

KIRWAN INSTITUTE
for the Study of Race and Ethnicity



From Punitive to Restorative

Advantages of using trauma-informed practices in schools

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“Trauma-informed schools can heal children out of trauma rather than discipline them because of it.”

-- Barbara Oehlberg, LCSW

The Kirwan Institute for the Study of Race and Ethnicity is an interdisciplinary engaged research institute at The Ohio State University established in May 2003.

Our goal is to connect individuals and communities with opportunities needed for thriving by educating the public, building the capacity of allied social justice organizations, and investing in efforts that support equity and inclusion. Here at the Kirwan Institute we do this through research, engagement, and communication.

Our mission is simple: *we work to create a just and inclusive society where all people and communities have opportunity to succeed.*

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Introduction

Imagine a world where no child has experienced a traumatic event. In this world, students experience behavioral and emotional security, teachers manage classrooms free from the toll that trauma takes on their students, and society is free from the burden that trauma poses on the psychological and physical health of our nation. An ideal world has no place for trauma.

Unfortunately, in the world we currently inhabit, many young people experience life-altering tragedies, personally or through secondary exposure. Thus, in an attempt to build our best possible reality, we must both prevent youth from experiencing trauma—whether individual or systemic—and heal those who have experienced traumatic events. Moreover, this document draws the connection between the experiences of trauma and student behavior in educational settings and considers the possibilities of a trauma-informed approach.

In particular, this report furthers the dialogue on the severe effects of trauma on youth brain development as a bridge between the experience of trauma and the associated outcomes. Although trauma may manifest from numerous circumstances, this document will predominantly focus on the relationship between racial inequity and racialized sources of trauma. Moreover, the application of this report is not limited to educators. Instead, it serves as a resource for anyone who seeks to combat the negative effects of childhood trauma, whether they are policy makers, advocates, or anyone concerned about children's wellbeing.

This document will explore trauma and its effects through the following themes:

Trauma as a Barrier to Student Opportunity

This section provides an overview of the nature and implications of trauma evidenced through:

- The experience of a traumatic event (or series of events)
- The brain's response to trauma
- The manifestation of trauma (Figure 1)

The Intersection of Trauma, Race, and Need for Care

Here, emphasis is given to the particular importance of addressing the impact of trauma in communities of color:

- When one group experiences trauma, all people are affected

How Schools Can Engage in Trauma-Informed Care to Improve Student Opportunity

This portion gives a description of trauma-informed care (TIC), how this approach differs from traditional behavioral management, and its effectiveness through an overview of the:

- Characteristics of trauma-informed care (TIC)
- Progress made through TIC practices



Trauma is a Barrier for Student Opportunity

The Kirwan Institute is committed to understanding and addressing barriers that students of color face throughout their educational experiences. Much of our previous work has examined K-12 racialized discipline disparities and analyzed data that show an overrepresentation of minority students receiving exclusionary discipline (e.g. suspensions and expulsions).¹ However, keeping students in class is merely the first step of the work. Secondary to fulfilling our mission is ensuring that the deleterious effects of trauma do not inhibit students' futures. Though schools certainly cannot prevent the existence of trauma, educators, administrators, and all school personnel can play a vital role in lessening its impact.

What is Trauma?

Before we can address the effects of trauma on student opportunity, we must unpack the defi-

inition of trauma and its implications for students. According to the American Psychological Association, trauma is broadly defined as "an emotional response to a terrible event..." (American Psychological Association, 2015). Additionally, trauma is characterized by short-term emotions, such as "shock" or "denial" as well as a range of long-term responses, which may include symptoms such as volatile emotions, recurrent flashbacks, and relationship strain (American Psychological Association, 2015, p. 1). Although this is a list of common characteristics, individuals process and manifest their response to traumatic events in unique ways. Thus, when referring to trauma for the remainder of this document, the focus will be on the three interrelated components: 1) the experience of a traumatic event (or series of events), 2) the brain's response to trauma, and 3) the manifestation of trauma (Figure 1).

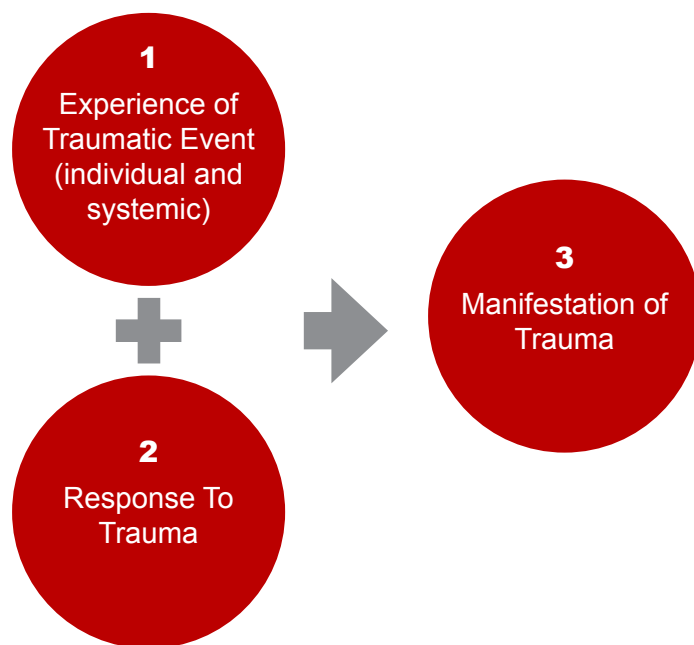


Figure 1. Components of Trauma

¹To access our previous work on school discipline, please see <http://kirwaninstitute.osu.edu/initiatives/school-discipline/>

Understanding Traumatic Events

The modern conceptualization of trauma and its effects feature two components—the individual experience of trauma and systemic trauma. The Kirwan Institute recognizes the importance of both elements as they jointly inform how our society understands trauma and creates interventions to combat the related negative outcomes.

Individual Trauma

Our understanding of individual trauma has its roots in the Adverse Childhood Experiences (ACEs) experiment; this experiment was the first to make the connection between ACEs and negative health outcomes in adulthood (Felitti

et al., 1998). ACEs are now linked to a variety of subsequent outcomes in the areas of mental health (e.g., depression, work absenteeism), risky behaviors (e.g., alcohol and drug use), and chronic disease (e.g., heart disease, cancer). (For more information, see the publication directory at Centers for Disease Control and Prevention). Thus, this domain of research has solidified the importance of addressing the mental health needs of young populations as the missing link between child and adult health outcomes.

Systemic Trauma

While this document focuses primarily on individual trauma, the Kirwan Institute recognizes that how individuals experience trauma is

Trauma can be transmitted cross-generationally through external factors such as poverty

et al., 1998). Adverse experiences, or sources of trauma, measured by the study included abuse and maltreatment (physical, sexual, and psychological), family dysfunction (mental illness, drug use, violence in the home), and loss of family members (Felitti et al., 1998). The results from this seminal study indicated that ACEs are a primary predictor of adult health, and they have a graded relationship with multiple health outcomes, meaning the more ACEs a child possessed, the worse they fared as adults. Although this definition of trauma has since expanded, the ACEs study was the first to garner attention to the importance of addressing the impact of trauma in early childhood.

Following the original ACEs study, the literature on the impact of childhood trauma has

context-dependent; systemic factors can exacerbate or mitigate the impact of trauma in ways that extend beyond the individual experience. Illustrating the systemic impact of trauma, “collective identity trauma” is shared by members of a group that is at risk or experienced subjugation (Kira, 2010, p. 128). This refers to how members of a group, whether religious, racial, or ethnic, suffer when their in-group is the target of prejudice and discrimination. This is especially relevant in the wake of large conflicts such as terrorist attacks, racial violence, or other circumstances in which whole communities face stigma and discrimination based on their group identity. Moreover, trauma can be transmitted cross-generationally through external factors such as poverty (Kira, 2001). Thus, the systemic approach looks beyond the



individual and focuses on the collective impact of interpersonal, environmental, and cultural dynamics on how communities experience and interpret trauma.

Important to understanding how individuals and communities construct and react to trauma is the role of brain development. Specifically, the neurobiological response to trauma serves as the link between the experience of trauma and associated outcomes.

The Brain's Response to Traumatic Experience

To fully understand the connections between trauma and adverse outcomes, one must consider the neurobiological impact trauma has on development, especially when considering its effect on students. Indeed, much of the psychological and behavioral symptoms exhibited following a traumatic experience are the result of structural and chemical changes to the brain itself, particularly in the case of post-traumatic stress disorder (PTSD) (Bremner, 2006).

Because trauma can cause children to operate from a survival mentality, regions of the brain associated with fight, flight, or freeze responses (notably the midbrain and brainstem) can develop atypically (Perry, Pollard, Blaichley, Baker, & Vigilante, 1995). This can yield significant brain abnormalities later in adolescence and adulthood, some of which may be permanent (Perry et al., 1995). Later-developing regions, such as the prefrontal cortex, are impacted most by the atypical development trajectory, which explains why related activities, such as executive function (e.g., planning and self-regulation), may be limited for children who have experienced trauma (DePrince, Weinzierl, & Combs, 2009). Moreover, knowledge of the severe neurological impact of trauma provides an explanation for why some students respond

through a variety of harmful emotions and behaviors.

Trauma Manifests through Students' Emotions and Behaviors

The adverse psychological and behavioral outcomes associated with trauma can have lasting effects on students' academic performance and life trajectories. For example, experiencing childhood trauma is related to a heightened risk for a variety of mental and physical health disturbances such as anxiety, depression, sleep disruption, and other psychological disorders (Anda et al., 2006). Moreover, developmental deficits in emotional regulation amplify these negative psychological outcomes and often persist into adulthood (Messman-Moore, Walsh, & DiLillo, 2010). For example, a study found that women who had experienced maltreatment as a child were significantly more likely to develop PTSD as an adult (Vranceanu, Hobfoll, & Johnson, 2007). Additionally, the occurrence of adverse childhood experiences are positively related to recent and lifespan depressive disorder in both men and women (Chapman et al., 2004).

These symptoms are manifested through a wide range of emotions and behaviors that students exhibit in the classroom. Thus, it is important for educators to be familiar with the general warning signs to ensure they are addressing the root of the problem (i.e. trauma) as opposed to just the symptoms (e.g. negative behaviors). As general guidelines, The American Psychological Association provides a list of common symptoms associated with trauma (see, Table 1 for an overview). These guidelines along with professional judgment can go a long way to helping educators identify and treat the effects of student trauma.



Table 1. Information about the Signs and Symptoms of Trauma taken from American Psychological Association (2015). To decrease redundancy, examples given are not exhaustive.

Intense or Unpredictable Feelings	Changes to Patterns of Thoughts and Behavior	Sensitivity to Environment	Strained Relationships	Physical Symptoms
Anxiety, irritability, and hypervigilance	Intrusive memories, difficulty concentrating, and disruption in sleeping patterns	Overstimulation, and reaction to environmental triggers (such as sirens or yelling)	Increased conflict, aggression, and isolation.	Headaches, nausea, and increased heart rate

Despite the severe implications of childhood trauma on future outcomes, there is hope for educators who seek to combat these effects. Knowledge of the impact of trauma on the developing brain and its contributions to behavior can help teachers develop effective classroom practices to reduce its effect. Moreover, given the growing economic and racial diversity of the U.S. student population, teachers

must also understand how their perceptions of trauma can be exacerbated or altered based on the social environment of the school and the surrounding community. As noted previously, the experience and manifestation of trauma is context-dependent, thus teachers may interpret the symptoms of trauma differently based on students’ racial or cultural identity.

The Intersection of Trauma, Race, and the Need for Care

We all want to live in a world where children are spared from the acts of abuse, violence, and relational dysfunction. Yet, the rate at which these instances occur is alarming. In fact, several national surveys indicated the majority of U.S. children reported experiencing at least one instance of violence during the survey years, and many experienced chronic exposure to sources of trauma (Finkelhor, Ormrod, Turner, & Hamby, 2005; Finkelhor & Turner, 2008). Moreover, youth of color are disproportionately at risk for experiencing an additional

set of traumatizing events due to race-based inequity (Carter, 2007), including factors that encompass structural, community, and individual levels. Acknowledging the intersection of individual and systemic trauma, this discussion recognizes cultural and environmental contributors, but focuses primarily on the individual experience.

Structural racial inequities are a key reason why minorities have a heightened risk for traumatic experiences, which—at least on the sur-

face—can appear race-neutral. The most salient example of this added risk is the frequent subjugation of people of color to lower socioeconomic status (SES) positioning compared to their White counterparts through a history of perpetual denial of opportunity. This example—like other forms of structural inequity—is a byproduct of a historical legacy of policies specifically designed to decrease opportunity for people of color. For example, the current racial divide in neighborhood wealth and home equity, can be traced back to discriminatory housing and lending practices such as redlining, which limited Blacks', and other minorities' ability to purchase housing and restricted housing options to segregated neighborhoods (Krivo & Kaufman, 2005). Minorities are over-

or such as in Baltimore and Ferguson, where race-related tension has served as a direct cause of increased violence (for an overview of “the Ferguson effect”, attitudes, and the criminal justice system, see Forman, 2015).

Community-level trauma may also emerge from the collective experience that groups of color share in response to instances of racism. As a general example, neighborhood violence that is associated with racial tension broadly affects individuals who identify as that racial group, not just those who were immediate victims. Those who are exposed to stories of firsthand trauma may develop a traumatic response similar to those involved, particularly if hearing about the traumatic event causes one

Race-based economic segregation can exacerbate intergroup tension and increase the likelihood of neighborhood violence.

represented in economically depressed areas; thus, they are more likely to be encounter neighborhood-level social and physical environmental stress than Whites (Schulz et al., 2008). To illustrate, Latino and Black youth are significantly more likely to have someone close to them murdered than their White peers are (Finkelhor et al., 2005). These structural factors may expose minority youth to unique sources trauma not experienced by most of their White counterparts.

Moreover, race-based economic segregation can exacerbate intergroup tension and increase the likelihood of neighborhood violence. This is particularly relevant when affluent White neighborhoods are directly adjacent to poor neighborhoods comprised of people of col-

to re-experience a previous trauma (The National Child Traumatic Stress Network).

Finally, an individual's experience coping with racism and prejudice is another source of personal trauma. As mentioned above, this can include the indirect experience of racism through community-level violence or individual acts of racism that occur on a daily basis (Scurfield & Mackey, 2001). The continuous nature of this instances of prejudice may be as important as the severity—meaning repeated exposure to micro-aggressions (such as demeaning comments related to one's ability level) can elicit as much of a stressful response over time as overt instances of racism (Scurfield & Mackey, 2001).



When One Group Experiences Trauma, All People are Affected

Each of the aforementioned factors diminishes the quality of life for individuals and communities of color who have experienced the traumatic effects of racism. Yet these issues of race-related trauma inevitably affect us all, regardless of one's racial identity. To illustrate, trauma poses an undue financial burden on individuals, families, and whole communities (figure 2).

As evidenced, trauma has far-reaching and complex ramifications on the student population as well as on sociality at large. Thus, educators and education institutions could benefit greatly by incorporating an approach to teaching and behavior management that acknowledges the impact racial trauma (both individual and structural) on student outcomes.

Figure 2: Examples of the financial impact of trauma

- Increased allocation of social benefits afforded to those suffering PTSD
- Workforce reductions and chronic absenteeism
- Increased national medical costs
- Limited independence for those who suffer PTSD

National Collaborating Centre for Mental Health (UK), 2005, chapter 2 section 7

Schools Can Engage in Trauma-Informed Care to Improve Student Opportunity

The symptomology and later-life impact of student trauma have an immense impact on the educational system. Luckily, educational approaches that are mindful of this impact can create a meaningful shift in how schools understand and implement prevention and healing.

Characteristics of Trauma-Informed Care

The principles of trauma-informed care (TIC) are present in a variety of educational contexts, spanning from program development to discipline strategies, and many aspects in between. In general, TIC requires that both students and staff develop an understanding of trauma and its effects; this understanding affects the ser-

vices delivered to the student, which are offered within a trusting relationship between educators and youth (Harris & Fallot, 2001). This framework has the capacity to heal students from trauma and prevent concurrent trauma from occurring. Thus, TIC is often referred to as a paradigm shift rather than a mere service delivery model. Moreover, trauma-informed services frequently include the following values, summarized from Harris and Fallot (2001): 1) a focus on student empowerment rather than control, 2) staff responsibility to provide psychological and educational care for students, 3) a goal of safety rather than symptom reduction, 4) the importance of language and communication.



In order to understand the implications of these core values, consider the juxtaposition of TIC with punitive discipline policies, such as Zero Tolerance. These punitive policies still dominate much of the U.S. education system and contribute to disproportionate outcomes for minority students (for a review on the history of exclusionary discipline and its results, see Losen, Hodson, Keith II, Morrison, & Bellway, 2015; Skiba, Eckes, & Brown, 2009). The

1) *Nature of Control*

In terms of behavior management, Zero Tolerance primarily focuses on the behaviors themselves, which are met with a standardized response. However, without taking into account individual differences and other contextual factors, these policies have led to an overuse of punitive measures (American Psychological Association Zero Tolerance Task Force, 2008).

Table 1. The Differences between Zero Tolerance and Trauma-Informed School Policies

	Zero Tolerance	Trauma-Informed Schools
1. Nature of Control: Focus is on	Controlling Behavior	Empowering Students
2. Authority and Responsibility: Ownership is that of	Students	Adults
3. Goal Orientation: Focus is on	Reducing Symptoms	Increasing Safety
4. Importance of Language and Communication: Students learn through	Punishment	Communication
5. Strengths-oriented: Focus is on students	Deficits	Strengths

Adapted from Harris & Fallot 2001, Hodas 2001, and informed by Oehlberg 2015

four distinguishing factors of TIC (Table 2) are adapted from Harris and Fallot (2001) and are compared with the guiding principles that underlie Zero Tolerance.

Additionally, Hodas (2001) illuminates the importance of a strengths-based approach in trauma-informed service delivery, thus it is included as the fifth tenant of TIC (Table 2). This comparison is partially informed by an interview with Barbara Oehlberg, LCSW, an educational specialist and child trauma consultant (Oehlberg, 2015).

Trauma-informed schools operate under a different assumption—that changing the context by empowering students to succeed is more important than addressing behavior in a vacuum (Oehlberg, 2015).

2) *Authority & Responsibility*

Zero Tolerance requires students to be responsible for their own behaviors and academic outcomes; this approach assumes that individual achievement as well as individual failure are entirely attributed to the student. While TIC

recognizes the importance of students taking ownership of their educational experience, it also emphasizes the student's environment in determining opportunities for success, and recognizes that forces such as poverty operate outside of individuals' personal control. Moreover, the TIC considers students' deficits in decision-making capability due to age and experience with trauma. Thus, the responsibility falls on teachers to effectively accommodate these differences in students' academic and social standing. Though this certainly does not imply that teachers are to blame for students' poor performance or that the onus falls exclusively on the educator, adults should be mindful of the barriers a student may face and work to create an environment that allows them to succeed to the greatest extent possible.

3) *Safety-Oriented Goals*

Though both Zero Tolerance and TIC aim to reduce negative manifestations of trauma, each has a different framework for doing so. While Zero Tolerance aims to reduce negative symptomatology, TIC practices assume that safety and basic needs (such as food and warmth) are a child's main concern. Thus, schools implementing TIC address problematic behavior through ensuring students feel safe and secure in their learning environment as the primary goal.

4) *Importance of Language and Communication*

Zero Tolerance adheres to the logic that being tough on infractions will elicit student compliance. Conversely, TIC emphasizes building trust through positive communication as a deterrent for risky behavior. This is based on the notion that building rapport will eventually encourage students to make positive behavior choices, either on their own accord or in order

to maintain a relationship with the school staff (Oehlberg, 2015). Moreover, emotional literacy—the ability to describe and convey an emotional state—is a key component of behavior management within TIC (Oehlberg, 2015). By teaching students basic knowledge of psychological functioning and relevant vocabulary, students can communicate their needs without acting out.

5) *Strengths-Orientation*

Zero Tolerance relies on the assumption that educators and school staff need to focus on students' difficulties (whether academic or behavioral) and introduce interventions to remediate those issues. Though this is a widely used practice, TIC alternatively highlights students' strengths rather than weaknesses in order to inform interventions and other practices to promote achievement. For example, using student artistic strengths to scaffold their learning in other subjects by incorporating visual representations such as dioramas, illustrated story maps, or acting.

Evidenced through this comparison, although both Zero-Tolerance and TIC approaches both seek to address student behavioral issues, each operates from an opposing framework. More specifically, Zero Tolerance's punitive approach stands in sharp contrast to TIC's holistic perspective on students and their behaviors.

Progress Made through Trauma-Informed Care

By adhering to this framework, schools that have taken a trauma-informed approach to education rather than relying on exclusionary discipline have seen great improvement mitigating the negative effects of trauma. Broadly speaking, the benefits of trauma-informed schools include increased academic achieve-



ment and test scores, improved school climate, and increased teacher satisfaction (Oehlberg, 2008, p. 3). Although utilizing TIC has led to many advances in student education, the difficulties associated with conducting empirically rigorous studies in this applied field contribute to the scarcity of data on the subject. Yet, the existing research sheds an optimistic light on trauma-informed approaches.

To highlight this research, a meta-analysis conducted by Durlak, Weissberg, Dymnicki, Taylor, and Schellinger (2011) measured the effectiveness of Social-Emotional Learning (SEL) programs. Social-Emotional Learning is deeply connected with TIC although not synonymous with all TIC efforts. SEL is most typically associated with the TIC pillar highlighting the importance of communication and learning. The meta-analysis included data from over 200 social-emotional learning (SEL) programs with students from kindergarten through high school. Analyzing data from over 270,000 students, the findings demonstrated that achievement test scores for those who received quality instruction in social-emotional learning increased 11 percentile points (Durlak et al., 2011).

Another approach related to school-based TIC brought transcendental meditation to California schools that experienced high rates of community violence through the Quiet Time program (San Francisco Unified School District). Quiet Time consists of two 15-minute sessions of quiet activity (usually meditation but can include other silent activities like reading) per school day. Moreover, as a part of the program's implementation, any interested student or staff member could participate in free mediation training. Data from this program indicated that students fared better in nearly every outcome following the mediation training. Amongst the

outcomes measured were: academic achievement, attendance, social-emotional competency, and resiliency (San Francisco Unified School District).

Not only does this approach to TIC benefit the victims of trauma, it also creates a more meaningful teaching experience for educators. Following the implementation of this mediation program, teachers' use of sick days dropped by 30 percent (San Francisco Unified School District). Additionally, teachers reported reductions in depression, anxiety, anger, and fatigue following the implementation of these trauma-informed practices (San Francisco Unified School District). Most notably, three years after its implementation, the teacher turnover rate in a struggling middle school dropped to zero (San Francisco Unified School District). These findings echo sentiments from Barbara Oehlberg, who noted that after implementing TIC, "teachers reported that their day was more enjoyable and they remember why they got into the profession in the first place" (Oehlberg, 2015).

Trauma poses an enormous burden for individuals and society. Thus, it is imperative to be mindful of its effects on student outcomes. With additional knowledge, resources, and persistence, all of us—especially educators—can play a pivotal role in creating safe and opportunity-filled spaces for students. However, the intersection of trauma and race must be considered to ensure these practices are equally beneficial to all target populations.



Conclusion

The mission of the Kirwan Institute is to help eradicate racialized barriers to opportunity, and create a society that is fair and just for all people. Although this report highlights how trauma induces barriers to opportunity for all of us (both individually and structurally), it also reveals that we can all take steps to begin to heal youth who have experienced trauma. By combating the effects of trauma within these structures, we can create stability and advancement for students. Beyond just helping students in a classroom context, the healing effects of TIC can yield broader positive benefits, such as forming trusting relationships. Whether through advocacy, enacting TIC programs, or simply enhancing awareness, we can all do our part to decrease the harmful effects of trauma.



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