



Understanding Refugee Trauma: For School Personnel

Trauma can affect a refugee child on an individual, classroom, school, and family level. However, just because a student is a refugee, it does not mean he or she has experienced trauma and/or will exhibit symptoms related to trauma. Many refugee children adjust very well to new school settings and often quickly pick up language and cultural norms in the school setting.

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School Considerations

Many refugee youth have experienced limited or no previous schooling or very different styles of schooling. Schools can be welcoming to refugee children and families by following the recommendations below.

What kind of educational experiences might refugee youth have had?

- Significant disruptions in schooling due to war, displacement, or resettlement.
- Exposure to behavioral discipline not common in the US, such as corporal punishment.
- Limited access to school supplies and other resources.

What can schools do to be welcoming to refugee children and their families?

- Educate staff and students about being sensitive to cultural differences; invite a refugee parent or community member to inform staff about the culture and experiences of the refugee groups entering the school system.
- Provide interpreters and/or cultural brokers in the school setting (for more information on cultural brokers [click here](#)).
- Avoid using refugee children as cultural brokers or as interpreters for their caregivers. Invite refugee parents or caregivers to school-related functions; ask cultural brokers to attend to help families feel more comfortable and communicate more easily.
- Translate documents whenever possible, but remember that some refugee caregivers may not read or may speak languages that are not usually written.
- Connect with refugee resettlement agencies to share information and resources.

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Classroom Considerations

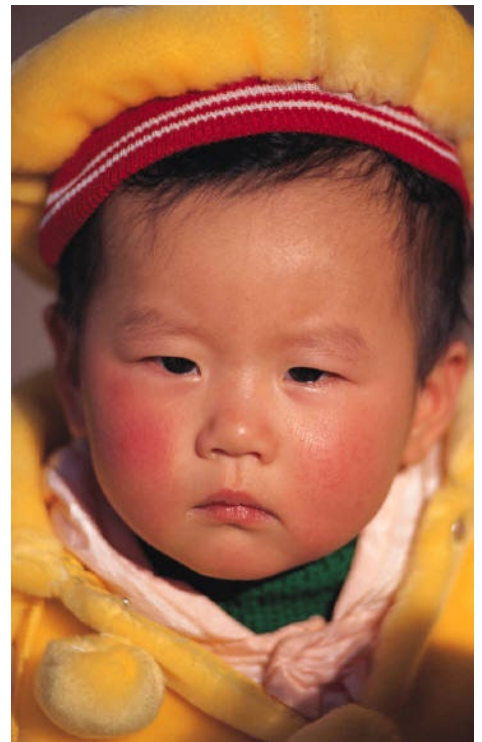
When entering school in the US, refugee youth may face a number of challenges in their new classrooms including adjusting to a new culture, language, expectations, and rules. Teachers and school staff can support refugee youth through the transition by following recommendations below.

What experiences might refugee youth face in school in the US?

- Triggers related to past trauma which may interfere with learning.
- A classroom based on age that may not correspond with their skill or experience level.
- “First” experiences, such as riding a school bus, sitting at a desk or table, using pencils and other school supplies, and eating new foods at lunch.
- Discrimination, teasing, or bullying by other children at school based on appearance, culture, religion, beliefs, or language.

What steps can school administrators and/or teachers take to support refugee youth?

- Ensure that academic expectations match academic ability.
- Understand that students might struggle with some tasks. Provide support to the students, and let them know that these struggles are expected and normal.
- Let the child know what to expect—predictability is especially good for trauma-affected youth.
- Learn about the models and services some schools have adopted to better support their refugee students and students affected by trauma (for more resources [click here](#)).
- Be sensitive when bringing up information in class that could be a trauma reminder for a child, e.g., discussing a child’s country of origin in a geography class or discussing war in a history class.
- Consult with the school mental health professional regarding concerning behavior; describe any patterns that you have noticed in the youth.
- Review the [Child Trauma Toolkit for Educators](#): not refugee specific but was developed to provide school administrators, teachers, staff, and concerned parents with basic information about working with traumatized children in the school system.



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Individual Considerations

It can be challenging to identify trauma-related symptoms in refugee children at school. Children who exhibit disruptive behaviors as a response to a trauma reminder may appear to be “oppositional” or “unmotivated.” Traumatic stress symptoms can impact attention and learning in the classroom. Some refugee children may also experience cognitive, language-based, or medical difficulties that interfere with learning. Cultural and linguistic barriers may interfere with staff’s ability to recognize trauma related symptoms and/or distinguish these symptoms from other challenges such as cognitive or language delays or normal adjustment to a new language and culture.

What symptoms or behaviors might refugee children exhibit at school that could be indicative of trauma?

- Common trauma responses that can occur in the school setting (see [general trauma responses](#)).
- Psychological and behavioral impact of trauma by developmental level (see [general trauma responses](#)).

What are some examples of trauma-related behaviors in the classroom that may be specific to refugee children?

- A child with a history of food insecurity in a refugee camp pushing to the front of the lunch line at his/her new school, unaware that this is culturally unacceptable in the US.
- A youth reacting fearfully to a loud noise, such as an airplane passing overhead or the noise of running shoes in a gym, reminding him/her of past trauma.
- A youth running out of school when a teacher’s stern tone reminds him/her of the corporal punishment s/he experienced in school in the past.

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Family Considerations

Refugee parents and caregivers may be unfamiliar with the US school system, especially its rules and expectations, and may have difficulty communicating with school personnel due to language and cultural differences. Teachers and school staff can make this process easier by interacting with refugee families in sensitive and respectful ways as described below.

What might be challenging about the US school experience for refugee families?

- The differences between the school cultures of the US and the country of origin. For example, in some countries, it is considered respectful to the teacher/school for caregivers to be uninvolved in their child’s school day and behavior in the classroom. As a result, they may be unfamiliar with the level of involvement often expected of parents and caregivers in US school systems.
- Caregivers may experience challenges helping children with homework or other school-related activities due to their lack of education or school experience.
- Parents and school may have different expectations of the amount or type of homework required of students.
- Parents may be hesitant or unable to attend school functions due to challenges related to language, transportation, unfamiliarity with the school, or fears of discrimination.
- Parents and children may acculturate at different rates, leading to communication barriers that might impede parental capacity to support the child’s education.



If concerns arise, how can teachers and school staff talk in a sensitive and respectful way with refugee parents and caregivers about their children?

- Consider the best format for having conversations about a child's behavior with the caregiver/family. In-person contact provides more opportunity for school staff to connect with the family. Using an interpreter or cultural broker is often helpful (for more on using interpreters and cultural brokers click here). Discussing behavior over the phone can be confusing and make it difficult to gauge how caregivers feel about the information you are sharing about their child.
- Help refugee parents and families understand the connection between their child's academic performance and his/her social/emotional well-being. Caregivers may be more open to getting help for their child's behaviors if they understand how the behaviors impact the child's ability to focus and absorb new information in class.
- Ask about the refugee child's behaviors at home: "Do you see the behaviors we've noticed at school happening at home as well? For how long have you seen these behaviors? What helps with these behaviors at home?" Share only behaviors that you have observed, and avoid labeling or diagnosing. For example, say, "I have seen your child crying in class" instead of "your child seems depressed."
- Keep in mind that, in many parts of the world, mental health terms (i.e., depression, anxiety) do not mean the same thing as they mean in the US.
- Offer referrals to the caregiver/family for community-based resources that could benefit the whole family and not just the child.