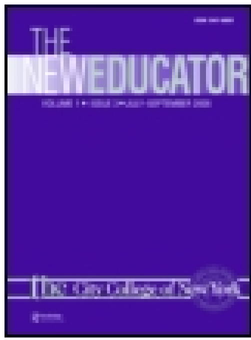

The New Educator

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/utne20

Routledge
Taylor & Francis Group

Mitigating the Effects of Adverse Childhood Experiences: How Restorative Practices in Schools Support Positive Childhood Experiences and Protective Factors

Meghan Breedlove , Jihyeon Choi & Brett Zyromski

To cite this article: Meghan Breedlove , Jihyeon Choi & Brett Zyromski (2020): Mitigating the Effects of Adverse Childhood Experiences: How Restorative Practices in Schools Support Positive Childhood Experiences and Protective Factors, The New Educator, DOI: 10.1080/1547688X.2020.1807078

To link to this article: https://doi.org/10.1080/1547688X.2020.1807078

Published online: 24 Aug 2020.

Submit your article to this journal

Article views: 262

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=utne20

THE NEW EDUCATOR
https://doi.org/10.1080/1547688X.2020.1807078

Mitigating the Effects of Adverse Childhood Experiences: How Restorative Practices in Schools Support Positive Childhood Experiences and Protective Factors

Meghan Breedlove, Jihyeon Choi, and Brett Zyromski

The Ohio State University, Columbus, Ohio, USA

ABSTRACT

Many students in the United States suffer from mental health issues resulting from Adverse Childhood Experiences (ACEs). Often, students exhibit negative behavior as a result of these issues and many schools continue to implement punitive approaches to discipline, such as suspensions or expulsions, which serve to further isolate and disconnect students from school. Positive Childhood Experiences (PCEs) and Protective Factors (PFs) can mitigate the negative effects of ACEs. In this paper, we suggest that restorative practices (RPs) in schools may be an integral component in promoting PCEs and PFs for all students. Documented outcomes of restorative experiences in schools are aligned with PCEs and PFs at the individual, interpersonal, and school-wide level. Considerations of RP implementation and implications for training teachers and mental health professionals conclude the manuscript.

The prevalence of childhood adversity in the United States is high. Recent data collected from 2015–2017 suggest that 60.9% of the population reported at least one adverse childhood experience (ACE), and 15.6% of the population reported four or more ACEs (Merrick et al., 2019). Researchers have identified a variety of unfavorable short-term effects for children and adolescents with ACEs including detrimental effects on mental health (Kerker et al., 2015), academic performance (Blodgett & Lanigan, 2018) and classroom behaviors (Bethell, Newacheck, Hawes, & Halfon, 2014), as well as increases in non-suicidal self-injury (Kaess et al., 2013). The effect of ACEs can extend beyond immediate consequences and contribute to mental and physical health issues in adulthood (Brockie, Dana-Sacco, Wallen, Wilcox, & Campbell, 2015; Choi, DiNitto, Marti, & Choi, 2017). Despite these bleak trajectories, researchers have identified protective factors that can mitigate the effects of ACEs and promote healthy development. Positive Childhood Experiences (PCEs) (Bethell, Jones, Gombojav, Linkenbach, & Sege, 2019; Narayan, Rivera, Bernstein, Harris, & Lieberman, 2018) and Protective Factors

CONTACT Meghan Breedlove Breedlove.36@osu.edu Department of Educational Studies, The Ohio State University, Columbus, OH 43210, USA.

© 2020 ATE and CCNY

(PFs) (Brinker & Cheruvu, 2017; Cohrdes & Mauz, 2020) provide children valuable experiences that are beneficial for healthy development.

School is an important context to consider for healthy developmental experiences due to the many hours children and adolescents spend at school daily. Unfortunately, many schools utilize harmful policies, such as exclusionary discipline (e.g., suspensions and expulsions) which can further disconnect students from the learning environment (Jones et al., 2018). These actions have been associated with academic failure or dropout (Noltemeyer, Ward, & Mcloughlin, 2015) and disconnection from school places students at risk for depression or more risk-taking behaviors (Foster et al., 2017). In hopes of combating this issue, schools have begun implementing restorative practices (RPs), which are rooted in relationships and repairing harm through conflict resolution (Zehr, 2015). Although research on RPs is still growing, initial case studies and investigations have found encouraging outcomes for students (Gonzalez, 2012; Jain, Bassey, Brown, & Kalra, 2014).

RPs have the potential to foster PCEs and PFs in schools at the individual, interpersonal, and school-wide level. For example, outcomes from RP examinations have illustrated increases in empathy (Jain et al., 2014), student-teacher relationship quality (Gregory, Clawson, Davis, & Gerewitz, 2015), and school safety (Ingraham et al., 2016); all of which have been identified as protective against the negative effects of ACEs. In this paper, we outline several outcomes of RPs in schools and align these outcomes with PCEs and PFs, which are critical in supporting students with ACEs. We address realities and challenges of RP implementation in schools and suggest implications for training.

Adverse childhood experiences

The landmark ACE study conducted by the CDC and Kaiser Permanente from 1995–1997 brought attention to the potential significant lifelong consequences of adversity in childhood. Information from this study identified 10 ACEs which can contribute to issues in adulthood, these adverse experiences include: abuse (physical, sexual, emotional), neglect (physical and emotional), household dysfunction (mental illness, incarcerated relative, mother treated violently, substance abuse, and divorce) (Felitti et al., 1998). Since the original ACE study, other examinations have expanded to include social disadvantage (e.g., homelessness, economic hardship) (Nurius, Logan-Greene, & Green, 2012) and generational effects such as historical trauma (McDonnell & Valentino, 2016).

Childhood and adolescence are characterized by significant cognitive, social, and emotional growth (Kail & Cavanaugh, 2000) and adversity during these formative years has the potential to disrupt development and contribute to challenges for children and adolescents (Felitti et al., 1998). Young children (below age 5) who experience ACEs are more likely to have poorer mental

health in early childhood than their peers (Kerker et al., 2015). ACEs in early childhood have also been associated with below-average literacy skills and behavior problems for children in kindergarten (Jimenez, Wade, Lin, Morrow, & Reichman, 2016). Children with 2 or more ACEs were more than twice as likely to repeat a grade (Bethell et al., 2014). Further, children with four or more ACEs were more likely to experience learning and behavior problems (Burke, Hellman, Scott, Weems, & Carrion, 2011). The way in which these early behavior issues are handled could influence future behaviors in later childhood and adolescence.

In adolescence, teens who have experienced maltreatment may be more likely to engage in delinquent or violent behaviors (Barrett, Katsiyannis, Zhang, & Zhang, 2014). One investigation found an association between specific ACEs (e.g., physical or sexual abuse, witnessing violence in the home, household dysfunction through substance abuse) and an increased likelihood of perpetrating interpersonal violence (e.g., bullying, dating violence, fighting, carrying a weapon on school property) and self-directed violence (NSSI, suicidal ideation or attempt) in adolescence (Duke, Pettingell, McMorris, & Borowski, 2010). While an estimated 60.9% of adults have one ACE (Merrick et al., 2019) upwards of 93% of adolescents involved in the juvenile justice system reported at least one ACE (Baglivio et al., 2014).

Since the original ACE study, researchers have found additional associations between ACEs and adult health. Adults with four or more ACEs were more likely to suffer from serious physical health issues including poor heart health (Klassen, Chirico, O'Leary, Cairney, & Wade, 2016), obesity (Rehkopf et al., 2016), and digestive disorders (Park et al., 2016). This association has also been established for mental health issues or high-risk behaviors in adulthood including depression (Copeland et al., 2018), posttraumatic stress disorder (Bielas et al., 2016), substance use disorders (Choi et al., 2017), increased risk for sexually transmitted infections (Hillis, Anda, Felitti, Nordenberg, & Marchbanks, 2000) and suicidality (Brockie et al., 2015).

The potential trajectories for children with ACEs can seem disheartening, with research consistently identifying a dose-response relation between number of ACEs and the likelihood of social, emotional, academic, and physical challenges for children, adolescents, and adults across the lifespan (Felitti et al., 1998; Merrick et al., 2019; Stillerman, 2018). However, it is important to note that there is no singular way in which children experience adversity, and solely experiencing adversity in childhood does not ensure that an individual will experience negative outcomes or exhibit symptoms of trauma. Adverse experiences in childhood have the potential to be traumatic for children, however, there is significant variability in the way children experience and respond to these events. As educators, it is critical to understand this variability and not make assumptions based on children's experiences.

Mitigating the effects of childhood adversity

Although the long-term consequences of adversity in childhood may seem discouraging, researchers have identified several factors that can buffer against these negative effects and contribute to beneficial outcomes for students. These factors are known as Positive Childhood Experiences (PCEs) and Protective Factors (PFs). In this section, we discuss several studies which outline these critical factors.

Positive childhood experiences

One of the most recent investigations of PCEs by Bethell et al. (2019) outlined seven childhood experiences: (1) felt able to talk to their family about feelings; (2) felt their family stood by them during difficult times; (3) enjoyed participating in community traditions; (4) felt a sense of belonging in high school; (5) felt supported by friends; (6) had at least two nonparent adults who took a genuine interest in them; and (7) felt safe and protected by an adult in their home. Individuals who reported both a higher number of PCEs and no ACEs or reported feeling socially and emotionally supported, had best mental health status. The adjusted odds of experiencing depression or poor mental health in adulthood were 72% lower for adults who reported 6 to 7 PCEs versus adults who reported 0–2 PCEs, suggesting increased exposure to PCEs were associated with more positive health outcomes in adulthood. Researchers concluded that there were dose-response associations with poor mental health and social and emotional support after accounting for the exposure to ACEs (Bethell et al., 2019).

The Benevolent Childhood Experiences Scale has been used in several studies to assess PCEs and includes the following factors: (1) had at least one caregiver with whom they felt safe; (2) had at least one good friend; (3) had beliefs that gave them comfort; (4) liked school; (5) had at least one teacher who cared about them; (6) had good neighbors; (7) had an adult (non-parental caregiver) who could provide them with support; (8) had opportunities to have a good time; (9) liked themselves or felt comfortable with themselves; and (10) had a predictable home routine (e.g., regular meals and a regular bedtime) (Narayan et al., 2018). Using these factors, Crandall et al. (2019) found that PCEs (or counter-ACEs) were related to lower scores of stress, depression, and sleep difficulties and higher scores for executive functioning, forgiveness, gratitude, and familial closeness. Further, ACEs have been identified as predictors of personality disorder symptoms (e.g., antisocial, avoidant, borderline, depressive, paranoid), whereas PCEs were negatively associated with personality disorder symptoms, even after controlling for the effects of age, gender, and ACEs (Gunay-Oge, Pehlivan, & Isikli, 2020).

Although some of the PCEs mentioned above cannot be fully addressed or supported in school settings, there are several PCEs that educators and school systems can support. For example, liking or feeling comfortable with oneself, having a caring teacher, liking school (Narayan et al., 2018) having good friends, positive non-parental adult relationships (Bethell et al., 2019; Narayan et al., 2018) and feeling a sense of belonging in high school (Bethell et al., 2019) are all factors that can be addressed in schools to some extent.

Protective factors

Researchers have also explored PFs in childhood; encouragingly, social support, resilience, and positive adult relationships all seem to buffer against a range of mental and substance abuse outcomes. Internal attributes such as resilience, or the ability to endure and overcome adversity, has been identified as a mitigating factor against mental health issues such as feelings of distress, somatoform symptoms (Beutel et al., 2017) and anxiety (Poole, Dobson, & Pusch, 2017). Other internal PFs, such as self-efficacy and emotional stability, may be protective against mental health issues in adulthood stemming from childhood abuse or neglect (Cohrdes & Mauz, 2020). Further, certain violent behaviors such as teen dating abuse perpetration have been mitigated by social support or empathy (Davis, Ports, Basile, Espelage, & David-Ferdon, 2019). Expanding beyond internal elements, feeling socially and emotionally supported by others during childhood has been associated with lower levels of depression in adulthood (Brinker & Cheruvu, 2017). Similarly, Von Cheong, Sinnott, Dahly, and Kearney (2017) found that ACEs were related to depressive symptoms in adulthood, but only for participants who reported poor social support in childhood.

Positive relationships with non-parental adults are also beneficial experiences for children and can have lasting effects, especially regarding substance use or risky behaviors. Protective adult relationships during childhood can moderate the relationship between ACEs and substance use and reduce the likelihood of participating in delinquent acts (Brown & Shillington, 2017). Forster, Gower, Borowsky, and McMorris (2017) support the importance of relationships with adults by examining the student-teacher relationship. When students had supportive relationships with teachers, they were less likely to abuse prescription medication (e.g., stimulants, ADD/ADHD medication, opiate-based pain relievers, and tranquilizers); this effect was especially strong for students with more ACEs. Clearly, relationships with adults or teachers can be important factors protecting students from delinquent or dangerous behaviors.

While relationships with adults can be important protective factors, social bonds, or relationships with peers, can benefit youth. Youth with 5 or fewer ACEs who had strong social bonds were less likely to be rearrested; however, this effect did not hold true for more than 5 ACEs (Craig, Baglivio, Wolff,

Piquero, & Epps, 2017). This suggests that perhaps peer relationships may be protective but only to a certain extent. Moses and Villodas (2017) claimed that the negative associations between ACEs and school engagement (grade completion, perceived school importance, dropout contemplation, and prosocial activity engagement) were mitigated by peer intimacy and companionship yet exacerbated by peer conflict. Thus, the social bonds that students develop with peers may be especially important for student engagement in school. As educators, we have the potential to create environments in which adult and peer relationships can thrive and connections can be enhanced.

The school environment and how it is experienced can also serve as a protective factor for students. While adolescents faced with serious adversity are less likely to report high levels of well-being, having a supportive and safe neighborhood and school environment can mediate this association (Moore & Ramirez, 2016). Several other studies have outlined school-related PF's for students such as engagement in school (Liu, Kia-Keating, Nylund-Gibson, & Barnett, 2020), a sense of belonging at school (Davis et al., 2019), and having positive relationships with teachers (Forster et al., 2017). Liu et al. (2020) conducted a study examining racial/ethnic differences in ACEs and PFs and found inequities for students of color. Specifically, students of color had more ACEs and less access to PFs than their white peers and not surprisingly, ACEs were associated with worse overall health whereas more access to PFs was associated with better overall health. Liu et al. (2020) express the importance of access to PFs across contexts (e.g., family, school, and community) especially for students with high levels of adversity. It is essential to find ways to encourage and support PFs in the school environment to better support students enduring adversity.

Restorative practices

Restorative justice emphasizes the importance of interconnectedness through building relationships and repairing relationships once harm has occurred (Zehr, 2015). Restorative justice is based on three pillars: 1) identification the *harm* that has occurred and the *needs* of those involved 2) the individual who caused harm has an *obligation* to accept responsibility and be held accountable, and 3) *engagement*, allowing for those that have caused harm and those that have been harmed to make things right (Zehr, 2015). Although restorative justice has been utilized for many years by indigenous peoples (Thorsborne & Blood, 2013), it has only more recently (since the 70s) been implemented in criminal and juvenile justice settings in the US. Restorative approaches in criminal justice settings have shown promising results, including a reduction in recidivism rates (Strang, Sherman, Mayo-Wilson, Woods, & Ariel, 2013), greater compliance with restitution requirements, and higher levels of satisfaction for offenders (Latimer, Dowden, & Muise, 2005). Similar benefits have

been observed for adolescents involved in the juvenile justice system (Bergseth & Bouffard, 2007).

Given the positive outcomes of restorative justice in criminal and juvenile justice, schools have explored these practices to mitigate issues plaguing the education system such as exclusionary discipline, discipline disparities, and the school-to-prison pipeline. Exclusionary discipline practices such as suspensions and expulsions not only physically distance students from the learning environment but are also associated with academic failure or dropout (Noltemeyer et al., 2015) and disconnects students from teachers and school (Jones et al., 2018). This disconnection is critical, as strong relationships with teachers or non-parental adults have been identified as key PCEs, which buffer against the negative effects of ACEs (Crandall et al., 2019; Gunay-Oge et al., 2020). Even more disconcerting, exclusionary discipline is disproportionately applied to students of color and students with disabilities. Data from the 2015–2016 Civil Rights Data Collection on School Climate and Safety suggest Black and Latino students and students with disabilities are disproportionately suspended and expelled (US Department of Education, 2018). These experiences reinforce the school-to-prison pipeline, or the process through which marginalized students are pushed out of schools and funneled into juvenile or criminal justice settings (Wald & Losen, 2003). Given the serious and far-reaching consequences of exclusionary discipline, restorative justice approaches in schools continue to expand as a potential alternative to exclusionary discipline.

The goals, essential components, application, and even terminology (i.e., "*practices, approaches, interventions*") used to describe restorative justice is complex, with no singular approach (Song & Swearer, 2016). In schools, restorative justice is often referred to as restorative *practices* in order to capture the preventative nature of this philosophy (McClusky et al., 2008; Song & Swearer, 2016), thus we have opted to use the broad term of restorative *practices* as opposed to *justice* and this term will be used throughout this paper. Beyond terminology, identifying the essential components of RPs can be challenging since there is no established curriculum and is more commonly applied as a framework of guiding principles and values that schools can adapt to fit their unique environment (Garnett et al., 2019). Despite this variation, the Advancement Project outlines elements commonly shared across RPs in schools including: 1) healthy relationships between educators and students, 2) prevention and improvement of harmful behaviors, 3) repairing harm and restoring relationships, 4) resolving conflict and upholding accountability, and 5) addressing the needs of the school community (Anderson et al., 2014). A few examples of RPs could include, but are not limited to, preventative and responsive circles, restorative conferences, restorative communication and dialogue, and peer mediation (Anderson et al., 2014; Amstutz & Mullet, 2015).

Although RPs in schools are still under investigation and can be complex to measure, several case studies and research briefs have identified positive outcomes. In Table 1 we connect outcomes of schools implementing RPs with several PCEs and PFs that can be promoted in the school environment and reduce the negative effects of ACEs. We organized the table based on PCEs and PFs at varying levels, individual/student, relational or interpersonal, and the school-wide level. Next, we aligned RP outcomes from various investigations, case studies and research briefs with the identified PCEs and PFs to clarify how RPs directly support these critical experiences on various levels for students.

Individual level

PCEs and PFs include several individual-level skills such as emotional stability, self-efficacy, (Cohrdes & Mauz, 2020) empathy (Davis et al., 2019), resilience (Beutel et al., 2017; Poole et al., 2017), and feeling comfortable with yourself (Crandall et al., 2019; Gunay-Oge et al., 2020). Although research on RPs is still developing, several case studies have highlighted positive outcomes that align with supporting students' PCEs and PFs in schools. In Oakland Unified Public Schools, school-wide RPs contributed to an increase in students' ability to understand and maintain positive relationships with peers, empathy, and better management of emotions (Jain et al., 2014). While the Oakland case study examined a whole-school approach of RP's, Ortega, Lyubansky, Nettles, and Espelage (2016) explored the benefits of one component of RP, circle experiences, with high school students. Qualitative results suggest that students described "ownership of the process," or the ability to deal with issues without total adult involvement, as a positive outcome. Not only had students expressed empowerment, but school staff reported maturity, better behavior, and increased confidence in their students following the use of restorative circles (Ortega et al., 2016). Outcomes from these experiences illustrate increases in empathy, emotional stability, confidence and maturity (i.e., liking or feeling comfortable with yourself) which research has identified as mitigating the negative effect of adversity in childhood (see Table 1.).

Interpersonal level

In addition to supporting students' individual skills, RP's have the potential to strengthen students' interpersonal relationships with peers and adults. Research on PCEs and PFs consistently highlight the critical role of social support and supportive relationships with family, peers, and non-parental adults (for example, Bethell et al., 2019; Davis et al., 2019; Narayan et al., 2018). Establishing healthy relationships is central to RP and has been identified as a positive outcome in several schools using restorative approaches (see Table 1). For example, following restorative circles, high school students

Table 1. Ways restorative practices support positive childhood experiences and protective factors related to school.

Individual level	
PCEs[a]& PFs[b]	Restorative practices
PCEs Liking/feeling comfortable with yourself (Crandall et al., 2019; Gunay-Oge et al., 2020) PFs Resilience • Psychological resilience (Poole et al., 2017) • Resilient coping (Beutel et al., 2017) Self-efficacy (Cohrdes & Mauz, 2020) Emotional stability (Cohrdes & Mauz, 2020) Empathy (Davis et al., 2019)	School staff identified maturity, better behavior, more academic focus, and increased confidence in their students following the use of restorative circles (Ortega et al., 2016). Students reported feeling a sense of ownership over the process when involved in restorative circles (Ortega et al., 2016). Students experienced increases in accountability, empathy, and ability to manage emotions (Jain et al., 2014).
Interpersonal/relationship level	
PCEs & PFs	Restorative practices
PCEs Nonparent adult relationship • Had at least 2 nonparent adults who took genuine interest in them (Bethell et al., 2019) • An adult (not a parent/caregiver) who could provide you with support or advice (Crandall et al., 2019; Gunay-Oge et al., 2020) Peer relationship • Have at least one good friend (Crandall et al., 2019; Gunay-Oge et al., 2020) • Felt supported by friends (Bethell et al., 2019) Teacher-student relationship Have at least one teacher who cared about you (Crandall et al., 2019; Gunay-Oge et al., 2020) PFs Peer relationship • Prosocial friends (Craig et al., 2017) • Support from peers (Davis et al., 2019) • Peer intimacy and companionship (Moses & Villodas, 2017) Adult relationship • Reliable/protective relationships with other adults (Brown & Shillington, 2017) • Positive adult relationships (Craig et al., 2017) • Presence of an adult mentor (Liu et al., 2020) General social and emotional support • Perceived social and emotional support (Brinker & Cheruvu, 2017) • The number of people whom you can count on (Von Cheong et al., 2017) • Interest and concern that people show in what you do (Von Cheong et al., 2017) Teacher-student relationship • Positive student-teacher relationships (Forster et al., 2017)	Teachers reported better relationships with students following the use of circles in HS settings (Ortega et al., 2016). Students reported improved relationships with peers following circles and new ways of dealing with conflict as opposed to fighting (Ortega et al., 2016). Teachers who frequently used RPs in their classrooms had more positive relationships with their diverse students and issued fewer disciplinary referrals for their Latino and African American students compared to other teachers (Gregory et al., 2015). RP positively influenced students in building relationships with adults and peers (Jain et al., 2014). Students expressed increased ability to resolve conflict at home and positive lasting relationships with peers (Jain et al., 2014). Elementary students learned relationship building skills (e.g., communication, empathy) (Ingraham et al., 2016).
School-wide level	
PCEs & PFs	Restorative practices
PCEs	School experienced a reduction in behavior referrals- over 3 years- 100% reduction in physical injury, property damage, possession of inappropriate items (knife) 33% reduction in referrals for "annoying others" (Ingraham et al., 2016). Reductions in bullying, fighting, harassment. Teachers also reported an enhanced sense of community (Rideout et al., 2010). Teachers reported RP improved school climate for staff (e.g., improvement in conduct management, teacher leadership, school leadership, learning conditions) (Augustine et al., 2018). School safety increased in one middle school, dropping from an average of 50 fights per year to an average of 10–12 fights (Gonzalez, 2012).

(*Continued*)

Table 1. (Continued).

Individual level
Liking school (Crandall et al., 2019; Gunay-Oge et al., 2020)
Have at least one teacher who cared about you (Crandall et al., 2019; Gunay-Oge et al., 2020)
Felt a sense of belonging (in HS) (Bethell et al., 2019)
PFs
Safe school
• School safety (Liu et al., 2020)
• Attending a safe school (Moore & Ramirez, 2016)
Positive student-teacher relationships (Forster et al., 2017)
Support from school (Davis et al., 2019)
School belonging (Davis et al., 2019)
School engagement (Liu et al., 2020)
Perceived social and emotional support (Brinker & Cheruvu, 2017)

[a]PCEs = Positive Childhood Experiences. [b] PFs = Protective Factors.

expressed improvements in their relationships with their teachers and peers (Ortega et al., 2016). For teachers, using RPs can encourage positive relationships with their diverse students; Gregory et al. (2015) found that students reported closer relationships with teachers who frequently used RPs compared with teachers that did not use these practices or used them less frequently. Further, teachers who frequently used RPs issued fewer discipline referrals to their Latino and African American students (Gregory et al., 2015). While close student-teacher relationships are critical to PCEs and PFs, the effects of RP can extend beyond relationships in the school environment. Following focus group discussions with Oakland Unified Public School students, RP training and experiences were useful in resolving conflicts between family members in their homes (Jain et al., 2014). The interpersonal skills that students gain from RPs have potential to improve relationships in their lives beyond the scope of school and can have lasting positive effects. Outcomes from initial case studies and research briefs are highlighting key interpersonal benefits such as improved relationships with teachers/non-parental adults and peers, which are common themes in the PCEs and PFs literature.

School-wide level

RPs can have a significant effect on the overall school climate, which has consistently been identified as a critical PCE or PF for child and adolescent development. Feeling a sense of belonging at school (Bethell et al., 2019; Davis et al., 2019) and feeling safe at school (Liu et al., 2020; Moore & Ramirez, 2016) are important PCEs and PFs for students. One way in which school safety can be measured is through discipline referrals. In a single-case study analysis of RP across three years in a prek-5th grade school, researchers found an overall 85% decrease in behavioral referrals for students, including reductions in

behaviors such as physical injury or property damage (Ingraham et al., 2016). Similar findings were present in a longitudinal case study of Denver Public Schools, with one middle school experiencing a significant decrease in student fights over the course of 3 years, from an average of 50 down to 10–12 per year (Gonzalez, 2012).

Further, RP contributed to a decrease in bullying, fighting and harassment at the elementary and high school level for seven schools piloting RP in Canada (Rideout, Salinitri, & Marc, 2010). Reductions in behavior referrals or harmful behaviors can be a positive indicator that school safety is improving, however, capturing experiences from individuals at the school may provide important insight into how the environment is actually experienced. Thus, focus group interviews with teachers in this same study revealed an enhanced sense of community and relationship building in the school (Rideout et al., 2010). Not only is the school climate important for students, but the way that teachers and school staff experience the environment is important to consider. The International Institute of Restorative Practices (IIRP) investigated their 2-year restorative practices program (SaferSanerSchools) in a randomized control trial of 44 Pittsburgh Public Schools to understand more about how RP can affect the whole-school environment. In this research report, teachers identified an improved school climate (Augustine et al., 2018). Initial investigations of RPs in schools have shown promising results that have the potential to enhance PCEs and PFs for students in individual, interpersonal, and school-wide contexts, ultimately mitigating the negative long-term effects of ACEs (see Table 1).

Considerations for implementation

While RPs in schools have shown positive effects for students, their relationships with others, and the larger school environment, it is important to note the challenges and realities associated with RP implementation, conceptualization and measurement, and outcome data. Advocates of RP often suggest a whole-school approach, in which RPs are integrated into the school environment at all levels instead of implementing pieces under certain circumstances (Amstutz & Mullet, 2015; Augustine et al., 2018). However, shifting from a punitive to a restorative approach is not simple, with RP experts suggesting a 3-5-year timeframe for RP to be established in a school community (Morrison, Blood, & Thorsborne, 2005). School stakeholders identified time, training, resources and PD, administrative support, and integration with existing school-based initiatives as critical during early implementation of RP (Garnett et al., 2019). However, establishing buy-in from teachers and other stakeholders may be an obstacle. Oakland Schools identified challenges with establishing buy-in, a lack of clarity regarding policies, and potential misuse or inconsistency in RP delivery (Jain et al., 2014). In order for RP to be effective,

students and staff need to be open to shifting traditional power dynamics and participate in restorative experiences. In Ortega and colleagues' study (2016), despite significant benefits of circles in high school settings, some students expressed feelings of frustration or disappointment if they felt their peers were dishonest or weren't being serious during circles. It should be noted that although RPs can have tremendous benefits, this approach is challenging, requires investment, and is no quick fix to the larger systemic issues embedded in US schools.

Challenges of RP may also arise in conceptualization and measurement. Due to the fact that RPs are more of an approach or lens rather than a directive curriculum, defining and carrying out RPs can be challenging from a research perspective. For example, some schools utilize specific programs, whereas other schools may use a less defined form of RP or only implement circles. Another recent and powerful conceptual variation to consider is transformative justice, which Winn (2018) suggests four critical pedagogical stances: 1) history matters, 2) race matters, 3) justice matters, and 4) language matters in developing a restorative mind-set. Winn's (2018) stance underscores the contextual factors that are critical in shaping restorative justice in schools. These conceptual or definitional variations in conjunction with close connections to other school-wide initiatives such as trauma-informed practices, Positive Behavioral Interventions and Supports (PBIS), or social-emotional learning can create challenges with implementation and measurement (Song & Swearer, 2016). As previously stated, many of the RP outcomes discussed come from examinations of specific programs or case studies; although these experiences are informative, additional peer-reviewed, empirically based, and longitudinal studies are needed (Song & Swearer, 2016).

Implications

In order to support students with ACEs, educators and school staff need to have an understanding of the effects of childhood adversity, but also how PCE's and PFs can be cultivated in school environments via RPs. Few teachers feel prepared to support students faced with significant family stressors or behavior issues in the classroom (Reinke, Stormont, Herman, Puri, & Goel, 2011), thus training may be a critical component in supporting teachers. While a single day professional development dedicated to education and discussion about adversity in childhood and the potential implications can be informative for teachers and administrators, integrating this topic throughout the year may be more beneficial than a single day focused on mental health. Researchers at the Learning Policy Institute advocate for this type of professional development, which allows staff time to reflect upon and revisit material over time (Darling-Hammond, Hyler, & Gardner, 2017). Ideally, in restorative schools, discussions and content supporting student mental health and wellbeing

would be integrated into all professional development. In addition to considering the frequency of RP training or discussion, schools need to consider who is responsible for leading these activities. Song and Swearer (2016) advocate for having in-house RP consultants leading professional development rather than utilizing outside consultants, this may be an interesting set-up to examine given that several RP programs utilize external consultation during implementation.

Beyond increasing awareness of ACEs and children's mental health issues, it is imperative to include education and discussion for school staff about PCEs and PFs. Focusing primarily on student deficits or pathologizing students based on their experiences can be highly detrimental. A strengths-based approach recognizes and mobilizes an individual's assets or strengths and generates a sense of empowerment (Bryan & Henry, 2008). A strengths-based mind-set, especially with students and families that have endured adversity or mental health issues is important for educators to utilize. This aligns with Winn's (2018) suggestion that language, or the way in which students and families are conceptualized and discussed, is crucial. We suggest that schools actively engage in reframing deficit-focused language to incorporate and focus on student strengths and cultivating PCEs and PFs for students.

As teachers and administrators begin forming their professional identity in University settings, this may be an ideal space to shift mind-sets and establish interest and buy-in to restorative ways of thinking. Creating class content and experiences centered on RPs and mental health has the potential to shape the perspectives of future teachers and administrators before they enter the field. Beyond exposure to the content of RP, we suggest Universities engage students in discussions and reflections about conflict or harm, create restorative role play scenarios, or host preventative circles in the classroom for pre-service teachers to experience first-hand. Further, many K-12 schools are implementing social emotional learning programs which enhance the following skills: self-awareness, self-management, social awareness, responsible decision-making, and relationship skills (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2020). Social emotional learning skills are central to and support RPs, thus, designing opportunities at the University level which cultivate future educators' social emotional growth could also be beneficial in supporting RPs.

Not only is it imperative for teachers and administrators to gain exposure to RPs early in their career and training, but also other support staff such as school counselors, school social workers, or school psychologists. These individuals all have unique roles in schools, with a common objective of supporting the social, emotional, and academic needs of students. In fact, Smith et al. (2018) suggest that school counselors hold an invaluable role on school campuses, with training and abilities to support and even lead restorative justice teams. Traditionally these supportive professions do not serve as disciplinarians, however, RPs do not align with traditional discipline and instead

focus on relationships, which is within their scope of practice. Training individuals in these professions early and incorporating them into RP teams in schools could be beneficial in ensuring smoother RP implementation.

Conclusion

We suggest that educators and administrators can better meet the needs of their students who have endured ACEs through the implementation of RPs due to the connection with PCEs and PFs. The research on negative health outcomes resulting from adversity in childhood (Felitti et al., 1998) and the PCEs and PFs that mitigate these effects is clear (Bethell et al., 2019; Cohrdes & Mauz, 2020; Davis et al., 2019; Narayan et al., 2018). Based on initial findings of RPs in schools, these practices have the ability to strengthen PCEs and PFs at the individual level (i.e., empathy, emotional stability, self-efficacy or confidence), interpersonal level (i.e., improved student-teacher and peer relationships), and school-wide level (i.e., sense of belonging and school safety). Research on RPs in schools is promising thus far, with significant benefits for students and staff (Gonzalez, 2012; Gregory et al., 2015; Ortega et al., 2016). Together as educators, administrators, support staff, and mental health experts in schools, we can do better in supporting our students with ACEs by rejecting the current punitive disciplinary system and embracing restorative approaches.

Disclosure statement

No potential conflict of interest was reported by the authors.

References

Amstutz, L. S., & Mullet, J. H. (2015). *The little book of restorative discipline for schools: Teaching responsibility; creating caring climates*. New York, NY: Good Books.

Anderson, C., Barnes, M. S., Beane, C., Bishop, J., Davis, E., Fishkind, P., & Truman, S. (2014). *Restorative practices: Fostering healthy relationships & promoting positive discipline in schools: A guide for educators*. Advancement Project. Retrieved from https://advancementproject.org/resources/restorative-practices-fostering-healthy-relationships-promoting-positive-discipline-in-schools/

Augustine, C. H., Engberg, J., Grimm, G. E., Lee, E., Lin Wang, E., Christianson, K., & Joseph, A. A. (2018). *Can restorative practices improve school climate and curb suspensions? An evaluation of the impact of restorative practices in a mid-sized urban school district*. RAND Corporation. Retrieved from https://www.rand.org/pubs/research_reports/RR2840.html

Baglivio, M. T., Epps, N., Swartz, K., Huq, M. S., Sheer, A., & Hardt, N. S. (2014). The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice*, *3*(2), 1–17. http://www.journalofjuvjustice.org/JOJJ0302/article01.htm

Barrett, D. E., Katsiyannis, A., Zhang, D., & Zhang, D. (2014). Delinquency and recidivism: A multicohort, matched-control study of the role of early adverse experiences, mental health

problems, and disabilities. *Journal of Emotional and Behavioral Disorders*, *22*(1), 3–15. doi:10.1177/1063426612470514

Bergseth, K. J., & Bouffard, J. A. (2007). The long-term impact of restorative justice programming for juvenile offenders. *Journal of Criminal Justice*, *35*(4), 433–451. doi:10.1016/j.jcrimjus.2007.05.006

Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics*, *173*(11), e193007. doi:10.1001/jamapediatrics.2019.3007

Bethell, C. D., Newacheck, P., Hawes, E., & Halfon, N. (2014). Adverse childhood experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs*, *33*(12), 2106–2115. doi:10.1377/hlthaff.2014.0914

Beutel, M. E., Tibubos, A. N., Klein, E. M., Schmutzer, G., Reiner, I., Kocalevent, R. D., & Brähler, E. (2017). Childhood adversities and distress - The role of resilience in a representative sample. *PLoS One*, *12*(3), e0173826. doi:10.1371/journal.pone.0173826

Bielas, H., Barra, S., Skrivanek, C., Aebi, M., Steinhausen, H.-C., Bessler, C., & Plattner, B. (2016). The associations of cumulative adverse experience and irritability with mental disorders in detained male adolescent offenders. *Child and Adolescent Psychiatry and Mental Health*, *10*(34), 1–10. doi:10.1186/s13034-016-0122-7

Blodgett, C., & Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. *School Psychology Quarterly*, *33*(1), 137–146. doi:10.1037/spq0000256

Brinker, J., & Cheruvu, V. K. (2017). Social and emotional support as a protective factor against current depression among individuals with adverse childhood experiences. *Preventive Medicine Reports*, *5*, 127–133. doi:10.1016/j.pmedr.2016.11.018

Brockie, T. N., Dana-Sacco, G., Wallen, G. R., Wilcox, H. C., & Campbell, J. C. (2015). The relationship of adverse childhood experiences to PTSD, depression, poly-drug use, and suicide attempt in reservation-based Native American adolescents and young adults. *American Journal of Community Psychology*, *55*(3–4), 411–421. doi:10.1007/s10464-015-9721-3

Brown, S. M., & Shillington, A. M. (2017). Childhood adversity and the risk of substance use and delinquency: The role of protective adult relationships. *Child Abuse & Neglect*, *63*, 211–221. doi:10.1016/j.chiabu.2016.11.006

Bryan, J., & Henry, L. (2008). Strengths-based partnerships: A school-family-community partnership approach to empowering students. *Professional School Counseling*, *12*(2), 149–156. doi:10.5330/psc.n.2010-12.149

Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect*, *35*(6), 408–413. doi:10.1016/j.chiabu.2011.02.006

Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2017). Association of adverse childhood experiences with lifetime mental and substance use disorders among men and women aged 50+ years. *International Psychogeriatrics*, *29*(3), 359–372. doi:10.1017/S1041610216001800

Cohrdes, C., & Mauz, E. (2020). Self-efficacy and emotional stability buffer the negative effects of adverse childhood experiences on young adult health-related quality of life. *Journal of Adolescent Health*, 1–8. doi:10.1016/j.jadohealth.2020.01.005

Collaborative for Academic, Social, and Emotional Learning (CASEL). (2020). *What is SEL?* Retrieved from https://casel.org/what-is-sel/

Copeland, W. E., Shanahan, L., Hinesley, J., Chan, R. F., Aberg, K. A., Fairbank, J. A., … Costello, E. J. (2018). Association of childhood trauma exposure with adult psychiatric

disorders and functional outcomes. *JAMA Network Open*, *1*(7), e184493. doi:10.1001/jamanetworkopen.2018.4493

Craig, J. M., Baglivio, M. T., Wolff, K. T., Piquero, A. R., & Epps, N. (2017). Do social bonds buffer the impact of adverse childhood experiences on reoffending? *Youth Violence and Juvenile Justice*, *15*(1), 3–20. doi:10.1177/1541204016630033

Crandall, A., Miller, J. R., Cheung, A., Novilla, L. K., Glade, R., Novilla, M. L. B., … Hanson, C. L. (2019). ACEs and counter-ACEs: How positive and negative childhood experiences influence adult health. *Child Abuse & Neglect*, *96*, 104089. doi:10.1016/j.chiabu.2019.104089

Darling-Hammond, L., Hyler, M. E., & Gardner, M. (2017, June). *Effective teacher professional development*. Learning Policy Institute. Retrieved from https://static1.squarespace.com/static/56b90cb101dbae64ff707585/t/5ade348e70a6ad624d417339/1524511888739/NO_LIF~1.PDF

Davis, J. P., Ports, K. A., Basile, K. C., Espelage, D. L., & David-Ferdon, C. F. (2019). Understanding the buffering effects of protective factors on the relationship between adverse childhood experiences and teen dating violence perpetration. *Journal of Youth and Adolescence*, *48*(12), 2343–2359. doi:10.1007/s10964-019-01028-9

Duke, N. N., Pettingell, S. L., McMorris, B. J., & Borowski, I. W. (2010). Adolescent perpetration: Associations with multiple types of adverse childhood experiences. *Pediatrics*, *125*(4), 778–786. doi:10.1542/peds.2009-0597

Felitti, V. J., Anda, R. F., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., … Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, *14*(4), 245–258. doi:10.1016/s0749-3797(98)00017-8

Forster, M., Gower, A. L., Borowsky, I. W., & McMorris, B. J. (2017). Associations between adverse childhood experiences, student-teacher relationships, and non-medical use of prescription medications among adolescents. *Addictive Behaviors*, *68*, 30–34. doi:10.1016/j.addbeh.2017.01.004

Foster, C. E., Horwitz, A., Thomas, A., Opperman, K., Gipson, P., Burnside, A., … King, C. (2017). Connectedness to family, school, peers, and community in socially vulnerable adolescents. *Children and Youth Services Review*, *81*, 321–331. doi:10.1016/j.childyouth.2017.08.011

Garnett, B., Moore, M., Kidde, J., Ballysingh, T. A., Kervick, C. T., Bedinger, L., … Sparks, H. (2019). Needs and readiness assessments for implementing school-wide restorative practices. *Improving Schools*, *23*(1), 21–32. doi:10.1177/1365480219836529

Gonzalez, T. (2012). Keeping kids in schools: Restorative justice, punitive discipline, and the school to prison pipeline. *Journal of Law & Education*, *41*(2), 281–335. https://www.sc.edu/study/colleges_schools/law/student_life/journals/jled/index.php

Gregory, A., Clawson, K., Davis, A., & Gerewitz, J. (2015). The promise of restorative practices to transform teacher-student relationships and achieve equity in school discipline. *Journal of Educational and Psychological Consultation*, *25*, 1–29. doi:10.1080/10474412.2014.929950

Gunay-Oge, R., Pehlivan, F. Z., & Isikli, S. (2020). The effect of positive childhood experiences on adult personality psychopathology. *Personality and Individual Differences*, *158*, 109862. doi:10.1016/j.paid.2020.109862

Hillis, S. D., Anda, R. F., Felitti, V. J., Nordenberg, D., & Marchbanks, P. A. (2000). Adverse childhood experiences and sexually transmitted diseases in men and women: A retrospective study. *Pediatrics*, *106*(1), e11. doi:10.1542/peds.106.1.e11

Ingraham, C. L., Hokoda, A., Moehlenbruck, D., Karafin, M., Manzo, C., & Ramirez, D. (2016). Consultation and collaboration to develop and implement restorative practices in

a culturally and linguistically diverse elementary school. *Journal of Educational and Psychological Consultation*, *26*(4), 354–384. doi:10.1080/10474412.2015.1124782

Jain, S., Bassey, H., Brown, M. A., & Kalra, P. (2014). *Restorative justice in Oakland schools. Implementation and impact: An effective strategy to reduce racially disproportionate discipline, suspensions, and improve academic outcomes*. Retrieved from www.ousd.k12.ca.us

Jimenez, M. E., Wade, R., Lin, Y., Morrow, L. M., & Reichman, N. E. (2016). Adverse experiences in early childhood and kindergarten outcomes. *Pediatrics*, *137*(2), 1–11. doi:10.1542/peds.2015-1839

Jones, E. P., Margolius, M., Rollock, M., Yan, C. T., Cole, M. L., & Zaff, J. F. (2018). *Disciplined and disconnected: How students experience exclusionary discipline in Minnesota and the promise of non-exclusionary alternatives*. America's Promise Alliance. Retrieved from https://files.eric.ed.gov/fulltext/ED586336.pdf

Kaess, M., Parzer, P., Mattern, M., Plener, P. L., Bifulco, A., Resch, F., & Brunner, R. (2013). Adverse childhood experiences and their impact on frequency, severity, and the individual function of nonsuicidal self-injury in youth. *Psychiatry Research*, *206*(2–3), 265–272. doi:10.1016/j.psychres.2012.10.012

Kail, R. V., & Cavanaugh, J. C. (2000). *Human development a lifespan view*. New York (NY): Wadsworth Thomson Learning.

Kerker, B. D., Zhang, J., Nadeem, E., Strain, R. E. K., Hurlburt, M. S., Heneghan, A., … Hotwitz, S. M. (2015). Adverse childhood experiences and mental health, chronic medical conditions, and development in young children. *Academic Pediatrics*, *15*(5), 510–517. doi:10.1016/j.acap.2015.05.005

Klassen, S. A., Chirico, D., O'Leary, D. D., Cairney, J., & Wade, T. J. (2016). Linking systemic arterial stiffness among adolescents to adverse childhood experiences. *Child Abuse & Neglect*, *56*, 1–10. doi:10.1016/j.chiabu.2016.04.002

Latimer, J., Dowden, C., & Muise, D. (2005). The effectiveness of restorative justice practices: A meta-analysis. *The Prison Journal*, *85*(2), 127–144. doi:10.1177/0032885505276969

Liu, S. R., Kia-Keating, M., Nylund-Gibson, K., & Barnett, M. L. (2020). Co-occurring youth profiles of adverse childhood experiences and protective factors: Associations with health, resilience, and racial disparities. *American Journal of Community Psychology*, *65*(1–2), 173–186. doi:10.1002/ajcp.12387

McClusky, G., Lloyd, G., Stead, J., Kane, J., Riddell, S., & Weedon, E. (2008). 'I was dead restorative today': From restorative justice to restorative approaches in school. *Cambridge Journal of Education*, *38*(2), 199–216. doi:10.1080/03057640802063262

McDonnell, C. G., & Valentino, K. (2016). Intergenerational effects of childhood trauma: Evaluating pathways among maternal ACEs, perinatal depressive symptoms, and infant outcomes. *Child Maltreatment*, *21*(4), 317–326. doi:10.1177/1077559516659556

Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., … Mercy, J. A. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention – 25 states, 2015-2017. *Morbidity and Mortality Weekly Report*, *68*(44), 999–1005. doi:10/15585/mmwr.mm6844e1

Moore, K. A., & Ramirez, A. N. (2016). Adverse childhood experience and adolescent well-being: Do protective factors matter? *Childhood Individual Research*, *9*(2), 299–316. doi:10.1007/s12187-015-9324-4

Morrison, B., Blood, P., & Thorsborne, M. (2005). Practicing restorative justice in school communities: Addressing the challenge of culture change. *Public Organization Review*, *5*(4), 335–357. doi:10.1007/s11115-005-5095-6

Moses, J. O., & Villodas, M. T. (2017). The potential protective role of peer relationships on school engagement in at-risk adolescents. *Journal of Youth Adolescence*, *46*(11), 2255–2272. doi:10.1007/s10964-017-0644-1

Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. *Child Abuse & Neglect*, *78*, 19–30. doi:10.1016/j.chiabu.2017.09.022

Noltemeyer, A. L., Ward, R. M., & Mcloughlin, C. (2015). Relationship between school suspension and student outcomes: A meta-analysis. *School Psychology Review*, *44*(2), 224–240. doi:10.17105/spr-14-0008.1

Nurius, P. S., Logan-Greene, P., & Green, S. (2012). ACEs within a social disadvantage framework: Distinguishing unique, cumulative, and moderated contributions to adult mental health. *Journal of Prevention & Intervention in the Community*, *40*(4), 278–290. doi:10.1080/10852352.2012.707443

Ortega, L., Lyubansky, M., Nettles, S., & Espelage, D. L. (2016). Outcomes of a restorative circles program in a high school setting. *Psychology of Violence*, *6*(3), 459–468. doi:10.1037/vio0000048

Park, S. H., Videlock, E. J., Shih, W., Presson, A. P., Mayer, E. A., & Chang, L. (2016). Adverse childhood experiences are associated with irritable bowel syndrome and gastrointestinal symptom severity. *Neurogastroenterology & Motility*, *28*(8), 1252–1260. doi:10.1111/nmo.12826

Poole, J. C., Dobson, K. S., & Pusch, D. (2017). Anxiety among adults with a history of childhood adversity: Psychological resilience moderates the indirect effect of emotion dysregulation. *Journal of Affective Disorders*, *217*, 144–152. doi:10.1016/j.jad.2017.03.047

Rehkopf, D. H., Headen, I., Hubbard, A., Deardorff, J., Kesavan, Y., Cohen, A. K., ... Abrams, B. (2016). Adverse childhood experiences and later life adult obesity and smoking in the United States. *Annals of Epidemiology*, *26*(7), 488–492. doi:10.1016/j.annepidem.2016.06.003

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, *26*(1), 1–13. doi:10.1037/a0022714

Rideout, G., Salinitri, K. R., & Marc, F. (2010). Measuring the impact of restorative justice practices: Outcomes and contexts. *Journal of Educational Administration and Foundations*, *21*(2), 35–60. https://scholar.uwindsor.ca/cgi/viewcontent.cgi?article=1019&context=educationpub

Smith, L. C., Garnett, B. R., Herbert, A., Grudev, N., Vogel, J., Keefner, W., ... Baker, T. (2018). The hand of professional school counseling meets the glove of restorative practices: A call to the profession. *Professional School Counseling*, *21*(1), 1–10. doi:10.1177/2156759X18761899

Song, S. Y., & Swearer, S. M. (2016). The care before the horse: The challenge and promise of restorative justice consultation in schools. *Journal of Educational and Psychological Consultation*, *26*(4), 313–324. doi:10.1080/10474412.2016.1246972

Stillerman, A. (2018). Childhood adversity & lifelong health: From research to action. *The Journal of Family Practice*, *67*(11), 690–699. https://www.mdedge.com/content/about-journal-family-practice

Strang, H., Sherman, L. W., Mayo-Wilson, E., Woods, D., & Ariel, B. (2013). Restorative justice conferencing (RJC) using face-to-face meetings of offenders and victims: Effects on offender recidivism and victim satisfaction. A systematic review. *Campbell Systematic Reviews*, *9*(1), 1–59. doi:10.4073/csr.2013.12

Thorsborne, M., & Blood, P. (2013). *Implementing restorative practice in schools: A practical guide to transforming school communities*. London, UK: Jessica Kingsley Publishers.

U.S. Department of Education, Office of Civil Rights. (2018). *2015-2016 civil rights data collection: School climate and safety*. Retrieved from https://www2.ed.gov/about/offices/list/ocr/docs/crdc-2015-16.html

Von Cheong, E., Sinnott, C., Dahly, D., & Kearney, P. M. (2017). Adverse childhood experiences (ACEs) and later-life depression: Perceived social support as a potential protective factor. *BMJ Open*, *7*(9). doi:10.1136/bmjopen-2016-013228

Wald, J., & Losen, D. J. (2003). Defining and redirecting a school-to-prison pipeline. In J. Wald & D. J. Losen (Eds.), *New directions for youth development: Vol. 99. Deconstructing the school-to-prison pipeline* (pp. 9–15). Jossey-Bass. doi:10.1002/yd.51

Winn, M. T. (2018). *Justice on both sides: Transforming education through restorative justice*. Cambridge, MA: Harvard Education Press.

Zehr, H. (2015). *The little book of restorative justice*. New York, NY: Good Books.