Exploring Trauma-Informed Care with Black Special and General Educators: A Qualitative Study of Educator Beliefs and Experiences

Abstract

The empirical research for trauma-informed care in schools is growing, yet there continues to be little to no research conducted on how trauma and trauma-informed care may differ based on racial and cultural differences. The purpose of this study was to explore how Black educators understand trauma and experience trauma-informed practices in their classrooms. Across four focus groups, 28 Black educators discussed their understanding of trauma and trauma-informed care, current trauma-informed practices, and the supports that they have and need to successfully implement trauma-informed care. To achieve a deeper understanding, general educators and special educators were initially analyzed separately through a critical lens, and then a comparative analysis was conducted to examine similarities and differences across both groups. The implications for research, practice and policy are discussed.

Key words: *special education teachers, trauma, disability, trauma-informed care*

Exploring Trauma-Informed Care with Black Special and General Educators: A Qualitative Study of Educator Beliefs and Experiences

Previous research has revealed that traumatic experiences disproportionately affect minority youth (Pumariega et al., 2022). These experiences include historical trauma, immigration and acculturation stressors, natural and manmade disasters, experiences of discrimination, family violence, and community violence. The COVID-19 pandemic also disproportionately affected minority youth, resulting in illness and hospitalizations (Coulter & Benner, 2023). Despite the higher incidence of trauma exposure, minority youth are less likely to access medical and mental health care (Spencer et al., 2021). These disparities are resulting in increasing rates of depression, anxiety, posttraumatic stress, substance use disorders, and suicide in minority youth.

Black educators are more likely to work in schools that serve minority students. In the 2020–2021 school year, only 6% of educators in the United States were Black (NCES, 2022), and 65% of these Black educators were in schools with 75% or more minority enrollment, compared to 27% of all public-school educators (NCES, 2022). Therefore, at the intersections of race, socioeconomic status, and trauma, Black educators will likely serve populations that have experienced trauma at higher rates than White educators and must be prepared to provide trauma-informed care in schools.

In many ways special education could be an ideal place for considering equity and trauma-informed care. In special education, the core of the work is recognizing student strengths and individualizing their supports to meet the students' needs. We know when educators are able to adapt their teaching style to meet students at their level and give them the support they need to learn based on their learning and cultural needs, that contributes to equity in education (Gay,

2010; Villegas & Lucas, 2007; Ladson-Billings, 2014). We also know that individuals with disabilities are more likely to experience trauma than individuals without disabilities (Dion et al., 2018; Horner-Johnson & Drum, 2006; Jones et al., 2012) and individuals who have experienced trauma are more likely to be diagnosed with a disability (Zetlin, 2006), making trauma-informed and equity-centered practices critical in special education.

Race Evasiveness in Trauma-Informed Care Research

Despite the growing body of scholarship on trauma in schools that has yielded promising findings about resources, programs, and practices that may improve success outcomes for trauma-exposed students in schools, there is a lack of research from a race-conscious perspective (Alvarez, 2020). Trauma research rarely acknowledges that trauma has been constructed and studied within a social context where structural racism and White supremacy have permitted White racial actors to define and normalize systemic advantages, social relations, status markers, cultural practices, and ways of being and knowing (Bonilla-Silva, 1997; Mills, 2003).

Race must be considered when examining equity issues in educational contexts, and trauma is no exception (Anyon, 2014; Ladson-Billings & Tate, 1995; Milner, 2012). Trauma may be one of the most underexplored racial equity issues in education (Alvarez, 2020). The substantial body of trauma research over the past decades has contributed to the dominant discourse about what youth trauma is, what it looks like, and how best to respond. However, to move trauma discussions and research forward in the most equitable way, education researchers must begin to note how structurally racist and White supremacist social systems shape the construct of trauma, the cultural contexts in which children experience trauma, and the systemic approaches to addressing trauma.

These intersecting issues make it imperative to learn more about how Black educators understand and socialize trauma-informed care practices within their classrooms.

Theoretical Framework and Research Questions

The Holistic Trauma Framework (Alvarez & Farinde-Wu, 2022) guides the development and implementation of this research study. The Holistic Trauma Framework identifies how historical and current social conditions work, against or towards, healing trauma for minoritized groups (Alvarez & Farindu-Wu, 2022). Healing from trauma in a racialized context requires an act of collective, critical resistance whereby educators and researchers reject White-dominant colonial logics and pursue a more holistic framework for understanding and responding to trauma in and across educational contexts. An important domain of this framework is assuming that Black educators are the experts in defining trauma and understanding its causes. Therefore, the purpose of this study is to explore how Black educators understand trauma and experience trauma-informed practices in their classrooms. The following questions guided the research study:

RQ1. How do Black educators experience trauma-informed care and reflect on this practice?

RQ2. How do Black educators view the relation between their Blackness and their experiences with and understanding of trauma-informed care?

Methods

The research team consisted of one doctoral student serving as the primary researcher, one special education professor, and one other doctoral student, all from the same institution,

hereafter referred to as “the research team” or “we.” This study was approved by the institutional review board of the authors’ university on June 26, 2024.

Positionality and Reflexivity

To ensure the quality of this study it is essential to disclose researcher reflexivity, the experiences and beliefs that contribute to my desire to conduct this study (Banks et al., 2023; Brantlinger et al., 2005; Savin-Baden & Major, 2013; Trainor, 2013). As a former special educator, the primary researcher is not separated from the research. It is important that participants knew her professional background and experience as a former special educator, a teacher recruiter, and a teacher coach. As a person who identifies as a Black woman, her interest in the experiences of Black educators started while working as a special educator and case manager for 6 years in a public school on the southside of Chicago. Teaching special education was one of the most rewarding experiences, yet also one of the most challenging for the primary researcher. Her previous experience as a special educator was beneficial because she had prior relationships with fellow educators and she also had success as a special educator so there was an increased understanding

Participant Recruitment

Recruitment of participants began in September of 2024. As we recruited participants, we used snowball sampling to identify other potential participant outlets. Over 80 Black special educators who participated in an earlier study and indicated an interest in future studies were contacted for this study and therefore were the initial source of sampling of the special educators. In total, the recruitment strategy resulted in 43 potential participants. Of these potential participants, eight became unresponsive during the focus group scheduling process and seven

developed scheduling conflicts (N=15), which yielded a total of 28 participants across the four focus groups.

Participants

All participants self-identified as Black special or general educators in a large midwestern urbanized county. Of the 28 participants, 14 were general educators, and 14 were special educators. Two focus group sessions were held for general educators and two focus group sessions were held for special educators. Because children who have experienced trauma are four times more likely to receive special education services, we purposefully chose to conduct focus group sessions with general and special educators (Zetlin, 2006) separately to make comparisons between these two groups' needs and experiences (See table 1 for demographic details).

Data Collection Instruments

To answer the research questions, we collected data using a demographic survey and a semi-structured focus group protocol.

Demographic Survey

All participants completed a demographics survey developed for this project (see Appendix E). The demographics survey was used to gather descriptive information on participants and to determine the scope of participants' experiences with trauma and trauma-informed care practices. The survey included questions about participants' basic personal demographics (n = 3), educator role and setting (n = 5), teaching location (n = 3), licensure background (n = 2), and relevant training on trauma-informed supports (n = 3). Since focus group interviews were conducted via Zoom, we then sent the link for the demographics survey via email and asked participants to complete it before their scheduled focus group sessions.

Focus Groups

Once participants completed the demographic survey, they were invited to attend one of the four focus groups. Each focus group session offered a short explanation of key concepts using SAMSHA's definition of trauma and the four principles of trauma-informed care. Focus groups are advantageous when the interaction among interviewees likely yields the best information, when interviewees are similar and cooperative with each other, when time to collect information is limited, and when individuals interviewed one-on-one may be hesitant to provide information (Krueger & Casey, 2014; Morgan, 1997). The focus group questions were intentionally semi-structured to allow for natural discussions to occur and to allow participants to openly discuss their beliefs related to the information presented rather than directing them to answer in a prescribed manner (Maxwell, 2013; Savin-Baden & Major, 2013).

Protocol. The focus group interview protocol consisted of four main sections: (a) background related to trauma (n = 5); (b) professional development experiences (n = 4); (c) current trauma-informed practice (n = 4); and (d) racial identity and how it relates to trauma-informed care (n = 3). Finally, we asked questions that provided the participants with closure and next steps (n = 2). The questions were designed specifically to prompt participants to center their own ways of knowing, being, and healing and use organic approaches to build relationships and discover supports and communal relatedness. The four focus group sessions lasted an average of 105 minutes.

Data Preparation and Analysis

In order to prepare for data analysis, we downloaded the audio files from Zoom and uploaded it to Box™. Author one completed a reflective memo within 24 hours of each focus group session by writing about the interview, any pertinent information, and how her experiences as a former Black educator impacted what she was documenting and processing (Saldaña, 2021).

All interviews were professionally transcribed and uploaded these transcriptions to Box™. We conducted member checks by sending each participant a two to three page summary of their focus group interview and asking them to review it and either confirm that it accurately reflected their perceptions and experiences or make corrections. All 28 participants responded to a request for member checks. None of the participants indicated that clarifications were needed, and no one provided additional comments and changes. The member checks were stored with the interview transcripts and audio files in a Box™ folder for each focus group.

The Thematic Coding Process

We collaboratively conducted data analysis with the first author and one other doctoral student. Following each focus group session, focus group audio was professional transcribed. After transcription, we examined transcripts to allow for continual reflection on emerging themes and activities involved in the interview process (Creswell, 2013). After the transcripts were finalized, we used a combination of in vivo coding and thematic analysis. This method allowed us to provide a detailed and organized account of the data through a flexible approach (Braun & Clark, 2021; Saldaña, 2021).

In the first round of analysis, we used in vivo coding (Saldaña, 2021) by using the words of the participants to ensure that the participants' experiences and stories are reflected in the codes and that the codes and findings from one focus group session do not impact the other focus group sessions. During this phase, each team member read the transcripts, highlighted pertinent excerpts that directly answer the interview questions, and made notes about the excerpts. After reading all the transcripts for each participant, we met to discuss excerpts and came to consensus on the final coded excerpts to be used in the next phase of coding.

In the second round of coding, we used pattern coding by reviewing the in vivo codes while we looked for similarities among the codes, created categories for the patterns, and coded and analyzed the data for patterns within the Holistic Trauma Framework (e.g., relying on natural relationships and healing, responding to existing trauma, preventing future trauma, and participants' reflecting on their own practices) (Miles et al., 2020). In sum, the thematic analysis is the formation of patterns in relation to the three domains of the Holistic Trauma Framework.

Comparative Analysis Process

In the final stage of data analysis, we conducted comparative analysis between general educator groups and special educator groups (Gibbs, 2007). The goal of the analysis was not to evaluate solely the differences between general educators and special educators, but instead, to fully understand the thoughts and experiences that both groups have related to using trauma-informed supports in their school settings (see Figure 1 for data analysis information). Throughout the data analysis process, we maintained a research journal that held my reflexive memos and served as an audit trail to meet dependability and confirmability standards. This included notes about steps taken and decisions made throughout the process, such as deciding to add a new code during a coding meeting or how we decided to condense two themes into one.

Findings

During the analysis process, the research team created four major themes: (1) Black educators have deep levels of understanding how trauma affects students, (2) "mothering" as a highly effective way to support the social-emotional needs of students, (3) learning from the historical practice of neglecting trauma in Black communities, and (4) the unsustainability of secondary trauma and trauma-informed care for Black educators leads to attrition. Below, we

provide details about how these themes and sub-themes answer research questions with detailed participant quotes (Brantlinger et al., 2005). We end by highlighting notable intersectional differences amongst focus group participants. In this section, participants will be referred to by P(1-8)F(1-4) to maintain confidentiality and anonymity. This is a reference to the order in which they spoke in their focus group (P1-8) and the focus group session that they participated in (F1-4).

Theme 1: Black Educators Have a Deep Understanding of Trauma

During the actual focus groups and the data analysis process, it became quite clear that participants held a firm understanding of not only the definition of trauma but how it shows up in the classroom and can affect students.

Black Educators Define Trauma

One of the first exercises participants were asked to engage in was to define and discuss what "trauma" means to them. Following initial light hearted comments and jokes, it became clear that participants understood the formal and academic definitions of trauma. After the light hearted remarks, I often had to probe participants to dig deeper in their response and when reminded and encouraged that there was no wrong answer, participants demonstrated a deep understanding of how trauma is defined, how it affects students, and how trauma presents itself in their classrooms. Below are two examples of ways participants defined trauma:

> I would say that trauma is anything *that you experience that affects you in a negative way mentally or physically*. (P3F1)

> Trauma is impactful to every single person, and no trauma is more greater than another. So there are just experiences in life that, you know, they can change our behavior. (P1F1)

These definitions demonstrate the participants' alignment with SAMHSA's definition and their belief about how this harm can have lasting adverse effects on the individual's mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014).

Black Educators Recognize Trauma

Participants shared individual skills in approaching trauma in their work. Throughout the first set of questions asked, participants often juggled and discussed this with a juxtaposition of emotional and cognitive intelligences. As such, when asked how participants recognize trauma, many of them discussed how being familiar with the local communities that they serve helps them to understand the pain and suffering that takes place there. One participant talks about living and working in the same community and how that gives her more insight and understanding:

> I lived in the community where I worked. My children went to the school where I taught. Because I was in the community a lot of times, I was privy to things that went on in the community. But also I'm big on watching body language. I look my students in the eye. I watch to see where their shoulders are. I watch to see if their head is down. (P4F2)

This participant detailed the importance of both familiarity with the local community and her students as individuals. She felt that familiarity helps educators know when students have experienced trauma by picking up on subtle body language and other forms of unspoken communication.

Most participants mentioned this familiarity with the local community and parents in having insight on what is happening in the student's home life. So beyond recognizing and

observing behaviors, the closeness and ability to build relationships that Black educators have with families and students also allows for trauma to be communicated directly.

Participants in the focus groups overwhelmingly agreed that most, if not all, of their students are dealing with trauma. They demonstrated confidence in their ability to recognize it through observation, relationship-building, and communal understanding.

Black Educators Heal from Trauma

Focus group participants were asked to discuss the ways that they feel students heal best from trauma. Participants' responses and understanding of how students best heal from trauma are once again aligned with the literature on trauma-informed best practices. Much of what came from the focus groups was the importance of collaborative, wrap-around, and multi-tiered supports. While participants understood their role in helping students, they were also aware that they alone could not meet the needs of their students.

One of the most consistent topics that emerged in all of the focus groups was the need for students to have access to therapy services. Most educators agreed that students who deal with major traumatic events like the death of a parent, failed to get adequate professional counseling or therapy. Schools do not have the personnel to ensure that this happens and for various systemic reasons, therapy is not an option within many students' personal lives.

There was repeated discussion about multi-tiered school supports. Participants used this language to describe that when students are struggling with trauma, they need to have support from not just the educator, but other clinicians, counselors, administrators and school personnel. This multi-tiered support holistically centers the student and offers support throughout the entire school day and even collaborates with parents for home support. One participant walked us

through what this looks like and the importance of it, as healing is not a linear process. She stated:

> Well, healing isn't linear…there's no one way to heal, and it's not a one size fits all…I recently had a student be assessed by SASS [Screening Assessment and Support Services] for suicidal thoughts, and there's not one thing that helps him throughout the day. There's like a multi-tiered support system that we built. So he has a space in my classroom specifically that he can go to to just get away for three to five minutes. If that doesn't work then he has a counselor, and if that doesn't work then he has a teacher that he feels comfortable confiding in. (P1F4)

Participants reflected that it is difficult for students to heal and process trauma, and thus how intentional and diligent school staff members have to be when helping students.

Another important and popular thought that came out of the focus group discussions was the need for students to feel loved and connected. So while love can not be the only thing offered to students that are dealing with trauma, it is still an important factor. One educator noted that she does not feel like educators love teaching anymore and it shows in the way that they speak to students. Other participants mentioned that work requirements tie educators down and they often feel so overwhelmed that they forget or do not find time to enjoy the actual teaching process.

Black Educators Practice Trauma-Informed Care

The final topic in answering how Black educators experience and reflect on trauma-informed care was to learn more about how they implement these practices in their current classrooms. Many participants felt that the new Illinois standards that incorporate trauma-informed practices are simply another checklist for educators to ensure that they are hitting in their practice. Participants admitted that at times trauma-informed care is confusing and

there is not a lot of training on how to implement this into their practice. When presented with information about trauma informed-care and common practices, most participants agreed that they were organically doing these practices in their classrooms but failed to realize the connection between what they do in practice and labeling it as trauma-informed care.

Theme 2: "Mothering" as a Highly Preferred Support

One topic that surfaced from focus group discussions, that is not currently represented in the literature, is the notion of "mothering." This notion was both implicitly and explicitly discussed throughout all four focus groups. One explicit example of this is when a primary educator said:

> I'm a primary teacher so my go-to strategy all the time is I'm very motherly. If I can't get to them in those 15 minutes [of morning meeting] I have the whole day to show them that I care about them in whatever ways that I can. (P3F1)

Another educator explained using her motherly instincts to help a student when she did not know what else to do:

> I had a little boy in one of my [Kindergarten] classes who witnessed his mother being shot to death. And I was just like, well, maybe he didn't really interpret it [the murder], because he was so little. Maybe it didn't leave any real lasting effects or anything because he seemed to be so normal. And then all of a sudden one day he was just crying. So I called him over and I said well, what's going on, what's the matter. And he said, "I miss my mommy." So he probably is more aware than what I was thinking. And honestly I didn't know what to do. So as a Black woman, as a mother, I just held him and rocked him. (P5F4)

This participant shared how much she relied on her mothering instincts when she felt that she did not have other skills or resources to help this student; mothering was the comfort she could give.

At times, this practice of 'mothering' was not as explicit. Participants discussed protecting students, which school personnel have written off as bad in some way. One participant who taught at the high school level discussed how she does not like to involve other school personnel (i.e., resource officers and deans), out of her sense of protection and understanding for students that may be struggling. This was also shown in understanding students' legal troubles and giving grace and compassion when the student arrived at school. For this participant, protection was a communal understanding in a non-judgemental approach that many students need, particularly those living in underserved communities.

Many of the early career female educators spoke about being a big sister to their students and using this familial connection to build a bond and a deep trusting relationship with students. It is important to note that the men in the focus groups made mention to similar familial connections by referring to themselves as a big brother, as all of the male participants were early career educators. A male educator in the same focus group noted that feeling like a big brother to his students allows for bonding that gives students comfort to open up about any traumas or stresses that students are facing. Though the relationship title may differ, the urge to protect, love, and lead through a familial lens remained apparent for all participants.

Theme 3: Black Educators Learn from Neglected Traumas

The notion of shared experiences were discussed in numerous ways, with all of them centering student and educator healing and understanding. First, participants mentioned that trauma and the healing of this trauma is often something that has been neglected in the Black community. So understanding trauma was often a learning process that they underwent with their

students, because they failed to understand it in their own childhood. One participant said, “We all experience trauma and much of my childhood was traumatic but I had no idea” (P7F4). She goes on to say that her own ignorance motivates her to be more mindful when listening and speaking to students and she prioritizes discussing mental health and social emotional learning.

These shared experiences between student and educator create an organic relationship that allows students to see themselves in their educators and gain comfort and confidence with their educators, thus creating trust that fosters trauma-informed healing. A participant shared about how and why she became an educator and how understanding the shared experiences and trauma that Black people face in this country helps her serve her Black students:

> My Blackness actually has a lot to do with why I became a teacher…I grew up in majority White schools – there weren’t really many people that looked like me or any teachers that looked like me. Growing up Black in America is traumatizing in itself. There is safety in similarity that we don’t get in the world, but my students get it with me. So my Blackness is one of the reasons why I’m definitely in the classroom. (P5F4)

Participants strongly believed that these commonalities and shared experiences of Blackness inevitably foster community. Pairing this shared experience with the growth in knowledge on trauma and trauma-informed care, allows Black educators to help students feel seen, heard and understood, which is a form of holistic communal healing.

Theme 4: Black Educators Experience Secondary Trauma

The final theme that surfaced is the exasperated secondary trauma that Black educators are facing and how it surfaces in their classrooms. The reflections that came about from the focus groups were often filled with deep emotions, with participants sharing sadness, anger, and frustrations. Many felt like their careers were not sustainable due to the secondary trauma that

they must navigate through along with all of their other teaching responsibilities. Many of them also felt like the toll of this trauma was too much for anyone to have to internalize year after year. To begin, one participant stated, “Black teachers, female teachers are some of the most beat up on teachers in the entire field” (P1F2). Similarly, another educator in another focus group also reflected: “Because of the personalities and nurturing that we have as Black women, they come to us, not saying that we’re a garbage can and people just dump things, but sometimes kids just do – sometimes it’s too much” (P2F3). Additionally, educators knowingly took on the trauma students were dealing with as a form of healing for their students. When they took on this trauma, they felt that they were opening up space and opportunity for students to just be children so this absorption is intentional and a form of dutiful practice in their classroom.

Black educators reiterated the importance of understanding shared experiences and being what students needed with very little time and resources to help. So there is a lot of discussion on listening and creating an emotionally safe space for students. For instance, one participant said, “we just kind of tried to give him a safe space and talk through some of the things” (P1F3). Another participant mentioned, “I just gave them the opportunity to talk, whether it was on their personalized prep time, if they needed five minutes in the hallway to kind of gather themselves. It helped a lot” (P2F3). The participants also noted that trauma-informed care takes genuine love and grace and can not be done with simple checklists that some schools have implemented. The need for educators to constantly give grace, while also managing their secondary trauma is an arduous task that participants reflected on as directly affecting them, and ultimately educator attrition.

Intersectional Differences

There were important intersectional differences to note between women and men educators, Black educators working in predominantly White spaces, and Black educators working in Black schools, and finally between educators working in special education versus those in general education.

Men and Women Educators

Out of 28 total focus group participants, nine participants self-identified as male educators. We strategically ensured that there were multiple male educators in each focus group. One of the first contrasting topics was the way that men and women educators discussed ways that students heal best from trauma. While women educators often discussed mothering students in a nurturing and supportive way, men educators felt that it was most helpful to help students overcome and cope. They used phrases like "coach up kids" and "overcome adversity." They felt that they could best help and facilitate healing for students by teaching them strategies to be able to do the work of healing independently. One male educator said:

> So we're in a really special environment and areas where we can coach up kids in this next future generation of leaders to know how they could healthily overcome adversity and cope through some of the pain that they're going to experience. (P1F1)

Women educators never mentioned overcoming trauma, they only discussed how to help during the traumatic event, while male educators spoke with an end goal of overcoming the trauma. Women also talked a lot about carrying the trauma of their students, while the male educators did not discuss the load of secondary trauma. I believe this was because they were constantly working to teach the skill of overcoming, for themselves and their students. Another male educator said,

> As teachers we're a support system for students…we have to teach all these different subjects, but we need to also teach them how to be great human beings and how to be adults and how we can overcome certain things. (P5F4)

Again, there is a push to teach students how to overcome trauma and it typically stems from a place of protection and care for their students. This is very different from the way that most female educators described their trauma-informed process and practices.

Staff Demographic Differences

Most of the participants self-identified as Black educators that worked in predominantly Black schools but there were a few educators that worked in predominantly White districts in the suburbs of Chicago or they worked predominantly with White educators in schools with predominantly Black students. So when discussing trauma-informed care, the differences with their colleagues often came to light. The educators working with mostly White educators spoke about often being called to have difficult conversations with Black students that their White colleagues were uncomfortable with. They also spoke about White educators being afraid to speak to students and participants even discussed trying to protect Black students from the dean or resource officers that might actually cause or increase trauma for students. One high school educator said, "I sometimes go in the hallway to laugh on purpose as I watch White educators scared in the hallways. They will come to me and ask me if I can ask a student to remove their hat or bonnet [head covering]" (P3F1). She went on to discuss in data used earlier how she tries to convey to her students to allow her to help them with their problems because other school personnel will not love them the way she does. Another educator mentioned:

> At times, I am asked to train or lead professional development for other teachers at my school around cultural competency. And these teachers think they are helping but the way they think is so harmful. One White teacher mentioned that her students were having a hard time with a Physical Science unit because they did not have backyards with grass. So the information was new to them. I grow up with a backyard and plenty of grass and these students have the same thing. It's unbelievable. I try not to get upset, but their way of thinking can cause harm and trauma for students. (P2F1)

It is evident that Black educators working in White spaces and with White colleagues carry an extra burden that they then have to reconcile in order to protect Black students. To the contrary, the participants that worked in schools with mostly Black educators and administrators, expressed shock that this burden existed and relief that they do not have to carry this burden.

General Educators and Special Educators

Generally, there was not much of a difference between the trauma-informed practices of general and special educators. There were, however, key differences in the expectations of student trauma within their classrooms. Most special educators expected their students to have experienced trauma, while general educators seemed surprised by the amount of trauma and levels of trauma that their students often experienced. A special educator reflected by discussing the fact that most students with disabilities have experienced some sort of trauma, a finding that is popular in the literature (Dion et al., 2018; Horner-Johnson & Drum, 2006; Jones et al., 2012):

> I feel like for some reason, the diverse learners have experienced some kind of trauma. Are they experiencing this learning deficit because of this traumatic event? Do we as special educators get a clearer picture of the trauma because we get to interview Mom for the IEP annual report? (P1F3)

This special educator reflects on the intersection of disability and trauma and how having access to the IEP system and various reports could possibly give special educators more information on a student's trauma history. This information is often used in the way they choose to implement trauma-informed practices in their classrooms. Most special educators thought the IEP information and having smaller classroom sizes allowed them more opportunities to be trauma-informed than general educators. Similarly, another special educator that previously worked as a general educator said:

> I want to say that experiencing the trauma as a special educator is more so identified. We know that these kids are coming in with trauma and their issues are kind of right at the forefront. We are more involved in the student holistically because they have IEPs that we must write and create narratives for. I would say that I'm more informed about traumas that've impacted my students than I was as a gen ed teacher. (P2F2)

Again, this participant makes the point that as a special educator, she has more information on her students and can make informed decisions that she was not able to make as a general educator. Though one might argue that trauma-informed education does not mean having information on students to know their past traumas, these educators stress the importance of understanding students holistically and knowing various family and personal histories.

To the contrary, general educators discussed the levels of trauma in ways that still shocked and overwhelmed them, while special educators were more matter-of-fact and resolute. One general educator said, "I'm still amazed at just how much my students have gone through" (P5F2). It is also important to note that general educators were much more emotional and seemed completely overwhelmed by helping students with traumas. The below reflection is from a general educator of 25 years:

> There are days when I just feel like I can't do enough. My students are struggling and I can't meet all of their needs. They need so much and it can be overwhelming most of the time. I cry because I've given so much but it's never enough. (P4F2)

This reflection sums up the general educator trying to meet the needs of her students but feeling overwhelmed in the process and not sure how to best help them.

Discussion

The purpose of this study was to explore how Black educators understand trauma and experience trauma-informed practices in their classrooms. Educators in this study exhibited deep levels of understanding trauma, how it affects their students, and trauma-informed classroom practices. Participants also shared a variety of trauma-informed practices that aligned with the core components of the Holistic Trauma Framework: using personalized knowledge to gain a deeper understanding of suffering and healing, promoting relationships to support healing, and exploring trauma comprehensively at different timepoints (Alvarez & Farinde-Wu, 2022). For Black educators, two important implications are clear: relationship-building is the impetus of trauma-informed practices and educators' needs must be prioritized.

Most participants discussed the ability to build relationships with students as a way to provide trauma-informed care. The trauma-informed practices that the focus group participants all discussed centered around building relationships which closely aligns with the 2nd domain of the Holistic Trauma Framework (Alvarez & Farinde-Wu, 2022). At times, it was explicitly stated, while also being implicitly discussed when mentioning trauma-informed classroom strategies like trust, listening, mothering, understanding unspoken communication, and even through the creation of more communal physical school spaces.

The majority of focus group participants worked in Title 1 schools in underserved communities. Systemic issues, such as racism, ableism, and poverty, increase the likelihood that students will experience trauma (NCTSN, 2017). The educators serving in these communities will then inevitably experience secondary trauma. The focus group questions and design of this study were intentionally created to center the trauma-informed practices of Black educators, while purposefully not focusing on the trauma that educators were dealing with. However, the secondary trauma that educators are facing inevitably arose in each focus group (Ormiston et al., 2022; Koenig et al., 2018). Participants shared deep sadness, emotion, and feelings of overwhelm. Findings from this research study show how deeply traumatizing the teaching experience can be for Black educators, and ultimately, demonstrate the need for radical care.

Since the pandemic, there has been a push to prioritize the wellbeing of essential professionals like educators, thus it is important to have a deeper understanding of how secondary classroom trauma impacts educators (Dreer, 2023; Hascher & Waber, 2021) . We can not expect educators to constantly care for the trauma needs of their students, without a systemic support system for their own trauma needs. We have to look into ways that we can meet the emotional needs of educators and students simultaneously by detailing the training and supports around trauma, trauma-informed care, and secondary trauma.

Implications for Research

Findings from this study provide a glimpse into the ways that Black educators experience and reflect on trauma and trauma informed care. In particular, we learned that participants prioritize relationships and often use mothering bonding to provide trauma-informed support to their students. As discussed in the literature review, only three of the 20 articles (Blitz et al., 2020; Caldera et al., 2019; McCarty & Lee, 2014) discussed cultural awareness with only one

(Blitz et al., 2020) of the three articles specifically discussing the needs of Black children in relation to trauma-informed care; also, just one reviewed article specifically focused on Black educators and trauma-informed care (Farinde-Wu et al., 2023). It is important to research trauma-informed care through a more critical lens that centers the cultural identities of the community.

Implications for Practice

Trauma-informed care has gained recognition over the last ten years and educators have proven to understand what trauma is, how it shows up in their classrooms, and how to implement trauma-informed strategies. Despite this, many Black educators do not receive consistent and formal training and professional development for trauma-informed care. Continued and focused professional development is still needed for educators. All school personnel preparation and continued development should include: (a) training with direct and explicit instruction addressing trauma-informed care within an equity and critical lens, (b) training that includes time for educators to interact with others and reflect personally and communally, and (c) specific information on how to support students and families who experience toxic stress due to the trauma that occurs at the intersections of poverty, racism, and ableism.

Limitations

There are some prevailing limitations to consider when discussing the findings of this study. First, participants were not always certain they had experience with trauma-informed care. Though this information was collected from the demographics survey, many participants reported not having training on trauma-informed care, but later recalled specific trainings that included topics related to it. This disconnect can be attributed to the unfamiliarity and inconsistent language around trauma and trauma-informed care and difficulty recalling

professional development opportunities they have engaged in. Second, given the focus group format there was the potential risk of groupthink, dominant voices within the group, and moderator bias (Smithson, 2000). I used strategies like encouraging 100% participation by ensuring that everyone had the time and opportunity to answer each question. I also encourage participants to agree or disagree by offering a different perspective with respect to other participants. Though I do not believe that there were any outstanding and dominant voices that may have swayed the overall discussion, there is always a possibility that someone felt that they could not openly share their personal experience or opinion.

Conclusion

There are unique racialized experiences that make teaching personal and emotional for Black educators. The findings from this study show that these educators have a deep level of understanding student trauma and how to support students. School leaders, researchers, and policymakers must recognize the need to understand how Black educators interpret trauma-informed care and how to better meet the trauma needs of these educators as they simultaneously meet the trauma needs of their students. Until this commitment is made, there will continue to be deficits in retaining Black educators, particularly those educators working in underserved and culturally diverse communities. Additional research is necessary to conclude how effective and sustainable trauma-informed strategies like building relationships, specifically othermothering, are for Black educators.

REFERENCES

Alvarez, A. (2020). Seeing race in the research on youth trauma and education: A critical review. *Review of Educational Research*, *90*(5), 583─626. https://doi-org.proxy2.library.illinois.edu/10.3102/0034654320938131

Alvarez, A. J., & Farinde-Wu, A. (2022). Advancing a holistic trauma framework for collective healing from colonial abuses. *AERA Open, 8*. https://doi.org/10.1177/23328584221083973

Anyon, J. (2014). *Radical possibilities: Public policy, urban education, and a new social movement*. Routledge. https://doi-org.proxy2.library.illinois.edu/10.4324/9780203092965

Banks, J., González, T., Mueller, C., Pacheco, M., Scott, L. A., & Trainor, A. A. (2023). Reflexive quality criteria: Questions and indicators for purpose-driven special education qualitative research. *Exceptional Children*, *89*(4), 449─466. https://doi.org/10.1177/00144029231168106

Blitz, L. V., Yull, D., & Clauhs, M. (2020). Bringing sanctuary to school: Assessing school climate as a foundation for culturally responsive trauma-informed approaches for urban schools. *Urban Education*, *55*(1), 95─124. https://doi.org/10.1177/0042085916651323

Bonilla-Silva, E. (1997). Rethinking racism: Toward a structural interpretation. *American Sociological Review*, *62*(3), 465–480. https://doi-org.proxy2.library.illinois.edu/10.2307/2657316

Boveda, M., & Annamma, S. A. (2023). Beyond Making a Statement: An Intersectional Framing of the Power and Possibilities of Positioning. *Educational Researcher*, *52*(5), 306-314. https://doi.org/10.3102/0013189X231167149

Brantlinger, E., Jimenez, R., Klingner, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education. *Exceptional Children, 71*(2), 195─207. https://doi.org/10.1177/001440290507100205

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Caldera, A., Whitaker, M. C., & Conrad Popova, D. A. D. (2019). Classroom management in urban schools: Proposing a course framework. *Teaching Education*, *31*(3), 343–361. https://doi.org/10.1080/10476210.2018.1561663

Coulter, K. M., & Benner, A. D. (2023). The racialized landscape of COVID-19: Reverberations for minority adolescents and families in the U.S. *Current Opinion in Psychology*, *52*, 101614. https://doi.org/10.1016/j.copsyc.2023.101614

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications.

Dion, J., Paquette, G., Tremblay, K. N., Collin-Vezina, D., & Chabot, M. (2018). Child maltreatment among children with intellectual disability in the Canadian incidence study. *American Journal of Intellectual and Developmental Disabilities, 123*(2), 176–188. https://doi.org/10.1352/1944-7558-123.2.176

Dreer, B. (2023). On the outcomes of teacher wellbeing: a systematic review of research. *Frontiers in psychology*, *14*, 1205179. https://doi.org/10.3389/fpsyg.2023.1205179

Eldh, A. C., Årestedt, L., & Berterö, C. (2020). Quotations in qualitative studies: Reflections on constituents, custom, and purpose. *International Journal of Qualitative Methods*, 19. https://doi-org.proxy2.library.illinois.edu/10.1177/1609406920969268

Farinde-Wu, A., Alvarez, A., & Kunimoto, N. (2023). Teach like a Black woman: A trauma-informed Black feminist praxis. *Urban Education*, *60*(3). https://doi.org/10.1177/00420859231175669

Gay, G. (2010). *Culturally responsive teaching: Theory, research, and practice*. Teachers College Press

Gee, J. P. (2005). Learning by design: Good video games as learning machines. *E-Learning and Digital Media*, *2*(1), 5-16. https://doi-org.proxy2.library.illinois.edu/10.2304/elea.2005.2.1.5

Gee, J. P. (2017). Affinity spaces and 21st century learning. *Educational Technology*, *57*(2), 27–31. http://www.jstor.org/stable/44430520

Gibbs, G. R. (2007). *Analyzing qualitative data*. SAGE Publications. https://doi.org/10.4135/9781849208574

Hascher, T., & Waber, J. (2021). Teacher well-being: A systematic review of the research literature from the year 2000–2019. *Educational Research Review*, *34*, 100411. https://doi.org/10.1016/j.edurev.2021.100411

Horner-Johnson, W., & Drum, C. E. (2006). Prevalence of maltreatment of people with intellectual disabilities: A review of recently published research. *Developmental Disabilities Research Reviews, 12*(1), 57–69. https://doi.org/10.1002/mrdd.20097

Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T., & Officer, A. (2012). Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*, *380*(9845), 899–907. https://doi.org/10.1016/S0140-6736(12)60692-8

Koenig, A., Rodger, S., & Specht, J. (2018). Educator burnout and compassion fatigue: A pilot study. *Canadian Journal of School Psychology*, *33*(4), 259-278. https://doi-org.proxy2.library.illinois.edu/10.1177/0829573516685017

Krueger, R. A., & Casey, M. A. (2014). *Focus groups: A practical guide for applied research*. SAGE Publications.

Ladson-Billings, G., & Tate, W. F. (1995). Toward a critical race theory in education. *Teachers College Record*, *97*(1), 47–68. https://doi-org.proxy2.library.illinois.edu/10.1177/016146819509700104

Ladson-Billings, G. (2014) Culturally relevant pedagogy 2.0: A.K.A the remix. *Harvard Educational Review, 84*(1), 74-84. https://doi.org/10.17763/haer.84.1.p2rj131485484751

Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). Sage.

McCarty, T., & Lee, T. (2014). Critical culturally sustaining/revitalizing pedagogy and indigenous education sovereignty. *Harvard Educational Review, 84*(1), 101–124. https://doi.org/10.17763/haer.84.1.q83746nl5pj34216

Merriam, S., & Tisdell, E. (2016). *Qualitative research: A guide to design and implementation*. Jossey-Bass.

Miles, M. B., Huberman, M. A., & Saldaña, J. (2020). *Qualitative data analysis: A methods sourcebook*. Sage Publications.

Mills, C. W. (2003). White supremacy. In T. L. Lott & L. P. Pittman (Eds.), *A companion to African-American philosophy* (pp. 269–281). Blackwell. https://doi-org.proxy2.library.illinois.edu/10.1002/9780470751640.ch16

Milner, H. R. (2012). Beyond a test score: Explaining opportunity gaps in educational practice. *Journal of Black Studies*, *43*(6), 693–718. https://doi-org.proxy2.library.illinois.edu/10.1177/0021934712442539

Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd ed.). Sage Publications. https://doi.org/10.4135/9781412984287

National Center for Education Statistics (NCES). (2022). *Statistical analysis report*: *Black or African American Teachers: Background and School Settings in 2017–18* (NCES 2022-024). Retrieved from https://nces.ed.gov/pubs2022/2022024.pdf

Ormiston, H. E., Nygaard, M. A., & Apgar, S. (2022). A systematic review of secondary traumatic stress and compassion fatigue in teachers. *School Mental Health*, *14*(4), 802–817. https://doi.org/10.1007/s12310-022-09525-2

Pumariega, A. J., Jo, Y., Beck, B., & Rahmani, M. (2022). Trauma and US minority children and youth. *Current Psychiatry Reports*, *24*(4), 285–295. https://doi.org/10.1007/s11920-022-01336-1

Saldaña, J. (2021). *The coding manual for qualitative researchers* (4th ed.). SAGE.

Savin-Baden, M., & Major, C. (2013) *Qualitative research: The essential guide to theory and practice*. Routledge.

Smithson, J. (2000). Using and analysing focus groups: Limitations and possibilities. *International Journal of Social Research Methodology*, *3*(2), 103–119. https://doi.org/10.1080/136455700405172

Spencer, A. E., Oblath, R., & Dayal, R. (2021). Changes in psychosocial functioning among urban, school-age children during the COVID-19 pandemic. *Child Adolescent Psychiatry Mental Health 15*(73), 1-12. https://doi.org/10.1186/s13034-021-00419-w

Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Trainor, A. (2013). Interview research. In A. Trainor & E. Graue (Eds.), *Reviewing qualitative research in the social sciences* (pp. 125–138). Routledge.

Villegas, A. & Lucas, T (2007). Responding to changing demographics: The culturally responsive teacher. *Educational Leadership, 64*(6), 28-33.

Zetlin, A. (2006). The experiences of foster children and youth in special education. *Journal of Intellectual & Developmental Disability*, *31*(3), 161–165. https://doi.org/10.1080/13668250600847039

Table 1

Demographic and Background Information

Characteristic	General Educators		Special Educators	
	n (14)	%	*n* (14)	%
Gender				
Female	10	71.4	9	64.3
Male	4	28.6	5	35.7
Education				
Bachelors	3	21.4	5	35.7
Masters	11	78.6	9	64.3
District Student Population				
5,000 or less	4	28.6	1	7.1
5,001 or more	10	71.4	13	92.9
Free and Reduced Lunch Status				
50% or less	3	21.4	0	0
51% or more	11	78.6	14	100.0
Trauma-Informed Care				
Attended TIC training	8	57.1	6	42.9
TIC training deemed helpful for practice	1	7.1	2	14.3
Educator Experience				
1-5 years	3	21.4	3	21.4

6-10 years	4	28.6	0	0
11-15 years	2	14.3	5	35.7
16+ years	5	35.7	6	42.9

Figure 1

Data Analysis Process