Overview of Trauma

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The goal of this three-part series is to emphasize the importance of incorporating a trauma-informed perspective into the design, implementation, and evaluation of school responder models (SRMs). Youth who have been exposed to trauma, those with mental health conditions, and those with substance use disorders are more likely to be subject to exclusionary discipline policies in school. Exclusionary discipline contributes to these youth having higher rates of juvenile court system involvement. The SRM is a school-based, behavioral health response model that seeks to disrupt unnecessary suspension, expulsion, and arrest for students, particularly those with unidentified, unmet, or undermet behavioral health needs. ***This tip sheet provides an overview of trauma to help educators understand its prevalence and how it can manifest in student behaviors.***

School personnel can better understand, contextualize, and address behaviors to understand trauma and its effects on student learning, behavior, and relationships. ***The National Child Traumatic Stress Network (NCTSN) defines a traumatic event as a "frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity."***[i] Common types of traumatic events include physical, sexual, or psychological abuse and neglect; family and community violence; the sudden or violent death of a loved one; and serious accidents or life-threatening illnesses.

In addition to these traumatic stressors, schools can also consider conditions of adversity that are linked to a higher likelihood of negative health outcomes, including those identified in the adverse childhood experiences literature.[ii] Examples of these events or conditions include emotional conflict, household dysfunction, food insecurity, parental divorce or separation, parental alcohol or drug use, and parental incarceration.

Studies indicate the following lifetime prevalences of ACEs among children: 19 percent for physical abuse, 71 percent for physical assault, 38 percent for witnessing community violence, and 9 percent for witnessing severe interpersonal violence between caregivers. Among all youth, approximately 6 percent have experienced sexual assault, but the prevalence varies significantly according to age. Roughly 16 percent of youth ages 14–17 reported experiencing sexual assault in the past year.[iii, iv]

Many, but not all, ***children exposed to traumatic events and adversities experience symptoms of traumatic stress,*** which NCTSN defines as "reactions that persist and affect their daily lives after the events have ended."[v] Children exposed to trauma may experience intense symptoms of depression or anxiety, difficulties with behavioral or emotional regulation, peer and adult relationship problems, difficulty maintaining attention, academic problems, nightmares, other sleep-related problems, and changes in eating habits. Some younger children may experience physical symptoms manifesting as stomachaches or headaches. Older children may engage in alcohol and drug use or other unsafe or unhealthy behaviors. The severity of the event, and the extent to which children have access to protective factors that offset the negative effects of trauma, can determine the overall impact of trauma on a child's well-being and functioning.[vi]

Brain research suggests that ***chronic trauma exposure can have a significant impact on brain development,*** particularly in the prefrontal cortex regions of the brain that contribute to judgment, impulsivity, and decision-making. It can also affect areas of the limbic system, such as the amygdala and hippocampus, which contribute to social and emotional development, emotional regulation, and memory. These brain areas are very much in development throughout early

childhood, adolescence, and early adulthood.[vii] The impact of trauma on judgment, decision-making, and emotional regulation processes can have significant implications for how students behave at school. The negative impact of trauma on brain structure and functioning can contribute to behaviors that may place students at risk for exclusionary discipline and juvenile court system involvement.

The prevalence of trauma, and its impact on brain structure and functioning, learning, and behavior, has prompted child-serving systems as diverse as health care, education, legal, and child welfare to examine how to create trauma-informed systems and to ensure these systems can identify affected children as early as possible—ensuring access to effective interventions.[viii] ***Among youth involved in the juvenile court system, as many as 70 percent have a diagnosable behavioral health condition.***[ix] Within an educational setting, a disproportionately high rate of children who experience exclusionary discipline (e.g., arrest, expulsion, out-of-school suspension) have diagnosable behavioral health conditions and have been exposed to trauma. Furthermore, rates of exclusionary discipline are substantially higher among students of color.[x]

Teachers, administrators, school resource officers, and other school personnel interacting daily with students will benefit from an enhanced understanding of trauma, behavioral health needs, and effective responses to student behaviors. This enhanced awareness can help ensure that the school's adults are better prepared to make decisions that set students on a pathway of accountability and support in response to challenging behaviors. Exclusionary discipline and educational disengagement increase the risk of juvenile and adult criminal legal involvement. These factors have collectively led school districts to seek out approaches such as the SRM framework to better address students' needs, help affected students avoid unnecessary entanglement in the juvenile court system, and increase participation in effective, trauma-informed behavioral health treatments.

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Endnotes

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viii. Susan J. Ko, et al., "Creating Trauma-Informed Systems: Child Welfare, Education, First Responders, Health Care, Juvenile Justice," ***Professional Psychology: Research and Practice*** 39, (2009): 396–404.

ix. Jennie L. Shufelt and Joseph K. Cocozza, ***Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study*** (Delmar, NY: National Center for Mental Health and Juvenile Justice: 2006).

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