

Trauma in School Students: Role of Educators

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Introduction

Educational Trauma was defined as "the inadvertent perpetration and perpetuation of victimization of producers and consumers of the educational system," Examples of Educational Trauma that will be explored include standardized testing, value added modeling for teacher evaluation, bullying, the diagnosis of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) the use of prescription medicines to control student behavior in classrooms, and finally culminating with the school-to-prison pipeline.

The spectrum of Educational Trauma begins with anxiety and pressure associated with standardized curricula and testing. The spectrum of Educational Trauma continues with the problem of using student test scores to judge teacher performance. This practice is called Value Added Modeling. Stifling the joy of learning is a form of Educational Trauma, and leads to symptoms of depression, anxiety, worthlessness, low self-esteem, insomnia, worry, weight gain/loss, and substance abuse and/or addiction.

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Review of Literature

When trauma is experienced at an early age, is prolonged, and at the hands of a caregiver this can disrupt psychological, neurobiological, relational and cognitive development (Price, Higa-McMillan, Kim, & Frueh, 2013). Poly-traumatization, which is defined as, experiencing more than one type of trauma, is one factor in the complexity of trauma (Alvarez, Masramon, Pena, Pont, Gourdiér, Roura-Poch, & Arrufat, 2015). Because of the many layers of different traumatic events, when multiple types of trauma are experienced, the effects are also layered and can become even more complex (Alvarez, Masramon, Pena, Pont, Gourdiér, Roura-Poch, & Arrufat, 2015). Children, who witness domestic violence on top of experiencing abuse first hand, show

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to be less attached to parents in adolescence, than children who only witness the violence (Sousa, Herrenkohl, Moylan, Tajima, Klika, Herrenkohl, & Russo, 2011).

Children, who are victims of sexual abuse and also have witnessed domestic violence, are the most common candidates to be diagnosed with PTSD (Sousa, Herrenkohl, Moylan, Tajima, Klika, Herrenkohl, & Russo, 2011). Children who experienced more than 4 adverse childhood experiences were 2.4 times more likely to suffer from anxiety, 2.5 times more likely to have panic reactions and 3.6 times more likely to have a depressed affect when compared to those who have not experienced an adverse childhood experience (Anda et al., 2005). When the types of trauma that are experienced, are layered and compounded with one another, it increases the risk for adverse effects (Turner, Finkelhor, & Ormrod, 2006). The source of the trauma also plays a large role in the effects of the trauma. When the source of the trauma is from a caregiver, the attachment relationship is compromised, leading to issues later with relationships and bond forming (Turner, Finkelhor, & Ormrod, 2006). This is significant to childhood development, as 80% of maltreated children, will develop insecure attachment patterns (Delima & Vimpani, 2011).

Effects of Trauma in School Students

Trauma is thought as the result of a frightening and upsetting event. But many children experience trauma through ongoing exposure, throughout their early development, to abuse, neglect, homelessness, domestic violence or violence in their communities. And it's clear that chronic trauma can cause serious problems with learning and behavior and effect student's performance at school.

Role of Educators

Trauma is particularly challenging for educators to address because students often don't express the distress they're feeling in a way that's easily recognizable — and they may mask their pain with behavior that's aggressive or off-putting. Identifying the symptoms of trauma in the children can help educators understand these confusing behaviors. And it can help avoid misdiagnosis, as these symptoms can mimic other problems, including ADHD and other behavior disorders.

In brief, the obstacles to learning experienced by these children include:

- Trouble forming relationships with teachers
- Poor self-regulation
- Negative thinking
- Hypervigilance
- Executive function challenges

Trauma and trouble forming bonds

Children who have been neglected or abused, often have problems forming relationships with teachers, a necessary first step in a successful classroom experience. They have learned to be wary of adults, even those who appear to be reliable, since they have been ignored or betrayed by those they have depended on. The students don't have the context to ask for help, one of the challenges in giving that support is that when students misbehave, schools often use disciplinary systems that involve withdrawing attention and support, rather than addressing their problems. Schools have very little patience for students who provoke and push away adults who try to help them.

Instead of suspending children, schools need to work with them on changing their behavior. When a student is acting up in class, teachers need to recognize the powerful feelings being expressed by the students. Rather than jumping right into the behavior plan – deducting points or withdrawing privileges or suspending —the importance of acknowledging the emotion and trying to identify it. For example: “I can see that you are REALLY angry that Ram took the marker you wanted.”

Acknowledging and naming an emotion helps children move towards expressing it in a more appropriate way. Communicating that you “get” him is the necessary first step to helping a child learn to express himself in ways that don't alienate and drive away people who can help him.

Poor self-regulation

Traumatized children often have trouble managing strong emotions. As babies and toddlers, children learn to calm and soothe themselves by being calmed and soothed by the adults in their lives. If they haven't had that experience, because of neglect, “that lack of a soothing, secure attachment system contributes to their chronic dysregulation.”

In the classroom, teachers need to support and coach these children in ways to calm themselves and manage their emotions. “We need to be partners in managing their behavior,” Co-regulation comes before self-regulation. We need to help them get the control they need to change the channel when they’re upset. They need coaching and practice at de-escalating when they feel overwhelmed.

Negative thinking

Another challenge to traumatized students is that they develop the belief that they’re bad, and what’s happened to them is their fault. This leads to the expectation that people are not going to like them or treat them well. For example “I’m a bad kid. Why would I do well in school? Bad students don’t do well in school.”

Traumatized students also tend to develop a “hostile attribution bias” — the idea that everyone is out to get them. “So if a teacher says, ‘Sit down in your seat,’ they hear it as, ‘SIT DOWN IN YOUR SEAT!’. “They hear it as exaggerated and angry and unfair. So they’ll act out really quickly with irritability.”

As it is said: “They see negative where we see neutral.” To counter this negative thinking, these students a narrative about themselves that helps them understand that they are not “bad students.” And learning to recognize their negative patterns of thought, like black and white thinking, is a step towards being able to change those patterns.

It should be noted that children from abusive homes are sometimes unable to participate in classroom activities because they are paralyzed by fear of making a mistake, and that can make them appear to be oppositional. “A mistake that might seem trivial to us becomes magnified, if their experience has been that minor mistakes incurred adult anger or punishment.” They need not only support to have incremental successes they can build on in the classroom, but help to see that in this setting, making a mistake is considered a necessary part of learning.

Hypervigilance

One of the classic symptoms of trauma is hyper-vigilance, which means being overly alert to danger. It is a physiological hyper-arousal, these students are jumpy, they have an exaggerated startle response. They can have some big, out-of-control seeming behaviors, because their fight

or flight response has gone off. This can look like hyperactivity, leading students who have been traumatized to be misdiagnosed with ADHD. Being chronically agitated can lead to difficulty with sleeping and chronic irritability.

Management

Teachers can be coached on how to help students to settle down when something in the classroom triggers an emotional outburst. When a child is escalating, the key, is to “match their affect, but in a controlled way.”

The goal is to connect to their big feeling. “If you can connect with what they’re trying to tell you, they may settle. It can work even if you just make a guess — you don’t have to be right, they can correct you.”

Conclusion

Traumatic experiences can be manifested in many ways, some of them have been discussed above and others include examination fear in which a student fears of appearing and facing the exam as he might fail. In this condition it is a responsibility of educators to identify such students and work on their fears. Educators can bring slight modification in their approach while dealing with such students, for example they can be taught the importance and significance of their life, their goals and aims in life and step by step they should be taught to achieve their goals and overcome their fear of failing.

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