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Children of Trauma: What Educators Need to Know

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Let me introduce you to some students.

Caroline is quiet and withdrawn. She does not make friends easily. She does not volunteer to participate in class, and she shows little motivation to achieve good grades despite obvious intelligence. Her emotions seem to have little variation, no real highs or lows, as if she is incapable of understanding or experiencing more than a few basic, superficial emotions. Nor does she seem to appreciate or understand emotions in others. She often seems frozen, and she does not like to try new things.

Ben is popular. Everyone is his friend; even teachers and administrators like him, although his grades are atrocious. He always promises to do better. On any given day, he may demonstrate understanding of a lesson, only to have that understanding completely evaporate by the next day. He frequently daydreams or stares out the classroom window when he should be working on an assignment or listening to the teacher. His teachers are convinced that if he would just focus on school and try harder, he would be successful in school.

Darryl had trouble staying in his seat in the earlier grades; now he is often fidgety. He is easily distracted, particularly by activity or conversation around him. His work is erratic and he frequently argues with teachers. Some days he seems interested and his work is satisfactory, but like Ben,

EDITOR'S NOTE: Many adopted children experience trauma in various forms prior to their adoptions, and adoptive parents, foster parents, and other caregivers might need additional support and guidance when advocating for their children's educational needs with teachers and school administrators. This article was written as a resource for parents to share with educators, to help them better understand, connect with, and assist children that have been victims of trauma.



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on other days he appears to be somewhere else. His teachers wish he would be more consistent; it's obvious from his good days that he can do the work.

Evan can be highly reactive and frequently gets into fights or arguments with other students. On many days, it takes very little to set him off – while on other days, he remains emotionally regulated and in control. Teachers are sure he is headed for serious trouble if he cannot learn to control himself.

Teachers will recognize some of these students from their own classrooms and admit to finding themselves frustrated by their inability to reach these students. Many such students will move on and display similar behaviors in other classrooms, or drop out of school in spite of Herculean efforts by dedicated teachers. It is possible to better understand the behaviors of these students and to help them acquire the emotional regulation and behavioral management skills they lack. Teachers may never know the backstories for students like Ben, Caroline, Darryl, and Evan, but they have a sense that something is driving those behaviors that seem so illogical, inconsistent and counterproductive.

A large body of recent research indicates that neglect, abuse, and other forms of early trauma can result in the maladaptive behaviors described above by adversely impacting neurological and other aspects of development. The following sections describe some of the connections between trauma and behavior, and provide practical classroom tools and strategies that will empower teachers in assisting their students to improve their own baseline relational and emotional functioning, more effectively assisting specific children in times of need.

Trauma and Adverse Childhood Experiences

Trauma is a subjective experience of extreme stress that overwhelms an individual's ability to cope (Giller, 1999), and is typically characterized by one or more of the following qualities:

- Unpredictable – from the victim's perspective
- Overwhelming – individual feels helpless, powerless, voiceless
- Threatening – event is perceived as a threat to life, limb, sanity, or integrity of the self
- Meaningless – individual is unable to assign meaning to, or understand the event

Statistics show that potentially traumatizing adverse childhood experiences occur in the lives of many children. In an extensive study on adverse childhood experiences (ACE, n.d.), adults reported the following experiences with respect to their own histories:

- 11% emotionally abused
- 30% physically abused
- 20% sexually abused
- 13% witnessed mothers being battered
- 24% exposed to family alcohol abuse
- 19% exposed to family mental illness
- 5% exposed to family drug abuse

In addition to the types of maltreatment listed above, the following are also examples of potentially traumatic childhood experiences:

- Abandonment / perception of abandonment
- Foster care or older-child adoption
- Separation(s) from the primary caregiver, which can be as “simple” as a parent who travels on business a great deal during the child’s early years
- Early medical trauma, illness, or injury
- Unavailability of the primary caregiver (physically or emotionally)

Trauma can also occur prenatally. Examples of potential prenatal trauma include the following:

- Maternal stress, illness
- Chemical affronts such as prescription drugs, illegal drugs, alcohol, environmental toxins
- Poor nutrition

Trauma is in the eyes of the beholder. Because one’s past experiences, outlook, cognitive abilities, and even culture factor into the experience, trauma is highly subjective (Giller, 1999). An event that is traumatic for a pre-verbal child (e.g., medical procedures or fasting for surgery) may not be traumatic for a school-aged child who can understand the event, assign meaning to it, and not perceive it as a rupture in a trust relationship. Rupture of trust or an attachment relationship is the reason why trauma experienced at the hands of a caregiver is more severe than trauma experienced at the hands of someone less directly connected (Giller, 1999). What we now know is that “trauma from exposure to family violence can diminish concentration, memory, and the organizational and language abilities that children need to function well in school” (Massachusetts Advocates, 2005).