Trauma is caused by an unforeseen event that causes extreme fear and possible harm to a child. It is also referred to as emotional harm and it is the relatively normal reaction that occurs in response to an extreme event. A student’s age, level of development, and availability of support will factor into how well they deal with the trauma. With psychiatric trauma, emotional and distressful memories are stored in the brain and can lead to other emotional and social problems. Trauma does not typically appear during the traumatic event, but rather once it is over. The trauma can appear within days, weeks, months, or years.

**Trauma-causing events can include but are not limited to**
- Violence (e.g. school shootings, witness/victim of abuse)
- War
- Terrorism
- Sexual abuse
- Natural disaster (e.g., fire, hurricane, earthquake, flood)
- Accidents
- Medical procedures
- Serious threats (e.g. bomb threats)

**Why is this important?**
About 50% of children are exposed to a traumatic event. As many as 67% of trauma survivors experience lasting psychosocial impairment. Trauma can affect a child’s brain and delay certain abilities, which can make it harder for the child to concentrate and study. A traumatic event can also hinder a child’s emotional maturity. The child may also experience many negative emotions in which they may feel extreme betrayal and a lack of faith in their life and the world. Trauma can have serious effects on a student’s well-being physically, emotionally, and academically. According to the American Psychiatric Association, educators can play an important role in the way they respond to trauma.

Some children will experience difficulty coping with the traumatic events and may develop Post-Traumatic Stress Disorder (PTSD), Child Traumatic Stress (CTS), depression, or overwhelming, prolonged grief.

**PTSD** is an anxiety disorder that occurs following exposure to an extreme stressor (i.e., when a person sees or is a part of a highly traumatic event). The event will usually be a life-threatening or extremely distressing situation that causes a person to feel intense fear, horror or a sense of helplessness. The risk of developing PTSD is related to the seriousness of the event, the child’s proximity to the event, whether or not the event was repeated and the child’s relationship to those affected.

**CTS** occurs when children and adolescents are exposed to traumatic events or traumatic situations. This exposure can overwhelm their ability to cope with what they have experienced. Depending on their age, children respond to traumatic stress in different ways.

**Signs & Symptoms**

**People respond in different ways to extreme trauma. Some people may:**
- Relive the event
- Avoid reminders and experience frequent flashbacks
- Have ongoing fears related to the disaster (involving loss or separation from parents)
- Have sleep disturbances or nightmares
- Look on guard, uneasy, or jumpy
- Seem disconnected or have relationship problems
- Have psychiatric problems such as depression, suicidal thoughts, dissociation (losing conscious awareness of the “here and now”), or anxiety
- Engage in aggressive and/or self-destructive behavior (i.e., alcohol or drug abuse, high-risk sexual behaviors)
- Have physical complaints (i.e., stress-related conditions, eating disorders, headaches)
- Have more absences from school/refusal to go to school
- Experience concentration difficulties or irritability
What can educators do about it?

- Early intervention is critical
- Remember that you are a role model for the student. Students will immediately pick up on how you respond to traumatic events.
- Refer the child to the school’s counselor or a medical professional.
- Alert the student’s parents.
- Answer the student’s questions. Be as honest as possible, listen intently, and use simple words. Be prepared to repeat answers and conversations. Offer plenty of class time for discussion if appropriate and avoid rumors and misconceptions. Make sure the students know that their feelings are perfectly normal.
- Implement activities aside from just open discussion (e.g. art projects) that may allow the students to express what they are feeling.
- Stick to as normal a classroom routine as possible.

Resource Links

American Academy of Child & Adolescent Psychiatry
Talking to Children about Terrorism and War - Tips on how to talk to children after a traumatic event occurs, not limited to terrorism/war.

Post-traumatic Stress Disorder (PTSD)
Defines PTSD, and gives symptoms of PTSD.

National Center for PTSD/ PTSD in Children and Adolescents
https://www ptsd va gov/professional/treat/specific/ptsd_child_tens aspx

The National Child Traumatic Stress Network
Understanding Child Traumatic Stress Brochure
Defines Child Traumatic Stress, symptoms, PTSD, responses to stress and traumatic stress recovery.
https://www nctsn org/resources/nctsn-resources-related-to-understanding-child-traumatic-stress

National Child Traumatic Stress Network Resources for School Personnel
https://www nctsn org/audiences/school-personnel

National Institute of Mental Health (NIH)
Helping Children and Adolescents Cope with Disasters and Other Traumatic Events: What Parents, Rescue Workers, and the Community Can Do

PBS America Responds
Classroom Resources
http://www.pbs.org/americaresponds/educators.html

Thirteen Online Education: Dealing With Tragedy
Tips and Resources for Teachers and Parents
Lesson plans to use in response to traumatic events.
http://www.thirteen.org/edonline/tips.html#lessonplans

Dealing With Tragedy: Tips for teachers
https://www.thirteen.org/edonline/tips.html#teachers

Adapted from Resources found on:
www.schoolmentalhealth.org
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