

## Brief Trauma Facts

**Trauma is a serious problem.** Most children and adults may experience at least one stressful or traumatic event during their lifetime and will overcome the traumatic event with support. Some individuals are at greater risk for more serious traumatic reactions. Risk factors can include:

- Proximity to a traumatic event
- Past exposure to trauma
- Substance abuse or mental illness
- Isolation
- Family stress and parents' traumatic experiences
- Loss of a loved one
- Community stressors (poverty, violence, immigration/asylum, homelessness)
- Abuse
- Bullying and cyberbullying victimization
- Aversive experiences related to cultural, racial, and/or gender discrimination

**Trauma can have a lasting impact.** Trauma can increase the risk for psychological, behavioral, or emotional problems (e.g., depression or posttraumatic stress disorder), substance abuse, low occupational attainment or academic failure, social maladjustment, and poor medical health outcomes.

**Immediate and common reactions to trauma can include:** Shock or disbelief, fear, sadness, guilt/shame, grief, confusion, pessimism, avoidance, or anger. In most cases these reactions are temporary and lessen over time.

**Be aware of possible warning signs.** If any of the following symptoms do not decrease over time, if they severely impact one's ability to participate in normal activities, or if significant changes are noted, a referral to a mental health professional may be necessary.

- Withdrawal or social isolation
- General lack of energy or reduced interest in previously enjoyed activities
- Difficulty concentrating or poor attention span
- Trouble regulating emotions and behaviors (e.g., crying easily, restlessness, easily startled or quick to anger, agitation, irritability, impatience, aggressiveness)
- Decline in school or work performance, school or work avoidance
- Physical complaints with no apparent cause (e.g., stomachaches, headaches)
- Maladaptive coping (e.g., drug or alcohol use, severe aggression)
- Repeated nightmares and reporting strong fears of death or violence
- Play or talk that is repetitive and reenacts the traumatic event
- Sleeping (e.g., difficulty falling or staying asleep) and eating disturbances (e.g., eating more or losing appetite)
- Regression in behavior (e.g., thumb sucking, clinginess, fear of dark, assuming fetal position, bedwetting)
- Changes in self-care (e.g., disheveled clothing, poor hygiene)
- Engaging in risky behaviors (e.g., substance abuse, sexually acting out, dangerous situations)

**Watch for signs of strong emotional reactions that warrant immediate attention:**

- Disorientation to the individual’s surroundings and bizarre behaviors
- Hitting and slamming objects, pets, or people
- Desire to do harm to self, including self-injurious behaviors (e.g., cutting on body)
- A sense of losing control over one’s life, including thoughts of suicide
- Social media posts expressing intolerance or anger
- Desire or expression of intent to hurt others, specifically homicidal thoughts

**There is help available.** If you or your family members are experiencing a crisis, reach out to the following:

- General Help: Mental Health Line Call 211 (Live Assistance)
- Suicide and Crisis: Call 988 (Live Assistance)
- Urgent Situations: Call 911(Emergency Response)
- National Suicide Prevention Lifeline: Call 1-800-273-8255 (or text HELLO to 741741)
- SAMHSA Helpline: Call 1-800-662-4357 (English and Spanish)
- Emotional and Psychological Trauma HelpGuide

## RECOMMENDED RESOURCES

### Trauma Impact on Children and Adolescents

- Downey, C., & Crummy, A. (2022). The impact of childhood trauma on children's wellbeing and adult behavior. *European Journal of Trauma & Dissociation*, 6(1), 100237. <https://doi.org/10.1016/j.ejtd.2021.100237>
- Hays-Grudo, J., & Morris, A. S. (2020). *Adverse and protective childhood experiences: A developmental perspective*. American Psychological Association. <https://doi.org/10.1037/0000177-000>
- Hays-Grudo, J., Morris, A. S., Beasley, L., Ciciolla, L., Shreffler, K., & Croff, J. (2021). Integrating and synthesizing adversity and resilience knowledge and action: The ICARE model. *The American Psychologist*, 76(2), 203–215. <https://doi.org/10.1037/amp0000766>
- Scully, C., McLaughlin, J., & Fitzgerald, A. (2019). The relationship between adverse childhood experiences, family functioning, and mental health problems among children and adolescents: a systematic review. *Journal of Family Therapy*, 42(2), 291–316. <https://doi.org/10.1111/1467-6427.12263>

### Bullying Victimization

- Abreu, R., & Kenny, M. (2018). Cyberbullying and LGBTQ youth: A systematic literature review and recommendations for prevention and intervention. *Journal of Child and Adolescent Trauma* 11, 81–97. <https://doi.org/10.1007/s40653-017-0175-7>
- Idsoe, T., Vaillancourt, T., Dyregrov, A., Hagen, K. A., Ogden, T., & Nærde, A. (2021). Bullying victimization and trauma. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.480353>

### Cultural, Gender, and Racial Discrimination

- Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. *American Psychologist*, 74(1), 1–5. <https://doi.org/10.1037/amp0000442>
- Edwards, E. C. (2021). Centering race to move towards an intersectional ecological framework for defining school safety for black students, *School Psychology Review*, 50, 254–273. <https://doi.org/10.1080/2372966X.2021.1930580>
- Rivas-Koehl, M., Valido, A., Espelage, D. L., Robinson, L. E., Hong, J.-S., H., Kuehl, T., Mint, S., & Wyman, P. A. (2022). Understanding protective factors for suicidality and depression among U.S. sexual and gender

minority adolescents: Implications for school psychologists. *School Psychology Review*, 51, 290–303.  
<https://doi.org/10.1080/2372966X.2021.1881411>

### **Environmental and Community Stressors**

Cohodes, E. M., Kribakaran, S., Odriozola, P., Bakirci, S., McCauley, S., Hodges, H. R., Sisk, L. M., Zacharek, S. J., Gee, & Dylan G., (2021). Migration-related trauma and mental health among migrant children emigrating from Mexico and Central America to the United States: Effects on developmental neurobiology and implications for policy. *Developmental Psychobiology*, 638(6), e2215.  
<https://doi.org/10.1002/dev.22158>

Sheffield Morris, A., Robinson, L. R., Hays-Grudo, J., Claussen, A. H., Hartwig, A., & Treat, A. E. (2017). Targeting parenting in early childhood: A public health approach to improve outcomes for children living in poverty. *Child Development*, 88, 388–397. <https://doi.org/10.1111/cdev.12743>

### **Psychosis and Trauma**

Pruessner, M., King, S., Veru, F., Schalinski, I., Vracotas, N., Abadi, S., & Jooper, R. (2021). Impact of childhood trauma on positive and negative symptom remission in first episode psychosis. *Schizophrenia Research*, 231, 82–89.

### **Emotional Dysregulation and Trauma**

Janiri, D., Moccia, L., Dattoli, L., Pepe, M., Molinaro, M., De Martin, V., Chieffo, D., Di Nicola, M., Fiorillo, A., Janiri, L., & Sani, G. (2021). Emotional dysregulation mediates the impact of childhood trauma on psychological distress: First Italian data during the early phase of COVID-19 outbreak. *Australian & New Zealand Journal of Psychiatry*, 55(11), 1071–1078.

Kerig, P. K. (2020). Emotion dysregulation and childhood trauma. In T. P. Beauchaine & S. E. Crowell (Eds.), *The Oxford handbook of emotion dysregulation* (pp. 265–282). Oxford University Press.

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*NASP has additional information for parents and educators on school safety, violence prevention, children's trauma reactions, and crisis response at [www.nasponline.org](http://www.nasponline.org).*

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