



An Overview of Childhood Trauma



Childhood Trauma is...



Any adverse or life-threatening experience such as child abuse, neglect, sexual abuse, death of a loved one, substance abuse, illness, accidents/natural disaster, or witnessing violence within the child's home or community.



Long-Term Impacts

Brain Development



- The brain's executive functions that aid a child in memory, concentration, language, emotional regulation, and processing information will be impeded.
- The "stress response" of the child's brain will be negatively altered. This can cause a child to be constantly on edge and in fear for their safety.
- A child can easily misinterpret a safe situation as threatening or dangerous.

Academic Achievement



Children who have experienced trauma are more at risk for developing negative academic outcomes such as...

- Cognitive delays
- Speech & language impairments
- Special Education interventions
- Lower grades compared to their peers

Attachment to Caregiver



If a child's caregiver responds harshly & insensitively to the child, they will develop an insecure attachment. This can lead to...

- The inability to feel secure & safe in the environment.
- Viewing the world as a dangerous and cold place.
- Struggling to trust that other adults can provide them with love and care.

Social-Emotional Skills



When children do not have responsive care, they will struggle to manage their emotions, especially negative emotions (frustration, anger, fear, sadness). This causes a child to...

- Become aggressive towards their peers.
- Avoid a situation out of intense anxiety.
- Struggle to understand other's feelings and emotions.

FAQ's on Child Trauma for Teachers

Q: How does trauma manifest itself in the classroom?

A: This can depend on the child's temperament. However, some common warning signs include defiant or aggressive behavior, inability to cooperate with others, and a tendency to become easily frustrated. Along with this, a child can disengage from the learning environment and "shut down."

Q: How does trauma hamper a child's ability to learn?

A: Regardless of what type of trauma the child has been exposed to (physical abuse, neglect, death of a family member, etc), their "stress response" will be on high alert. This causes the child's stress level to rise, which can bring about unwanted anxiety and fear - all of which greatly inhibit a child's ability to concentrate and learn.



Contact Information



Director: AnnaGrace Conway
Phone: (313) 654-8934
Email: healinglittlehearts@gmail.com
Website: healinglittlehearts.org





FACTS ON CHILDHOOD TRAUMA



According to the 2011-2012 National Survey of Children's Health, roughly 35 million children have experienced one or more types of childhood trauma.

12.5%

of all US children in 2011-2012 had experienced abuse or neglect by the time they turned eighteen years old.



In a survey, teachers reported that students who come from a stressful home life typically rate lower in aptitude and intelligence exams.



Poor Mental Health

Children who have gone through an adverse experience are more at risk for:

- Post Traumatic Stress Disorder
- Anxiety
- Depression



Children who have experienced two or more trauma-related events are **2.67x** more likely to repeat a grade compared to their non-traumatized peers.



With this, they are **3x** more likely to be expelled from school.



A child & their family are **5x** as likely to be in poverty.



Results from Adverse Childhood Experiences (ACEs) Study



Risk Factors

ACEs play a significant role in serving as a risk factor for physical illness, depression, early death, and poor quality of life.



Drug Use

Adults who reported multiple ACE categories were predicted to engage in alcohol abuse, smoking, or illicit drug use.



Dark Future

Children who have gone through adverse experiences are more prone to developing suicidal thoughts.



What is the ACEs study?

It was a research study to determine whether or not there was a strong relationship between adverse childhood experiences and developing health risks later on in life as an adult. There have been numerous studies on ACEs and how it negatively impacts a child's future. The original ACE study was conducted in 1995.

Contact Info:



Director | AnnaGrace Conway
Phone | (313) 654-6934
Email | healinglittlehearts@gmail.com
Website | healinglittlehearts.org

Action Alert: Trauma-Informed Education



Regardless of the form of trauma a child experiences, it will have a lasting impact on their well-being. A child's physical & mental health are at stake as they try to learn how to cope with upsetting and tragic situations. As educators, we must provide the necessary learning and emotional support to our students who have gone through the unimaginable. One of the best ways to create a trauma-sensitive environment is by adopting a trauma-informed program.



Below are 7 principles that are highly recommended for schools to utilize when establishing a trauma-informed program.



1 A Safe Environment

Creating an environment that is physically & psychologically safe is a fundamental need for all school community members. This is especially vital for students who rarely feel a sense of security at home. When students feel safe at school, they will be able to think more clearly and participate in their learning.



2 Establish Trusting Relationships

Children who have been traumatized are in dire need of adults they can rely on for emotional support. As educators, we can serve this role by establishing a positive and trusting relationship with students. This bond allows the child to know that there is someone (you) who cares about them and is always willing to help them when they are in distress.



3 Be aware of cultural & gender issues

As your school is building towards a trauma-informed approach, it is important to include culturally & gender-sensitive practices. This includes being aware of the cultural implications that influence behaviors. For instance, some children may not feel comfortable talking about their emotions because it is discouraged in their culture.



4 Social-Emotional Learning

With any traumatic event, various intense emotions can be brought up, such as anxiety, frustration, fear, anger, and resentment. For young children, it can be especially challenging to identify and cope with these feelings. As teachers, we can support children in managing their emotions by teaching & modeling social-emotional skills. This can provide children who otherwise do not know how to deal with their feelings safely and healthily.

See tips below for how to incorporate Social-Emotional Learning into your classroom.



5 Calming Spaces

For students who experience high volumes of stress daily, it is important they have an opportunity to express their feelings when at school. The Substance Abuse & Mental Health Services Administration (SAMHSA) recommends creating a safe, physical space in the classroom or school building where students can express their feelings and calm down if needed.

This "calming space" allows students to confidently share their emotions with an adult in a non-judgmental environment.



6 Conflict-Resolution Interventions

Students who come from abusive families may address conflicting situations through physical aggression or verbally threatening someone.

As teachers, we can support children's understanding of handling conflict by teaching & modeling effective ways to address it. This can include modeling strategies that can be used when a child enters into a heated argument with a peer.



7 Support groups

Not only is it essential for children to have trusting adults by their side, but they also need to develop friendships as well. This has proven to be extremely valuable for children who have dealt with similar traumatic experiences.

This can provide relief and comfort. It also promotes healing - the main goal of trauma-informed education.



Roughly, **1/3** of a child's time is spent at school. This time needs to be devoted to creating a safe & nurturing environment for all students.



What can I do as a Parent/Caregiver?

- **Build a caring relationship with your child** - Your child relies on you to provide for her most basic needs. This not only includes her physical needs, but also her emotional needs of love and care. Make an effort to spend quality time with her and discuss emotions (whether positive or negative).
- **Gather support from organizations** - Trauma is not something that goes away on its own and only makes matters worse for a child's future. Be sure to reach out to organizations such as SAMHSA and The National Child Traumatic Stress Network for support and resources.

Contact Information

AnnaGrace Conway
Phone: (313) 651-8394
Email: healinglittlehearts@gmail.com
Website: healinglittlehearts.org

SAMHSA website: <https://www.samhsa.gov/>

National Child Traumatic Stress Network website: <https://www.nctsn.org/>



Advocacy Kit: Childhood Trauma

AnnaGrace Conway

Fontbonne University

Literature Review

AnnaGrace Conway

ECE 320 – Advocacy and Public Policy in Education

From the early days of education till now, it has been strongly accepted that when a teacher comes into contact with a misbehaving student, they must resort to harsh discipline on the student. This may include being removed from the lesson, receiving a negative consequence, or being sent to the office. For many decades, schools have relied on using punitive practices to halt the misbehaviors of children (McGruder, 2019). In many cases, there is a direct reason for why a child is repeatedly acting defiant or disengaging from the learning environment. This cause is usually due to trauma that they have experienced (or are going through) in their life. Childhood trauma can encompass any adverse or life-threatening experience such as child abuse, neglect, sexual abuse, death of a loved one, substance abuse, illness, accidents/natural disaster, or witnessing violence within their home or community (McGruder, 2019).

Childhood trauma has an immense influence on a child's life and directly impacts their growth and development. According to the 2011-2012 National Survey of Children's Health, roughly 35 million children have experienced one or more types of childhood trauma (McGruder, 2019). With this, about 12.5% of all US children had experienced abuse or neglect by the time they turned eighteen years old (Williams & Lerner, 2019). With these startling facts, it is pivotal for educators to be aware of the effects of trauma on children's lives and how it harms their development.

To begin with, adults need to understand that early experiences have a far stronger influence than adulthood experiences in child development (McGruder, 2019). Even in the earliest infancy stages, a baby's brain is already undergoing a rapid and intense process of forming neurons (brain chemicals) as they are interacting with their world (Swick et al., 2012). With this, an infant's brain is embedded with a "stress response system" that sends signals to the brain whenever the body is in a state of panic or distress. The leading causes of distress include

hunger, thirst, or anxiety if the child feels threatened by someone or something (McGruder, 2019). If the child has a responsible and attentive caregiver, they will likely receive the support needed. This quick and consistent care will allow the baby to develop neural connections to handle stress and trauma effectively as they become older (McGruder, 2019). However, if the baby's basic needs are not consistently met, it can cause significant damage to a child's brain development.

A young child's brain is vulnerable to any trauma, whether it is classified as physical abuse or emotional neglect. The two main factors that influence healthy brain development is the experiences and interactions during early childhood. It is crucial that during the first three years of a child's life, their experiences are safe, loving, and nurturing (Swick et al., 2012). Along with this, a child needs proper nutrition and loving relationships with their family. These all provide the "food" that the brain needs to flourish (Swick et al., 2012). If a child does receive any of these vital elements, their brain development will suffer. It has been discovered that children who experience chronic stress have smaller brains compared to children who do not live in an ongoing stressful environment (Swick et al., 2012). With this, a child's executive functions will be negatively affected. The brain's executive functions aid a child in memory, concentration, language, regulation, and processing information (Paiva, 2019). Executive functions also play a massive role in a child's ability to regulate their behaviors and emotions (Paiva, 2019).

If a child's brain is not in a healthy state of mind due to trauma, their ability to perform academically will be impeded. Children who have experienced trauma are more at risk for negative academic outcomes such as cognitive delays, speech & language impairments, special education interventions, and lower grades compared to their peers (Paiva, 2019). According to the 2011-2012 National Survey of Children's Health, children who have experienced two or

more trauma-related events were 2.67 times more likely to repeat a grade than non-traumatized children (Williams & Lerner, 2019). Along with this, teachers reported in a survey that students who come from a stressful home life typically “rate lower in aptitude and intelligence” (Swick et al., 2012). These children are also three times more likely to be expelled from school and five times as likely to live in poverty (Swick et al., 2012). This sets up a child for school failure, leading to few opportunities for their future (Crosby, 2015).

While childhood trauma does disrupt a child’s ability to succeed academically, it also profoundly affects a child’s social and emotional development. The foundation of a child’s social and emotional development is their relationship with their parents or primary caregiver. From the time a child enters the world, they rely heavily on their caregiver’s ability to physically and emotionally support them as they grow and develop (Paiva, 2019). When parents respond with warmth and sensitivity to the child’s needs, they form a secure attachment (bond) with them. This secure attachment will guide the child in learning how to express and regulate their emotions as they learn from their caregivers. In addition to this skill, the child will develop a complementary view of the world and feel safe (Paiva, 2019). However, if a child’s caregiver responds harshly and insensitively to the child, they will develop an insecure attachment to the caregiver. Ultimately, this prevents the child from learning how to identify and manage their emotions productively (Paiva, 2019).

If a child does not have the social skills needed to address their emotions, they will struggle to figure out how to regulate their feelings. This especially goes for negative emotions such as anger, frustration, or fear (Swick et al., 2012). This can render a child to act impulsively, such as aggressively hurting his peers out of rage. On the other hand, the child may make an effort to avoid the upsetting situation due to intense anxiety. Regardless of how they respond to

negative emotions, these children are always on high alert in constant fear of being abused or exposed to violence. Often, a child who has gone through a traumatic event will misinterpret a situation to be dangerous or harmful. With this, they may lash out at others or suddenly become filled with panic (Swick et al., 2012).

When children don't have the necessary tools to work through their emotions, they can internalize their feelings. Doing so can lead to depression and anxiety, which has been linked to difficulties in reading performance (Paiva, 2019). In a similar fashion, it was found that children who have undergone trauma are more susceptible to mental and physical health risks through the original Adverse Child Experiences Study (ACES) in 1995 (McGruder, 2019). This study's main goal was to recognize whether or not there was a correlation between adverse childhood experiences and developing health risks later on in life. The results indicated that ACE's play a key role in serving as a risk factor for physical illness, depression, anxiety, early death, and poor life quality. Along with this, adults who reported multiple ACE categories (such as physical abuse, violence against the mother, & imprisonment of a family member) were predicted to engage in alcohol abuse, smoking, or illicit drug use (McGruder, 2019). Moreover, children who have gone through a distressing experience are prone to developing posttraumatic stress disorder, suicidal thoughts, and criminal behavior (Berger & Font, 2015).

Given that students spend about a third of their days at school, it is imperative that teachers and staff know how to address children who have experienced trauma (Paiva, 2019). Too many times, teachers misinterpret a student's inability to concentrate on learning as an act of defiance or laziness (McGruder, 2019). This false assumption can lead the teacher to react harshly to the student, which only strengthens the child's belief that no one will help them. With this, educators, principals, counselors, and all school staff need to be informed about the effects

of trauma and how they are recognized in children's emotional & behavioral responses (Paiva, 2019).

Before a school can alter their disciplinary practices, all teachers & staff members need to be educated on what trauma is. Teachers need to understand the types of trauma that children can endure, such as physical abuse or emotional neglect. With this, they need to have a general overview of each type of trauma. For example, it would be helpful for teachers/staff to understand the differences between physical abuse, sexual abuse, and neglect. Physical abuse is defined as harmful acts towards a child that causes bodily harm (Berger & Font, 2015). However, sexual abuse is described as an adult engaging in sexual acts or contact with a child. If a child has been neglected, their caregiver does not meet their necessities such as food, clothing, shelter, and health care. In addition to material needs, a child can be emotionally neglected (Berger & Font, 2015). Much of this information can be derived from professional development seminars or having a trauma-informed program come to the school (Paiva, 2019).

In addition to becoming aware of the types of trauma, teachers/staff need to be informed on how trauma hampers a child's ability to learn. For instance, teachers need to know that when children come from an abusive home life, they likely will have behavioral and emotional problems (Paiva, 2019). As a result, they will struggle to feel safe at school, which will affect their ability to concentrate. This realization will challenge teachers to identify any misconceptions or judgments they have previously thought when working with traumatized students. For instance, a teacher may switch their perspective of a student who initially seemed "defiant" as a child filled with an overwhelming amount of anxiety (Paiva, 2019). The teacher can then recognize that this behavior is due to the lack of tools the student has to express their

emotions. When teachers understand the root of an issue, it allows them to respond sensitively (Paiva, 2019).

Various organizations, programs, and research interventions have been constructed specifically for schools to incorporate into their philosophy. For instance, The Substance Abuse & Mental Health Services Administration (SAMHSA) has created a trauma support & prevention program that schools can utilize (McGruder, 2019). In SAMHSA's plan, they believe that one of the keys to developing a trauma-informed program in a learning environment is establishing consistent and loyal relationships among the teachers, students, and parents (McGruder, 2019). These relationships form the foundation that allows teachers to work alongside their students and identify any personal triggers, symptoms, or signs that indicate a child has gone through a traumatic event (McGruder, 2019).

In SAMHSA's trauma-informed intervention, there are six principals that they strongly believe can limit re-traumatization for students. The first ideal is safety, which involves creating an environment where everyone (students, teachers, staff, and parents/families) feels psychologically and physically safe (McGruder, 2019). This element was also noted by Swick et al. (2012), who stated that children who have come from violent homes need to feel a sense of security, something they rarely experience. Besides forming close relationships with teachers, SAMHSA advises creating physical spaces in the school that enable students to express their feelings or calm down when they feel anxious or upset (McGruder, 2019). This "calming space" can also serve as an area that allows students to confidently share their emotions with an adult in a non-judgmental environment (McGruder, 2019).

Children who have experienced trauma mightily struggle with trusting other adults, especially if their caregiver abused or neglected them (Swick et al., 2012). With this, SAMHSA

feels it is vital that teachers, counselors, and staff build and establish trust within their school community. The ideal of trust can encompass a variety of elements when it comes to the school setting. For one thing, schools need to be responsible for keeping their staff, students, and families abreast of any major decisions or policies going into effect. With this, schools can make an effort to invite children and their families to contribute to new approaches and changes. This can include allowing students and families to have a voice in how to develop a trauma-informed program (McGruder, 2019). This collaboration builds a sense of community and trust, where everyone is on the same page.

Similarly, Swick et al. (2012) emphasized how important it is for teachers to create a strong and trusting relationship with students. This bond is essential to the healing process for traumatized children who may not have a loving and supportive adult in their life. When this relationship is established, the child will feel emotionally safe to express their feelings and open up about their past experiences. In addition, the teacher can teach and model healthy coping skills that the child can use to manage and understand their stressors (Swick et al., 2012). These strategies can make a huge difference in the child's social-emotional development as they learn how to address negative emotions.

On the topic of emotions, Paiva (2019) feels it is necessary for teachers to incorporate social-emotional learning into their curriculum. This can be composed of designing lessons, activities, and discussions centered on regulating, coping, and managing emotions. Pavia (2019) also recommends that schools provide self-regulation, behavioral, and conflict-resolution interventions to encourage positive behaviors. While social-emotional learning benefits all students, it will especially support children who struggle with handling their emotions appropriately. When social-emotional learning is modeled in the classroom, students better

understand their personal traumatic experiences and what specifically triggers their stress system. This can create a sense of self-confidence in their ability to manage their distress (Paiva, 2019).

As children learn how to express their emotions and share their adverse experiences, teachers must provide safe ways to do so. Swick et al. (2012) explained that teachers could do this through role-play, artistic means, or simple open dialogue. Regardless of which method the teacher and student feel most comfortable with, social-emotional learning has been found to reap many benefits. This includes fewer classroom disruptions, fewer visits to the office, decreases in physical aggression, and fewer suspensions noted by Paiva (2019).

According to the National Survey of Children's Health, about 48% of children in the US have experienced at least one of the adverse experiences defined in ACES (Williams & Lerner, 2019). Given this startling statistic, children need to seek support from others their own age. When children are given opportunities to connect with other kids that have undergone similar experiences, it gives them a sense of relief and comfort. It can also promote healing and create a supportive system/relationship for the child. SAMHSA provides the helpful suggestion of schools offering a support group where students can come together to openly share their experiences (McGruder, 2019).

When schools decide to make the change from punitive to trauma-informed practices, there may be some staff members who oppose this change. For some teachers, cruel, disciplinary practices have been seen as the traditional approach to addressing misbehavior. However, it has been found that zero-tolerance policies are not as productive when redirecting children's behavior (Paiva, 2019). These policies tend to prevent children from receiving the support they are in desperate need of and discourage cooperation. When a school alters its policies through a

trauma-informed perspective, it eliminates the negative labels associated with children who are maltreated (Paiva, 2019).

As a school is adopting a trauma-informed program, they must implement practices that are beneficial to the whole school community. This includes being aware of cultural and gender issues. It is vital that the school's policies are racially, ethnically, and culturally responsive to all individuals (McGruder, 2019). For example, teachers must be aware of the cultural implications that influence behaviors. For some young children, it may be frowned upon to express your emotions. With this, it is imperative that the teachers try to involve the family in order to respect any cultural boundaries. Having the family involved can also strengthen the healing process and promote a sense of trust between the child and their family (Swick et al., 2012).

As teachers obtain more knowledge on how to best support students who have experienced trauma, it is crucial that they remain compassionate and sensitive when working with them. Pavia (2019) strongly advises teachers to ask the question, “*What has happened to you?*” instead of “*What is wrong with you?*” when addressing a student. This simple restating can cause the child to feel less threatened by the teacher and lets them know that their teacher genuinely cares about them (Pavia, 2019).

With any major transformation in a policy, the members (the school in this case) must continuously evaluate the progress of the new changes made. In other words, schools need to analyze if their trauma-informed approach is effective or not. For instance, teachers need to consider if specific strategies are working well for them and their students. If some practices come to mind that are not beneficial, they need to reconsider what needs to be changed. Along with this, teachers may feel that there are certain issues they need more training or resources. Since this is a team effort, teachers and staff should regularly discuss their findings (both good

and bad). Schools also need to make an effort to ask their students and families if they have noticed any positive changes as well as any concerns (McGruder, 2019).

When schools actively work towards cultivating a trauma-informed culture, they can better serve their students who come from adverse experiences. When students feel physically and emotionally safe, they will become more competent in learning and engaging with others. As a result, they will be able to progress in their journey to healing and be on the path towards success.

References

Berger, L. M., & Font, S. A. (2015). The Role of the Family and Family-Centered Programs and Policies. *The Future of Children*, 25(1), 155–176.

Crosby, S. D. (2015). An Ecological Perspective on Emerging Trauma-Informed Teaching Practices. *Children & Schools*, 37(4), 223–230.
<https://doi.org/10.1093/cs/cdv027>

McGruder, K. (2019). Children Learn What They Live: Addressing Early Childhood Trauma Resulting in Toxic Stress in Schools. *Mid-Western Educational Researcher*, 31(1), 117–137.

Paiva, A. (2019). The Importance of Trauma-Informed Schools for Maltreated Children. *BU Journal of Graduate Studies in Education*, 11(1), 22–28.

Swick, K. J., Knopf, H., Williams, R., & Fields, M. E. (2013). Family-School Strategies for Responding to the Needs of Children Experiencing Chronic Stress. *Early Childhood Education Journal*, 41(3), 181–186.

Williams, P. G., Lerner, M. A., COUNCIL ON EARLY CHILDHOOD, & COUNCIL ON SCHOOL HEALTH (2019). School Readiness. *Pediatrics*, 144(2), e20191766.
<https://doi.org/10.1542/peds.2019-1766>