

There are students in your school who have experienced trauma.

Consider Joy. Her teacher brought the sixth grader to the school nurse because she was complaining of a stomachache. The teacher was concerned about Joy’s complaint and explained to the nurse that, while Joy had always been an enthusiastic and hardworking student, recently she had not been paying attention or completing her work. In the nurse’s office, Joy was quiet and withdrawn, but eventually admitted that she had witnessed a girl being beaten by another student the previous day. She was sad, frightened, and afraid for her safety.

Another example is Trent. He is constantly getting into fights at school and appears to have significant problems understanding and completing his work. Trent was removed from his home in third grade and placed with his paternal grandmother. When contacted by the teacher about his problems in school, his grandmother explains that prior to coming to live with her, Trent lived in a community riddled with gang violence. His father was part of a gang and Trent used to see gun battles among gang members in his neighborhood. The grandmother also admits that Trent’s father was very aggressive and may have physically abused Trent when he was younger.

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.

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.

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

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 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 Middle School students:

- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence or consequences of violence
- Changes in behavior:
 - Decreased attention and/or concentration
 - Increase in activity level
 - Change in academic performance
 - Irritability with friends, teachers, events
 - Angry outbursts and/or aggression
 - Withdrawal from others or activities
 - Absenteeism
- Increased somatic complaints (e.g., headaches, stomachaches, chest pains)
- Discomfort with feelings (such as troubling thoughts of revenge)
- Repeated discussion of event and focus on specific details of what happened
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- 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

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.