Teachers can be instrumental in supporting children’s recovery after trauma, but some work suggests that elementary school teachers are uncertain about their role and about what to do to assist children effectively after their students have been exposed to traumatic stressors. This study examined the extent to which teachers working with children from ages 8 to 12 years report similar concerns. A random sample of teachers in the Netherlands (N = 765) completed a questionnaire that included 9 items measuring difficulties on a 6-point Likert scale (potential range of total scores: 9–54). The mean total difficulty score was 29.8 (ranging from 10 to 50; SD = 7.37). On individual items, the fraction of teachers scoring 4 or more varied between 25 and 63%. A multiple regression analysis showed that teachers’ total scores depended on amount of teaching experience, attendance at trauma-focused training, and the number of traumatized children they had worked with. The model explained 4% of the variance, a small effect. Because traumatic exposure in children is rather common, the findings point to a need to better understand what influences teachers’ difficulties and develop trauma-informed practice in elementary schools.

Although a number of studies have shown the positive effects of teacher-mediated interventions related to mass-trauma such as war and disaster (e.g., Wolmer, Hamiel, Barchas, Slone, & Laor, 2011; Wolmer, Hamiel, & Laor, 2011), little is known about teachers’ support of children in daily school life who have been exposed to a variety of traumatic events. An unpublished qualitative study (Alisic, 2011) suggested that elementary school teachers are uncertain about their role and about what to do to assist children effectively after traumatic exposure. Participants indicated a lack of guidance on how to balance the needs of the children who had been exposed against the needs of the other children in the classroom, as well as their own needs, and wanted better knowledge and skills about helping children after trauma.

The purpose of the current study was to examine to what extent teachers, in a random national sample in the Netherlands, report their experiences with regard to supporting children after trauma.

**Method**

**Participants and Procedures**

As of May 2010, there were 6,926 elementary schools registered at the Dutch Department of Education. The 37 schools that had participated in two earlier studies on child trauma (Alisic, 2011; Alisic, Van der Schoot, Van Ginkel, & Kleber, 2008) were excluded from the list. From the remaining pool, a contact list of 2,000 schools was drawn up, using the random sampling function of SPSS 17 (SPSS Inc., 2009). Anonymous questionnaires and
return envelopes were sent to 500 teachers in each of
the last four grades of these elementary schools (where children
are between 8 and 12 years old), totaling 2,000
questionnaires. Teachers were professionals spending full
days with children teaching them various (academic) skills.
The Medical Ethics Committee of the University Medical
Center Utrecht approved the study. Seven hundred sixty-
five teachers (27% male) returned the questionnaire for a
response rate of 38%. The mean age of the teachers was
43.0 years (range = 18–64; SD = 12.07).

Measures

The questionnaire contained nine items covering various
aspects of assisting children after trauma that had emerged
from the qualitative study (see Table 1). The items were
tested in a think-aloud protocol (Beatty & Willis, 2007)
with a child trauma expert and two teachers, then revised,
piloted in a group of 31 teachers (independent of the study
sample), and finalized using their feedback. The question-
naire started with a short introduction of trauma (in line
with Criterion A1 for PTSD according to the
Diagnostic and Statistical Manual of Mental Disorders, 4th ed.,
text rev. [DSM-IV-TR]; American Psychiatric Association,
2000) and two examples: a girl (Janne) who had witnessed
severe violence and a boy (Joris) who had survived a ser-
ious road traffic accident. An example of the statements
that followed is “With children like Janne and Joris, I find
it . . . to balance looking after the child and looking after the
class.” Statements were scored on a 6-point Likert scale,
ranging from 1 = not difficult at all to 6 = extremely dif-
cult (scores ≥ 4 were seen as indicating serious difficulty
by the think-aloud participants). The measure yielded a
Cronbach’s α of .82. After a scree plot in an exploratory
factor analysis revealed that the scale consisted of one sin-
gle factor, confirmatory principal axis factoring showed
that every item loaded at least .30 on this factor.

In addition to the nine items and the demographic infor-
mation, we asked teachers to indicate how many years they
had been teaching, how many hours of trauma-focused
training they had attended in the past 3 years, and with
how many exposed children they had worked during their
career.

Analysis

We carried out descriptive analyses to show the propor-
tions of teachers endorsing certain dilemmas. To explore
whether certain characteristics of teachers were associated
with higher scores, we conducted a multiple regression
analysis with the total score as the dependent variable and
years of teaching experience, attendance at trauma-focused
training in the past 3 years, number of traumatized children
worked with, and gender as independent variables entered
simultaneously. Excluding respondents with incomplete
data, descriptive analyses involved 762 to 765 teachers
and the multiple regression analysis was conducted with
the data of 739 teachers.

Results

On average, the teachers had 18.4 years of experience
(range = 1–43; SD = 12.2). Most of them (89%) had
directly worked with one or more children who had been
confronted with trauma. About 9% had participated in a
training they identified as relevant to supporting children
after trauma in the last 3 years varying from a 1-hour ses-
session to a program lasting over several months.

The endorsement pattern of the respondents on each of
the nine items of the questionnaire is shown in Table 1.
On each item, at least one in four teachers rated the item
4 or more out of 6. In particular, many teachers found it difficult not to get emotionally involved too much; to find their position as a teacher of academic skills versus mental health care provider; to know the best ways to support children after trauma; to know when children need professional mental health care; and to know where they could find information about traumatic stress (percentages ranging from 50 to 63%). The total score ranged from 10 to 50, with a mean of 29.8 (SD = 7.37). One in five teachers scored 36 or more (corresponding to ≥ 4 on average per item).

In the multiple regression analysis (see Table 2), teachers’ scores depended significantly and negatively on the amount of teaching experience, whether they had attended trauma-focused training in the past 3 years, and the number of traumatized children they had worked with. Gender was nonsignificant. The model explained 4% of the variance in the total difficulty score, a small effect.

### Discussion

This study points to a need to develop trauma-informed practice in elementary schools. We examined the extent to which Dutch elementary school teachers have difficulties regarding the support of children after trauma in day-to-day school life. A significant number of our sample, one out of every five, experienced a high degree of difficulty, including a lack of knowledge and skills. Knowing that traumatic exposure is rather common in children (with exposure rates up to over 50% in peacetime populations; Copeland, Keeler, Angold, & Costello, 2007), the results suggest that many traumatized children receive less than optimal support.

Our results should be considered preliminary because the study has a number of limitations. These include the use of self-report, where observations of actual teacher behavior and child outcomes would be very informative; the absence of several variables that may be important to predict teachers’ difficulties (e.g., their own traumatic history, the amount of support received from colleagues); and the use of a new instrument that needs further testing, even though the psychometric characteristics were promising. On the other hand, the strengths of the study comprise its basis in qualitative research and the inclusion of a relatively large national sample, but most importantly its innovative nature: teachers’ support of traumatized children in daily life has not been studied before in a quantitative way.

With the limitations and strengths in mind, several aspects of the results merit further consideration. One of the prominent themes concerned the boundary between the tasks of a teacher and those of a mental health care provider. Ko et al. (2008) observed that trauma confronts schools with the dilemma of how to balance their mission of education with the fact that many students need help in dealing with traumatic stress to be able to engage in learning. The present study shows this dilemma as well, which will need to be solved at a policy level. In our view, teachers do not need to become therapists, but they should have basic knowledge about traumatic stress and feel confident about working with children who have been exposed to trauma.

With regard to the latter two, this study made clear that many teachers did not feel competent. For example, 63% of the teachers did not know well when children need mental health care and 51% did not know well where to go to ask questions about traumatic stress. To refer children to specialist services when needed, both would be important skills. In addition, this study showed that only 9% of the teachers had any form of training covering trauma (training quality may need further study as the effect size was small). Obviously, similar studies need to be done in other countries to confirm this picture, but these findings suggest a pressing need to provide teachers with more knowledge and skills.

Finally, half of the teachers indicated a difficulty with emotional involvement. In other professions (e.g., first responders and mental health care providers), the risks of compassion fatigue and secondary traumatization have been described (e.g., Boscarino, Figley, & Adams, 2004). This topic should be further explored in teachers, including potentially important variables such as own traumatic history and support from colleagues. Meanwhile, our results point to the importance of paying attention to the emotional burden teachers may experience.

In our view, a first step in the development of trauma-informed practice in schools would be the provision of information materials to teachers, principals, and preteacher students. Topics to cover would be how to facilitate coping when working with children in the classroom, how to recognize symptoms of adaptive and maladaptive coping, where to refer children and their families when specialized services are necessary, and how to take care of themselves under stressful conditions. A number of information packages have already been developed (e.g., the Traumatic Stress Toolkit for Educators by the American National Child Traumatic Stress Network, 2008, and the Toolkit Child and Trauma by Alisic, 2010, in the Netherlands). They will need to be tested, where necessary.

### Table 2

**Multiple Regression Predicting Scores on Teachers’ Difficulties Helping Children After Traumatic Exposure**

<table>
<thead>
<tr>
<th>Predictor variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>31.27</td>
<td>0.76</td>
<td></td>
</tr>
<tr>
<td>Years of experience</td>
<td>−0.07</td>
<td>0.02</td>
<td>−.12**</td>
</tr>
<tr>
<td>Number of exposed students</td>
<td>−2.35</td>
<td>0.91</td>
<td>−.09**</td>
</tr>
<tr>
<td>Trauma-focused training</td>
<td>−0.08</td>
<td>0.03</td>
<td>−.10**</td>
</tr>
<tr>
<td>Genderb</td>
<td>0.74</td>
<td>0.63</td>
<td>.05</td>
</tr>
</tbody>
</table>

*Note. N = 739. Adjusted $R^2 = .04.*

*a0 = did not attend, 1 = attended. 0 = male, 1 = female.

**p ≤ .01.

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revised, and widely disseminated to assist (future) teachers in supporting pupils exposed to trauma.

References