

# BACKGROUND ON TRAUMA

## What is trauma? What is toxic stress?

Trauma does not have a clear-cut definition. What is traumatic for one person might not be traumatic for another person. Trauma can be understood as a combination of the things that happen to individuals and how they experience them.



The Substance Abuse and Mental Health Services Administration (SAMHSA) describes trauma as “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.” More simply said, trauma happens when a person experiences a threat to their safety that overwhelms their ability to cope (van der Kolk, 2000).



Like trauma, toxic stress occurs when individuals’ coping mechanisms are overwhelmed. Students might experience a toxic stress response after facing intense or long-lasting activation of their stress response system in the absence of a protective support.

Not all stress is bad. In fact, a positive stress response can be typical of, and even important to, students’ healthy development. For some students, the challenge of learning to read or ride a bike can cause a positive stress response. A little bit of stress can help students learn and become better at bouncing back in the face of adversity. Too much stress for too long, though, can make it hard for students to learn or to regulate their emotions and behaviors.

Center on the Developing Child at Harvard University. Toxic Stress. (n.d.) Retrieved from <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

This ability to bounce back – or “bounce forward” – from stress and overcome hardship is resilience. Building resilience will help students cope with life’s stressors and challenges as they grow older.

## Individual, school-based, community, and historical trauma

Interpersonal trauma or trauma at the individual-level is often the only type of trauma considered to impact an individual. Experiences of loss, abuse, neglect, and violence frequently come to mind first when people think about trauma. Yet, there are many different experiences and circumstances that can be traumatic for an individual.

While interpersonal trauma is often viewed as more correlated and tangible, lying underneath are adverse environments in the school and community and the legacy of historical trauma. These environments are often overlooked or not understood.

**Reflective questions:**  
·What events or circumstances might the students in your school or program be experiencing?  
·How have your students demonstrated resilience?



Students with disabilities, including English learners with disabilities, may be affected by trauma happening at many levels, including individual, school- or program-based, community, and historical levels. Students with disabilities may have faced isolation, restraint, seclusion, and bullying in their school environments. English learners with disabilities may have confronted trauma and stress from new cultures and environments, including: acculturation stress as they adjust to a new culture and navigate between their new culture and their culture of origin; resettlement stress as they start life in a new country; and isolation stress if they are minorities in their new community and country.

Many students have been surrounded by trauma at a community level through experiences such as poverty, community violence, racism, sexism, and homophobia. These forms of community trauma are also rooted in historical traumas – those traumas which may have started or taken place far in the past that continue to have far reaching impacts on the present.

These community and historical traumas are rooted in systemic oppression, which has created ongoing stress in communities through the disempowerment, disinvestment, and discrimination they experience.

Individual/  
Interpersonal

School/  
Program-  
Based

Community

Historical

Social devaluation is one construct in the school environment that can be traumatic for students with disabilities. The concept of social devaluation refers to being seen as less than others, not as important as, less valuable, not a full citizen, or maybe not a citizen at all; having your identity reduced to that of an impairment.



Manifestations of the social devaluation of students with disabilities include the following:

**1. Students are narrowly defined by their disability.** This may mean a student experiences rejection, is cast into negative roles, or is stigmatized as a burden. A student may be viewed as an object of pity, a lifelong child, a dependent client, or a detriment to others (e.g., getting in the way of other students' learning).

**2. Students experience physical and social separation.** Students may be placed in separate classrooms, schools, or activities with others who have the same or similar disabilities and excluded from “inclusive spaces”. This can otherize the students, casting them as unfit for “regular” or “normal” educational spaces. School discipline practices such as seclusion may reinforce this othering.

**3. Students are subjected to low expectations.** A student may be seen as incapable and categorized as unable to learn or work. This is harmful because it suggests to students that they are not good enough to achieve their goals.

**4. Students experience bullying and violence.** Students with disabilities may be targeted by their peers inside and outside of the classroom. They may also be mocked for their behaviors or appearances by school staff behind closed doors. School discipline practices such as restraint can subject students to emotional trauma, physical harm, and even death.

**Students who are English learners may face an additional layer of stigmatization.** They may be narrowly defined as English learners, rejected, and pitied. They may be otherized by peers and adults for their cultural backgrounds and bullied for language barriers. They may only be given the opportunity to engage in separate learning and activity spaces, and may be held to low expectations in their classes. Their home languages may be devalued instead of their bilingual language practices being upheld as strengths.

This video, “Walking With Joaquin,” highlights the social devaluation of a person with autism.

**Reflective questions:**

- What has social devaluation looked like in your school or program?
- What other trauma have you seen in your school or program?

At the community level, COVID-19 offers a clear example of a collective or community trauma. COVID-19 has magnified inequities that have existed in communities nationwide for generations. Disparities in the social service infrastructure, including health care, education, and childcare systems, have come to light as the intersecting systems of racism and poverty amplify the health and economic impacts of the pandemic on people of color. Rural hospitals that have lacked equipment and staffing have faced increased strain. Job loss has affected families' financial, housing, and food security. For undocumented immigrants, the limited access to local, state, and federal economic relief has compounded this loss of stability. In many communities, the technology infrastructure has not supported students' virtual learning.



COVID-19 has had a devastating impact on health and wellbeing, and this is racialized in many communities, too. Black and brown Americans have higher infection and death rates than white Americans. Black Americans are dying at more than twice the rate of white Americans. People with disabilities face higher complication and death rates from COVID-19. Individuals in immigrant communities are more likely to contract COVID-19 and develop severe symptoms.

**Reflective questions:**

- How have you seen COVID-19 impact your community?
- What other trauma has impacted your community?

Among students, COVID-19 has had a disproportionate impact on Black and brown students, students with disabilities, and English learners. For example, an [analysis](#) completed by Fairfax County Public Schools in Virginia showed that students with disabilities and English learners were among the groups of students with the greatest increases in failing grades. English learners and students with intellectual and developmental disabilities were already isolated more than their peers and the pandemic has increased that isolation. Though the absence of school bullying and overstimulation has helped some students with autism thrive, virtual interaction does not allow for the in-person support and relationships many students with intellectual and developmental disabilities need. For English learners, not being able to practice English consistently in the school environment means that their English language development might stall.

Students and their families in communities across Missouri have experienced these stressors, losses, and tremendous grief. Children with disabilities, their families, and service providers may be feeling greater anxiety and depression. They carry this stress, anxiety, depression, and grief with them into their educational environments.



All of this sits in the broader context of history. The history of services available for students in schools shows whose learning, growth, and development has been prioritized. Social devaluation underscores the history of special education services and English learner services. Prior to the mid-20th century, thousands of students with disabilities faced exclusion and isolation in the school setting. They were often institutionalized and subjected to poor living conditions and treatment in residential facilities.



The second half of the 20th century brought de-institutionalization and a push for individuals with disabilities to have access to more opportunities. It was not until 1990 that the Americans with Disabilities Act (ADA) was passed. The Individuals with Disabilities Education Act (IDEA) was reauthorized with an emphasis on inclusion in 2004. In the first half of 21st century, students with disabilities were included in “regular education” and were able to learn in classrooms based in traditional schools. The term “mental retardation” was replaced with term “intellectual disability” in all federal legislation in 2010. The Endrew F v. Douglas County School District Supreme Court decision in 2017 established the current standard for the IDEA. [Watch this short video](#) or [read this article](#) to learn more about the history of services for students with disabilities.

The history of education for English learners follows a similar path, moving from exclusion to inclusion. At the turn of the 20th century, as more non-English speaking European immigrants came to the U.S., English was upheld as the only language of American identity. One of the primary purposes of school was to “Americanize” students and English-only policies were pushed in schools through the mid-20th century. From the 1920s-1960s, schooling was marked by English immersion programs or “sink-or-swim” policies. Limited remedial services were available for students and students needed to demonstrate English mastery in order to move to the next grade level. The Bilingual Education Act, Title VII of the Elementary and Secondary Education Act of 1968, was monumental as the first piece of federal legislation to recognize the needs and challenges of English learners. It created a bilingual education policy for economically disadvantaged language minority students and allocated funds for innovative education programs. Amendments to Title VII in 1982 were more supportive of native language maintenance and offered funding for English learners with disabilities. The No Child Left Behind Act of 2001 (NCLB), the reauthorization of the Elementary and Secondary Education Act (ESEA) of 1965, appropriated funding for states to improve education for English learners. [Read a detailed timeline of English learner education here.](#)

Despite progress, decisions at the system level continue to perpetuate trauma. The requirements under IDEA and Title III of the Every Student Succeeds Act (ESSA), the 2015 reauthorization of ESEA, both have the opportunity to meaningfully support English learners with disabilities if schools are adequately funded to enact the requirements. Both policies have been continually underfunded by Congress, negatively impacting English learners with disabilities.

While there is a national narrative of historical trauma, each individual community has its own unique presence of historical trauma that layers on top of the national narrative. Historical trauma is the result of systemic oppression, and systemic oppression continues to fuel historical trauma today. Ableism, “the overt and covert discrimination and social prejudice against humans with physical, intellectual, communicative or psychiatric disabilities, people with neurological differences and neurodivergent populations,” is one of these systems of oppression. Ableism labels individuals with disabilities as deviating from the “norm.” As a system of oppression, ableism structures society to value, favor, and benefit those considered “normal.” Like all systems of oppression, ableism has devastating implications for those oppressed and harms all people through its structures of dehumanization. [Learn more about ableism here.](#)

**Reflective questions:**

- What is your school’s or program’s history of serving students with disabilities, including English learners with disabilities?
- What historical trauma has affected the students in your school/program?
- How do intersecting systems of oppression affect the students in your school/program?

## Prevalence of trauma for students with disabilities and English learners

Students with disabilities, including English learners with disabilities, are vulnerable to experiencing increased trauma. In fact, the percentage of individuals with disabilities who have faced abuse, including sexual violence, is startlingly high. Statistics collected from the “It’s Happening” I/DD Victimization Awareness campaign show the following:

- 70% of people with disabilities report they have been victims of abuse;
- 63% of parents and immediate family members report that their loved one with a disability has experienced abuse;
- 90% of victims of abuse experienced such abuse on multiple occasions;
- 90% of people with I/DD will experience sexual violence at some point during their lives;
- A person with a disability is more likely to be abused by a family member or someone in their daily routine than they are by a complete stranger; and
- 90% of the perpetrators of abuse are in an authorized care providing position (parent, family/household member, school personnel, work or home services).

According to data from the National Child Traumatic Stress Network (NCTSN), in relation to their peers without disabilities, students with disabilities are twice as likely to be bullied.

English learners with disabilities face layered challenges. English learners have a higher risk of experiencing bullying and discrimination than their peers who are not English learners. They may struggle with additional linguistic and cultural bias in standardized assessments. Further, language barriers may make it especially difficult and distressing for their parents and caregivers to navigate special education services.

## Impact of trauma

Trauma can impact children’s brains and bodies, affecting growth and development. Children’s experiences of trauma and its effects depend on their developmental and life stages. Where is the child cognitively, socially, emotionally, and physically? For some children, experiencing trauma can result in a variety of learning and behavior challenges, such as issues with problem-solving, executive functioning, and emotional and behavioral regulation. A student who has experienced trauma may:

- Struggle to remember things;
- Have difficulty paying attention;
- Have delays in language development;
- Not fully understand cause and effect;
- Not be able to communicate their emotions, experiences, or needs;
- Have less ability to self-regulate due to physiological processes;
- Be more dependent on others, despite their distrust; and
- Experience an increase in impulsivity and aggressiveness.



Students with disabilities may confront additional barriers in identifying and addressing their trauma history. They may not understand what they experienced or that it is not normal. For some families, having a child with a disability may also increase stress in the home related to higher levels of need or supervision, including the time and energy required to advocate for their child and not having access to all the services and supports their child needs.

For English learners, trauma may affect second language acquisition. Experiencing trauma, witnessing traumatic events, and navigating cultural misunderstandings in the U.S. can lead to children’s decreased feelings of safety. As a result, students may find it hard to concentrate and they may feel less willing to take risks in a learning environment (e.g., less willing to try speaking aloud in English).

### **Reflective question:**

*What has the impact of trauma looked like among your students?*

Though it is important to remember that trauma is not “cured,” one buffering, supportive individual can lessen the impact of trauma. Many effective therapeutic interventions are available for individuals of all ages, but a person does not have to be a therapist to be therapeutic.





## Important note

It may be hard to fully understand whether a child's behavior is related to an intellectual or developmental disability or whether trauma may be the underlying cause. The impacts of trauma can look like characteristics of disabilities. As trauma can alter the brain's wiring, a child's symptoms of trauma can mimic that of a disability. For example, ADHD, Autism Spectrum Disorder, and trauma share common symptoms such as sensory issues, difficulties with focusing and processing, challenges with self-regulation and emotional regulation, impulsivity, and limited executive functioning skills.

It is easy to misread the impact of trauma, so it is important to approach each student individually and not make assumptions about a student's background, experiences, or diagnoses.

Trauma and disabilities are clearly not mutually exclusive: A child can have a disability and no experience of trauma; a child can experience trauma and not have any disability; and a child can have a disability/disabilities and experience trauma. The mental health and intellectual and developmental disability (IDD) fields lack coordination and collaboration, further limiting and complicating the effective assessment, diagnosing, and treatment of individuals with IDD who have experienced trauma.

### Resources:

- [The National Child Traumatic Stress Network](#)
  - [The Road to Recovery: Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma](#)
  - [Intellectual and Developmental Disabilities](#)
  - [Is it ADHD or Child Traumatic Stress? A Guide for Clinicians](#)
  - [Facts on Traumatic Stress and Children with Developmental Disabilities](#)
- [Trauma-Sensitive School – Understanding the Impact of Trauma on Students with Autism](#)
- [Center for Disability Services \(CFDS\) – A Trauma-Informed Toolkit for Providers in the Field of Intellectual & Developmental Disabilities](#)
- [Centers for Disease Control and Prevention – Helping Children with Disabilities Cope with Disaster and Traumatic Events](#)
- [Colorín Colorado – Using a Strengths-Based Approach with ELs: Supporting Students Living with Trauma, Violence and Chronic Stress](#)
  - [Addressing Student Trauma, Anxiety, and Depression](#)
- [ACE response – ACEs and Developmental Disabilities](#)
- [Hogg Foundation for Mental Health – Trauma-Informed Care, and Intellectual and Developmental Disabilities](#)
- [New Jersey Dept. of Education – Creating a Trauma Informed Environment for ELLs](#)
- [Virginia Dept. of Education – Social Emotional Wellness Considerations for English Learners](#)
- [McGraw Hill – Supporting English Learners with Social and Emotional Learning \(SEL\)](#)