Supporting English Literacy for Students with PTSD

and Trauma Responses in Australian Classrooms

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This public portfolio edition retains the complete substantive assignment and references. The original university submission cover and identifying course staff/student-number details have been removed.

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Author Note

AI Use Statement

For this assessment item, I used ChatGPT for Level 2: AI Enhanced Research and Drafting. The AI tool was used during the initial stages of the assessment to assist with generating ideas, clarifying key concepts, supporting preliminary research, and developing a draft outline. It was also used to help refine the structure, grammar, coherence, and flow of my writing. The final content, analysis, and conclusions were reviewed, edited, and developed by me.

Prompts used included: ‘Help me generate ideas for this assessment topic’, ‘create a draft outline for this assessment’, and ‘check the grammar, structure, coherence, and flow of my writing’.

Classified as OFFICIAL

Introduction

Within Australian classrooms, students with post-traumatic stress disorder (PTSD) and trauma histories are an important group of English literacy learners due to the effects of trauma on attention, emotional regulation, memory, participation and relationships with teachers and peers (Avery et al., 2021; Perfect et al., 2016). Trauma may result from abuse, neglect, family violence, displacement, grief, bullying, disaster or repeated exposure to unsafe environments (Stratford et al., 2020), with Wichmann et al. (2023) highlighting interpersonal trauma as having significant developmental effects for children and adolescents. Mathews et al. (2023) found that three in five Australians had experienced at least one form of maltreatment before the age of 18. PTSD is a diagnosable condition that may occur after exposure to actual or threatened death, serious injury or violence (Phoenix Australia, 2020); however, many trauma-affected students do not have a formal diagnosis or may be unable to safely disclose their experiences (Maynard et al., 2019; Newton et al., 2024). With English literacy defined as listening, speaking, reading, viewing, writing and creating texts for different purposes, audiences and contexts (Australian Curriculum, Assessment and Reporting Authority [ACARA], 2024), learning affected by trauma can have a significant effect curriculum-wide. This literature review analyses the implications of Australian legislation, policy and ethical principles for teaching English

literacy to students with PTSD and trauma histories, before evaluating practices that support literacy participation across the curriculum. It argues that trauma-informed practices establish safety, predictability and regulation of learning (Thomas et al., 2019), with explicit teaching across literacy disciplines allowing students to access the curriculum successfully (Australian Education Research Organisation [AERO], 2021, 2025; Graham et al., 2016).

Background: Policy, Legislation and Ethical Principles

Australian teachers have legal, professional and ethical responsibilities to ensure that students with disability and additional learning needs can access education on the same basis as their peers. The *Disability Discrimination Act 1992* (Cth) prohibits discrimination based on disability, while the *Disability Standards for Education 2005* (Cth) require schools to consult, reasonably adjust and support participation in curriculum, assessment and school activities. These obligations are significant for students with PTSD, as mental-health conditions may fall within the broad legal definition of disability and require reasonable adjustments when they affect access and participation (Phoenix Australia, 2020). Importantly, Newton et al. (2024) argue that isolated diagnosis-based approaches are insufficient, as many trauma-affected students remain unidentified or may not safely disclose their experiences. The Nationally Consistent Collection of Data on School Students with Disability (NCCD) emphasises that adjustments should respond

to functional needs over diagnosis alone (Australian Government Department of Education, 2024). Teachers should respond to observable literacy barriers, such as reading avoidance, difficulty completing extended written responses, reduced concentration and distress during content, rather than interpreting disengagement as deliberate refusal (Perfect et al., 2016; Thomas et al., 2019).

The Australian Curriculum's broad definition of literacy strengthens this inclusive obligation because trauma may affect comprehension, oral explanation, written organisation, assessment performance and willingness to engage with unfamiliar texts across all subjects (ACARA, 2024; Perfect et al., 2016). Op den Kelder et al. (2018) provide a cognitive explanation for these barriers, finding that trauma exposure is associated with executive functioning difficulties, including planning and working memory. Literacy demands are not simply confined to English lessons; in science, students may need support interpreting technical vocabulary and procedural texts; in humanities, they may need scaffolding to analyse sources and construct arguments; in health and physical education, they may need assistance reading wellbeing-related content without personal disclosure; and in mathematics, they may need explicit support interpreting worded problems and explaining reasoning. Reasonable adjustments should therefore be connected to the literacy demands of each task (ACARA, n.d.). A student may require vocabulary pre-teaching, guided planning, additional processing time,

assistive technology or an alternative presentation format, depending on the barrier being addressed (AERO, 2021, 2025; CAST, 2018).

The Australian Professional Standards for Teachers reinforce this responsibility, requiring teachers to differentiate teaching for diverse learners (APST 1.5), support students with disability (APST 1.6), maintain safe learning environments (APST 4.4), meet ethical responsibilities (APST 7.1), and understand legislative obligations (APST 7.2; Australian Institute for Teaching and School Leadership [AITSL], 2011). In practice, “on the same basis” does not mean identical treatment, but equitable access to age-appropriate curriculum through reasonable and documented adjustments (Australian Government Department of Education, 2025; *Disability Standards for Education 2005* (Cth)). Across subjects, strategies may include content warnings, text choice, scaffolded writing frames and visual success criteria with graduated deadlines, private feedback and flexible assessment (CAST, 2018; Tai et al., 2021). These practices align with Universal Design for Learning through multiple means of engagement, representation and expression without requiring students to disclose trauma (CAST, 2018; Newton et al., 2024).

Although trauma-informed education offers a valuable framework, it should be applied critically rather than treated as a complete literacy intervention. Avery et al. (2021) and Berger (2019) emphasise the value of safety, relationships, regulation and whole-school climate, while others

caution that evidence for direct academic improvement remains limited or conceptually underdeveloped (Maynard et al., 2019; Newton et al., 2024; Roseby & Gascoigne, 2021; Watson & Astor, 2025). This distinction is important for literacy because trauma-informed relationships *alone* will not teach vocabulary, comprehension, written explanation, source analysis, disciplinary language or oral presentation skills (AERO, 2021, 2025; Graham et al., 2016). Schools should therefore apply trauma-informed language carefully: it can improve how teachers understand behaviour, but does not automatically improve the quality of literacy instruction. Trauma-informed practice should create the relational and regulatory conditions in which structured literacy teaching can occur, providing a balance between student wellbeing and maintaining high expectations for literacy achievement (AITSL, 2023; Thomas et al., 2019).

Findings from the Literature

The literature indicates that effective literacy practice for students with PTSD and trauma histories must address both access to learning and explicit skill development. Op den Kelder et al. (2018) and Perfect et al. (2016) show that trauma can affect attention, working memory, planning, inhibition and emotional regulation, all of which are required for reading comprehension, written composition, oral discussion and sustained engagement with curriculum texts. Stratford et al. (2020) add that classroom behaviours such as

withdrawal, avoidance or strong reactions to correction may reflect hypervigilance, perceived threat or feelings of shame rather than deliberate refusal. In comparison, AERO (2021, 2025) and Graham et al. (2016) focus less on trauma effects and more on instructional responses needed to build literacy. In practice, teachers should aim to reduce unnecessary stress surrounding the task, not the intellectual demand of the task *itself*. Predictable routines, visible lesson sequences, low-threat participation options and scaffolded tasks help students feel safe enough to attempt demanding reading, writing, speaking and listening activities (Avery et al., 2021; Berger, 2019).

Trauma-informed schooling is consistently found to be valuable but not sufficient as a stand-alone academic response. Maynard et al. (2019) found that trauma-informed approaches were weakened by inconsistent design, variability and limited quality of evaluation. Avery et al. (2021) similarly found that school-wide trauma-informed approaches commonly emphasise safety, relationships and regulation, but have underdeveloped evidence for academic outcomes. Roseby and Gascoigne (2021) identified mixed evidence for academic and academic-related functioning, while Newton et al. (2024) found that Australian trauma-informed programs require stronger evidence of design, implementation and efficacy. These findings contrast with a much stronger evidence base for explicit literacy and writing instruction. Graham et al. (2016), Rosenshine (2012), AERO (2021, 2025) and the Education

Endowment Foundation (EEF, 2019) provide more direct guidance for teaching vocabulary, comprehension, sentence construction, paragraphing, disciplinary reading, oral language and writing revision. Trauma-informed practice should be seen as a supportive framework, while explicit literacy instruction is the main way literacy growth is likely to occur.

Explicit instruction is strongly supported because it makes literacy processes visible and reduces ambiguity. AERO (2021) recommends explanation, modelling, guided practice, checks for understanding and use of the Gradual Release of Responsibility model, first introduced by Pearson and Gallagher in 1983, while Rosenshine (2012) emphasises guided practice through review, questioning and small steps. Graham et al. (2016) recommend explicit teaching of planning, drafting, revising and genre strategies for writing, while AERO (2025) details modelled writing, shared construction, sentence-level instruction and purposeful practice. These approaches are particularly relevant for trauma-affected learners with stress reducing working memory and persistence (Op den Kelder et al., 2018; Perfect et al., 2016). For example, in Health and Physical Education, the teacher may model how to read a wellbeing-related text, select key information, use correct terminology and link ideas back to a key question (AERO, 2021; Graham et al., 2016). This does not simplify the curriculum, but clarifies the process required to access it. Scaffolding should function as a temporary bridge into complex

literacy, with educators remaining mindful not to lower expectations through continuing scaffold use (AERO, 2025; EEF, 2019).

Literacy participation across subjects also depends on relational safety and predictability. Safety, relationships and regulation are often identified as repeated features of trauma-informed schooling (Avery et al., 2021; Berger, 2019; Stratford et al., 2020). However, Thomas et al. (2019) and Stratford et al. (2020) provide a more classroom-specific warning that practices such as cold-calling, public reading, timed writing, confronting debate, unpredictable group work or compulsory personal reflection may increase threat for some trauma-affected students. This suggests that teachers should not avoid challenging content, but present complex texts and sensitive topics in a structured, respectful and academically focused way (ACARA, 2024; Thomas et al., 2019). For instance, teachers may lead a particular reading before facilitating a structured student response. CAST (2018) supports flexible pathways through multiple means of engagement, representation and expression; for trauma-affected learners, this may include content warnings, explanation of the learning purpose of confronting material, opt-in reading aloud, private written reflection before discussion, partner rehearsal, structured discussion protocols and comparable text options where reasonable. These practices allow students to analyse evidence, concepts, arguments, perspectives and language without being required to disclose personal trauma (ACARA, 2024; Avery et al., 2021).

Regulation strategies are most effective when embedded within literacy routines rather than treated as separate wellbeing activities. Berger (2019) argues that trauma-informed care is strongest when implemented across school systems, while Avery et al. (2021) identify regulation as a common component of trauma-informed approaches. Whole-school principles can be translated into classroom literacy using routines such as “preview-read-pause-summarise” for comprehension, or “pause-plan-write-review” for written composition (AERO, 2021, 2025; EEF, 2019; Graham et al., 2016). Avery et al. (2021) and Stratford et al. (2020) note the value of ‘calm’ entry routines, visual agendas, predictable transitions, movement breaks, quiet work options and clear help-seeking systems to reduce unnecessary stress and support continued participation. Feedback should be private, specific and task-focused, as public correction can intensify shame and reduce help-seeking behaviour (Thomas et al., 2019). Feedback prompts such as “add one piece of evidence to support this explanation” are safer and more instructionally useful than public criticism, directing attention to the literacy task while preserving dignity (AERO, 2021; Thomas et al., 2019).

Lastly, the literature supports a multi-tiered approach. At Tier 1, all students benefit from predictable routines, explicit literacy instruction, safe discussion protocols, accessible scaffolds and respectful feedback (Avery et al., 2021; CAST, 2018; Thomas et al., 2019). At Tier 2, students with identified

literacy gaps may need targeted small-group support in vocabulary, fluency, comprehension, oral language or writing (AERO, 2025; EEF, 2019). At Tier 3, students with significant trauma-related barriers may require individual learning plans, wellbeing plans, assessment adjustments, family consultation and collaboration with support staff (AERO, 2022; Berger, 2019; Newton et al., 2024). Eastman et al. (2025) found that teacher use of trauma-informed practice is largely influenced by trauma literacy and professional learning, while Watson and Astor (2025) suggest that trauma-informed education requires stronger conceptual and empirical integration. Ultimately, professional learning must connect trauma knowledge to literacy demands across subjects, including reading curriculum texts, interpreting instructions, writing extended responses, using academic vocabulary, participating in discussion and assessment.

Recommendations

Schools should develop a trauma-informed literacy framework that combines wellbeing, legal compliance and clear academic goals across curriculum areas. This framework should be grounded in the *Disability Standards for Education 2005* (Cth), which require reasonable adjustments that enable students with disability-related barriers to access curriculum on the same basis as peers (ACARA, n.d.). For students with PTSD and trauma histories, adjustments should be based on functional barriers rather than

diagnosis alone (Australian Government Department of Education, 2024; Newton et al., 2024). Universally, teachers can establish predictable routines, clear learning intentions, guided practice, accessible success criteria, private feedback, explicit modelling and accessible reading or writing scaffolds (AERO, 2021; Avery et al., 2021; Berger, 2019; Thomas et al., 2019). At a school level, faculties can develop shared routines for teaching vocabulary, guiding discussion and setting assessment, ensuring trauma-affected students experience consistency across subjects. Such practices support participation while preserving high expectations across listening, speaking, reading, viewing, writing and creating (ACARA, 2024; AITSL, 2023).

Teachers should position explicit literacy instruction as a core approach across subjects. Trauma-informed relationships are necessary, but they will not remediate gaps in vocabulary, comprehension, sentence construction, interpretation, written explanation or oral presentation (AERO, 2025; Graham et al., 2016; Roseby & Gascoigne, 2021). Teachers can model expert thinking when reading a source, interpreting a diagram, identifying key vocabulary, constructing sentences, organising a paragraph or revising a response (AERO, 2021; Graham et al., 2016; Rosenshine, 2012). Reasonable adjustments may include additional planning time, staged deadlines, assistive technology, vocabulary ‘banks’, paragraph frames, visual criteria, private feedback and flexible assessment formats (CAST, 2018; *Disability Standards for Education*

2005 (Cth)). For example, a student who cannot present to a whole class because of trauma-related distress could record an oral presentation or present to a small group, while still demonstrating organisation of ideas, appropriate language and understanding (ACARA, 2024; Tai et al., 2021).

Schools should also implement trauma-informed text selection and discussion protocols across curriculum areas. Teachers should not routinely avoid complex or challenging curriculum texts, as this can limit vocabulary development, interpretation, ethical reasoning, disciplinary knowledge and academic literacy (ACARA, 2024; EEF, 2019). However, texts involving violence, grief, abuse, family conflict, displacement, discrimination, illness or disaster should be introduced with preparation (Stratford et al., 2020; Thomas et al., 2019). Teachers should preview themes, explain the learning purpose of confronting material, establish respectful discussion boundaries, avoid compulsory personal disclosure and provide alternative pathways where reasonable (CAST, 2018; Thomas et al., 2019). Discussion should remain focused on evidence, concepts, language, argument, context and curriculum understanding rather than students' personal experiences (ACARA, 2024; Avery et al., 2021). This supports safety and academic rigour without requiring students to expose private or traumatic experiences.

Finally, schools should use a multi-tiered system to monitor and respond to literacy and wellbeing needs. Tier 2 intervention should address gaps in

fluency, vocabulary, comprehension, oral language or writing through focused, short-term support (AERO, 2025; EEF, 2019). Tier 3 support should involve individual planning, appropriate family consultation, specialist support staff, assessment adjustments and regular review of both literacy and participation outcomes (AERO, 2022; Berger, 2019; Newton et al., 2024). Progress should be monitored through formative assessment, writing samples, reading ability, completion data and student reflection, so literacy support responds to evidence rather than assumptions about trauma (AERO, 2021, 2025; Perfect et al., 2016). Given that the evidence base for direct academic outcomes remains limited (Maynard et al., 2019; Roseby & Gascoigne, 2021; Watson & Astor, 2025), schools should evaluate whether trauma-informed practices improve literacy access and achievement in addition to behaviour or attendance metrics. Professional learning works best when it links trauma-informed practice to practical literacy teaching including feedback, assessment, text selection, discussion, reading comprehension and writing instruction (Eastman et al., 2025; Thomas et al., 2019).

Conclusion

Students with PTSD and trauma histories require classrooms that are safe, predictable, inclusive and academically sound. Australian legislation, curriculum policy and professional standards require teachers to provide reasonable adjustments, protect wellbeing and enable meaningful

participation in literacy learning across all subjects (ACARA, 2024; AITSL, 2011; *Disability Standards for Education 2005* (Cth)). Literature shows that trauma can affect executive functioning, engagement and academic outcomes, but also cautions against treating trauma-informed education as a substitute for explicit literacy teaching (Avery et al., 2021; Maynard et al., 2019; Perfect et al., 2016). While trauma-informed approaches support conditions for participation, explicit instruction provides the teaching required for vocabulary, comprehension, writing, oral language and assessment success (AERO, 2021, 2025; Graham et al., 2016). Ultimately, schools should not choose between wellbeing and literacy. Students need both classrooms that feel safe enough to participate in and teaching explicit enough to succeed, supporting teachers' legal and ethical responsibilities while maintaining high expectations for students' literacy achievement.

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