

Trauma and Schools

Traumatic experiences may have devastating long term effects on children.

- A traumatic event is “marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death” (Centers for Disease Control, 2003) in which a person’s ability to cope is overwhelmed (van der Kolk, Bessel & Fisler, 1995, as cited in Eisen & Goodman, 1998).
- The range of potentially traumatic experiences is quite broad including child maltreatment, natural disasters, kidnappings, domestic violence, fires, severe motor vehicle accidents, community violence, etc.
- Roughly one in four children will experience a traumatic event by the age of 16 (Costello, Erkanli, Fairbank, & Angold, 2002). Of these children, 28% will experience two or more traumatic events by the age of 16.
- However, not all children who experience a potentially traumatic experience will be traumatized.
- Several factors influence the impact of the trauma: age of the victim, relationship to the perpetrator, context (within the family, among peers, within the community), type of trauma, severity, duration of exposure, and chronicity of the trauma (Wolfe, Rawana, & Chiodo, 2006), and the response of others (Gladstone, Parker, Mitchell, Malhi, Wilhelm, & Austin, 2004).
- Reactions to trauma vary according to a child’s developmental level.
 - Preschoolers may show regressive behaviors such as thumb-sucking or bed wetting, have temper tantrums, cry, display disorganized behavior, have nightmares, become aggressive, or exhibit “magical” thinking (Lubit, Rovine, DeFrancisci, & Eth, 2003, as cited in Wolfe, et al., 2006; Zubenko, 2002).
 - School-age children may become angry or moody, experience difficulties sleeping, complain of somatic problems, worry about being abandoned, feel sadness, become aggressive, display avoidance of traumatic reminders, etc. (Zubenko, 2002).
 - In adolescence, trauma symptoms may manifest in ways similar to adults—through withdrawal, numbing, and hyperarousal (Lubit, et al., 2003, as cited in Wolfe, et al., 2006). Adolescents may also engage in risky behaviors, become disobedient, feel alienated because of their traumatic experience, etc. (Zubenko, 2002).
- Trauma is related to a host of negative outcomes including depression, school problems, behavior problems, dissociative symptoms, fears (McNally, 1996), eating disorders (Lipschitz, Winegar, Hartnivk, Foote, & Southwick, 1999), substance abuse (Swanston, Plunkett, O’Toole, Shrimpton, Parkinson, & Oates, 2003), victimization (Fergusson, Horwood, & Lynskey, 1997), anxiety (Swanston et al., 2003), delinquency (Dodge, Petit, Bates, & Valente, 1995), and Post-Traumatic Stress Disorder.

Posttraumatic symptoms may manifest in the classroom in poor academic performance, behavioral problems, and relationship difficulties.

- Academically, traumatized children may exhibit:
 - Difficulties with sustained attention (Beers & De Bellis, 2002; Streeck-Fischer & van der Kolk, 2000)
 - Slow processing speed due to increased arousal (Perry, 2001)
 - Difficulty with verbal problem-solving tasks and expressing emotions (Coster & Cicchetti, 1993)
 - Deficits in executive functioning tasks (i.e., goal setting, planning, etc.; Beers & De Bellis, 2002)
 - Trouble sequentially organizing material which may result in reading, writing, and verbal communication problems (Craig, 1992, as cited in Cole, O'Brien, Gadd, Ristuccia, Wallace, & Gregory, 2005)
 - Difficulty taking others' perspectives (Burack et al., 2006)
- Behaviorally, traumatized children may show:
 - Increased aggression (Shields & Cicchetti, 1998; Ethier, Lemelin, & Lacharite, 2004)
 - Difficulty recognizing (Camras, Sachs-Alter, & Ribordy, 1996) and regulating emotions (Maughan & Cicchetti, 2002)
 - Defiant behavior (Ford et al., 2000)
- In their peer relationships, traumatized children may:
 - Show aggression (Bolger & Patterson, 2001)
 - Display poor social skills (Darwish, Esquivel, Houtz & Alfonso, 2001)
 - Exhibit social withdrawal (Ethier, et al., 2004)
 - Be rejected by peers (Bolger & Patterson, 2001)

Schools can create trauma-sensitive environments to reduce the impact of the trauma.

- In order for traumatized children to feel physically and emotionally safe, create a school-wide supportive culture in which bullying and teasing are not accepted (Cole et al., 2005).
- Develop trauma sensitive school policies and procedures (Cole et al., 2005).
 - Develop procedures for handling the news that a child has been traumatized and determining what information should be shared with teachers and others (Cole et al., 2005).
 - Create policies that balance the need to hold children accountable for their behavior with the need to be supportive and understanding when their behavior is driven by their trauma. Not every behavior will be tied to the trauma, but some may be. It is important for children to understand the reasons for the inappropriate behavior when it is tied to the trauma, otherwise teachers' responses to the behavior may not be effective (Cole et al., 2005).
- Modify academic instruction and assignments to benefit children who have been traumatized.
 - Balance the need to maintain typical school expectations with flexibility in order to be supportive and promote success (Cole et al., 2005; Goodman et al., 2004).

- Maintain consistent routines to enhance feelings of normalcy (Cole et al., 2005; Goodman et al., 2004; Zubenko, 2002).
- Create activities that do not require children to be put on the spot (e.g., oral presentations or calling on children who are not raising their hands during class; Goodman et al., 2004).
- Present material in multiple formats (i.e., visually, verbally, through games, group work) so that children who have high levels of arousal have more opportunities to absorb what is being presented (Cole et al., 2005).
- Build opportunities for choice into the daily routine to give children a sense that they have some control over what happens to them (Cole et al., 2005; Zubenko, 2002).
- Focus on children's strengths instead of weaknesses and provide encouragement (Cole et al., 2005).
- Strengthen relationships between school personnel and traumatized children.
 - Listen and accept children's feelings without judgment (Goodman et al., 2004; Zubenko, 2002).
 - Reassure children that it is normal to have a rough time following a traumatic experience (Goodman et al., 2004).
- Develop a referral process so that children who may need additional professional services can get the help they need (Goodman et al., 2004).

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