



STUDENTS EXPOSED TO TRAUMA

*This information is designed to help teachers respond to students who may need support. It is **not** intended to be used as a diagnostic tool or to replace the use of formal assessments employed by mental health professionals. Additionally, it is important to consider the context of the situation, individual differences, and cultural and linguistic factors.*

Teachers play an important role in establishing and maintaining healthy environments for students to learn and grow. For students who have been exposed to traumatic experiences, the first step is to ensure that classrooms feel safe. Only after students feel safe can teachers work toward building supportive relationships and academic gains.

Unfortunately, trauma exposure is common. When students require additional support, teachers play a critical role in guiding them to professionals who can be of assistance.

WHAT IS TRAUMA?

- A traumatic event is a **frightening, dangerous, or violent** event that poses bodily harm or a threat to a student's life or a loved one. Students may or may not experience a situation as traumatic. The manifestation of trauma may differ based on cultural perspectives. For example, in some cultures people express their experiences of trauma more publicly and with their community whereas in others the expression is more individualistic and private.
- Some traumatic exposures or events could be, but are not limited to:
 - » Gun violence
 - » Sexual abuse
 - » Domestic abuse
 - » Addiction
 - » Suicide/death
 - » Familial illness
 - » Car accidents
 - » Natural disasters/catastrophic events

Traumatic experiences often initiate strong emotions and physical reactions that can persist long after the event.

Notably, a student does not need to have experienced a traumatic event directly:

- A child may witness a traumatic event or see it through the media.
- A child may be told about a trauma, often with gruesome details.

Traumatic events during one's childhood can affect a student's development throughout the rest of their life.

HOW MIGHT TRAUMA BE EXPRESSED BY STUDENTS IN SCHOOL?

Left unaddressed, the negative effects of stress and trauma can disrupt a student's behavior and emotional well-being, academic success and health.

Witnesses and bystanders of traumatic events might be disruptive or inattentive in school or demonstrate unacceptable or defiant behavior. They might also demonstrate more fear-based behaviors (e.g., not wanting a door closed; being disturbed by a normal occurrence, like a bell ringing).

Students who have been exposed to trauma might also show a disruption in cognitive skills (e.g., memory, attention). This might result in decreased academic performance and school engagement. In the virtual learning environment (VLE), students who have experienced or witnessed trauma might withdraw from video or text/chat engagement, or appear to have difficulty focusing.

In both learning environments, students exposed to trauma may also exhibit truancy, repeated tardiness, decreased attention to personal hygiene and grooming, and behaviors they have not demonstrated before, such as unreasonable fears or repetitive speech and behavior patterns.

WHAT CAN TEACHERS DO?

What a teacher perceives as disengagement, misbehaving, or defiance might actually be a trauma response. Refrain from making judgments about how traumatic an experience “should” be. Although some traumatic events are common, this does not mean their effect should be underestimated.

DO	DON'T
Consider the possible role of trauma in students' lives.	Tell the student to “get over it” or assume that a trauma from the past is not still traumatic.
Make students feel physically and psychologically safe enough to share. Know that establishing a sense of safety this may be more challenging in VLEs. Structure and consistency in lesson schedules, instructions, and communications, whether in person or in the VLE, go a long way to making students feel safe.	Assume students feel safe just because you are welcoming and friendly.
Empathize and show sensitivity to students.	Treat trauma responses as discipline problems.
Validate student experiences.	Dismiss, diminish, or deny students' emotions or responses.
Recognize that each student experience is individualized. Consider each student's trauma experience and recovery journey independently, remaining mindful of the myriad variables that could affect a student's reaction, response, and recovery journey differently.	Compare trauma severity, reactions, responses, or potential impacts between individuals or historical experiences, even if the events seem very similar. The significance of traumatic events is unique to each individual.
Be aware that some topics or conversations may remind students of traumatic events and experiences (e.g., talking about COVID when students have lost a family member). Students' reactions can be more difficult to identify in VLE than in person.	Forget to check in with students one on one to gauge their responses and feelings.
Continue to monitor students' emotional “temperature” and behaviors and have patience with their process.	Assume students are fully recovered or healed just because time has passed. Traumatic reactions can persist or suddenly appear long after the original event(s) occurred.
Be mindful of any potential signs of trauma (physical or environmental) that students express during VLE engagement, including but not limited to: signs of poor sleep hygiene (e.g., dark circles under eyes, struggling to remain alert/awake), abnormal or abrupt weight changes, or inappropriate off-camera verbal cues indicative of a potentially unsafe environment.	Neglect symptomatic trauma clues that children may express in VLEs, including but not limited to: uncharacteristic paleness, lethargy or fatigue; poor concentration or edginess; frequent unscheduled breaks; or unusually flat affect.
Be sensitive to the potential lack of privacy as students navigate through VLE engagement and consider that possibility into any assessment of a student's emotional state, reactions, responses, and behaviors.	Forget that a student engaging in the VLE may be doing so in a shared space, which could significantly influence each of those variables.
Become knowledgeable about Adverse Childhood Experiences (ACEs; see link in resources).	Assume common experiences are not traumatic.
Become knowledgeable about Trauma-Sensitive Schools (see link in resources).	Rely on traditional approaches to address students exposed to trauma.

REFER STUDENTS TO FURTHER HELP IF NEEDED.

- Review your school policy for seeking student supports.
- Contact school counselors, psychologists, social workers, and other personnel.

LINKS TO RESOURCES:

- CDC-Kaiser ACE Study (cdc.gov/violenceprevention/childabuseandneglect/acestudy)
- Preventing Adverse Childhood Experiences (vetoviolence.cdc.gov/apps/aces-training)
- Trauma Sensitive Schools Training Package (safesupportivelearning.ed.gov/trauma-sensitive-schools-training-package)
- The National Child Traumatic Stress Network (nctsn.org/what-is-child-trauma/about-child-trauma)
- Strategies for Trauma-Informed Distance Learning by WestEd (bit.ly/3xAWkJJ)
- Priority for Trauma-Sensitive Remote Learning: Keep Connections Strong (bit.ly/3kj6POe)

Related Mental Health Primers

Crisis, Stress, Sadness

LOCAL RESOURCES:
