Praise for *Trauma-Aware Education*

In *Trauma-Aware Education*, Judith Howard effectively opens the door for all educational professionals and policy makers to enter into what has become an international movement for trauma-aware schooling. At once comprehensive and accessible, Prof. Howard's book carefully delineates the neurobiological and psychological underpinnings for a trauma-aware approach to teaching and learning, showing that it is indispensable in our current age. Most importantly, the book shows compassion for educators by suggesting practical and commonsense measures for taking action on the insights provided by research. Prof. Howard's book is a gift to education sites and systems — and the children they serve — in Australia and around the world.

Professor Michael Gregory, *Clinical Professor of Law, Faculty Director, Trauma and Learning Policy Initiative at Harvard Law School, Massachusetts, USA.*

Dr Judith Howard's new book is an essential guide for teachers, school leaders, allied professionals, and educational systems leaders. While certainly practical for education professionals, this book has the rigorous breadth and depth required to be mandated reading for pre-service teachers and university teacher training courses. As one of Australia's pioneers in the emerging and much needed paradigm of trauma-aware education, Dr Howard calls us into action by providing the developmental story of the field itself, the growing evidence base, and the need to frame trauma-aware education as a multi-disciplinary and interconnected practice approach.

Dr Tom Brunzell, *Director, Berry Street Education Model & Honorary Fellow, University of Melbourne Graduate School of Education.*

Dr. Judith Howard is cultivating leading-edge work in the areas of trauma awareness and trauma-informed education. In this book, she not only defines what trauma is in its varying degrees and complexities but explains the need for higher education to prepare pre-service teachers to deeply understand how adversity and trauma impact the developing nervous systems of learners. This book is critical for practitioners in education but also a lighthouse for faculty in teacher preparation programs, along with all those who sit beside our children and youth in our communities.

Dr Lori Desautels, *Assistant Professor in educational neuroscience and trauma at Butler University, Indianapolis, USA.*

Dr. Judith Howard, a leader in trauma-aware education, utilises her knowledge, experience, and research in this book to ensure the reader can make a change in whatever role they fulfill. This is a must-read book for anyone who works with children and young people!

Mathew Portell, *Director of Communities (PACES Connection), Founder of the Trauma-Informed Educators Network, and Nashville Public Schools 2022 Elementary Principal of the Year, USA.*

'Trauma-Aware'

It is acknowledged that scholars and practitioners use different terms when they refer to policy and practice that is informed by an understanding and response to trauma. Common terms include 'trauma-informed', 'trauma-sensitive', and 'trauma-responsive'. Much of the work led by the author and the author's university has been branded by the term 'trauma-aware education'. So, this will be the term used throughout this book, and the reader should consider the term synonymous with other commonly used terms. So, in this book, 'Trauma-aware education' refers to education policy and practice that is informed by research examining and responding to the impact of trauma on children and young people and their education experiences.

'Learners'

As this book will be referring to children and young people, from birth to approximately 18 years, who are attending early childhood services and schools, the collective term 'learners' will mostly (but not always) be used.

'Caregivers'

This book will refer to learners living in various caring contexts. The contexts include those who live with one or more biological caregivers or relatives, those who are adopted, those who are in a range of out-of-home care contexts due to child protection concerns, and perhaps others. The collective term 'caregiver' will be used to represent parents or legal guardians of children and young people.

'Education sites'

This book refers to education during early childhood and the schooling years. It will refer to the places where this education occurs as 'education sites', which include schools and the places and services where early childhood education and care and alternative education occur.

'Education systems'

This book will examine a systemic response to trauma-aware education and acknowledges that education systems vary in size, structure, and function in various parts of the country and the world and for differing organisations. For example, in Australia, three main bodies oversee schooling — state or government education, catholic education, and independent schooling. Early childhood education and care is overseen by an independent national authority that assists federal and state governments in administering a nationally approved approach to service delivery. Each of these 'systems' has networks of further systems that branch out to provide hierarchies of governance. It is proposed by the author of this book that all levels of systemic governance need to be 'trauma-aware' for education sites to have the sustained support to deliver trauma-aware education services and for all trauma-impacted learners to have equitable access to these services.

Personal Pronouns

To avoid the potential exclusion of people from any gender, the author has chosen to use the general pronoun 'they', when referring to children, young people, learners, or adults in general.

It has been my privilege to work in the area of trauma-aware education for much of my career. I commenced working in the education field as a teacher who was intrigued by and who often worked with trauma-impacted learners. After gaining postgraduate qualifications as a school counsellor, I supported many schools struggling to manage the needs of learners who exhibited chronic and challenging behaviour. More often than not, these young learners had lived through complex trauma. My intrigue grew as I discovered important learnings from various bodies of research and literature that helped explain the concerns these learners experienced and recommended a 'trauma-aware' response. I became increasingly aware that these understandings were very much lacking in schools and that schools were resorting to behaviour management techniques that they found worked for the bulk of learners but that often failed quite badly when used with trauma-impacted learners.

So, schools felt like they lacked options and were often resorting to punishment, suspension, and exclusion to deal with the behaviours of these learners.

I completed my PhD examining educators' beliefs regarding the use of suspension and exclusion from school. I continued to read and listen to experts in the field of complex trauma and trauma-aware responses more and more. I also listened closely to the stories of these learners who expressed repeated themes of feeling unsafe, fearful, anxious, depressed, and sometimes terrified, not trusting, lacking hope, and feeling alone. They expressed anger for what they perceived as undeserved relational rejection by their caregivers, support workers, educators, and peers. They were disheartened that the bulk (or perhaps all) of people who worked with or cared for them were paid to do so. They were also disheartened that the people who took on these roles were often changing

and that their relationships with caregivers and support personnel were often short-lived. Yet, these children and young people mostly remained relationally thirsty, consistently seeking connection with others but often failing in their attempts. These learners rarely spoke of the details of any trauma that they had experienced in the past but rather were very focused on and very emotionally responsive to what was happening to them and around them in the present.

I also listened to educators who were working with these learners at school. They spoke of how much they felt they had invested into working with these learners and how much it hurt when these learners seemed to purposefully sabotage their work and their relationships with them. Some spoke of impacts on their mental wellbeing, physical wellbeing, sleep, and relationships at home. They mentioned taking 'sick days' and 'mental health days' more regularly than usual. They mentioned the 'guilt' associated with feeling powerless to help or to improve things for trauma-impacted learners. Teachers spoke of frustration with the behaviours of these students and how much these behaviours interfered with their teaching and the learning of other students. They spoke of what they perceived as a lack of effective solutions coming from school leadership and how they often felt responsible for and blamed for, allowing the behaviours of these learners to continue. School leaders spoke of their concerns regarding the effect that behaviours of trauma-impacted learners were having on their staff and other learners, the reputations of their schools, and their professional reputations as leaders. They also spoke of the impact on their personal and family lives and their own mental health and wellbeing. Teachers, school leaders, and other school personnel questioned their capacities to do their jobs and whether or not they should continue with their current choice of career.

During this time, health and mental health organisations and specialists supporting trauma impacted learners were starting to draw from Attachment Theory and a gradually increasing understanding of the neuroscience explaining the impact of complex trauma. More and more, these understandings were informing their work and more and more they were becoming frustrated with schools, where staff had not yet had access to this information. Increasingly, I was witness to disagreements

during case meetings where specialists wanted to address trauma-impacted learners' concerns through a trauma-aware lens, whereas schools wanted to resort to behaviourist informed methodologies, often including suspension and expulsion, believing whole-heartedly that these approaches were more likely to lead to 'better choices' and student behavioural improvement.

I noticed that professionals working for support services would often recommend to schools that processes should be adopted during school hours, which were deemed by these services as supporting the mental health, wellbeing, and engagement of their young clients. These recommendations were often grounded in Attachment Theory and an understanding of the impact of complex trauma on brain development and functioning. They also focused on developing and maintaining in-school relationships for the students and enhancing their capacities for emotional self-regulation. Aligning with this, it was often strongly recommended by child and adolescent support specialists that schools avoid suspension and exclusion and work consistently towards the full-time attendance and participation of these young learners.

I noticed that schools almost always struggled to accept the recommendations from these sources. School leaders and teachers expressed a sincere concern that the support organisations and specialists did not 'get it' from a school or classroom perspective. Teachers expressed their need to support 'all the other students in their classrooms' and their worries regarding the disproportionate effort required to implement recommendations.

They expressed concern that implementing the recommendations of specialists could impair their capacities to teach according to system and school expectations and their own professional standards, preventing them from doing what they felt they were qualified and paid to do. Teachers worried about the extra time and effort required, and school leaders expressed concerns associated with the resourcing (both human and material) that was needed to implement recommendations. School leaders were also justifiably concerned about the safety implications associated with the recommendations, the impact on the professional

and personal wellbeing of their teachers, and asking their teachers to take on the work of what they perceived as the work of 'therapists'.

What was very clear is that both groups were just as concerned for young trauma-impacted learners and both were really wanting to find solutions to address the complexities faced by these learners, their educators, their caregivers, and their support personnel. However, it also became clear that there were gaps in understanding from both groups. People working in and leading schools had often not had access to the theory and science explaining the impact of complex trauma and ways to address this impact and, therefore, found it difficult to understand and respond adequately to the recommendations of organisations and specialists. Organisations and specialists had little-to-no clarity or experience regarding the complexity of running a classroom or a school. Both groups had sincere concerns for the same learners, but neither was able to work with the other in a way that aligned in process and led to successful outcomes for the young people who were the focus of their efforts.

I wondered at this stage, 'How could I help?'. So, I developed an initial version of a training program for educators that explained the impact of complex trauma and recommended a trauma-aware response. I was amazed at the thirst in schools for this information, but I quite quickly recognised that a systemic response was needed to have a clear impact on many schools, educators, and learners. I moved into a number of systemic leadership roles and made training in 'trauma-aware education' an important inclusion in my work for my systems. The word 'got out', and increasingly, I received requests to run seminars across Australia and New Zealand. I was amazed at how often participants in seminars would comment to me, 'Why wasn't I taught this at university?' and 'I wish I had known this years ago!' and 'I wish I had known this when I taught him/her! I would have done things so differently!'.

Again, I wondered, 'How can I help more effectively?'. 'How can this information reach more educators?' So, I wrote a short book, *Distressed or deliberately defiant? Managing challenging student behaviour due to trauma and disorganised attachment* (Howard, 2013). This is a short and inexpensive text that is written in easily accessible terms for busy educators, that is not heavily referenced and was definitely not written in

academic language. However, I am so happy that I had the opportunity to publish this little book, as it has reached and helped many thousands of educators. Many school leaders bought a copy for every staff member as they realised the importance of developing an initial understanding of trauma-aware education.

I moved into academia (a long-term career goal) with my current university in 2015. Since then, my work has strongly focused on systemic responses to trauma-aware education, and my attention has expanded from school focus to including early childhood education and care. My colleagues and I have developed courses for pre-service and postgraduate educators in trauma-aware education and short courses that reach thousands across the world each year. We continue to have important discussions with systemic leadership across the country. We have developed 'National Guidelines for Trauma-Aware Education' in collaboration with the Australian Childhood Foundation (Queensland University of Technology & Australian Childhood Foundation, 2021) [1,2], and we run the large and influential biennial *Trauma-Aware Schooling Conference*. The thirst for this work in schools and early childhood education is ever-increasing, along with our passion for helping and contributing. Our main focus now is to continually 'grow' more leaders in trauma-aware education.

This book is my latest attempt to continue to contribute to this important work.

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1. Howard, J., L'Estrange, L., & Brown, M. (2022). National Guidelines for Trauma-Aware Education in Australia. *Frontiers in Education.* 7. 1–11.

2. QUT & Australian Childhood Foundation (2021). *National Guidelines for Trauma-Aware Education* https://eprints.qut.edu.au/207800/

Introduction

This book focuses on trauma-aware education in Australia, the author's home country. However, the content discussed is relevant for many parts of the world, as sadly, no part of the world is immune to trauma impacting children and young people. This book is written at a critical time for all early childhood education and care services and all schools. At the time of writing, the COVID-19 pandemic has exacerbated and complicated concerns for the mental health and wellbeing of learners, their caregivers, and their educators. There have also been traumatic global events (war, famine, political upheaval) and local traumatic events (for example, Australia has experienced widespread and destructive drought, fire, and floods). So, trauma-aware education that is thoughtfully delivered by all education sites and comprehensively supported by all education systems, has never been more important!

It needs to be acknowledged that over many years, many education sites and systems across Australia have struggled with managing the challenging needs and behaviours of some of our most disadvantaged and vulnerable learners, including those who come from trauma backgrounds, in a manner that does not involve suspension, exclusion, and other exclusionary practices. This is despite education sites being staffed by incredibly talented and learner-focused practitioners and the field of education increasingly adopting admirable, often whole-site practices that emphasise positive behavioural and restorative responses. Some of the challenges faced by education sites are now being explained through a growing understanding of how complex trauma can impact the educational experience of learners. These explanations are increasingly informing how sites and systems need to respond.

Complex trauma is also referred to as 'Developmental Trauma', 'Type II Trauma', 'Big T Trauma', and 'Betrayal Trauma'. We now understand that this type of trauma stems from repeated interpersonal harm done to children, including physical, emotional, or sexual abuse,

significant neglect, and the experience of family or other relational violence. This type of trauma can be understood as distinct from other types of trauma, as it disrupts important attachments. It is often directed at infants and children by the very people on whom they depend for love, nurture, and protection. Research has clarified that complex childhood trauma can impact the development of children (their bodies and their brains) throughout the early childhood and schooling years, and, if not resolved, this impact can extend into adulthood and can even influence the future caregiving styles and behaviours of victims.

Drawing from a combination of the science of infant, child, and adolescent development, the prevalence and impact of adverse childhood experiences, the long-term biomedical and intergenerational consequences of complex trauma, and the science of developmental resilience, research is revolutionising practice in the areas such as health and mental health, social services, youth services, and youth justice, and now early childhood education and schooling. Indeed, this continually growing body of research and literature is now driving an international reassessment of classroom, education site, and education system approaches for supporting and managing the needs and behaviours of trauma-impacted learners, and there is a tangible and increasing 'thirst' for trauma-aware knowledge and practice among educators in Australia and beyond.

This increasing focus on trauma-aware practice is certainly due to concerns for the wellbeing of children and young people who have been harmed, but it is also due to the significant impact that engaging with young trauma victims can have on the personal and professional wellbeing of the people working with them. There are also increasing concerns that these impacts can influence whether people choose to leave their career in education, either for a time or permanently. So, an additional and significant consideration within trauma-aware education is to address compassion fatigue and enhance the compassion resilience of educators.

To support the many educators and schools, and early childhood education services that are now working within, or aspiring to develop trauma-aware education frameworks, this book will examine and

discuss the impacts of complex and other trauma on learners and how trauma-aware education provides an informed approach to remedy these concerns. Trauma-aware education is grounded on the premise that — whilst the very plastic or malleable nature of the child or adolescent brain leaves young people quite vulnerable to the neural, health, and mental health impacts of trauma — there is also great hope, as neural repair can be achieved through informed and consistent practice to address harm. The first chapter of this book provides some introductory information regarding the impacts of complex trauma and trauma-aware education. Chapter two will explore the research that provides the evidence base for trauma-aware education, and chapter three will expand on this by examining, in more depth, the science that informs this response and practice. Chapter four unpacks how learnings from research inform a paradigm shift in how learner behaviours are 'managed', and chapter five will outline examples of strategies that can be employed as part of a trauma-aware education response. Chapter six examines the complex intersection between complex trauma and disability and key learnings for educators working with learners who live with disability. Chapter seven focuses on a trauma-aware approach to early childhood education and care. Chapter eight discusses important issues regarding the wellbeing of educators, and chapter nine examines aspects regarding the leadership of trauma-aware education in sites and systems.

I find as I finalise the manuscript for this book, I already recognise that several other chapters could be written as this topic of trauma-aware education reaches into so many education (and other) contexts that are worthy of consideration. However, I hope that the book in its current shape will prove helpful for education practitioners and leaders and others who are keen to enhance how we support and educate the vulnerable and victimised group of young learners who have lived through complex trauma.

Becoming Aware of the Impact of Trauma and Trauma-Aware Education

Understanding Trauma

There is now abundant evidence, particularly from the field of neuro-science, that complex trauma can damage the development and functioning of the nervous systems of young victims. If left unaddressed, this impact can lead to concerning emotional, relational, and behavioural outcomes that can continue throughout the schooling years and beyond. Children and young people living with the outcomes of complex trauma can suffer many challenges during their experiences of education. Some of these challenges relate to their perceptions of safety, some to their capacities for relating to others, and some to their capacities for emotional self-regulation. The impacts on these capacities can overlap and interact with each other and the capacities of learners to learn. As a result of these challenges, these young learners can exhibit the types of challenging behaviours that can lead to their experiencing quite serious disciplinary responses, including suspension and exclusion from

school. If not addressed, the effects of complex trauma can extend into adulthood, where there can be an unfortunate impact on the capacity for safe and effective caregiving, which can lead to the intergenerational transmission of this type of trauma.

Research also highlights important information regarding other categories of trauma, including simple, acute, or single-incident trauma, cultural trauma, community trauma, intergenerational trauma, domestic and family violence, grief and loss, and trauma associated with natural and other disasters. In addition, the complex interaction between these different categories of trauma is increasingly being discussed, particularly in the light of the COVID-19 global pandemic and international political upheaval that includes persistent violence and discrimination and invasion and war.

Trauma that is categorised as 'simple', 'Type I', 'small t' or 'acute' can involve single-incident, sudden, time-limited, and unexpected events that are perceived as traumatic, or even life-threatening, by those who experience them (Amin et al., 2020). Experiencing a natural or other disaster or a severe accident can fall into this category of trauma. Although this type of trauma can have a significant impact on the mental health and wellbeing of children and adolescents for a time, this is often shorter-term, and there is a lower risk of victims developing posttraumatic stress symptoms or disorder (Astitene et al., 2020).

 'Complex', 'Type II', or 'big T' trauma is also sometimes referred to as 'betrayal trauma' or 'developmental trauma'. It involves the repeated relational harm experienced by children at the hands of those who should be loving and protecting them (Choi & Kangas, 2020). This trauma can include physical, sexual, and emotional abuse, physical and emotional neglect, and the experience of family or other relational violence. Neuroscience has explained clearly that this type of harm can have a detrimental impact on developing nervous systems leading to an array of longer-term relational, emotional, and behavioural symptoms that can impair education and life outcomes for victims if not resolved (Kimble et al., 2018). This trauma can also involve a higher risk of victims developing posttraumatic stress symptoms or disorder (Astitene et al., 2020).

Sometimes there can be a 'blurring of the lines' between what is conceptualised as simple trauma and complex trauma. To illustrate this, let's examine some worrying events that happened across Australia in 2020. After many years of significant drought in many parts of Australia, 2020 commenced with devastating bushfires. The deaths and other serious impacts resulting from these natural disasters led to grief, personal and economic loss, and serious and widespread family mental health and wellbeing concerns. Children and young people lost their homes, schools, and sometimes their whole community infrastructure in the fires. Families in farming communities lost their livelihoods, slaughtering starving livestock and watching crops wither or be destroyed, and some experienced increased mental illness and suicides (Office of the Advocate for Children & Young People, 2020).

The global COVID-19 pandemic then exacerbated these concerns in many ways, including the impacts associated with social restrictions. The pandemic revealed inequalities in income, employment, resources, and supports available to families (Davidson, et al., 2020) and heightened the risk of adverse experiences and outcomes for children and young people living in unsafe home environments (Teo & Griffiths, 2020). The pandemic coincided with the onset or increase in frequency and severity of intimate partner and family violence in many homes (Boxall, et al., 2020). Mechanisms put in place to prevent the COVID-19 virus from spreading left victims locked down with their abusers and isolated from vital social supports and services such as courts, therapy, and crisis aid. Economic challenges and alcohol usage increased in families, and mental health concerns were exacerbated by the impacts of COVID-19 (Newby, et al., 2020; Tran et al., 2020). Adults were suffering anxiety, and kids were becoming anxious about their caregivers' anxiety — whilst dealing with their own growing anxiety.

Concerns were also exacerbated by the closure of schools and early childhood services, which had previously acted as safe havens for children and young people who had lived through complex or other trauma or were currently living in unsafe or unsupportive homes. These sites provide education services and social networking for young learners, emotional and relational support, and, importantly, careful monitoring of any evidence of harm. In Australia, educators are

mandated to report child protection concerns, but, unfortunately, during school closures and the move to home-schooling from 2020, this monitoring mechanism was removed, and many children were denied this safely net.

Due to the devastating impact of all this on the capacity for safe and effective caregiving of children and young people, it became too simplistic to classify the trauma associated with the natural disasters and disease that was overwhelming children and young people, as simple trauma, with predictably shorter-term impacts. The lines between the trauma 'types' were truly blurring due to children and young people experiencing multiple traumatic events and circumstances, the length of time that the trauma was experienced, and the harmful impact of the traumatic experience on parenting and caring.

However, despite this 'blurring of the lines', it remains imperative that the emphasis on preventing and addressing complex childhood trauma stays strong. It is important that organisations (including education sites and systems) continue to address the concerns of the vulnerable and victimised group of children and young people who have experienced complex trauma. It is vital that educators and other professionals are equipped and supported to work in trauma-aware ways to help traumatised learners as they engage or re-engage with their education.

Who are these Trauma-Impacted Learners?

It is also important to consider how being a member of a particular social cohort or living in particular social contexts can lead to a 'blurring of the lines' between types of trauma. Clearly, children who have suffered child protection concerns are trauma-impacted. In Australia, many (but not all) of these children are identified through child protection processes, such as mandated reporting, substantiation of concerns through investigation, and interventions, including out-of-home care placements. However, in many parts of the world, these processes may not be available or may not be working effectively, and children can remain unidentified, unprotected, and unsupported. Sadly, of those who are placed in out-of-home care, there is a proportion who suffer ongoing

trauma at the hands of their new caregivers, or in residential placements, or due to a series of unsuccessful placements and the need for regular changes in care context.

There are others to consider. Some children are living in traumatic circumstances in war-torn parts of the world, where terror, grief, and loss can be regular experiences. Some live with the outcomes of inter-generational trauma due to the traumatic, historical events and circumstances suffered by their relatives and those of their culture, race, and ancestry. Some have suffered chronic neglect during placements in under-resourced orphanages. Some of these children have lived through severe deprivation with long-term impacts, and some may or may not end up being adopted within their home country or by a family overseas. Some who experience the trauma associated with being forcibly displaced are refugees or asylum seekers who have needed to flee their home countries. Some of these children need to persevere through complex and often lengthy assessment of their cases, and some are placed in detention centres during this time. Then there are children whose families need to assimilate into foreign and sometimes unwelcoming new parts of the world with unfamiliar languages and cultures, who can face racism, discrimination, and disadvantage. Some poor children have suffered the cruelty of torture, or their family members have suffered this indignity and harm. Some have survived the horror of being trafficked. Some have been victims of online or other predators, and it is important to acknowledge that there are children who are currently experiencing this who are yet to be identified as victims. Some children are incarcerated at a young age or may have parents who are incarcerated. Some are living with the trauma associated with being severely mentally ill or physically ill or who live with a family member suffering serious mental illness. Some endure significant and traumatic medical interventions. Some suffer the trauma associated with severe bullying that can be associated with all sorts of things, including religion, race, and culture. Some young people suffer trauma when treated poorly due to their being diverse according to sexual orientation or gender identity, or if they are gender questioning. Some are children who are responsible at a very young age for family members who live with illness or disability, which can compromise their own wellbeing and life

outcomes. Some live in poverty or are homeless, and some live in violent and terrifying homes in which their loved ones or even their pets are at risk of harm. Some survivors of trauma end up pregnant and parenting at very young ages. Some suffer trauma due to their living with a disability or become disabled due to suffering trauma. Some exhibit problematic or even harmful sexualised behaviours as a result of their experience of trauma, or exposure to sexually explicit material or pornography, which can lead to their being branded and treated as 'perpetrators' and 'offenders' at very young ages. Tragically, many are still living in traumatic circumstances, but this is hidden and silent. They remain unidentified. Of course, all of these types of trauma also cause serious psychological harm to children.

Children and young people from all these categories are sitting in classrooms across Australia and the world, and each of them is more than deserving of safe and supported access to education and support. A trauma-aware response from schools and early childhood education and care services becomes undeniably vital and necessary in the light of information about the various types of trauma suffered by some young learners.

First Nations Children and Young People

The ongoing impact of trauma on First Nations peoples in Australia, Canada, areas throughout Africa, Alaska, and throughout Oceania, and other parts of the world can be explained through a transgenerational trauma lens. Not only have these peoples experienced the impacts and associated grief from violent and socially disruptive invasion and colonisation of their homelands, but also from compounding institutional and interpersonal discrimination, marginalisation, racism, and oppression (Kirmayer, et al., 2014; Koea, 2008; Nicolai & Saus, 2013; Yellow Horse Brave Heart, et al., 2011). Milroy (2005) explains that trauma is transmitted across generations in First Nations communities due to the impact on attachment relationships and parenting and family functioning, the impact on parental physical and mental wellbeing, and the disconnection and alienation of individuals from extended family, culture, land, and society. These effects can be worsened by exposure to continuing high levels of stress, including multiple bereavements and personal