

The Many Faces of Trauma: A National Epidemic Impacting Mental Health and Academic Success

By Leighann K. Fink, G. Frederick Compton, Jr. & Helen S. Carroll

Trauma does not discriminate – it has many faces. It is the sixth-grade student who lost a sibling, the first-grade student placed into foster care, the eleventh-grade student who was sexually abused, the second-grade student who witnessed a drive-by-shooting, the ninth-grade student experiencing homelessness, the kindergartner consistently going to bed hungry, and the tenth-grade student whose mother overdosed. Students, of any age, can suffer acute trauma or complex trauma, depending on whether the traumatic event happened in isolation, or on multiple occasions. Students affected by trauma may attend school to escape the disfunction of their realities. While some students silently suffer without displaying many outward signs, others openly struggle with tasks such as completing homework assignments, concentrating in class, and relating to others. Trauma can lead to social, emotional, medical, behavioral, and neurological hurdles that negatively impact academic success, including graduation rates.

According to the U.S. Substance Abuse and Mental Health Administration, trauma is defined as a person's response to an "event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." Trauma, therefore, as well as toxic stress, are pervasive public health issues educators need to recognize and address. How then can educators assist students who have been through something so horrific that most adults cannot even fathom?

The answer, although evolving, begins with the immediate implementation of certain supports in every school district in the State of Ohio. These supports, however, may be dependent on additional funding from state and federal sources and include: (1) formal and mandatory training for educators to identify signs of trauma and/or toxic stress; (2) student access to psychologists who have expertise in the areas of trauma and/or toxic stress; (3) policy shifts from punitive discipline to Positive Behavioral Intervention & Supports (PBIS); and (4) creation of a culture where acknowledging trauma does not equate to shame for victims. Other considerations include whether it is appropriate for students who have experienced trauma to be identified with a disability under the Individuals with Disabilities Education Act ("IDEA"), since existing categories in IDEA, Part B (ages 3 to 21 years), do not include generalized "trauma" in the thirteen disability categories.

Please contact any of our listed attorneys if you wish to discuss any issue related to trauma in your district.

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