From a young age, children are increasingly exposed to violence and trauma at high rates. By age sixteen, two-thirds of children in the US have experienced a traumatic event.[1] In a recent National Survey of Children's Exposure to Violence, 24.5% of surveyed youth (ages 10-17) had witnessed violence in the past year in the family or community, 18.4% of the youth had witnessed a community assault in the past year, and 6.1% had witnessed a bomb threat at school.[2] In addition, this survey showed that exposure to one type of violence increased the likelihood of experiencing other types of violence. Thus, as schools sustain their critical focus on education and achievement, their policies must also recognize the effect that traumatic experiences can have on students' success in the classroom. The 2017 NCTSN System Framework for Trauma-Informed Schools illustrates the value of becoming "trauma-informed" as an essential component of the overall mission of the education system. This brief highlights the key elements of the Framework, while also underscoring the public health implications of trauma exposure and the benefits of having trauma-informed schools.

What are the Consequences for School-Age Children Exposed to Trauma?

Children who are exposed to traumatic events may experience a range of reactions including grief, difficulties with attention, academic problems, nightmares, or illness. Trauma can also affect a child's brain development in a number of ways, such as activating the body's biological stress response systems, inducing chronic fight or flight reactions. Activation of these systems can result in behavioral and emotional changes as well.[3] On a larger scale, trauma and traumatic stress reactions can disrupt the educational processes related to teaching and learning, not only for the child who experiences the event, but also for peers, teachers, and staff who make up the school community.

As a result of trauma exposure, also sometimes referred to as adverse childhood experiences (or ACEs),[4] some children may develop psychiatric disorders, including posttraumatic stress disorder (PTSD), anxiety, and depression.[1] Other children with such experiences may not have symptoms that meet a clinical diagnosis, but may have serious impairments that can negatively affect their education, relationships, and health. Students exposed to such traumatic events are at increased risk for declines in attendance and grade point averages and more negative assessments in their school records than other students.[5] Some research has shown that having a higher incidence of traumatic or adverse childhood experiences is associated with a greater risk of repeating a grade and lower school engagement.[6,7] Trauma exposure may also lead to children having increased difficulties concentrating and learning at school and reckless or aggressive behavior.[8] Further, trauma can lead to increased public health risk behaviors such as smoking, substance use, and risky sexual activity.[9]

Students with a history of trauma may have difficulty controlling their emotions when exposed to reminders, and they may even be physically aggressive or disobey rules. School policies that are not trauma-informed may not address these issues and could instead require harsh or punitive responses, such as suspension or expulsion.[10] For example, although zero tolerance policies (which generally limit flexibility by requiring specific consequences to infractions without consideration of context) often have goals related to safety on school campuses, rigid enforcement of these policies could have unintended consequences, such as higher school dropout rates or greater juvenile justice involvement of students who are removed from school.[11] Research has shown that these kinds of out-of-school discipline policies disproportionately affect African American students, who are four times more likely than their Caucasian peers to be suspended, a trend that begins in preschool.[12] Additionally, Native American and Alaska Native students, who represent less than one percent of the student population nationally, represent 2% of out-of-school suspensions and 3% of expulsions.[13]

What is a Trauma-Informed School?

A trauma-informed school system (K-12) is one in which all teachers, school administrators, staff, students, families, and community members recognize and respond to the behavioral, emotional, relational, and academic impact of traumatic stress on those within the school system. Addressing the impact of trauma exposure on students and school personnel directly, resisting punitive responses, and providing practical skills and supports to manage traumatic stress reactions are essential for building a positive school climate for students and teachers. There are many ways to integrate trauma-informed approaches into school systems, including strategic planning by administrators, staff training, direct intervention with traumatized students, and building knowledge and communication in a variety of domains, all with a focus on creating and supporting environments that best enhance academic and educational achievement.

What is the NCTSN System Framework for Trauma-Informed Schools?

The NCTSN System Framework for Trauma-Informed Schools identifies and describes the essential elements of a trauma-informed school that can help support school personnel in working with children who have experienced trauma. It includes core areas of focus for educational system improvements and organizational changes. These core elements can be applied across all levels to create a trauma-informed school environment, while also helping to identify students and school personnel within the school system who are at risk or might need more intensive support to address their traumatic stress reactions. These core elements can also be useful to policymakers at the local, state, and federal levels in promoting policies that support trauma-informed schools. The Framework identifies 10 Core Areas of a trauma-informed school system:

I. **Identification and Assessment of Traumatic Stress**
School policies that support the screening and identification of students with trauma exposure as a significant prevention and intervention strategy, within a context of having a response plan in place for identified students

II. **Prevention and Intervention Related to Traumatic Stress**
Where needed, adequate supports (referral and access to trauma-informed evidence-based prevention and intervention resources) for all school stakeholders (students, families, teachers, administrators, other school personnel)

III. **Trauma Education and Awareness**
Routine professional development opportunities to help educators, administrators, and allied professionals develop a shared understanding of trauma's impact on learning and build student coping and protective skills

IV. **Partnerships with Students and Families**
Inclusion of students and family members as full partners in the creation of a trauma-informed school system and in the planning of trauma-informed practices to strengthen trust and acceptance

V. **Creation of a Trauma-Informed Learning Environment**
Education about the wellness of all students, including the modeling of healthy social-emotional skills by school personnel and the integration of trauma-informed practices across school-wide behavioral programming

VI.   **Cultural Responsiveness**
School policies that promote culturally appropriate responses to trauma and encourage staff to recognize differences in individual experiences and responses to trauma, including help-seeking behaviors following a trauma

VII.   **Emergency Management/Crisis Response**
Clear and well-communicated procedures to mitigate, prepare for, respond to, and recover from emergencies/crises

VIII.   **Staff Self-Care and Secondary Traumatic Stress**
Training and support for self-care and secondary traumatic stress activities to help staff, teachers, and school personnel respond to and recover from traumatic events

IX.   **School Discipline Policies and Practices**
School discipline policies and practices that begin with prevention and rely on these key components first; a balanced goal for disciplinary actions that combines the safety of others in the school environment and skill-building resources for students that support their reintegration into a school setting

X.   **Cross System Collaboration and Community Partnerships**
Policies and practices that encourage school personnel to collaborate to ensure trauma-informed approaches span all aspects of the school environment, including classrooms, health services, administration, school discipline and attendance, guidance, and extra-curricular programming, as well as with family and community partners

How Does the NCTSN Serve as a Resource?

Authorized by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a federally funded child mental health service initiative designed to raise the standard of care and increase access to services for traumatized children and their families across the US. The broad mission of the NCTSN includes assessment, treatment and intervention development, training, data analysis, program evaluation, policy analysis and education, systems change, and the integration of trauma-informed and evidence-based practices in all child-serving systems. The UCLA-Duke University National Center for Child Traumatic Stress (NCCTS) coordinates the work of the NCTSN, a national network of 86 funded and over 150 affiliate members, and hundreds of national and local partners.

The NCTSN has developed school-focused resources for professionals, families, policymakers, and the public, including the "Creating, Supporting, and Sustaining Trauma-Informed Schools: A Systems Framework," described above and the following:

- The *Child Trauma Toolkit for Educators* provides school administrators, teachers, staff, and parents with basic information about working with traumatized children in the school system.

- *Psychological First Aid for Schools* (PFA-S), jointly created by the NCTSN and the Department of Veterans Affairs National Center for PTSD, is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of a school crisis, disaster, or terrorism event.

- The *NCTSN Schools and Trauma Speaker Series* includes a series of webinars focused on collaborating with school personnel and mental health professionals to enhance mental health and trauma-informed services in schools.

- In support of the annual Bullying Prevention Awareness month in October, the NCTSN provides resources for families, teens, educators, clinicians, mental health professionals, and law enforcement personnel on how to recognize, address, and prevent bullying.

These and other school-focused resources are available on the NCTSN website at: https://www.nctsn.org/trauma-informed-care/creating-trauma-informed-systems/schools

For more information about child trauma and the NCTSN, visit our website (www.nctsn.org), the NCTSN Learning Center (https://learn.nctsn.org/), or contact the NCTSN Policy Program at policy@nctsn.org.

References

[1] Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry*, 64, 577-584

[2] Finkelhor, D. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the national survey of children's exposure to violence. *JAMA Pediatrics, 169*(8), 746-754.

[3] DeBellis, M. D. & Zisk, A. (2014). The biological effects of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America, 23*(2), 185-222. doi: 10.1016/j.chc.2014.01.002

[4] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 458-258.

[5] Leiter, J. & Johnsen, M. C. (1997). Child maltreatment and school performance declines: An event-history analysis. *American Educational Research Journal, 34*(3), 563-589.

[6] Bethell, C. D., Newacheck, P, Hawes, E., & Halfon, N. (2014). Adverse Childhood Experiences: Assessing the impact on health and school engagement and the mitigating role of resilience. *Health Affairs, 33*(12), 2106- 2115. doi:10.1377/hlthaff.2014.0914

[7] Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect, 35*(6), 408-413.

[8] Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents* (2nd ed.). New York, NY: Guilford Press.

[9] Briggs, E. C., Greeson, J. K. P., Lane, C. M., Fairbank, J. A., Knoverek, A. M., & Pynoos, R. S. (2012). Trauma exposure, psychosocial functioning, and treatment needs of youth in residential care: Preliminary findings from the NCTSN Core Data Set. *Journal of Child and Adolescent Trauma, 5*(1), 1–15.

[10] Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., & Saint Gilles, M. P. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015. S*chool Mental Health, 8*(1), 7-43.

[11] Curtis, A. J. (2013). Tracing the school-to-prison pipeline from zero-tolerance policies to juvenile justice dispositions. *Georgetown Law Journal, 102*(1251), 1253-58.

[12] Smolkowski, K., Girvan, E. J., McIntosh, K., Nese, R. N., & Horner, R. H. (2016). Vulnerable decision points for disproportionate office discipline referrals: Comparisons of discipline for African American and White elementary school students. *Behavioral Disorders, 41*(4), 178-195.

[13] US Department of Education Office for Civil Rights. (2014). Civil rights data collection, data snapshot: School discipline. Retrieved from https://ocrdata.ed.gov/downloads/crdc-school-discipline-snapshot.pdf