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The Trauma of English Learners: Beginning the Journey to Resilience

The addressing of trauma within school settings is not only feasible but also fully consistent with and supportive of the primary goals of academic programs. A trauma-sensitive environment is one that is, to the degree possible, safe and attuned to the needs of students, families, staff, and the community. Such an environment supports the academic competence of all students, whether trauma impacted or not; provides tools to support students and staff with managing emotional and behavioral challenges; supports teachers and other staff in negotiating difficult situations, often reducing stress and burnout among teaching staff; and ultimately, has the potential to increase positive outcomes among youth across domains.

—Blaustein, 2013, p. 13

We believe the best way to help all children is to develop a strong enough relationship with each student so that we, as educators, are able to notice small but significant changes that may signal internal struggles. We wrote this book to explore the **trauma** faced by various immigrant populations, both before departure and after arrival in their new communities. Other second language (**L2**) learners who may have been born in the United States have concerns about the immigration status of family members, live in a toxic anti-immigrant atmosphere, or reside in neighborhoods rife with poverty and violence that pervade their daily lives and result in what many researchers call **chronic stress**. Trauma for the L2 student can manifest itself visibly with overt signs or invisibly as an internalized fear.

What can be done to provide a welcoming, non-threatening environment in the school and assist students on their journey to becoming resilient learners? What is the role of the classroom teacher and other educational professionals on this journey? Is it even realistic to expect a teacher to provide assistance in an area for which very few educators have any formal training? And how can we do this without falling victim to the very stress and trauma we are working to ameliorate?

What Is Trauma? What Are the Long-Term Effects of Trauma on Youth?

Several definitions of trauma exist, but most are based on the concept that some experience, or group of experiences, has occurred that caused fear, and this experience is overwhelming and contained some level of threat toward the individual or someone close to them. The threat could be physical, mental, emotional, or a combination of all three. According to Blaustein (2013), “These exposures may be acute or chronic. An **acute stressor** is one that is typically sudden and of a relatively brief duration. **Chronic stressors** are those that occur over time and involve layers of experience or repeated exposures” (p. 5). It is this chronic stress that is often the most dangerous and unfortunately all too common for many L2 learners, both those born in the U.S. and those who came as immigrants or refugees. Chronic stress is also known as **complex trauma** and it may result in more problematic challenges because it affects a student’s ability to complete daily tasks inside and outside the classroom.

This book focuses on the cumulative or chronic trauma often associated with migration. While this type of trauma may be more difficult to diagnose because of the multiple causes, it is critical that educators address the symptoms when possible and find ways to help students learn to deal with their situation and move forward. As classroom teachers, without formal training in dealing with the adverse effects of trauma, what can we do? In most cases, it is not our responsibility as educators to diagnose or treat in a clinical manner the results of this cumulative stress, but we are expected, as caring individuals, to create an atmosphere of safety and support that will allow students to reset their emotional equilibriums and then build on that secure foundation. To best do this, we need to understand to some degree what the student has experienced and what types of situations might **trigger** emotional responses. We need to realize that some academic or

behavioral actions may be grounded in past experiences and then need to take that into consideration when reacting. In extreme cases, we may need to refer the student for help beyond the classroom (see page 23).

How does exposure to long-term or complex trauma affect children? Susan Craig (2017), in her book about trauma and adolescents, says that “early trauma limits adolescents’ ability to use higher-order thinking to regulate subcortical brain activity. Their thinking is ‘held hostage’ by relentless fear and hyperarousal that derail focus needed to achieve academically. Frustrated, teens with trauma histories often disengage from school” (p. 7). For English learners, this can affect their ability to focus on language development, concentrate on extensive reading passages, create and edit written assignments, or sit for extended periods of time. All of these activities are critical for academic success, especially at the secondary level. In addition to academic problems, chronic stress can lead to issues in other areas as well.

Another leader in the field of traumatic stress in children, Joel Ristuccia (2013), states that trauma places children “at significant risk for a host of social, emotional, academic, and cognitive impairments, and these impairments may create barriers to learning that lead to difficulties in school, risk-taking behaviors and long-term social, occupational, and health issues” (p. 253).

Some of the common manifestations of trauma in school-age children are listed. The list comes from the Child Trauma Toolkit for Educators (The National Child Traumatic Stress Network, 2008, p. 10):

- anxiety, fear, and worry about safety of self and others (especially family members)
- worry about recurrence of violence
- changes in behavior such as an increase in activity level, decreased attention and/or concentration, withdrawal from others or activities, angry outbursts and/or aggression, and/or absenteeism
- increased somatic complaints (e.g., headaches, stomachaches)
- changes in school/academic performance
- over- or under-reacting to noise, physical contact, or sudden movements
- statements and questions about death and dying

- difficulty with authority, redirection, or criticism
- re-experiencing the trauma (e.g., nightmares or disturbing memories)
- **hyperarousal** (e.g., sleep disturbance, tendency to be easily startled)
- avoidance behaviors (e.g., resisting going to places that remind them of the event)
- emotional numbing (e.g., seeming to have no feeling about the event)

At the elementary level, these manifestations may appear with students being clingier than usual with the teacher or parent while showing increased levels of distress (being unusually whiny, irritable, or moody). They will often exhibit a distrust of others, affecting how they interact with both adults and peers. Sometimes it may even result in the student recreating the event by repeatedly talking about, “playing” out, or drawing the event, although this is less common.

At the secondary level, students may act irritably with friends, teachers, or at events (more than the usual teen angst!). They may show discomfort with their feelings (such as troubling thoughts of revenge) and not realize how to express these uncomfortable feelings. Quite often there will be an increase in impulsivity or risk-taking behavior such as substance abuse or rule-breaking. They will demonstrate negative trust in friends or family that they had shown closeness to in the past. And, finally and probably the most frightening, there may be repetitive thoughts and comments about death or dying (including suicidal thoughts; writing, art, or notebook covers about violent or morbid topics; and internet searches on these topics). **Always take these signs seriously and seek professional help if this type of behavior surfaces.**

This list is not exhaustive, but it includes the most common symptoms of a student internally dealing with trauma. We also need to be aware that some students who have experienced multiple stressful events may rarely or never express any symptoms. It’s worth noting that it is sometimes the students who do not show any overt symptoms that we need to watch more closely because they may be internalizing their fear and frustration and what appears to be unrelated actions may actually be a cry for help: “They may have symptoms of avoidance and depression that are just as serious as

those of the acting out student. Try your best to take the child's traumatic experiences into consideration when dealing with acting out behaviors" (The National Child Traumatic Stress Network, 2008, p. 9).

What Causes Trauma in Immigrant and Refugee Youth?

While many of the issues immigrant and refugee children face may be similar, others may be specific to their situations. Many of these issues may be personal in nature while others are predominately focused on academics. DeCapua, Smathers, and Tang (2009, p. 40) list these non-academic or affective needs as those that can influence a student's ability to adjust and succeed:

- social, emotional, and psychological isolation due to family separation
- difficulty developing formation of social identity
- unclear sense of belonging and purpose
- limited community support network
- cultural adjustment difficulty

We will look at three specific groups of immigrant-background students who are most often affected by early traumatic experiences. The first group are youth who come as refugees, either with their family or alone, as **unaccompanied refugee minors**. The other two immigrant groups are recent arrivals from Latin America and children living in mixed status households. While there are certainly other immigrants who have difficult experiences, the overwhelming majority of our trauma-background students come from one of these three categories.

Trauma Faced by Refugee Youth

Refugees, probably more than any other immigrant group, have undoubtedly experienced complex trauma. They have been forced to leave most if not all of their previous life behind in their fight for survival. Jobs, homes,

schools, possessions, friends, and often extended family members are abandoned, without knowledge of what lies ahead. David Starr, an elementary school principal in western Canada, interviewed several of the parents of his students and wrote their stories in a book titled *From Bombs to Books*. In it, one mother describes her refugee experience this way: “This is my story of being in a war, of being a refugee. It’s a terrible thing, so terrible for everyone but especially for the children and the women. I was a little girl when the war started and a woman when I finally found safety. In those in-between years, I lost my youth and my innocence. Sometimes I still cry, you know? Sometimes I feel guilty that I’m alive, that maybe I shouldn’t be here and that it isn’t fair I survived while so many others didn’t. But then I remember that the Lord saved me so that my child could live” (Starr, 2011, p. 98).

RoseMarie Perez Foster (2001), a leader in the field of trauma in immigrant youth, looks at trauma as a result of the series of events that covers from the initial situation in the home country that causes the flight to adjustment after resettlement in a third country; she uses the term **perimigration** to cover all events pre-, mid- and post-migration. The National Child Traumatic Stress Network’s 2007 *Culture and Trauma Brief* described perimigration trauma as psychological distress that can occur during four parts of the migration process:

1. *events before migration*, such as extreme poverty, war exposure, and/or torture
2. *events during migration*, such as parental separation, hunger, and/or death of traveling companions
3. *the difficulty of continued rejection and suffering while seeking asylum*, such as chronic deprivation of basic needs
4. *survival as an immigrant*, including substandard living conditions, lack of sufficient income, and racism

It is obvious, therefore, that refugees will certainly fall into the category of those who have experienced chronic traumatic events. While some younger children may not have experienced or remember the pre-flight drama, they might either remember life in a refugee camp or they may have heard their parents talk about the difficulties of such a time. They will recognize that life in their new land came at a price and may wonder why their parents feel

torn between the “home country” and their new life. Older youth and teens will feel this dichotomy even stronger and face new stressors as they move through adolescence, living between two worlds. Some of the situations common among refugee children that may have led to stress or trauma are listed on the National Child Traumatic Stress Network website:

1. *Traumatic stress* occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical well-being. Refugees can experience traumatic stress related to:
 - war and persecution
 - displacement from their home
 - flight and migration
 - poverty
 - family/community violence
2. *Resettlement stress* involves stressors that refugee children and families experience as they try to make a new life for themselves, such as:
 - financial stressors
 - difficulties finding adequate housing
 - difficulties finding employment
 - loss of community support
 - lack of access to resources
 - transportation difficulties
3. *Acculturation stress* comes from stressors that refugee children and families experience as they try to navigate between their new culture and their culture of origin, such as:
 - conflicts between children and parents over new and old cultural values
 - conflicts with peers related to cultural misunderstandings
 - the need to translate for family members who are not fluent in English
 - problems trying to fit in at school
 - struggles to form an integrated identity, including elements of their new culture and their culture of origin

4. *Isolation stress* is a result of stressors that refugee children and families may experience as minorities in a new country, such as:
- feelings of loneliness and loss of social support network
 - discrimination
 - experiences of harassment from peers, adults, or law enforcement
 - experiences with others who do not trust the refugee child and family
 - feelings of not fitting in with others
 - loss of social status

For children and adolescents, with the majority of their day spent at school, so much of their self-esteem comes from their ability to be academically and socially accepted. In addition to the stress experienced as a result of the refugee resettlement itself comes the frustration of trying to fit in, to look like and sound like their peers, and to be seen as competent students. For many refugee students who have limited or even no access to adequate education in the refugee camps, the ability to do well in school is hampered by gaps in their academic knowledge and skills in addition to their limited English proficiency. They are experiencing what Van der Veer (1998, p. 4) terms “**pedagogical neglect**.” For more detailed information on the effects of interrupted education, see *Students with Interrupted Formal Education: Bridging Where They Are and What They Need* (Custodio & O’Loughlin, 2017).

According to Craig (2017), “By definition, trauma involves exposure to experiences that exceed one’s capacity to cope. . . . It is, therefore, not difficult to imagine the incredible stress involved in being held to a level of performance and accountability that exceeds the developmental expectations of one’s age. *This is especially true when the failure to live up to these unrealistic expectations is labeled as proof of a poor attitude and judged worthy of disciplinary action*” (p. 8, emphasis added). This feeling of inadequacy applies even more to refugees and other displaced immigrants who have not only lived through chronic traumatic experiences but are now placed in academic situations for which they are not prepared. As educators we must make sure that we are not punishing a student for academic or behavioral

actions or reactions to situations out of his or her control. As Carey and Kim (2010) have said:

While refugee youth confront adversity on many different levels, academic difficulties present one of the prevailing stumbling blocks with far-reaching implications. Similar to the familiar role that education plays abroad in mitigating the effects of war-related trauma, providing structure and stability, advancing social and cognitive development, contributing to psychological and social well-being, enabling youth to regain hope and dignity, and preparing youth for constructive adulthood, education is vital to the healing, healthy *acculturation*, and future success of refugee youth in the United States. . . . For immigrant youth in particular, who are spending more time in school than ever before in U.S. history, engagement with schooling—including relationships formed and the acquisition of academic, linguistic, and cultural knowledge—will generally bring about the most profound transformation in their lives. (pp. 193–194)

The National Association of School Psychologists (2015) provides advice for educators of refugees on their website. First, the organization emphasizes that we need to understand and recognize stressors. Refugee children and youth are often traumatized from premigration and resettlement experiences. They may have been exposed to violence and combat, home displacement, malnutrition, detention, and torture. Many have been forced to leave their country and cannot safely return home. Some may have come without their parents and without knowing of their health or safety. Psychological stress and traumatic experiences are often inflicted upon these children over months or even years, and many have experienced some kind of discrimination once they entered U.S. schools. Additionally, they often resettle in high-poverty and high-crime neighborhoods, increasing exposure to stressful conditions.

Second, they state that teachers need to understand the effect of trauma on school functioning. Extreme stress, adversity, and trauma can impede concentration, cognitive functioning, memory, and social relationships. Additionally, stress can contribute to both internalized symptoms—such as **hypervigilance**, anxiety, depression, grief, fear, anger, isolation—and externalized behaviors—such as startle responses, reactivity, aggression, and conduct problems. Given the often chronic and significant stress placed

on refugee students, many are at increased risk for developing trauma and other mental health disorders, undermining their ability to function effectively in school. Further, given the environment of their previous schooling and the immigration to the United States, many have experienced significantly interrupted schooling; coupled with language gaps, many students arrive unprepared to participate in school with their same-age peers.

The oversight of refugees worldwide is under the purview of the United Nations High Commissioner for Refugees (UNHCR). Periodically the UNHCR does a review of the state of education in the camps under their control. A 2019 document reported that 63 percent of primary age children in the camps were attending school compared to 91 percent worldwide and 24 percent of secondary age students in the camps were enrolled in school compared to 84 percent; it also reported that only 3 percent of young people in the camps had the opportunity to extend their education to the university level. This is one of the reasons that when children are finally resettled, such a large percentage are not prepared for grade-level education in their new country (UNHCR, 2019).

The Washington State Office of the Superintendent of Public Instruction compiled a document titled *The Heart of Learning and Teaching: Compassion, Resilience, and Academic Success* (Wolpaw et al., 2009) to help their teachers understand and support children of trauma. While not specific to the refugee situation, the document listed five adverse effects of trauma on schooling:

1. Students who are victims of trauma are two and one-half times more likely to fail a grade.
2. Students who are victims of trauma score lower on standardized achievement tests.
3. Students who are victims of trauma have more receptive and expressive language difficulties (a definite problem for students just learning a new language).
4. Students who are victims of trauma are suspended or expelled more often.
5. Students who are victims of trauma are designated to special education more often.

This information makes it clear that children who have been victims of trauma, including refugees, need special supports in the school setting to help them with their language and literacy development, socialization

skills, and general academic support. Much of this initial support is provided in the ESL or bilingual classroom as part of the orientation process, such as explaining how the school day will operate, social skills like turn-taking and lining up for activities, cafeteria and gym class etiquette, etc. At times educators may need to offer additional scaffolding such as **calming centers** (areas where students can sit and do something non-academic such as coloring, puzzles, or listening to music to help soothe and de-escalate) attention to routines at lunch, recess, or math time to provide structure; and specific academic supports to prevent academic distress. Some examples of academic support are providing home language dictionaries for class use, providing a buddy for new arrivals, having a designated time for each student to meet individually with the teacher each week, and offering one homework free pass each month. More specific classroom strategies will be provided in Chapter 3.

In addition to the symptoms listed on pages 7–8, refugee students may also demonstrate their internal fear by exhibiting what psychologists commonly refer to as “flight, fight, or freeze.” These three reactions to stress may have a unique look in the classroom, as shown in Table 1.1.

Other ways in which students may react in school directly relates to their earlier trauma experiences. According to Craig (2017), “Teens with trauma histories use a trial-and-error approach to learning as opposed to one that involves planning and self-reflection. They are youth who ‘act and then think’ and give up easily in the face of new or challenging tasks. They

TABLE 1.1
How Students May React to Stress in the Classroom

Flight	Fight	Freeze
<ul style="list-style-type: none"> ▪ withdrawing ▪ fleeing the classroom ▪ skipping class ▪ daydreaming ▪ seeming to sleep ▪ avoiding others ▪ hiding or wandering ▪ becoming disengaged 	<ul style="list-style-type: none"> ▪ acting out ▪ behaving aggressively ▪ acting silly ▪ exhibiting defiance ▪ being hyperactive ▪ arguing ▪ screaming/yelling 	<ul style="list-style-type: none"> ▪ exhibiting numbness ▪ refusing to answer ▪ refusing to get needs met ▪ giving a blank look ▪ feeling unable to move or act

Source: Souers, 2016, p. 29.

live in the moment and find it difficult to project a future where they can control what happens to them” (p. 77). It will be the role of the teacher to help them organize their schoolwork and to help them set short- and long-term goals. The teacher can serve in the role of cheerleader, monitor, and guide. This is a critical need because, all too often, parents of refugees are facing daunting issues in their own lives and are unfamiliar with the expectations of a Western school system, so it is the teachers who must step in and provide the type of support that parents typically play for non-refugee students.

In addition to academic difficulties faced by trauma survivors, emotions also affect the ability to be successful in a school setting. According to Schmelzer (2018), “When trauma is repeated, as it is in child abuse, domestic violence, community violence, or war, we don’t wait to get caught off-guard. Instead, we unconsciously, yet wisely, build a system of defenses against being overwhelmed and getting caught off-guard again, because building defenses to withstand repeated trauma conserves our energy for survival. Instead of getting flooded with emotion—with terror, fear, and all the responses to it—we build walls, moats, and methods of escape. We go numb, we feel nothing, and we do whatever we have to in order to maintain our distance from ourselves and others” (p. 13). Therefore, again, it will be teachers who provide that safe and protective environment that enables the refugee student to eventually lower his or her defenses and allow normal emotions to surface. The role of the teacher in the life of a refugee child cannot be overstated. In some cases, they may be the lifeline that enables the child to move beyond their pain and fear and build a trauma-free future.

Trauma Faced by Recent Arrivals from Latin America

The second group of immigrant students most likely to have experienced traumatic situations are students who are coming from various areas in Latin America. Political and economic issues and natural disasters have pushed people from their homes in search of peace and security. The proximity to the United States and the historic pattern of economic and social refuge here draws thousands each year.

A large percentage of these Latino immigrants each year are children who come into the country undocumented, sometimes without an adult

family member and many with the intent to be reunited with someone who came to the United States before them. The greatest percentage of these children, usually known by the label of **unaccompanied minor**, have come in the last decade from the three northern countries of Central America: Guatemala, El Salvador, and Honduras. This area, often referred to as the **Northern Triangle**, is rife with drug and gang violence.

According to Digby (2019), “For unaccompanied minors from Central America, the journey through to the U.S. is an irrefutable landmine of traumatic experiences” (p. 20). Almost half of these children report leaving their home country because of experiences of violence (including gang violence, violence perpetrated by organized crime or government, and/or sexual violence), about one-quarter report abuse at home, and many report they are hoping to reunite with parents or other family members living in the U.S. (Kennedy, 2014; Schwartz, 2018; UNHCR, 2014). In addition to the problems that forced these children to flee their homeland, they undertake an extremely dangerous journey alone or with other minors. And, finally, upon arrival they are at substantial risk of further victimization if they are taken into custody and then face an uncertain future that could include deportation back to the very situation from which they fled. Consequently, these children are experiencing higher rates of anxiety, behavior issues, and **post-traumatic stress disorder (PTSD)** than their immigrant counterparts (Alvarez & Alegria, 2016).

In the midst of the pull of independence and the push of colliding cultures, unaccompanied minors face: identity concerns; challenging socioeconomic and environmental conditions; vulnerability to trauma, stress, substance abuse disorders, depression, and other psychiatric disorders; and multiple barriers to obtaining needed treatment.

As stated, once unaccompanied minors arrive in the U.S., their trauma continues. Many of these children were left behind in the home country with a family member while a parent or older sibling made the dangerous journey north to find work and send money back for their care. When the children are finally reunited with family members, the work of putting the family back together is often rocky. Parents want to reestablish their authority with teens who have been relatively independent for years. Sometimes the parent has a new partner and maybe additional children, so occasionally children even find they are not welcome in the new family. Even in the best of relationships, the extensive separation takes time to overcome (Digby, 2019).

The children who are met at the border by federal agents are taken into custody for varying lengths of time until a family member is found. Because the children come without prior authorization, they must request political asylum to be able to stay even temporarily in the U.S. This request winds its way through the legal channels and, as of 2019, the percentage of child migrants denied asylum was 71 percent (Cheatham, 2020). If the request is eventually denied, the child is required to leave the U.S. The legal battle is draining on the child and the family, both financially and emotionally. The fear of deportation looms like a black cloud over both the child and the family. And for those children who were able to enter the U.S. without apprehension, they live in constant fear of exposure and capture. (See pages 19–21 for some of the emotional consequences of trying to live “under the radar.”)

[*Note:* Recent data on asylum-seekers is difficult to obtain because of a number of changes since 2018 in immigration policy, known collectively as the Migration Protection Protocols. One of these changes is the “Stay in Mexico” policy, which drastically cut the ability for Mexicans to seek asylum and to obtain legal representation at the southern border. It requires asylum-seekers to remain in Mexico until their case is ready to be heard. For others, new policies have resulted in the automatic removal back to the home country of many asylum-seekers, even children. A related decision, the Safe Third Country policy, requires asylum-seekers to either apply in the first country they enter after leaving their home country or risk being sent back home to apply (American Immigration Council, 2020).]

An additional cause of trauma for many of these students is school itself. Many had limited or inadequate educations in their home country, and almost all did not attend school during the journey north (Digby, 2019; Lukes, 2015). Those apprehended at the border may have “attended” school in the detention centers, but this type of situation is certainly not conducive to academic concentration and success. If unaccompanied minors do ultimately make it to school, their age usually does not align with their grade level (that is, they may be 10 years old but not prepared for the typical work expected in a 4th grade classroom); this population of students are often referred to as SLIFE or SIFE. Of course, they are underprepared for the rigors of their new educational setting: “Even schools designed for immigrants and refugees can sometimes find themselves alarmingly unprepared to handle the gamut of academic needs represented by Latino SIFE, including recognizing these when they arrive in U.S. classrooms” (Digby, 2019, p. 22). For more about SIFE/SLIFE, see the Introduction.

The Traumatic Impact of Living Undocumented

The third large group of children who are often experiencing toxic levels of stress are those who live in homes with undocumented family members, sometimes referred to as **mixed status households**. While the majority of these children are Latinos, there are children from many parts of the world living in this situation. It is estimated by the Brookings Institution that there were about 10.5 million undocumented individuals in the United States in 2019 (Kamarck & Stenglein, 2019). People from Mexico constitute about half of this total (5.5 million); Central Americans comprise another 1.9 million; Asians from China, India, South Korea, and the Philippines total another 1 million; and the other 2 million are from almost every other country.

As of 2019, there were about 5.9 million children living in mixed status homes (with undocumented family members); some of these children are part of the 10.5 million mentioned who arrived as immigrants. But 75 percent of these children were born here and are actually U.S. citizens themselves (Interdisciplinary Association for Population Health Science, 2019). Regardless of the child's citizenship status, because one or both parents are living in fear of deportation, the child remains in a constant state of uncertainty and anxiety: "When I come home from school, will my parents be gone? Who will take care of me? Will I have to stay by myself? Will I have to leave?" Often the parents do not want to talk about this uncertain future with young children as a way to protect them from fear. Nevertheless, children can sense there is a problem or that something is wrong; they can feel that parents are trying to shield them from something. The unknown can be just as bad for them, if not worse, than the reality: "Children in mixed-status families frequently worry about family separation and can exhibit high levels of stress. Children whose parents have been deported or detained are more likely to experience a host of social concerns and mental health problems, including decreased school performance, depression and other internalizing problems such as anxiety, and externalizing problems such as aggression and conduct issues" (Interdisciplinary Association for Population Health Science, 2019, p. 2).

This uncertainty and anxiety follow the children to school. In one study of school personnel in 12 states that included 3,500 responses from 730 schools (Johnson, 2018), *fear* and *separation* were the two most common words used when describing students' immigration concerns. Thousands of educators, almost three-quarters of those surveyed, described how their

students from immigrant families—the vast majority of whom are U.S.-born—were terrified that families and friends—and sometimes even that they themselves—would be picked up by immigration authorities. The teachers said that this anxiety made it difficult for students to learn and teachers to teach. Educators reported student absences, a decline in academic performance, and less involvement from parents as some of the impacts on immigrant students. In addition, this study (Johnson, 2018) found that:

- 84 percent of educators reported having immigrant students express concerns about immigration enforcement while at school, such as fear of their parents being taken away.
- nearly 90 percent of school administrators observed immigrant students experiencing behavioral or emotional problems, most often related to fear and anxiety.

To drive this point home and end this section on a positive note, one teacher shared this story with one of the authors of how trauma had affected a child in her class:

When I first met this fourth-grade Latino boy, he had severe behavior issues. He was cussing, throwing objects in the classroom, and breaking things. As I was able to build a bond with the student, he gradually opened up to me and began sharing what was bothering him. He told me about how his father had walked across the desert to get to the U.S., and that now his mother was scheduled to go to immigration court. He was so afraid that she would be deported, and he didn't know what would happen to him or to his family. I was able to get the boy into counseling with a local agency who came to the school and worked with him on a regular basis. The counselors were bilingual and had ties with the community. By the end of the year, things were going better with the student, both academically and emotionally.

So, what can you as a teacher do to help these vulnerable children? One researcher (Thorp, 2018, p. 36) says that “it is critical that teachers understand how the threat of parental detention and deportation affects children’s social-emotional development, their behavior, and their academic performance. These children have unique needs directly related to their family’s mixed immigration status. With this understanding, teachers

can adopt strategies to support children who are living in fear.” She also believes that it is essential that “teachers can communicate to these vulnerable children that their classrooms are safe spaces where they have allies and can safely voice their fears. Teachers can become skilled at addressing the behavioral and performance challenges that may arise when a child is experiencing separation or is living in an environment of heightened fear” (Thorp, 2018, p. 36).

While teachers are not immigration experts and can seldom provide any assistance in this arena, they can certainly provide a safe place for students over several hours in their day. Teachers also need to build the type of relationship with children so that when they need someone to talk to about their situation, they feel safe and comfortable enough to be able to share their fears and uncertainty with someone at the school. Some students will never open up to anyone outside the family and they may have been warned about doing so, but for the student who needs someone who cares and will listen, it may be school personnel to which they turn.

What Are the Challenges of Supporting All Students with Chronic Trauma?

The discussion so far has focused on the causes of chronic stress for refugee, immigrant, and mixed status children, and how this stress can impact children. It is obvious from the information that has been presented so far that academic and emotional support for traumatized students is critical. For most educators, the difficulty lies not in *whether* to provide support, but in *how* it can best be provided. We hope to offer practical suggestions in later chapters that can be delivered in the classroom and as part of the typical curriculum where/when possible. Chapter 2 will focus on classroom atmosphere and routines, while Chapter 3 will offer activities that will encourage students to acknowledge the abilities that they already possess that have enabled them to survive their past situations and move forward. There are, however, challenges to addressing chronic trauma and those will be discussed first.

One of the challenges involves how trauma is viewed by different cultures. According to Morland et al. (2013), matters are complicated “by the fact that mental health treatment is often associated with severe stigma in many cultures. Combined with the different interpretations of mental health, these symptoms based on cultural frames of reference result in

immigrant families very rarely seeking mental health treatment for their children in the United States, even if it may be indicated. It is also likely that available treatments and interventions supporting trauma-affected students are not as effective for immigrant families due to language and cultural differences, creating additional barriers to children's education" (p. 57).

The stigma associated with mental health and the fear of being labeled "crazy" may mean that distress is kept hidden because the condition labeled as "crazy" is often perceived as a fixed condition and may be ostracizing from community (Green & Kelley, 2016). One potential solution to this issue was proposed by the principal of an elementary school with a large refugee population, who recommends locating counseling services within the school to work with students with emotional and behavioral challenges. (Starr, 2011, pp. 72–73). Because many immigrant families trust the school more than outside agencies, having support personnel inside the school building can help bridge this distrust.

In terms of other challenges when dealing with trauma in a school setting, Blaustein (2013, pp. 9–13) has identified these four areas of concern for educators:

1. Teachers sometimes see social and emotional issues as secondary to academics, either in importance to the child or to their particular classroom focus.
2. Teachers are overwhelmed at the prospect of, or feel unqualified to, identify traumatized youth.
3. Trauma may manifest itself in so many ways and at different times in a child's life that it is often difficult to assess and treat.
4. There is a lack of resources, including training for classroom teachers and other school personnel, as well as enough counselors and social workers to provide support.

While it is certainly true that teachers are not trained to identify and counsel students suffering from the aftermath of trauma, there are signs that, if observed by an educator, signify that it is time to refer the child for more intensive assistance. The typical actions and symptoms listed on pages 7–8 should be considered signs that there may be internal issues that the student is dealing with. If the symptoms persist, or especially if they intensify, it is definitely a time to ask for intervention.

DeCapua, Marshall, and Tang (2020, p. 26) provide this list of warning signs that indicate to teachers that students are experiencing serious problems:

- depression
- extreme tiredness or fatigue
- self-destructive behaviors
- illnesses related to stress such as stomachaches or headaches
- unusual anger or frustration
- significant increase or decrease in appetite
- withdrawal from group activities

They recommend that teachers first talk to students about possible causes and then “if appropriate, refer them to counseling/guidance services.” The process for referral will vary within school districts and should be discussed with administration.

Adverse Childhood Experiences (ACEs)

Much of the discussion on children and trauma is based on a study begun in 1995 by Kaiser Permanente and the Centers for Disease Control and Prevention. This longitudinal study was created to look at the long-term effects of what they termed **adverse childhood experiences (ACEs)** on a person’s health (Felitti et al., 1998). What the researchers found was that there is a strong link between early childhood trauma and later chronic disease and various social problems. It was also concluded that people who experience more than one traumatic event have a stronger likelihood of experiencing the resultant negative symptoms. A ten-question screening questionnaire corresponds to the ten areas of concern addressed in the study:

There are ten types of childhood trauma measured in the ACE Study. Five are personal-physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who is an alcoholic, a mother who is a victim of domestic violence, a family member in jail, a family member diagnosed with mental illness, and the disappearance of a parent through divorce, death or abandonment. (Felitti et al., 1998; acestoohigh.com)

One concern of using the ACEs questionnaire and research with English learners is that many of the issues that are the foundation of this study “may not capture the adverse experiences specific to immigrant families; in fact, it is possible that adverse experiences and environments that are specific to the immigrant experience are not reflected in traditional measures of ACE exposure” (Ramirez, 2017, p. 5). Some of the areas of trauma that are reflected in the ACEs questionnaire, which would only be used by a health professional, reflect difficulties also faced by native English-speaking children. For example, one study found that 46 percent of U.S.-born children have experienced at least one ACE, yet for Latino children the number is 76 percent. Also, 28 percent of Latino children have experienced four or more of these issues. For both the native and immigrant groups, parental divorce and economic hardship were the most prevalent ACE exposures (Ramirez, 2017). However, according to the Hispanic Community Health Study/Study of Latinos, many of the types of issues faced by recently arrived Latinos are not addressed by the ten areas covered in the ACEs study. As a result, a revised version of the ACEs that more accurately reflects the immigrant experience is provided in Figure 1.1. It shows the type of feel-

FIGURE 1.1

ACEs for Immigrant and Second Language Students

1. I have seen family members in dangerous situations.
2. I had to leave my home and escape to a different country due to violence or fear.
3. I have seen or experienced some form of sexual assault on either a family member or myself.
4. At some time in my life, I was separated from immediate family members for more than a week.
5. At some time in my life, I did not have enough food to eat or a safe place to live.
6. At some time in my life, I was not able to have the health care I needed.
7. At some time in my life, I was unable to attend school for at least three months.
8. Someone in my family has abused alcohol or drugs.
9. I am sometimes afraid to go out of my house.
10. I have been laughed at or bullied because of my clothes, accent, or ethnic heritage.
11. Sometimes I feel like I don't really belong anywhere.
12. Sometimes I have to take on adult responsibilities for which I do not feel prepared.

Source: Questionnaire based on the ACEs of the World Health Organization and the CDC.

ings that could be used to reveal the trauma-inducing situations that too many immigrant children have faced, or are still facing, that may be contributing to their ability to adjust to their new life and move from trauma to **resilience**. This list is not intended to be used as a screening tool or to replace any screener that has been already tested and approved for use with children, but it is designed to represent the types of issues and difficulties faced by immigrants and children of immigrants. Through listening to the stories of their students and discussions with family members, educators may hear of similar situations that could have caused traumatic stress. This list can serve as a frame of reference to better understand the backgrounds of the students.

It is worth noting that the World Health Organization (WHO) is currently developing and field-testing an international version of the ACEs tool (known as ACE-IQ) that can be used in global settings and that may be more appropriate for immigrants. The WHO International Questionnaire contains a variation of the original ten topics but has 31 questions. At the time of writing of this book, it was not yet available for general use. Check the WHO website (who.int) for updates.

English Learners and the Resilience Process

Teachers need to feel empowered to support and encourage students' journeys to resilience. In 2016, the U.S. Department of Education released the Newcomer Tool Kit. In it, the Department acknowledged the value of focusing on the strengths of the students: "It is critical for educators to acknowledge newcomers' individual strengths, the resilience they developed through the immigration process, and their rich potential for building on life experiences and prior schooling" (U.S. Department of Education, 2016, p. 3). The Newcomer Tool Kit continues by adding that supporting students and building upon their inner strengths must begin with strong, caring relationships:

While formal school programs are essential to meeting newcomers' social emotional needs, often it is the informal caring relationships between school staff and newcomers that matter most. Such relationships enable teachers to understand and tap into students' interests and attitudes to engage students and strengthen their learning experiences—and thereby bolster their academic success. (pp. 5–6)

While school and teachers are critical to the resilience process, they must work in conjunction with the other protective factors in the life of children. In a seminal study on refugee mental health, Van der Veer (1998) found three determinants of a person's ability to survive traumatic experiences:

1. Their own inner strengths observable from childhood, such as intelligence, social responsiveness, and quick recovery from illness.
2. Favorable family conditions, such as the presence of one reliable adult for assistance and care.
3. Conditions outside the home, such as a supportive school environment and strong community or religious ties, also called *social support*.

It is critical that educators acknowledge this three-pronged support system that many refugees, and we argue most immigrants, possess. It is also important that teachers assist students and their families to recognize and build upon this foundation, giving them the tools to move beyond the effects of their traumas. Morland and Birman (2020) describe this teamwork:

Typical immigrant strengths include deep and broad family ties, an abiding faith in the value of education, and “immigrant optimism”—or the confidence that life will be better in the United States. In addition, many immigrants are motivated by strong religious beliefs and socio-centric values. These values prioritize family or community welfare over the individual's, keeping their lives focused on larger goals and helping them endure and adapt to ongoing and often quite dramatic changes in their lives.... There is growing evidence that protective factors and processes such as supportive relationships with teachers, peers, family, and the community can help mediate these risks, resulting in improved academic performance of even the most vulnerable immigrant children over time. (pp. 108–109)

For Further Study

Alone or with colleagues in your educational setting, consider one or all of these questions. How will your responses help to expand your knowledge and that of your peers about this population of learners?

1. Which of the three main categories of immigrants with traumatic backgrounds are in your classroom (refugees, newcomers, or children from mixed immigrant status households)? What symptoms of trauma have you observed with your students?
2. What types of experiences have you had helping students who are being reunited with family members after years of separation? How has your school been able to help these families through this transition?
3. What would you consider to be your biggest challenge in helping students with chronic stress?
4. After considering Figure 1.1, how can you use this list in your context? What would this information help you to provide or change?

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