

## Supporting Students Experiencing Childhood Trauma: Tips for Parents and Educators

Unfortunately, children are impacted by trauma in a myriad of ways and these experiences are significant risk factors for poor health, academic failure, and ultimately, a poor quality of life. Beginning in 1995, the Adverse Childhood Experience Study examined the prevalence of childhood trauma and its impact by tracking more than 17,000 children. This study has provided invaluable although discouraging insight into the prevalence of trauma in children's lives. The most common traumas experienced by children and their prevalence are: physical abuse (28%), reside in households with substance abuse (27%), emotional neglect (25%), parental separation or divorce (24%), sexual abuse (21%), family member with mental illness (20%), and witness of domestic violence (13%). At least two-thirds of participants in the Adverse Childhood Experience Study reported at least one of these experiences, and 20% reported three or more. The greater number and intensity of trauma experiences a child has, the more severe the associated impact on development. Schools have a unique opportunity and responsibility to help these children recover from trauma and develop the skills necessary to experience academic and social success. This begins with educating school personnel on trauma and effective interventions.

**Trauma Risk Factors.** Certain individual and contextual characteristics are associated with an increased likelihood of experiencing trauma, such as:

- Proximity to a traumatic event
- Past exposure to trauma
- Current or past mental health problems or the presence of a disability
- Parental substance abuse or mental illness
- Limited social support or isolation
- Family stress
- Loss or fear of the loss of a loved one
- Community characteristics
- Developmental level
- Poverty level

Children are particularly vulnerable to a traumatic event when:

- They are not living with their families, have witnessed family violence, have a family history of mental illness, and/or have witnessed adults being severely distressed by the event

- They possess a mental health problem prior to the traumatic event
- They lack support from friends or family
- They have been exposed to previous traumatic events

**Warning Signs.** If any of the following symptoms do not decrease over time, if they severely impact the child's ability to participate in normal activities, or if significant changes are noted, a referral to a mental health professional may be necessary.

- Disruption or withdrawal from peer relationships
- General lack of energy or lack of interest in previously enjoyed activities
- Strained family relationships (increased misbehavior, lashing out against family members, refusal to participate in normal family routines)
- Decline in school performance, school avoidance, or difficulty concentrating
- Physical complaints with no apparent cause
- Maladaptive coping (drug or alcohol use, severe aggression)
- Threats of harm to self or others
- Repeated nightmares and reporting strong fears of death and violence
- Repetitive play reenacting the traumatic events
- Sleeping (difficulty falling or staying asleep) and eating disturbances
- Increased arousal (easily startling or quick to anger), agitation, irritability, aggressiveness
- Regression in behavior (thumb-sucking, bedwetting, clinginess, fear of the dark)

**Trauma's potential impact on education:**

- Delays in all domains of development
- Higher drop-out rates
- Lower academic achievement (reduced ability to organize, problem-solve and process information)
- Higher suspension and expulsion rates
- Higher rates of referral for special education
- Emotional responses or symptoms of trauma can negatively impact concentration and memory

**What to do:** Adults can help reestablish security and stability for these children in a number of ways.

- Recognize and be sensitive to the fact that problem behaviors can be the manifestation of trauma-related anxiety
- Help children manage their feelings by teaching and modeling effective coping strategies
- Answer children's questions related to the traumatic event(s) in honest, developmentally appropriate language and terms
- Create clear and concrete safety plans with the child
- Engage them in activities that stimulate the mind and body
- Expand their "feelings" vocabulary so they can more easily express themselves
- Promote family activities to bring them closer to the ones they love
  - Maintain usual routines

- Watch for changes in behaviors
- Allow children to tell the story of the trauma they experienced, as they see it, so they can begin to release their emotions and make sense of what happened
- Respond calmly and compassionately, but without displaying shock or judgment
  - Reassure children that the adults in their life are working to keep them safe
  - Set boundaries and limits with consistency and patience
- Remind them repeatedly how much you care for them
- Give them choices to regain a sense of control
- Encourage and support them
- Anticipate challenging times or situations that may be reminders of the event and provide additional support
- Provide children who are acting out with opportunities to redirect their energy in a helpful way such as giving them additional responsibilities or leadership roles

**What school-based professionals can do:**

- Follow your school's reporting procedures if there is suspected abuse
- If the child is not eligible for special education, consider making individualized modifications to academic work until the trauma has been sufficiently addressed (might consider including these in a 504 plan). You could:
  - Modify or shorten assignments
  - Offer individual tutoring or support
  - Give extended time
  - Allow the child to leave class to go see a school-based mental health professional if the child is struggling emotionally
  - Assist the child with organizing and remembering assignments
  - Try to engage caretakers in providing academic support at home
  - Explore with the child if there is something that provides comfort such as a memento or item from a loved one that can be brought to school
  - Help the child identify effective soothing techniques such as drawing, deep breathing, exercising that can be utilized in school to manage emotions

## **The Role of School-based Professionals in Dealing with Trauma**

Children spend a significant portion of their childhood in school under the care and guidance of school personnel. As such, schools have a responsibility to help children feel supported and safe. Effective trauma prevention and interventions need to be closely connected to supportive mental health services. The school climate needs to balance student behavioral expectations with compassionate and trustful student/adult relationships. It is critical for every school staff member to be aware of the warning signs of serious emotional trauma and to respond to these children with thoughtful responses guided by an understanding of how trauma impacts children. Because many communities have high levels of trauma, entire school systems should be knowledgeable about the potential impacts of trauma and ensure that school is an environment where students feel safe disclosing traumatic experiences.

## Resiliency Factors

The presence of resiliency factors can decrease or eliminate the impact that trauma can have on children. These include:

- The reliable presence of a positive, caring, and protective parent/caregiver who can help protect their children against adverse experiences
- Children knowing that they are loved, supported, and cared for by multiple adults such as family members, teachers, and other adults
- Professional support for the child/family
- Peer support and positive social relationships
- Effective coping skills
- The ability to express themselves and seek support when needed
- Problem-solving skills
- High self-esteem and self-confidence
- Connections with prosocial institutions
- Internal locus of control
- Involvement with a faith or belief system

## Suggested Resources

- The National Child Traumatic Stress Network, <http://www.nctsn.org/>
- Helpguide.org, <http://www.helpguide.org/articles/ptsd-trauma/emotional-and-psychological-trauma.htm>
- Adverse Childhood Experiences (ACE) Study, <http://www.cdc.gov/violenceprevention/acestudy/>
- National Center for PTSD, <http://www.ptsd.va.gov/>
- Kid's Mental Health Info.com, <http://www.kidsmentalhealthinfo.com/child-trauma.php>

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