high occupational stress of the teaching profession (McCallum & Price, 2010), self-efficacy and its impact on teacher effectiveness is a critical construct to explore further. Now more than ever, educator professional development programs need to prepare the school staff to be trauma-informed and implement trauma-sensitive practices.

CONCLUSION

This study provided information on the relationship between trauma training, education, experience, and teacher self-efficacy, and teachers' self-reported perception of student behavior, awareness of trauma in teaching, and managing behaviors of students with trauma history. Specifically, this research studied the role teachers play in educating children with a history of trauma. Teacher self-efficacy correlated significantly with teacher awareness in teaching students with a history of trauma, and responses to student behavior. However, teacher self-efficacy, total years teaching, amount of trauma training, and highest degree held did not significantly correlate with teacher perceptions of student behavior. Overall, the study validated the importance of teacher self-efficacy and trauma training and its significance on educators' experiences. Further research is needed on the relationship between teachers' perceptions of student behavior. The results emphasize the importance of school administrators, trauma educators, and researchers in including frontline educators when developing trauma-informed educational approaches.

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