

UNDERSTANDING TRAUMA Key Takeaways

In the mid-1990s, Kaiser Permanente and the Centers for Disease Control and Prevention launched what would become a landmark study establishing that trauma in childhood is a clear predictor of negative health outcomes over a lifetime. In 2015, according to government standards describing poverty, 51 percent of students in public schools lived in a poverty household. Poverty impacts the lives of students by creating emotional and social challenges, acute and chronic stressors, cognitive lags, and health and safety issues. The National Survey of Children's Health found that nearly 35 million children in the United States have been affected by at least one or more types of serious childhood trauma.

Building resilience in children impacted by trauma requires whole school support and transformation. School-wide paid professional development opportunities, collaboration and team building are essential in creating a trauma-sensitive school. Below are some key takeaways to keep in mind when seeking to understand trauma:

- Strong, frequent or prolonged exposure to trauma may result in a "toxic stress response" which can change the structure and function of the brain. When we encounter adversity, our brain prepares us to fight, flee, or freeze, ramping up our heart rate, blood pressure, and stress hormones such as cortisol. If a young child experiences sustained adversity, their bodies can get trapped in this panicked state. Excessive amounts of cortisol can also eat away at the hippocampus of the brain, which regulates memory and learning and also drives executive functioning—the skills needed to focus, make decisions, follow directions, solve problems, and multitask.
- Trauma affects students of all backgrounds, but is highly correlated with poverty and race. While any child may suffer trauma after a natural disaster, illness, or accident, children growing up in poverty are more likely to suffer trauma as a direct result of their circumstances. These children are more likely to experience homelessness or hunger, an unstable home life, an incarcerated family member or even pain due to an unresolved medical or dental issue.

The largest demographic study of ACEs across the U.S. population to date was published in JAMA Pediatrics in 2018. The study found that, while ACEs were universal across the adult population, black, Hispanic and multiracial adults; people who identify as gay, lesbian, or bisexual; and those with lower high school attainment (less than a high school diploma), were significantly more likely to have ACEs than their white, cisgender counterparts.³

• The impact of trauma can be overcome by trauma-informed approaches that build resiliency. Neuroscientists have observed the human brain's remarkable ability to rewire itself to heal earlier damage, a characteristic called neuroplasticity. Trauma-sensitive approaches in schools can make a profound positive difference in students' lives. Strong attachments with caring adults can be established at any age and are directly related to resiliency and the ability to cope with trauma.⁴



- School districts that are inclusive of all school employees reinforce a collaborative share in the vision of supporting students impacted by trauma. Around the country, many school employees use their own resources, time and personal funds to support students dealing with trauma. They are often the silent partner in this whole school movement. Being inclusive of all school employees ensures shared accountability, vision and support.
- Addressing the issue of childhood trauma in public school requires whole school
 transformation. To successfully support students suffering from trauma, all school employees
 should be included in paid professional development that reinforces their knowledge and skills
 around childhood trauma and provide opportunities to learn effective ways to strengthen
 resilience. It is impossible to have whole school transformation when only half of the workforce
 receive paid professional development.
- Students dealing with ongoing trauma often rely on the many facets of their school community to supply what they are not receiving after school hours. All school employees play a vital role in offering support and resources. As such, all employees should be included when developing communication and action plans, support models and other trauma-sensitive supports and resources. The support of a student impacted by trauma does not stop inside of a classroom. Support continues in the cafeteria, on the playground, in the hallways, in the school office and even on the school bus.
- School communities that engage in shared leadership, vision and accountability in supporting students suffering from childhood trauma have a higher percentage of success. For school employees to support student's emotional and academic needs on a continuous basis, self-care is an essential professional need. This necessitates creating a school environment where all employees feel supported and safe.

References Cited

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., ...Marks, J. (1998). The relationship of adult health status to childhood abuse and household dysfunction: The Adverse Childhood Experiences (ACE) study. American Journal of Preventative Medicine, 14(4), 245-258.

Jensen, Eric (2016). Poor Students, Rich Teaching: Mindsets for Change. Bloomington: IN: Solution Tree Press.

Merrick, M., Dord, D., Ports, K., & Guinn, A. (2018). Prevalence of Adverse Childhood Experiences from the 2011-14 Behavioral Risk Factor Surveillance System in 23 states. JAMA Pediatrics, 172(11), 1038-1044.

Van der Kolk, B. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. New York: Penguin.