

**There are students in your school who have experienced trauma.**

**Consider Amy.** Her teacher brought the third grader, who had been a model student, to the school nurse, complaining that she was not paying attention or completing her work. Quiet and withdrawn in the nurse’s office, Amy eventually said, “May I tell you something?” She then proceeded to talk about seeing her cat hit and killed by a car. She was both sad and frightened, couldn’t make sense out of what had happened, and was having nightmares.

**Another example is John.** He is constantly in trouble at school, and appears to have significant problems grasping fourth grade material. His mother describes the violence that is pervasive in both their home and neighborhood. She reports that John has witnessed his father repeatedly beating her, and has been a victim himself of his father’s rages. During first grade he was placed in foster care. John has also seen gun violence in his neighborhood.

What do these two very different individuals have in common? They have both been exposed to trauma, *defined as an experience that threatens life or physical integrity and that overwhelms an individual’s capacity to cope.* Generally, traumatic events evoke feelings of extreme fear and helplessness. Reactions to traumatic events are determined by the subjective experience of the child, which could be impacted by developmental and cultural factors. What is extremely traumatic for one student may be less so for another.

**Students who have experienced traumatic events may have behavioral or academic problems, or their suffering may not be apparent at all.**

Some students show signs of stress in the first few weeks after a trauma, but return to their usual state of physical and emotional health. **Even a child who does not exhibit serious symptoms may experience some degree of emotional distress, and for some children this distress may continue or even deepen over a long period of time.**

Some traumatic experiences occur once in a lifetime, others are ongoing. Many children have experienced multiple traumas, and for too many children trauma is a chronic part of their lives. Students who have experienced traumatic events may experience problems that impair their day-to-day functioning.

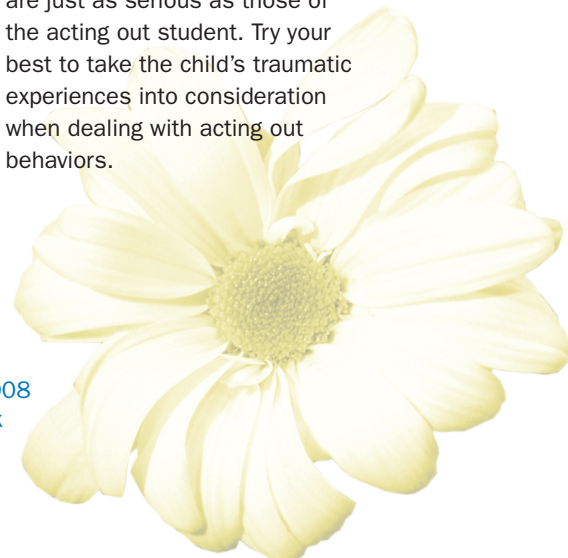
**Situations that can be traumatic:**

- Physical or sexual abuse
- Abandonment, betrayal of trust (such as abuse by a caregiver), or neglect
- The death or loss of a loved one
- Life-threatening illness in a caregiver
- Witnessing domestic violence
- Automobile accidents or other serious accidents
- Bullying
- Life-threatening health situations and/or painful medical procedures
- Witnessing or experiencing community violence (e.g., drive by shooting, fight at school, robbery)
- Witnessing police activity or having a close relative incarcerated
- Life-threatening natural disasters
- Acts or threats of terrorism

Be alert to the behavior of the students who have experienced one or more of these events.

**Be aware of both the children who act out AND the quiet children who don’t appear to have behavioral problems.**

These students often “fly beneath the radar” and do not get help. They may have symptoms of avoidance and depression that are just as serious as those of the acting out student. Try your best to take the child’s traumatic experiences into consideration when dealing with acting out behaviors.



## What you might observe in Elementary School students:

- Anxiety, fear, and worry about safety of self and others (more clingy with teacher or parent)
- Worry about recurrence of violence
- Increased distress (unusually whiny, irritable, moody)
- Changes in behavior:
  - Increase in activity level
  - Decreased attention and/or concentration
  - Withdrawal from others or activities
  - Angry outbursts and/or aggression
  - Absenteeism
- Distrust of others, affecting how children interact with both adults and peers
- A change in ability to interpret and respond appropriately to social cues
- Increased somatic complaints (e.g., headaches, stomachaches, overreaction to minor bumps and bruises)
- Changes in school performance
- Recreating the event (e.g., repeatedly talking about, “playing” out, or drawing the event)
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Statements and questions about death and dying
- Difficulty with authority, redirection, or criticism
- Re-experiencing the trauma (e.g., nightmares or disturbing memories during the day)
- Hyperarousal (e.g., sleep disturbance, tendency to be easily startled)
- Avoidance behaviors (e.g., resisting going to places that remind them of the event)
- Emotional numbing (e.g., seeming to have no feeling about the event)

Some children, if given support, will recover within a few weeks or months from the fear and anxiety caused by a traumatic experience. However, some children need more help over a longer period of time in order to heal, and may need continuing support from family, teachers, or mental health professionals. Anniversaries of the event or media reports may act as reminders to the child, causing a recurrence of symptoms, feelings, and behaviors.

Mental health counseling that has been demonstrated to be effective in helping children deal with traumatic stress reactions typically includes the following elements:

- Education about the impact of trauma
- Helping children and caregivers re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about and make sense of the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process