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What Do Special Education Professionals Identify as Trauma-Informed Practices for Students with Disabilities? An Exploratory Survey

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ABSTRACT

There is an established need for the use of trauma-informed practices for students with disabilities. However, there are varying understandings of what constitutes a trauma-informed practice. The purpose of this study was to explore special education professionals' perceptions of trauma-informed practices. We used an exploratory survey method with 15 special education professionals who self-identified as doing work related to supporting students with disabilities who had experienced trauma to learn what they identified as trauma-informed and not trauma-informed practices. Overall, we found that participants identified a variety of practices as trauma-informed or not trauma-informed, some of which are aligned or misaligned with the broader education field. We discuss how these findings have implications for future research to improve the use of trauma-informed practices in special education.

Keywords: trauma, special education, disability, trauma-informed practices

The impact of trauma on students is increasingly recognized. By age 16, two-thirds of youth have experienced a potentially traumatic event (McLaughlin et al., 2017). Potentially traumatic events are events that can lead to trauma, including individual events (e.g., abuse, neglect, death of a loved one) and systemic events (exposure to racism, living in poverty; Goldin et al., 2023; National Child Traumatic Stress Network [NCTSN], 2017). Trauma can be defined as "an event, a series of events, or circumstances that are experienced as physically or emotionally harmful or life-threatening, leading to lasting adverse effects on an individual's functioning and well-being," (Substance Abuse and Mental Health Services Administration [SAMHSA],

2023). The reaction to trauma is an individualized process and can manifest in students in various ways, affecting their relationships, behavior, physical health, and academic performance. Students may develop a general mistrust of peers or adults in school or may hesitate to ask for help and seek connection (Alexander, 2019). They may also struggle with executive function, impulse control, identifying and regulating their feelings, and may appear hypervigilant in the classroom (Blaustein & Kinniburgh, 2010; De Bellis & Zisk, 2014; Gruhn & Compas, 2025). Students who have experienced trauma are also more likely to be diagnosed with a learning disability or an emotional/behavioral disability, including attention deficit hyperactivity disorder (ADHD; Fuller-Thomson & Lewis, 2015; Raby et al., 2019). They may also experience negative health outcomes (Felitti et al., 1998).

Trauma-Informed Practices

One way to support students who have experienced trauma is through the use of trauma-informed practices. Trauma-informed practices stem from the concept of trauma-informed care, which is a type of service delivery that integrates an understanding of the pervasive biological, psychological, and social outcomes of trauma with the aim of ameliorating, rather than exacerbating, their effects (Harris & Fallot, 2001). SAMHSA (2023) identified four assumptions of a trauma-informed approach: realizing the widespread impact of trauma, recognizing the signs and symptoms of trauma, responding by using trauma-informed practices, and resisting re-traumatizing. Trauma-informed practices are strategies and supports used to support students who have experienced trauma (Harris & Fallot, 2001). Currently, there is no uniform list of trauma-informed practices in education. The National Child Traumatic Stress Network (n.d.) identified ten practices for a trauma-informed school, some of which are connecting with students and their families, promoting social-emotional skills and wellness, and incorporating crisis response and emergency management. Alexander (2019) discussed the importance of promoting safety, prioritizing relationships, and teaching social-emotional learning skills. SAMHSA (2023) does not provide specific practices but instead identifies six principles of a trauma-informed approach, including safety, trustworthiness, and peer support. Other trauma-informed practices listed in the literature include creating a predictable and safe classroom environment, using Positive Behavioral Interventions and Supports (PBIS), using restorative practices, screening for trauma, adopting a universal approach to trauma-informed practices, and using a culturally responsive approach (Brown et al., 2020; Downey & Greco, 2023; Guevara et al., 2021; Hunter et al., 2021; Nicholson et al., 2023; Venet, 2021). On a broader scale, trauma researchers have identified relationships and agency as critical to promoting healing from trauma (Herman, 1992; Perry, 2007).

Trauma, Disability, and Special Education

Research has shown that individuals with disabilities are more likely to experience trauma than those without disabilities. For example, estimates suggest that

children ages 18 and under are 2.16 to 6.2 times more likely to experience maltreatment than children without disabilities (Fang et al., 2022; Jones et al., 2012; McDonnel et al., 2018). Children with disabilities are also more likely to experience trauma in schools. Students with disabilities make up 12% of students in public schools but account for 81% of those physically restrained and 75% of those secluded (U.S. Department of Education, 2023), both of which have been reported to be harmful (Chieze et al., 2019; Council for Children with Behavioral Disorders, 2020). Additionally, students with disabilities may experience trauma due to ableism and involvement in the special education system (i.e., being 'intervened' on, being exposed to deficit-based views of themselves; Cooper, 2020; Goodley & Runswick-Cole, 2011). The increased risk of students with disabilities experiencing trauma both inside and outside schools makes it imperative that special education professionals use trauma-informed practices to support them.

Given the increasing evidence of the negative effects of trauma on development and the fact that students with disabilities experience trauma at high rates, many calls to action have been made to promote the use of trauma-informed practices with this population. The Council for Exceptional Children (2025) released a position statement on the prevention of and response to maltreatment in students with disabilities, emphasizing the need for a trauma-informed approach when working with these students. Houck and Dracobly (2023) urged for policy development to facilitate the implementation of trauma-informed practices for students with disabilities. Despite the growing attention to trauma-informed practices for students with disabilities, little is understood about the topic. This may be due to the exclusion of students with disabilities or special education professionals from research. For instance, multiple literature reviews on trauma-informed practices have found that few studies have included students with disabilities or addressed special education (Chudzik et al., 2023a; Sun et al., 2024; Thomas et al., 2019). A limited number of studies have been conducted focusing on students with disabilities. Pollack and colleagues (2023) reviewed literature on function-based interventions for students with emotional and behavioral disabilities and found that most interventions did not incorporate trauma-informed practices. Goldenthal and colleagues (2024) implemented a multi-tiered system of supports (MTSS) for trauma-informed care in a special education setting. They identified successes and challenges associated with using an MTSS approach to implement trauma-informed practices in this environment. However, further research is necessary to understand what special education professionals recognize as trauma-informed practices, especially given that a lack of cohesive understanding of what it means to be trauma-informed has been identified as a barrier to its use (Berliner & Kolko, 2016; Donisch et al., 2016). Therefore, the purpose of this study was to explore special education professionals' perceptions of trauma-informed practices. The research questions for this study were:

(1) What do special education professionals identify as trauma-informed practices?
(2) What do special education professionals identify as not trauma-informed practices?

METHODS

The research team for this study included one postdoctoral research associate in special education and one graduate student in special education. Both members have experience working with survey data and an interest in supporting the well-being of students with disabilities through the use of trauma-informed practices. We chose to conduct an exploratory survey study because it can serve as a tool to start investigating a phenomenon of interest when little prior research has been conducted. It can also provide a foundation for further exploration (Anderson & Lightfoot, 2022). This study was approved by our university's IRB in Fall of 2024.

Participants

The participants for this study were members of a professional organization who self-identified as doing work related to supporting students with disabilities who had experienced trauma. We used purposeful sampling (Patton, 2015) to recruit participants. When the survey was sent out, there were 33 members of this group. The first author sent an email to all potential participants describing the purpose of the study and a link to the survey. After the initial email, two reminder emails were sent. Fifteen individuals completed the survey, leading to a 45% response rate. Participants received a $10 gift card for completing the survey.

Table 1 presents the demographics of the participants. Seven participants (47%) were in academic positions (e.g., faculty member, research associate); five (33%) were practitioners (e.g., teachers, administrators); and three identified as 'other,' which included parents and directors/coordinators in non-profit organizations. All participants identified as white and most (n = 14, 93%) identified as female. On average, participants were 48 years old. Participants reported having a variety of roles when it comes to supporting students with disabilities who had experienced trauma, including preparing future special education teachers and other professionals to support students with disabilities in a trauma-informed manner, working directly with students who experienced trauma in school settings, supporting families who have children with disabilities who have experienced trauma, and conducting research on disability and trauma.

Table 1: Demographic Information

Demographic	n	%
Race/ethnicity		
White	15	100
Gender identity		
Male	1	7
Female	14	93
Current position		
Academic	7	47
Practitioner	5	33
Other	3	20

Data Collection

We developed the survey based on best practices for survey design (Dillman, 2009) in Qualtrics. The first four questions were demographics questions. Then, participants were asked to answer three open ended questions: (1) How does your current work/role connect to trauma and trauma-informed practices for children with disabilities?, (2) How did you get into thinking about trauma and trauma-informed practices in your current role?, and (3) How do you define trauma? The next question listed 11 practices present in the literature on trauma-informed practices (see Table 2) and asked participants to select all that they considered to be trauma-informed practices for students with disabilities. These 11 practices were chosen based on reviews of research that describe trauma-informed practices in education and key texts on trauma-informed practices in education (Alexander, 2019; Chudzik et al., 2023; Thomas et al., 2019; Venet, 2021). Given the disparities in what constitutes a trauma-informed practice, we aimed to include practices that were widely accepted (e.g., creating a safe classroom environment, having a classroom schedule) and practices that were representative of different viewpoints (i.e., some consider knowing a student's trauma background to be a trauma-informed practice, while others do not). The final three questions asked participants to list any additional trauma-informed practices for students with disabilities, practices they do not consider to be trauma-informed for students with disabilities, and if there was anything else they wanted to share about trauma-informed practices for students with disabilities.

Data Analysis

For the multiple choice survey questions that asked participants which of the following practices were trauma-informed practices for students with disabilities, we did a frequency count to identify how many times each practice was selected. We analyzed the open-ended questions using a content analysis (Hsieh & Shannon, 2005). First, we compiled the answers to the questions "How do you define trauma?," "What do you consider to be a trauma-informed practice for students with disabilities?," and "What do you consider to not be a trauma-informed practice for students with disabilities?" and uploaded the data into MaxQDA, a qualitative data analysis software. Then, we each read the data individually and used descriptive coding (Saldana, 2021) to summarize the data, creating codes that represented participants' answers. For example, the responses "verbal berating of a student for what is considered to be negative or inappropriate behavior" and "harsh criticism" were both coded as *verbal criticism.* After coding individually, we met as a team to discuss the codes we created, any discrepancies in how we coded, and to come to consensus on any disagreements. Finally, we grouped these codes into categories based on their similarities. For example, the codes *finding meaning in behavior, using positive behavioral supports,* and *using natural consequences* were categorized under "behavior management practices." See Figures 1 and 2 for an overview of the practices and categories.

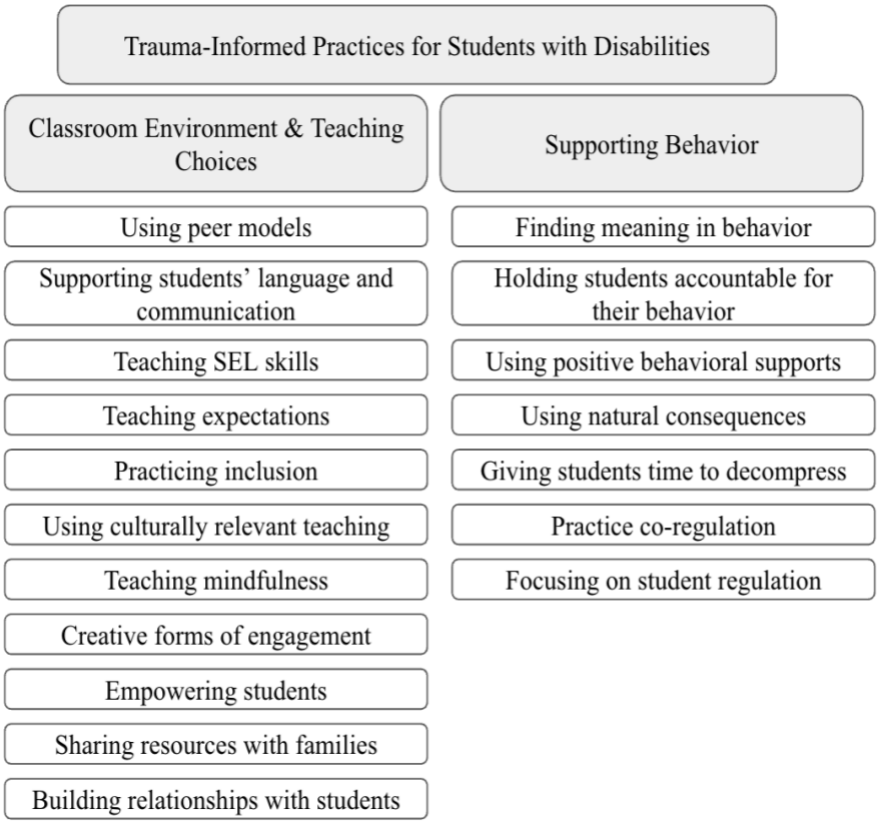


Figure 1: Participant-Identified Trauma-Informed Practices

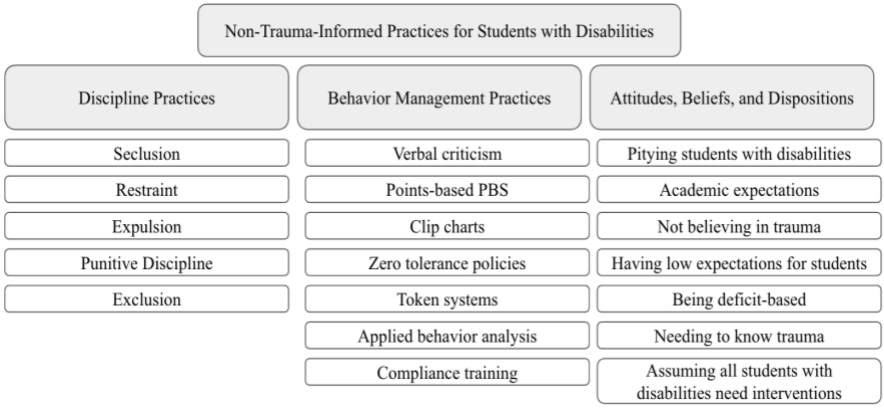


Figure 2: Practices Identified by Participants as Not Trauma-Informed

FINDINGS

Definition of Trauma

Almost all participants (n=14, 93%) defined trauma as a response to an event. The response could be an emotional response or a physical one. Participants used phrases such as "An adverse event that effects someone physically or emotionally and is difficult to cope with," and "impacts the health or mental health of the child" to define trauma. Four participants (27%) focused on the long-term impact of trauma, with one participant sharing "[trauma] has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being." Some other characteristics of trauma that were cited less frequently include that it is caused by an event out of someone's control (n = 2, 13%), causes difficulty coping (n = 1, 6%), and that it causes a heightened stress response (n = 2, 13%).

Trauma-Informed Practices

Of the 11 practices provided to participants, one was selected as a trauma-informed practice for students with disabilities by all participants: creating a safe classroom environment. Almost all participants (n = 14, 93%) indicated that having a consistent classroom schedule, having consistent routines, and building relationships with families were trauma-informed practice for students with disabilities, and most (n = 13, 87%) indicated that promoting healthy attachment, focusing on social-emotional learning, and providing students with additional resources were trauma-informed practice for students with disabilities. The practices that were chosen the least amount of times were using unconditional positive regard with students and knowing students' trauma background, although nine participants (60%) still chose these. See Table 2 for all the data for this survey question.

Thirteen participants (87%) provided additional practices that they considered trauma-informed. These practices fell into two main categories: (a) classroom environment/teaching choices, and (b) supporting behavior. Eleven participants (73%) provided additional practices that were based on the classroom environment/teaching choices. Some of these practices included empowering students, supporting students' language and communication, teaching social-emotional learning skills, teaching expectations, and using culturally relevant teaching. Five out of 15 participants (33%) shared additional practices that were based on supporting student behavior. These practices included finding meaning in behavior, using positive behavioral supports, focusing on student regulation/co-regulation, and holding students accountable for their behavior. See Figure 1 for an overview of all the additional practices listed.

Table 2: Trauma Informed Practices Provided in the Survey

Practice	n	%
Creating a safe classroom environment	15	100

Having a consistent classroom schedule	14	93
Having consistent routines	14	93
Building relationships with families	14	93
Promoting healthy attachment	13	87
Focusing on social-emotional learning	13	87
Providing students with additional resources	13	87
Giving students choices	12	80
Teaching self-regulation skills	11	73
Unconditional positive regard	9	60
Knowing students trauma	9	60

Not Trauma-Informed Practices

Thirteen participants (87%) provided practices that they considered to be not trauma-informed for students with disabilities. These practices fell into three categories: (a) discipline practices, (b) behavior management practices, and (c) attitudes, beliefs, and dispositions. Eight participants (53%) provided discipline practices that they considered not to be trauma-informed. These included the use of seclusion (n = 5, 33%), excluding students and using punitive discipline practices (n = 3, 20%), restraint (n = 2, 13%), and expulsion (n = 1, 7%). Five participants (33%) provided behavior management practices that they considered to be not trauma-informed. These included verbal criticism (n = 2, 13%), using clip charts, zero tolerance policies, token systems, points-based positive behavioral supports, applied behavior analysis (ABA), and compliance training, all of which were mentioned once. Finally, six participants (40%) identified certain attitudes, beliefs, or dispositions that were not trauma-informed. These included pitying students with disabilities, assuming all students with disabilities need interventions, not believing trauma, and having low expectations for students with disabilities, which were all mentioned one time. See Figure 2 for an overview of all the not trauma-informed practices provided by participants.

DISCUSSION

Understanding what special education professionals identify as trauma-informed practices is critical for moving towards a more comprehensive use of these practices. Findings from this study extend the literature by highlighting practices that special education professionals identified as either trauma-informed or not.

Overall, we found that participants identified a variety of practices as trauma-informed or not trauma-informed, some of which are aligned or misaligned with the broader education field.

First, this group of special education professionals identified trauma-informed practices that are represented in the literature, namely the importance of creating a safe classroom environment, having a consistent schedule and routines, and building relationships. This is positive, considering that previous research has indicated these practices are supportive for students who have experienced trauma (Alexander, 2019; Nicholson et al., 2023; Venet, 2021). Additionally, they identified practices they consider to be not trauma-informed that are unique to working with students with disabilities, such as being deficit-based towards disability, pitying students with disabilities, and assuming that all students with disabilities need interventions. This finding may suggest that participants are acutely aware of issues related to trauma-informed practices for students with disabilities, such as ignoring ableism as a source of trauma or assuming that students with disabilities can be "fixed" with trauma-informed practices (Thomas-Skaf & Jenney, 2021). However, the fact that these beliefs were only brought up by a small group of participants may indicate that these are not widely-held beliefs about trauma-informed practices.

Second, over half of the participants identified knowing students' trauma as a trauma-informed practice. Recent research has advocated for a different approach. Some argue that needing to know students' trauma background, or being a 'trauma detective,' is actually counter to a trauma-informed approach in educational settings (Venet, 2021). This is because students should not have to disclose their trauma in order to receive trauma-informed care and because trauma-informed practices should be used universally. The approach of wanting to know students' trauma has been reported in other studies, sometimes with the intent of wanting to avoid certain triggers or use specific strategies to support students (Chudzik et al., 2023b). The field will need to grapple with how to balance not being a 'trauma detective' while still creating safe spaces for students with disabilities. This finding is also notable considering that almost all participants defined trauma not as an event, but as the individual's response to an event. This is in line with how trauma is defined in the literature (SAMHSA, 2023; National Child Traumatic Stress Network, n.d.). If participants recognize that trauma is the *response* to an event and not the event itself, then it is not necessary to know the details of a student's trauma background. Future training and preparation opportunities for special education professionals can convey the message that knowing a student's trauma background is not essential for the successful use of trauma-informed practices.

Finally, participants identified multiple trauma-informed behavior support strategies that align with the literature, including practicing co-regulation, using natural consequences, and finding meaning in student behavior (Alexander, 2019). Some participants listed practices that they considered to be not trauma-informed that are present throughout special education, such as the use of applied behavior analysis (ABA), token systems, and the use of PBIS (Center on PBIS, n.d.; Lampron & Gonsoulin, 2013; Sugai & Horner, 2020). One practice, the use of PBIS, was listed as both a trauma-informed practice and a not trauma-informed practice. This mirrors the differing opinions in the education field on whether using

PBIS is trauma-informed (Eber et al., 2020; Kim & Venet, 2023). This conflict speaks to the differences between behaviorism, which practices such as ABA, token systems, and PBIS are based on, and a trauma-informed approach. Behaviorism is a perspective that focuses on observable behaviors rather than internal processes and states. It suggests that behaviors are learned, can be understood in terms of stimulus and response and focuses on conforming to and rewarding what has been identified as "good" behavior (Fergus, 2021; Horner & Sugai, 2015; Kohn, 2018). A trauma-informed approach focuses on the underlying factors that are impacting behavior, views behavior as a coping mechanism, and focuses on meeting students' needs (Baker et al., 2016). Because of these different approaches to behavior, behaviorism and a trauma-informed approach are often at odds (Kim & Venet, 2023; Kohn, 2018; Nicholson et al., 2023; Silvester et al., 2024), which may be why some participants viewed PBIS as a trauma-informed practice while others did not. Professionals in the special education field will have to grapple with these tensions when deciding how to support students with disabilities. Future research can continue to explore special education teachers' behavior support strategies and how they align or do not align with a trauma-informed approach. Additionally, special education teachers should consider learning more about behaviorism and a trauma-informed approach and use this knowledge to guide their decision-making around behavior supports.

Limitations and Future Research

Like all research, this study has several limitations. First, all participants identified as white. Perspectives on trauma and trauma-informed practices may be influenced by racial identity and culture; therefore, this study lacks the insights of special education professionals of color, who may perceive trauma and trauma-informed practices differently. Future research should make a targeted effort to recruit special education professionals from diverse backgrounds. Second, this study only included the perspectives of special education professionals; this line of inquiry could be expanded to include youth with disabilities to understand what they consider to be trauma-informed practices. Finally, the survey design restricted our ability to gather in-depth information from participants regarding why they identified certain practices as trauma-informed or not. We chose to provide participants with a list of practices that were present in the literature on trauma-informed education to see if their views were similar or different; this study may have yielded different results had we only asked participants to come up with their own ideas for what trauma-informed practices are. Future research can utilize other methods, such as interviews or focus groups, to explore why certain practices are regarded as trauma-informed or not. Despite these limitations, this study contributes to the limited literature on the perspectives of trauma-informed practices for students with disabilities.

CONCLUSION

This study demonstrates a great deal of agreement about what constitutes trauma-informed practices in the eyes of 15 special education professionals who have self-identified as being involved in the provision of education for disabled students who have experienced trauma. Practices such as having a safe classroom environment and building relationships with families are supported by research and affirmed to be trauma-informed by participants. However, some differences emerged in how special education professionals conceptualize trauma and what they consider to be trauma-informed practices, as well as whether the practice of learning about a student's trauma history is necessary. The tension between practices based in behaviorism and those that are trauma-informed was explored. Future research should be done in the area of trauma-informed practices, including how beliefs about these practices may vary in practitioners who are non-White, and learning about why practices are seen as trauma-informed. Students with disabilities deserve trauma-informed settings and relationships at school and this research helps clarify what special education professionals think of as trauma-informed practices.

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