

A STATE CALL TO ACTION:

Working to End Child Abuse and Neglect In Massachusetts

Massachusetts Citizens for Children – A Massachusetts Kids Count Report, April 2001

CHAPTER 15: The Role of Schools in the Life of the Traumatized Child

It is no surprise that children struggling with the effects of traumatic exposure to family violence, either as witnesses or through direct abuse, often have difficulty focusing, following rules, trusting adults and peers, and completing academic tasks.[231] For some children, this difficulty can result in a failure to succeed, which can, in turn, lead to dropping out of school or engaging in disruptive behavior. For other children, the outward signs of trauma can be less disruptive to the classroom, but nevertheless devastating to a child's school experience. Such symptoms include perfectionism, depression, anxiety, and self-destructive or even suicidal behavior.[232]

The following summary from the Massachusetts Advocacy Center describes the case of Sam and exemplifies how abuse-related problems can become compounded when our systems of care respond poorly or not at all.

Sam was removed from a pre-adoptive home where he had been physically abused. Returned to foster care at the age of 12, no one in the system diagnosed his trauma symptoms. His DSS social worker took him to a mental health center, but there were no placements for a child who was suffering from so much disappointment and hurt. At school, he began fighting with other children and was expelled for hurting a teacher who tried to break up a fight.

He subsequently moved through 15 foster homes with no schooling until finally, at the age of 14, he was referred to the Massachusetts Advocacy Center for legal representation. Finally, two years after the abuse, he was diagnosed with posttraumatic stress syndrome and placed in a school for children with behavior problems. He continues to struggle to overcome his anger to this day.

Though the task is complex, schools have an enormous opportunity to assist children exposed to violence. Schools can function as a non-chaotic and non-stigmatizing "community" where children can learn how to trust adults and function appropriately.[233] The small schools movement which encourages smaller schools, smaller classrooms, mentoring, and environments where adults know each child, will be very beneficial to this group of students. However, it is critical that trauma specific approaches be developed now for all schools so that the needs of children traumatized from exposure to violent environments can be addressed.

It must be emphasized that schools cannot undertake this job alone. Community resources including mental health centers, social service agencies, community centers, and housing agencies must collaborate with school personnel at the most basic levels to support teacher efforts to foster the success of traumatized children in the non-stigmatizing environment of the public school. Through consistent support and encouragement, teachers can be regular lifelines to children who come to believe they are helpless, behave helplessly and are often punished, disregarded, or disrespected for their seeming lack of motivation. This will require a concerted system of support within schools and from outside of schools.

RECOMMENDATIONS

The following are recommendations from the *Task Force on Children Affected by Domestic Violence* coordinated by the Massachusetts Advocacy Center (MAC), and supplemented by participants at the spring, 2000 Symposia convened by MCC on "The Impact of Trauma on Children: Implications for Policy, Protection and Prevention." Comments from participants at "Helping Traumatized Children Learn," a subsequent conference sponsored by MAC and Lesley University Center for Special Education, are also included.

1. **Stop the re-traumatization of children in schools.**

Training educators to identify the symptoms of traumatized children is a crucial starting point in developing a comprehensive school-wide approach to helping traumatized children learn. At a minimum, a training curriculum should:

Help teachers understand that traumatized children may not be able to express their suffering in ways adults can understand;

Lacking the words to communicate their pain, these children may express feelings of vulnerability by "acting out," becoming aggressive, or feigning disinterest in academic success because they believe they can't succeed. Teachers must be helped to understand that the traumatic symptoms most detrimental to children's educational experiences often do not originate in willful defiance, but in their feelings of vulnerability. With this insight, school personnel are far less likely to re-traumatize children with surface-oriented punishments, such as suspension and expulsion, "dumbed-down curriculums," and demeaning comments ("You're not trying.") [235]

Emphasize the negative effects of publicly labeling specific children as "traumatized" or "abused."

This is critical to ensure that the experiences of maltreatment do not become the prominent feature of any child's identity.

Emphasize the importance of helping children feel safe;

Many traumatized children engage in disruptive behavior and/or are unable to concentrate on academic tasks because they are afraid. In order to educate these children, it is necessary to help them feel both physically and emotionally safe within the school setting. Only when they feel safe, (including safe from teasing and bullying) can they begin to learn to modulate their emotions, enabling them to focus on the important academic tasks before them. [236]

Teach children how to calm themselves and modulate their emotions;

When children bring traumatic memories with them to school, any event (a look, the color of your hair) that reminds them of their trauma can trigger behaviors that may not be appropriate in the classroom. (This is a classic symptom of Posttraumatic Stress Disorder discussed earlier.) Mental health professionals must help educators develop techniques for calming children and helping them to modulate their emotional response to the classroom environment, and, thus, their behavior in it.

Help traumatized children learn to influence what "happens" to them;

Children who come from chaotic homes often fail to learn basic notions of cause and effect.[237] Helping them learn that obeying rules can result in good consequences and can actually help them succeed can be critical for these children. Educators can play a healing role in the lives of these children by helping them make these connections.

Prepare teachers to work with parents victimized by violence.

It is critical that teacher training help teachers understand the cycle of violence and its effects on adult as well as child victims. This information may enable teachers to better partner with parents who may also be victims of violence.[238]

2. Create clinical support systems for teachers where they can develop classroom strategies for addressing the needs of traumatized children.

It must be recognized that teachers are often working with several traumatized children each day and need clinical supervisory input to develop classroom strategies based on the individual needs of their students. A further benefit of clinical input for teachers may be to assist those who themselves have suffered from abuse, neglect or trauma and who request support in handling their own responses to encountering similar children in their classrooms.

3. Reevaluate school policies on confidentiality, curricula, and discipline in light of the needs of traumatized children.

Child Abuse Reports (51As):

School policies on filing 51As, when appropriate, must be clarified to avoid stigmatizing children in the school setting or threatening the child's ability to trust adults at school. In most circumstances, parents should be informed prior to a 51A filing. After the filing, schools should work closely with parents, when appropriate, to support their parenting skills.

Protocols For Parental Interactions:

Schools must develop sensitive approaches for discussing a child's school experience and symptoms of trauma with his or her parent(s). These procedures are particularly important where the child's trauma originates in exposure to violence in the home, namely, as a witness to spousal battery.

Safety Planning:

Schools must be apprised of and, when appropriate, involved in safety planning for children and their families who require protection from batterers. *Policies on confidentiality must be clear and unequivocal.*

School-Wide Policies

Policies must be developed that respond to traumatized children's need for predictability, sensitivity, and clear expectations. A predictable daily routine can contribute greatly to a child's feeling of safety in the school setting. Schools must also create consistent individualized response systems so that each child in the school knows how adults will

respond to their behavior whether they are in homeroom or art class.

If, for example, a rule exists in a child's primary classroom that he or she can take a three-minute "breather" when frustrated, and the same rule exists in art class, the child can use the same coping strategies throughout the day. The child can thus assume greater responsibility for regulating his or her own behavior, which promotes a sense of self-control and feelings of safety.

When feeling stressed and near "losing control," the consistency of rules enables the child to handle his or her emotions more constructively by at least providing a stable, predictable environment in which they can manage their inner controls. Where the expectations of traumatized children are clearly established, they are better able to grasp the difference between life at school and life in the unpredictable and uncontrollable world in which they were traumatized. The end result is that the child has more energy and attention for important academic tasks and far greater likelihood of behavioral and academic success in mainstream classes.

4. Adapt school curricula to respond to the needs of traumatized children.

Researchers have only begun to look at trauma-specific methods for teaching core subjects like reading and writing. However, it is recognized that traumatized children can benefit from interactive teaching styles that accommodate their often-reduced capacity for attention. Moreover, recent studies of childhood trauma have found that the body "keeps score" of traumatic memories;^[239] that is, the neurobiological effects of exposure to trauma are as tangibly impactful as their emotional consequences. This research may have vast implications for educational curricula, particularly as it attests to the value of physical education and arts programs in elementary and secondary schools. Innovative curriculum development in academic areas, such as reading that incorporates these new findings must be piloted and funded at the state and local levels.

Dr. van der Kolk encourages teachers to help traumatized children feel they can affect what happens to them by developing what he refers to as "islands of competence."^[240] By encouraging these children to cultivate their strengths in non-academic areas ranging from physical education to theatre,^[241] art and music,^[242] educators may foster the development of self-confidence and a sense of mastery.

In addition, educators should incorporate instruction in conflict-resolution skills and the development of empathy into the regular education curricula. As these children begin to develop the ability to adopt another's perspective, they are more capable of anticipating others' behaviors and responding accordingly. Traumatized children thus gain a feeling of control over what happens in their environment. Moreover, conflict-resolution skills help children understand and name their emotions, and thus gain a sense of mastery over them and a greater capacity for self-control.

Since researchers are only beginning to develop "best practices" for use by school personnel in their instruction of traumatized children, funding must be made available to enable psychologists to work closely with educators to identify these practices and the most

effective school-based mental health interventions for serving this population. In their attempt to meet the needs of traumatized children, each school must respect the individuality of its particular culture and the confidentiality and safety needs of these children.

5. **Develop protocols for early identification and services before children are at risk for discipline or school failure.**

Mental health professionals must work with schools to develop tools that can assist regular teachers in identifying children who need referral for assistance or for evaluation, before their behavior problems affect their social or academic performance. These tools or protocols must be simple and not overly intrusive. For schools, the details of what caused the trauma are far less important than recognizing the symptoms of trauma in a child's behavior. Thus, as van der Kolk argues, it is more important for school personnel to consider "who is there for the child" in the school setting than to "become obsessed with the mechanics of abuse." [244]

Special education evaluations must consider the traumatic aspects of a child's disabilities and offer trauma-related services as necessary to address his or her individual needs. Yet educators must also work with community mental health providers to diagnose appropriately the symptoms of trauma. Schools must take caution not to misdiagnose traumatic symptoms as ADHD or other learning disabilities, or vice-versa. [245] Misdiagnosis can result in traumatized children struggling through special education programs that fail to meet their needs because they do not address the traumatic symptoms interfering with the learning process.

6. **Fund collaboration at the local level.**

Community-based mental health centers, trauma experts, and local child protection agencies must be given funding for the creation of networks of local services that can support schools and provide the resources they need to help each traumatized child succeed. These networks should facilitate the collaboration of those most immediately involved in the provision of services. It is important that teachers, the child's social worker, psychologist, therapist, guidance counselor, parents, and school administrators be able to collaborate directly, without fiscal or confidentiality barriers.

Schools should offer the families of traumatized children an opportunity to meet with local Family Support Teams that can assist them in identifying services they might need or want. Schools should be eager to participate on these teams when appropriate. Family Support Teams and services should not be located within schools. Families have the right to strict confidentiality and to normal interfaces with their children's school. The primary status of schools as educational settings must be safeguarded