



The need for schools to be trauma-responsive

by Shawn Neely-Oparah, Ed.D.

Addressing and understanding the needs of K-12 LGBTQ/GNC students

Three years ago, Kimberly was a student in a Southern California school district, and throughout her time there, she experienced complex trauma inside and outside of her school. Like many young people living in urban environments with community violence, Kimberly's exposure to Adverse Childhood Experiences was, unfortunately, the norm. In an interview, Kimberly shared the following:

"I remember the time my brother and I were walking home from school and nearly collided with a group of armed men mid-shootout with an opposing gang. And the time two of my classmates were gunned down just outside the school gate. There was also the time I was sexually harassed and physically attacked while riding the bus. I remember being told at a different school that my bisexuality was 'wrong.'"

These ACEs resulted in Kimberly missing classes because she was experiencing high levels of anxiety that prevented her from attending class regularly. Also, it was hard to focus on her studies with the aftermath of traumatic memories. Kimberly's responses and behaviors, including academic failure and truancy, are typical as complex trauma inhibits a students' ability to focus on learn-

ing because so much energy is centered on keeping themselves emotionally and physically safe. The school eventually placed her in an alternative school. Many school districts have not prioritized ongoing professional development on trauma for their school leaders and teachers. When educators lack training on trauma, it leads to misunderstandings of student behaviors. Without proper training, school leaders and teachers do not know how to recognize trauma, respond with an empathetic approach, and do not understand the severe impact it has on children's brains and bodies. Without a trauma lens, too often, educators fall into the deficit mindset of asking, "what is wrong with you?" instead of asking, "what happened to you?"

Trauma and its impact on the brain

The Substance Abuse and Mental Health Services Administration defines trauma as a disturbing experience or profoundly distressing event, series of events, or circumstances that are experienced by an individual as physically and emotionally harmful or life-threatening. These events have lasting adverse effects on the individual's mental, physical, social, emotional, or spiritual well-

being. This is how it plays out: The traumatic event releases cortisol (often referred to as a stress-hormone) in the body. This impacts the adrenal system and places the child in a state of “amygdala hijack” – constant survival mode – a state of anxiety and readiness to be in a challenging situation that he is struggling to navigate. If the trauma is chronic, then this bio-response happens repeatedly, and over time the body’s systems become taxed and inoperative or cease to develop in a young body optimally.

Trauma affects all aspects of child development, which include relationships, learning, behavior, emotions and memory. Within many school spaces, there is a percentage of lesbian, gay, bisexual, transgender, queer, as well as gender non-conforming students (LGBTQ/GNC) battling with the emotional weight of carrying unprocessed traumatic memories. When trauma is not addressed in childhood, it has an adverse and long-term impact on the individual as well as societal implications. The landmark ACE study conducted by Dr. Vince Felitti (Kaiser Permanente) and Dr. Robert Anda (Center for Disease Control) in 1998, called attention to the serious connection between ACEs and difficulties in adulthood related to physical and mental health.

SAMHSA identifies three types of trauma:

Acute trauma: a one-time event, such as a natural disaster, a grave accident, or death in the family.

Chronic trauma: this is repeated and long-term, such as parental abuse or neglect.

Complex trauma: experiencing multiple traumas such as being in foster care, poverty, and community violence.

Unfortunately, traumatic violence against children and youth is endemic in the United States. Studies have shown that more than two-thirds of American children experience traumatic events by the time they reach the age of 16. LGBTQ/GNC youth have higher rates of exposure to trauma than their peers who are cisgender (someone whose gender identity is the same as the sex they were assigned at birth). Their trauma is coupled with adversity linked to their gender identity or sexual orientation that consists of bullying, victimization, harassment and discrimi-



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The impact of trauma (homophobia and transphobia) in the lives of LGBTQ/GNC youth

According to Chosen Family: Stories of Queer Resilience, a significant risk factor that LGBTQ/GNC youth face is the probability of becoming homeless due to rejection from their family. For example, in Los Angeles County, there are approximately 6,000 young people between the ages of 18 – 24 struggling with homelessness. In May 2017, the United States reported that nationwide, 500,000 young people are homeless, and 40 percent of them identify as LGBTQ/GNC. We are now living in a time where more and more people, especially youth, feel able to profess themselves as LGBTQ/GNC due to the increase of acceptance. However, it must not be overlooked that there are still scores of people in just about every society who are wedded to their beliefs and misconceptions about LGBTQ/GNC people. As a result, they struggle to find acceptance for others who do not conform to the heterosexual paradigm. Unfortunately, parents who struggle with the reality of their child identifying as LGBTQ/GNC often force them out of the house, leading many of them into homelessness.

In the larger society, hate-based violence is nothing new. However, the cur-

rent social climate is filled with a constant barrage of rhetoric and actions against those who identify as LGBTQ/GNC. As a result, it has created an atmosphere for homophobic and transphobic people to commit deleterious acts. Not only has this rhetoric impacted larger society but also students in K-12 schools. When this violence bleeds into schools, it becomes challenging for LGBTQ/GNC students to feel safe and focus on their academics. The focus now becomes ensuring one’s safety while focusing attention on preventing emotional chaos.

A large percentage of LGBTQ/GNC students do not feel safe in their school because the adults in the building have not addressed their safety needs. For example, in 2015, the Gay, Lesbian & Straight Education Network conducted an online survey with 1,367 middle and high school students ages 13-18. The study captured their experiences with biased language, bullying and harassment. According to that survey, LGBTQ/GNC students experience high levels of discrimination and victimization in school:

- Approximately 57 percent felt unsafe at school because of their sexual orientation, and 43 percent felt unsafe because of their gender expression.
- More than half of LGBTQ/GNC students (56 percent) reported hearing homophobic remarks about gender expression from teachers or other school staff.

• Transgender students reported higher levels of harassment, assault and discrimination than all other students, and the majority (75 percent) felt unsafe in school because of their gender expression.

The need for a trauma-informed lens in schools

Kimberly's story, along with other stories of LGBTQ/GNC students, are essential to know and understand. Far too many face traumatic experiences that include rejection, discrimination, violence and bullying, which for some, are daily circumstances. It must be acknowledged that schools are a microcosm of the larger society. It is often in school environments where LGBTQ/GNC students experience the most harm. Within the walls of learning, students bring their conditioning and learning from home and their communities into the classroom. Their conditioning and learning outside of school merge with their in-school learning. If any of their learning is impregnated with -isms from home, they begin to replicate the adult behaviors and language. As a result, they

engage in taunting other students whom they deem as pariahs. School becomes a place of anguish, especially for LGBTQ/GNC students who walk through hallways filled with hailstorms of hateful words.

According to a 2016 study conducted by the Centers for Disease Control and Prevention that involved surveying 15,600 students, LGBTQ/GNC students are two to three times more likely to be bullied in school than their cisgender peers. The impact of bullying is crucial to highlight because the experience can leave permanent emotional scars will carry into their adult years. The effect of pervasive bullying leads to high rates of absenteeism and suicide. Nationwide, suicide is higher (43 percent) among LGBTQ/GNC students than it is for cisgender peers (15 percent), and 30 percent of all completed suicides have been related to sexual orientation. Another study noted that LGBTQ/GNC students also indulge in excessive levels of risky behavior and substance abuse, more so than their cisgender peers who experienced bullying.

What educators can and must do – gender diversity and LGBTQ/GNC inclusion

As schools are in the genesis stage of providing their teachers with trauma-informed training, they need to be very explicit about delivering training on how to talk to and support LGBTQ/GNC students. Teachers need to have the language to understand what is undergirding a student's behavior but also to shift their lens and biases they may have toward them. The training must emphasize the vulnerability of LGBTQ/GNC students and the importance for them to be and feel connected to a trusting, safe adult on campus. The consistent presence of a caring, buffering adult helps students have an adequate stress response and alleviates the impact of stressors. Our brains are wired for connection, and healing can happen for LGBTQ/GNC students through healthy, safe and supportive relationships. Relationships are the essential key that can provide students with healthy coping skills, build their resilience, and make them feel

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like they matter. Schools have the potential to be a haven that LGBTQ/GNC students need. However, schools cannot become that until a trauma-responsive approach is adopted.

SAMHSA emphasizes implementing four key elements, which include:

1) realizing the prevalence of trauma in the lives of the children and youth being served;

2) recognizing the impact of trauma on youth, staff, and communities;

3) responding in ways that are informed by an understanding of trauma and what is needed to support recovery and resilience;

4) resisting engaging in practices that are re-traumatizing for youth.

Schools must realize that changes to their policies and practices are needed and that providing ongoing professional development on trauma is necessary. The schools must recognize that they need to limit practices that may trigger or re-traumatize students and resist relying on methods that cause harm to them. Also, remember the need to regard trauma in behavior plans and assessment protocols. Schools must respond to students in such a way that it creates physical and emotional safety in teacher-student relationships and the school environment. Some examples include a calm down zone in every classroom in elementary schools and a calm down or chill out room for secondary schools. Also, just as important is recognizing and understanding secondary trauma that may impact teachers. Schools need to create a supportive and resilient culture for teachers so they will have healthy practices and coping strategies in day-to-day work with students.

The Australian Childhood Foundation offers a strategy called SPACE (Staged, Predictable, Adaptive, Connected, and Enabled). These are five key elements that help schools create effective opportunities to be trauma-responsive as they relate to the needs of children exposed to trauma.

Stage: Teachers should be provided with a knowledge base of brain development and how it matures in children and youth. Any trauma training must inform teachers about how the brain matures and which sections of the brain are heavily impacted by trauma.

For example, the prefrontal cortex is the last region to develop. This is the area responsible for planning, prioritizing, judgment, controlling impulses and executive functioning.

Predictable: All teachers have clear routines and practices in place to help their students be more flexible and tolerate small degrees of change. This emphasizes the importance of adults to have explicit routines, norms, and practices in place.

Adaptive: Traumatized young people need strategies that promote adaptability, can maintain multiple meanings for behaviors, and remain open to numerous options for intervention. This focuses on creating a safe area and providing a reliable person the student can access if a situation is stressful or threatening.

Connected: Social exchanges are sources of stress, which maintain a need for trauma-based behavioral routines. These strategies emphasize safe and consistent relationships with adults and peers. Students should experience safe and consistent relationships and incorporate regular relaxation activities into class time. In addition, it is also important for adults to be aware of and manage their triggers when interacting with students. Composure is essential.

Enabled: Students need strategies that help them make connections between their past and present, behavior and thoughts, and actions. These strategies work best when applied in conjunction with connected experiences with adults and peers. Educators need to integrate emotional literacy activities into the curriculum to support students to recognize, name, manage feelings, and learn to respond to others' expressions of feelings.

Relationships are the glue component of school triumph for students. If a school decides to become trauma-responsive, it must take measures to ensure there are structures in place that set up teachers and students for success. Teachers must understand that students, especially LGBTQ/GNC ones, want to be in a safe learning environment where they feel seen, heard and cared for holistically. Most importantly, they want to be in a space where they can be their authentic selves. When teachers take time to

invest in developing positive relationships with their students, it becomes a primary predictor of academic success. It also helps to decrease students from engaging in risky behavior that will undermine their education. For any school that chooses this route, it requires teamwork, a great deal of tenacity, and resilience to create and sustain a trauma-informed learning environment.

Resources

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