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The Impact of Trauma on Development and What Educators Do About It

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The Impact of Trauma on Development

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About me…

Educational & Professional Background

Doctoral Candidate-Lesley University
Understanding How Schools Can Support Sexually Traumatized Girls

M.Ed-Psychological Studies: Life Coach for Commercially Sexually Exploited teen girls and Domestic Violence advocate/hotline relief.

B.A. Theater Arts; Minor: Communications: Expressive Arts and Advocacy programs for women and girls who have experienced trauma.

Defining Trauma

- Complex Developmental Trauma: "The experience of childhood-onset, chronic adversity which is interpersonal in nature, and often occurs or co-occurs in the co-occurs in the context of the child's primary caregiving system."
- D'Andrea, Ford, Stolbach, Spinazzola, van der Kolk (2012)
- Van der Kolk (2009)
- Cook, Blaustein, Spinazzola, van der Kolk (2003).

Research Suggests…

- Mental Health & child welfare services are driven by developmental trauma.

- D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk (2012)
- Spinazzola et al. (2013)

Scaffolding

- General development relies upon scaffolding across the child's development. Scaffolding is generally defined as safe and consistent support to function as a "normal" healthy adult. In the absence of scaffold, traumatized youth fall behind the curve of development in comparison to their counterparts and become vulnerable.

Expression of Developmental Trauma

- Regulation
- Relationships
- Identity
- Information Processing

- Blaustein & Kinninburgh (2015)

Regulation

- Traumatized youth struggle with understanding, tolerating managing feelings & psychological states.
- Lack of support in proper coping skills may lead to substance abuse, high risk behaviors, self-harm, or withdrawal.

Relationships

- May stem from distrust of other individuals
- Fear of vulnerability
- Skill deficits to establish and maintain healthy relationships
- Lack of appropriate coping skills may lead to isolation or establishment of re-traumatizing relationships.

Identity

- Trauma deeply impacts self-identify
- Self-concept of youth is often negative, confused or fragmented.
- Feelings of being damaged, incapable and lack of self-confidence may surface.
- Often leads to inability to visualize the future

Information Processing

- Reflection is challenging: "the individual's ability to take in meaning about, and act on internal and external information in a goal-oriented way" Blaustein & Kinninburgh (2015) p. 2

- Executive Functioning
- Cognitive abilities such as problem-solving

Post Traumatic Stress Disorder (PTSD)

- Trauma-Specific reactions are called post traumatic stress (PTS)

- Intense emotional reactions to trauma triggers

- Symptoms of general anxiety, depression and behavioral disruption are also results of trauma

- Spinazzola, Habib, Knoverek, Arvidson, Nisenbaum, Wentworth, Hodgdon, Pond & Kisiel (2013)

Predictors of Child PTSD

- Trauma History
- Perception of Life Threat
- Psychiatric Problems
- Being Female

- Spinazzola, Habib, Knoverek, Arvidson, Nisenbaum, Wentworth, Hodgdon, Pond & Kisiel (2013)

The Impact of Trauma and Early Childhood through Adolescence

- **Strongest Predictors of the child's adjustment to trauma generally are**
  - The Child's perception of threat during and following potentially traumatic event

    (Khana, Feeny, Youngstrom & Drotar, 2006)

  - Caregiver response to trauma

    (Scheeringa & Zeanah, 2001)

    Spinazzola, Habib, Knoverek, Arvidson, Nisenbaum, Wentworth, Hodgdon, Pond & Kisiel (2013)

Perceptions of Threat

- <u>In infancy:</u> facial expressions, tone of voice, sudden loud noises, caregiver responsiveness to child's needs are how the infant interpret safety vs danger. The child may not be able to react verbally or even emotionally but certain sounds (such as glass being thrown and broken against a wall) have a lasting impact on the child's developing brain. Absence of comfort during a traumatic experience leads to mistrust of adults/authority. (Moore, 2009).

Perceptions of Threat

- <u>In toddler/school aged children:</u> facial expressions, tone of voice, sudden loud noises and caregiver non-responsiveness may result in a perceived threat.

- Cognitive development is increased at this stage, thus the child is more capable of imagining negative outcomes (Grist & Field, 2012)

Perceptions of Threat

- <u>In adolescence:</u> *Invincibility.* Brains are more developed and able to gather and process information about a potential threat or traumatic event and may overestimate their sense of safety— For example: underestimating potential risk of stepping in to defend abused mother.(Wickman, Greenberg, & Boren, 2010).

- Feelings of invincibility may lead to re-victimization or becoming the perpetrator.

Caregiver Response & Attachment

- <u>Infancy & Preschool-Aged:</u> When a child is traumatized in the prescience of supportive caregivers, his responses may mimic those of the parent (van der Kolk, 2003)

- Parent unresponsiveness to child's trauma may lead to Disorganized attachment (in the child) –learning that they cannot rely on their caregiver, being anxious/aggressive/paralyzed/frozen because of an inability to continue attempting to express emotions and behaviors synonymous with a need for comfort.

- Spinazzola, Habib, Knoverek, Arvidson, Nisenbaum, Wentworth, Hodgdon, Pond & Kisiel (2013)

Implications for the Future

- Attachment relationships with caregiver sets the framework for the child's friendships in preschool/school-aged stages and in romantic relationships during adolescence (Furman, 2001).

Attachment styles in adolescent boys

- Boys with a history of maltreatment who have developed avoidant and ambivalent attachment styles have been found to be at increased risk for perpetrating abuse within their romantic relationships while previously maltreated boys who developed anxious-ambivalent attachment styles were at risk of being victimized at the hands of their female partners.
- Weiss, MacMullin, Randall & Werkle, (2001)

Attachment styles in adolescent girls

- Secure attachment despite a history of maltreatment was associated with lower likelihood of female-to-male perpetration. Avoidant attachment style was found to predict risk for violence within romantic relationships during adolescence regardless of gender.

- Weiss, MacMullin, Randall & Werkle, (2001)

Developmental Variations in Trauma-Related Symptoms

- Traumatized youth often develop the following symptoms:
  - Anxiety
  - Aggression
  - Depression
  - Academic Impairment
  - Upsetting memories/dreams of trauma
  - Intense emotional and physical reactions to triggers

- Spinazzola, Habib, Knoverek, Arvidson, Nisenbaum, Wentworth, Hodgdon, Pond & Kisiel (2013)

Developmental Variations in Trauma-Related Symptoms

- <u>Infants & Toddlers:</u> Impaired sleep and compromised emotional regulation (Perry, Pollard, Blakely, Baker, & Vigilante, 1995)

- This occurs as a result of disrupted or incomplete child-caregiver relationship

- Toddlers become more accident prone, mobile reckless, hyperarousal, emotional numbing symptoms, PTSD, ADHD, regression, reenactment of trauma in play.

Developmental Variations in Trauma-Related Symptoms

- <u>School Aged Children:</u> Difficulty understanding his own responses to trauma

- React to social cues as threatening and respond with aggression

- Spinazzola, Habib, Knoverek, Arvidson, Nisenbaum, Wentworth, Hodgdon, Pond & Kisiel (2013)

Developmental Variations in Trauma-Related Symptoms

- <u>Adolescence:</u> Sleeping problems (may be overlooked because of inevitable hormone/sleep/developmental stages that occur in adolescence.

- Acting out behaviors: truancy, risky sexual behaviors and drug abuse. Most adolescents in the juvenile justice system have experienced trauma

- Spinazzola, Habib, Knoverek, Arvidson, Nisenbaum, Wentworth, Hodgdon, Pond & Kisiel (2013)

Child Welfare & Juvenile Justice

- Increasing attention is being paid to youth in child welfare and juvenile justice systems
- Two thirds of youth in juvenile justice systems have two or more disorders
- (externalizing disorders: oppositional defiance, substance abuse, internalizing disorders, PTSD)
- Such high rates of morbidity are believed to be the direct result of traumatic experiences...highlights the importance of raising awareness

- Spinazzola, Habib, Knoverek, Arvidson, Nisenbaum, Wentworth, Hodgdon, Pond & Kisiel (2013)

Prevalence

Table 1

Prevalence of Sexual Abuse

Abuse Period Studied	Study Known As	Prevalence; Sample Size
1935-1995	The ACE Study 1995-1997	22%; 13,494
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1917-1995	The National Violence Against Women Study 1995-1996	9.7%; 16,005
1984-2001	School Sports in Adolescents Study 2001	7.3%; 50,168
1988-2005	Adolescent Alcohol Related Sexual Assault Study 2005	54.1%; 1,017
1978-1995	National Survey of Adolescents 1995	8.2%; 3,614
1986-2003	Developmental Victimization Survey 2003	6.7%; 2,030
1984-2001	Influences of Immigration and Acculturation Study 2001, 2003	14%; 5,919

Adapted from:
Townsend, C., Rheingold, A.A. (2013) Estimating a child sexual abuse prevalence rate for practitioners: A review of child sexual abuse prevalence studies. *Darkness to Light.* Retrieved from www.D2L.org/1in10.

Commercial Sexual Exploitation of Children (CSEC)

- http://www.gems-girls.org/get-involved/very-young-girls

Impact of Pornography on Development

- Foubert (2017), an expert on sexual violence against women in the 21st century, discusses the dangers of pornography and its impact on sexual violence toward women—especially among millennials. Foubert (2017) states that over 88% of the scenes in pornographic footage display violence against a female by a male character.

Impact of Pornography on Development

- To further this research, Foubert (2017) reports that generally, after the act of violence occurs toward the female by the male, the response by the female wither sexual pleasure or no response at all. Foubert (2017) proposes that the most dangerous impact that this data has on children as young as eleven years old is that boys will be conditioned to believe *"Girls like to be hit"* and for girls, their response may be *"If he hits me, maybe I should like it."*

Implications for Educators

- **The Trauma and Learning Policy Initiative (TLPI)**
  - Harvard Law School
  - Mass. Advocates for Children
  - Lesley University

  - "The Green Book"; "The Purple Book"
  - *Helping Traumatized Children Learn*

Discipline

- Recognizing that a lot of what teachers perceive as non-compliant behaviors are actually manifestations of trauma for many students.

Discipline of Traumatized Children

- Cole et. al. (2005) suggests that as educators, education is more effective when it is understood that "many of the social and behavioral problems of traumatized children involve such difficulties as failing to understand directions, overreacting to comments...misreading context, failing to connect cause and effect and other forms of communication" (p. 17).

Exclusionary Practices in Schools

- Martin and Smith (2017) report that black girls have a significantly higher risk for harsh discipline and expulsion than their white counterparts. Because of this, black girls were graduating from high school at lower rates.

Exclusionary Practices in School

- According to Martin and Smith (2017), "the subversive pattern of teacher behaviors and school policies that contribute to Black girls being held back more and experiencing higher levels of teacher reported problems in their 10th grade classrooms completely accounted for an overall 300% difference in Black girls being pushed out of high school" (p. 9).

Expulsion Rates

- Gagnon, Gaffee, and Kennedy (2016) report on suspension rates in the State of New Hampshire. In the state of New Hampshire, boys have the highest rates of suspension and expulsion and are twice more likely to get expelled than girls. "Nationwide, schools are using exclusionary discipline more frequently with male students of color, lower income students, and students with disabilities" (p. 6).

Expulsion Rates

- Skiba and Losen (2016) echo this concern: "out-of-school suspension and expulsion fall more heavily on historically disadvantaged groups especially black students" (p. 6).

Expulsion Rates

- Anderson and Ritter (2017) state that a 2014 report from the U.S. Department of Education's Office for Civil Rights reports that Black students accounted for only 15% of the student population but yet made up 44% of suspensions and 36% of expulsions.

Expulsion Rates

- According to Curran (2016), higher suspension rates actually resulted in higher misbehaviors in school. Higher suspension rates were also linked to low academic achievement, high dropout rates and referrals to the juvenile justice system.

What does this have to do with trauma?

How are we addressing trauma in schools?

- Although there is a minimal amount of literature to address discipline of sexually traumatized girls in school, it is clear that boys are being punished more harshly in school than girls. Whereas girls (whether sexually traumatized or not), are being punished, but it is generally happening outside of school, most likely in the juvenile justice system. There is a large body of literature to address discipline of sexually traumatized girls in the United States juvenile justice system.

Where are all the traumatized girls?

- Saar et. al report that girls who have endured sexual assault are often referred to the juvenile justice system because of their victimization.

Girls in Juvenile Justice Systems

- Girls in residential care facilities have high rates of childhood sexual abuse. According to Saar et. al, in the state of Oregon, 93% of girls that were in the juvenile justice system experienced sexual abuse. In South Carolina, 81% of girls in the juvenile justice system were victims of sexual assault and 42% of dating violence. Scholars note that because the needs of sexually traumatized girls go unnoticed, they become targets for re-victimization (Saar et. al,)

Girls in Juvenile Justice

- There is also a lack of education about how to support girls in the juvenile justice system who have experienced sexual trauma (Crable, 2013); Saar et al. Unfortunately, the fact remains that "further studies are urgently needed, as virtually no national data exists to illuminate incarcerated girls' histories of sexual violence"

Girls in Juvenile Justice

- Saar et al reports that "over 190,000 girls live in foster care each year, but that not enough research is done in collecting their stories of sexual abuse or outcomes" (p. 27). According to Cole et. al (2005), "...a better understanding of difficulties traumatized children have in modulating their emotions and behaviors should lead schools to seek out therapeutic and positive behavioral supports rather than responding with punitive measures such as suspensions and expulsions" (p. 17).

Expulsion & Trauma

- Although the literature reports data which reflects some mistreatment of black girls in school discipline, there is more data to suggest that it is boys who are experiencing more harsh consequences in school at higher rates. This data suggests that girls, even those who have been sexually traumatized, are not experiencing high rates of suspension and expulsion from school because, most likely, as their behaviors begin to intensify, they are likely to be referred out of school and into the juvenile justice system (Chefouleas et. al 2016).

As a result…

- There still remains to be a lack of understanding by educators of how to effectively teach and support girls who have been sexually traumatized.

Interventions

- Family Traumatic Stress Intervention (Berkowitz, Stover & Maranas, 2011)

- Trauma-Focused Cognitive Behavioral Therapy (CBT) (Cohen, Mannarin, & Deblinger, 2006)

6 Key Principles Substance Abuse & Mental Health Services Administration (2014)	Building voice, Trust and support among students	Children who have witnessed violence.
Trauma Focused Cognitive Behavioral Therapy	Joint-care intervention between child and non-offending parent focused on helping the child to learn how to cope with triggers or traumatic memories.	Children exposed to sexual violence
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Combination of group and individual therapy sessions for children, caregivers, and educators on stress reduction, and skill-building.	Middle and High School students, Low literacy, Spanish speaking, & students In foster care, students who have witnessed community violence or natural disasters.

Multimodal Trauma Treatment ("Trauma-Focused Coping in Schools")	Addresses single incident trauma and skill-building through peer mediation.	Students age 9-18 (or grades 4-12) For students who have experienced a range of trauma.
National Childhood Traumatic Stress Network	Provides resources for all professionals including school Personnel on how to address Trauma among children who Have experienced some or all Forms of trauma.	All ages (trauma survivors Professionals; Educators
Trauma and Learning Policy Initiative (TLPI)	Two books "the purple book" "the blue book" addressed to School professionals and policy Makers on how to make schools Trauma-informed and support Academic achievement among Students who have experienced Or have been witness to trauma. (Collaboration with Harvard School Of Law and Mass. Advocates for Children)	School Personnel Policymakers

Understanding How Schools Can Support Sexually Traumatized Girls

A Qualified Paper Presented

by

Jennifer Etesse Herring

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Understanding How Schools Can Support Sexually Traumatized Girls

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Graduate School of Education
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Ph.D. Educational Studies
Educational Leadership Specialization

Qualifying Paper Approval
In the judgement of the following signatories, the Qualifying Paper is accepted.

Paul Naso
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Patricia Crain de Galarce
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Doctoral Committee Member_____   _____
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Introduction

Educators, policy makers and scholars in the field of education across the country are engaging in conversations about the importance of effective support in schools for female survivors of sexual assault. My interest in supporting sexually traumatized girls in school came from a variety of personal and professional experiences. As a domestic violence advocate and charter school teacher, I have been able to take a critical look at how women and girls are treated in society. What I have observed in schools and classrooms, I have become interested in learning what the literature says about what girls need to feel supported and successful in middle and high school. So far, in my work, I have come across many girls who have disclosed to me that they have endured some kind of sexual assault. Of course, with the help of my school's onsite clinical team, girls are able to identify their triggers, self-advocate, and work through finding their voice despite the trauma they have endured. However, despite their journey through the healing process, there still remains a concern across all grade levels and demographics for all female adolescent survivors of sexual assault. They report as struggling with accessing academic content and continuing to feel unsuccessful in school. As most educators can imagine, the feelings of inadequacy and self-doubt manifest themselves in various ways. Girls act out by yelling across the room at teachers in defiance, throwing furniture, crying with their head down on their desk, and even initiating aggressive or physical contact towards teachers and peers. These are all ways that misbehaviors of girls communicate a larger message—that they need more support. According to Gresham (2007), students who present with academic and behavioral challenges (including girls traumatized by sexual assault) have historically been referred to Special Education programming within the school without actually addressing their needs. According to

Chafouleas, Johnson, Overstreet, and Santos (2016) "..contemporary school-based efforts have moved away from these reactive approaches towards prevention-oriented models…in which data are routinely used to identify problems early and monitor response to increasingly intensive services to address needs" (p. 5). Currently, there is a limited amount of literature available on sexual trauma and how it impacts achievement of adolescent girls (Chafouleaus et. al, 2016). There is, however a larger body of literature on how sexual trauma impacts physical and physiological responses in adolescent girls (Cook, Spinazzola & van der Kolk, 2003; Grasso, Greene and Ford, 2014). There is also a growing body of literature on how discipline is handled in schools and in the juvenile justice system among girls who have been sexually traumatized Williams, Karlin and Wallace (2012), (Crable, 2013), (Saar et. al,). I choose to utilize these large bodies of literature to help deepen my understanding of what sexually traumatized girls need from their schools. In summary, I want to learn what sexually traumatized girls need in school to feel successful.

To learn more about what the literature says about what sexually traumatized girls need to feel successful in school, I will attempt to answer the questions: What is the nature of the problem of sexual trauma and why does it matter today? How is sexual trauma being addressed in school today? And what have educators and researchers begun to learn about existing programs that address sexual assault of female adolescents?

Because of the scope of the problem of sexual trauma, I will use this paper to outline the current understanding that is in the literature about a few aspects of the problem of sexual trauma. In the first section, I discuss the understanding of the nature of sexual trauma, prevalence of sexual assault, the impact of trauma on brain development, and commercial sexual exploitation of children. Section two outlines implications for educators specifically around

discipline of children in public schools across the Unites States. Lastly, section three discusses existing programs that seek to address what supportive practices in schools for students who have experienced trauma.

The Nature of the Problem

Commercial Sexual Exploitation of Children

Coakley and Lloyd (2008) found that girls with a history of abuse are also highly susceptible to commercial sexual exploitation, homelessness, prostitution, and teen pregnancy. Their conclusion is in contrast to the common expectation that for most children, childhood will be a safe space for growth and development; however, for young girls who have been sexually assaulted, childhood has been stolen. Adolescent survivors' lives become unstable, which often means they are unable to attend school. Thus, the impact of the sexual abuse continues to haunt young women well past the actual event(s) and become barriers to social and academic success. Commercial Sexual Exploitation of (female) Children (C.S.E.C.) often leads to juvenile delinquency. Unfortunately, as Williams, Karlin & Wallace (2012) note, SRV has evolved into becoming part of the sexual development of many Blacks and Latinas, and SRV leads to school dropouts, which translates to financial insecurity and a failure to attain educational/career aspirations. If these communities remain under-sourced, they compromise vitality and ability to support optimal development of girls (Lee, 2005; Miller, 2008). As Veysey's (2000) research notes, a growing number of girls enter the juvenile justice system. Many of these girls have experienced sexual/physical abuse, mental health challenges, and neglect. Veysey asserts that, without trauma-informed and gender specific interventions in schools, the population will likely experience high rates of criminality, substance abuse, interpersonal violence, and teenage

pregnancy. Foubert (2017), an expert on sexual violence against women in the 21st century,

discusses the dangers of pornography and its impact on sexual violence toward women—

especially among millennials. Foubert (2017) states that over 88% of the scenes in pornographic

footage display violence against a female by a male character. To further this research, Foubert

(2017) reports that generally, after the act of violence occurs toward the female by the male, the

response by the female whether sexual pleasure or no response at all. Foubert (2017) proposes

that the most dangerous impact that this data has on children as young as eleven years old is that

boys will be conditioned to believe *"Girls like to be hit"* and for girls, their response may be *"If*

he hits me, maybe I should like it."

The Nature of Trauma

The Substance Abuse and Mental Health Services Administration (SAMSHA) (2014)

defines trauma as: "the result of 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 individuals' functioning and mental, physical, social, emotional, or

spiritual well-being" (p. 7). Herman (1992) defines trauma as both a psychological event and a

relational event. Trauma is multi-faceted because it has various effects on the survivor. Brown

and Finkelhor (1992) describe warning signs that teachers can look for when working with a

child that has experienced sexual trauma. Withdrawal, aggression, delinquent behavior,

sexualized behavior are common in sexual abuse survivors (Brown & Finkelhor, 1992). Yates

(2004) describes psychopathology as deviation from normative developmental processes.

Childhood trauma has a negative impact on the development of the child from the time of the

traumatic event to adulthood (Yates, 2004). Other symptoms of sexual trauma are described by

Burgess, Groth and Srgoi (1998) and include distrust of authority figures, aggression,

hypervigilance, and seeking alliances with the most violent person in any situation are common

life beliefs and patterns seen in children who have been traumatized (Burgess, Groth & Srgoi,

1998). Cook, Spinazzola and van der Kolk (2003) of The National Child Traumatic Stress

Network Complex Trauma Task Force describes more diagnostic criteria for sexual trauma—

lack of behavior regulation, under-controlled or over-controlled behavior patterns, and impaired

cognitive functioning (Cook, Spinazzola & van der Kolk, 2003). Grasso, Greene and Ford (2014)

contributed to the official diagnosis of Developmental Trauma Disorder as well. The

collaborative discusses how to define and measure exposure to multiple adversities during

childhood.

Herman (1997) states "The special challenges of dealing with childhood trauma

necessitates the creation of climates or contexts that are supportive for traumatized children and

for the educators who teach them" (p. 9). In a survey conducted on 1699 children, 25 of them

received mental health treatment services. One in three of these children were victims of sexual

abuse and neglect. In addition, one in two children were found to have experienced the following

types of trauma: maltreatment, loss, dependency on a caregiver with mental health illness, and

domestic violence (Spinazzola, Ford, Zucker, van der Kolk, Silva, Smith & Blaustein (2005).

DeBellis et al. (2009) found that psychobiological research on trauma is inherently complex

because of the likelihood that children suffering from different subtypes of neglect often have

other psychobiological and psychosocial compromises and outcomes.

Prevalence of Sexual Assault

The literature establishes that a large portion of incidents of sexual assault take place in a

young woman's home (Kilpatrick, Saunders & Smith, 2003); (Landreth, 2012). According to the

literature (Anda et al, 2006); (Blodgett & Dorado, 2016) and the Center for Disease Control and

Prevention, Adverse Childhood Experiences (A.C.E.) studies "both positive and negative, have a

tremendous impact on future violence victimization and perpetration, and lifelong health and

opportunity" (CDC, 2017). Because of this, ACE studies are used to build foundational

knowledge in the literature examining the experiences of children and how their experiences

impact life outcomes. Blogdett and Dorado (2016), also state that A.C.E. studies are foundational

in the work that is required among traumatized individuals.

Saar et. al report that one in four American girls will experience sexual violence before

the age of eighteen. In addition, girls between the ages of sixteen and nineteen are four times

more likely than the general population to experience sexual violence.

Blogdett and Lanigan report that in a random sample of 2,101 elementary students, more

than 22% reported exposure to an Adverse Childhood Experience (A.C.E.) (Blogdett & Lanigan,

2015). In a voluntary sample of a parental report study conducted in 2016, of the 1,066 children

being reported on, 55% of parents reported that their children had exposure to an A.C.E.

(Blodgett, 2016).   According to Townsend and Rheingold (2013) "There is not a single

definitive study or meta-analysis that practitioners can point to as the basis for a child sexual

abuse prevalence statistic. The field of sexual assault is so vast that while having a wealth of

information available is helpful, it is also challenging because "…many practitioners are using

outdated and misleading prevalence statistics that are more than a decade old" (p. 6). As a result,

Townsend and Rheingold (2013) compiled national data to centralize more recent information on

the prevalence of sexual assault of children. Because of the time that has passed since adult

participants, Townsend and Rheingold "exclude all adult self-report studies from the final

cohort" (p. 13). Survey questions are excluded in this version of the data. Survey questions

referred to detailed events that occurred during sexual encounters reported by participants.

Survey questions and the original data table can be found in the original Townsend and

Rheingold (2013) literature review.

        Table 1 is a recreation of a table that appears in the Townsend and Rheingold (2013)

study conducted to present the prevalence of trauma resulting from sexual assault nationwide.

This table highlights studies that examine populations that include adolescent girls and their

responses to sexual assault experiences.

Table 1

Prevalence of Sexual Abuse

Abuse Period Studied	Study Known As	Prevalence; Sample Size
1935-1995	The ACE Study 1995-1997	22%; 13,494
1982-2000	Teen Dating Violence Study 2000-2001	13.2%; 2,101
1917-1995	The National Violence Against Women Study 1995-1996	9.7%; 16,005
1984-2001	School Sports in Adolescents Study 2001	7.3%; 50,168
1988-2005	Adolescent Alcohol Related Sexual Assault Study 2005	54.1%; 1,017
1978-1995	National Survey of Adolescents 1995	8.2%; 3,614
1986-2003	Developmental Victimization Survey 2003	6.7%; 2,030
1984-2001	Influences of Immigration and Acculturation Study 2001, 2003	14%; 5,919

In addition to Townsend and Rheingold (2013), various scholars report on the prevalence

of sexual assault of women and girls on a national level. Adolescent Alcohol Related Sexual

Assault Study included questions about sexual acts that perpetrators did not considered abusive.

Large numbers of abused women likely mean large numbers of abused children. Based on the

data complied, Townsend and Rheingold (2013) concluded the following:

- One in ten children are sexually abused

- One in ten children will be sexually abused before they turn 18.

- One in seven girls will be abused before they turn 18, compared to one in 25 boys.

- "As many as 400,000 babies will be sexually abused by their 18th birthday unless
  we do something to stop it" (p. 21).

Adolescent girls are particularly at high risk. Kilpatrick, Saunders and Smith's (2003)

national survey of adolescents also shows an overwhelming prevalence of the rate of sexual

assault, physical assault, physically abusive punishment, and witnessing acts of violence. Rates

of victimization among 12-17 year olds are high, yet estimates suggest that 86% of sexual

assaults and 65% of physical assaults went unreported. Kilpatrick, Saunders and Smith's (2003)

emphasize that most statistical reports about violence against women, specifically sexual

violence-are actually higher than reported numbers.

The Rape, Abuse and Incest National Network (RAINN) reports national statistics on

sexual abuse in the United States provided by the Bureau of Justice Statistics. Between 2009-

2013 child protective services agencies reported that 63,000 children a year were victims of

sexual abuse. Additionally, one in nine girls experienced sexual assault compared to one in fifty

three boys. (Truman, 2014). In reviewing the literature, I noticed that periodically there are

instances where rates of sexual assault are severely underreported, as well as periods of time

when they are reported at the typical rate. When it comes to criminal victimization, Truman

(2015) reported that there was no significant change in rates of crime from 2013 to 2014. Based

on my review of the literature, there continued to be a need for an explanation for years where

there is no assault documented as being reported.

Sinanan (2011) sought to identify what family risk factors (i.e. domestic violence,

inadequate housing, financial problems, or substance abuse) correlated to physical abuse

reporting by educational personnel. By focusing on relationships in the child's environment,

Sinanan found that: (a) younger children and children with prior abuse history were likely to be

impacted; (b) there was a significant difference in reporting based on race: African American and

Hispanic children have more reports than white children; (c) a correlation existed between risk

factors and higher rates of reports; and, (d) the failure to report effects the child's abuse reporting

system and society's ability to help the child.

The Impact of Trauma on Brain Development and Cognitive Functioning

Teicher (2009) was the first to propose that trauma has a negative impact on the

neurobiology of the child. The most abuse-sensitive structures in the brain are the prefrontal

cortex, the corpus callosum and the hippocampus (Teicher, 2009). Even so, according to Teicher

(2009), "Developmental Traumatology is still in its infancy" and scholars are still unclear on

why trauma tends to have a more severe impact on some than others. Van der Kolk and Saporta

(1993) agree with Teicher (2009) on the effects trauma has on the brain and write extensively on

the discovery. "The human response to trauma is so constant across traumatic stimuli that it is

safe to say that the central nervous system (CNS) seems to react to any overwhelming,

threatening and uncontrollable experience in quite a consistent pattern" (p.28). According to

Banks (2006), close relational ties are critical for brain development. Providing an environment

in which children can experience healthy connection, reorganize relationships through sensory

and interpersonal experiences, and thereby facilitate this brain-repair process (Banks, 2006). The

literature shows that traumatized children, aside from the neurobiological response that results

from trauma, exhibit a lack of trust in one or both parents.

According to Cole et al. (2005), childhood trauma impacts academic performance in

Language and Communication, Social and Emotional Communication, and Problem Solving and

Analysis. Learning new verbal information overstimulates the traumatized brain which causes it

to constantly regulate itself. Van der Kolk (2005) reports that children who have experienced

trauma are constantly balancing deciding whether or not they can trust the adult(s) in their life,

calming their bodies down when upset and paying attention in class while over-stimulated and

aroused emotionally. "Studies are beginning to uncover neurobiological evidence that the ability

to connect words to experience can be impeded by trauma" (p. 24). Traumatized children also

have no internal maps to guide them, which causes them to act instead of plan. Executive

Functioning is negatively impacted by trauma as well.

The experience of trauma impacts a child's ability to maintain healthy social

relationships, self-advocate and problem solve. Coster and Cicchetti (1993) state that language

should serve as a means for communication and social interaction. When a child's early learning

of language as a way to communicate feelings and emotions is inhibited, "for the child, language

becomes a tool that serves to get tasks accomplished rather than for social and emotional

exchanges" (p. 73). This dynamic impacts cognitive and behavioral regulation. When it comes to

problem solving, Coster and Cicchetti (1993) also state that traumatized children struggle with expression and self-reporting. Van der Kolk (2000) reports that trauma is followed by excessive response to minor triggers which is an indicator of decreased frontal lobe function (which regulates learning and problem solving). Trauma is also followed by an increased limbic system which regulates sensitivity and impulsivity (Streeck-Fischer & van der Kolk, 2000).

Miller and Steiver (2013), propose that normal human development seeks to cultivate the ability to build and maintain nurturing relationships (2013). The limbic system houses the amygdala and facilitates memory formation of past experiences. Teicher et al. (1993) study reports that 38% of abused children showed an increase in limbic abnormalities after physical abuse, 49% after sexual abuse, and 113% following more than one type of abuse. The amygdala helps to generate an emotional response and does not respond to stress hormones, its inappropriate response to high levels of stress in a traumatized brain are said to cause Post Traumatic Stress Disorder (PTSD) (Rothschild, 2004). According to Teicher (2002), the corpus callosum (the region between the two hemispheres of the brain), is smaller in abused children. Because of this, brain activity tends to switch between the right and left hemispheres more frequently than in a normal healthy brain. As a result, mood and personality shifts are likely to occur which cause stress to the brain, which then causes rewiring of the brain to cope with violent behavior.

Neuroendocrine regulates moods, stress responses, the immune system and digestive disruption, once trauma is a factor, the abused child is more likely than the healthy child to develop psychological and physiological problems. After trauma occurs, there is a decrease in hippocampal volume which is responsible for special awareness, memories and events. It also

facilitates making sense of incoming information and responding to stress. After trauma occurs,

the hippocampus begins to lose its function abilities (Rothschild, 2004).

Eventually, the ultimate danger of trauma and its impact on the brain is that it leads to

depression, suicide and other at-risk behaviors that are harmful to the child. Meaney (2009)

describes the gene called: NR3CI found only in the brains of abused children. This gene impacts

the hippocampus which when met with high levels of stress from trauma can lead to anxiety,

depression and suicide. Colozino (2002) emphasizes that even in the womb, the fetus

understands trauma and communicates a stress response to trauma. From birth, the child is

constantly anticipating stress or the trauma to re-occur. This leads to higher levels of cortisol and

eventually, higher likelihood of depression in adulthood (Gunnar, 1998; Colozino, 2002).

Implications for School Discipline Practices

This section attempts to answer the question: Why is there a need for trauma-sensitive

programming in schools? Although there is a limited amount of data analyzing the rates of

sexually traumatize girls that are experiencing harsh consequences in school, the data that are

available show that the demographic profile of students and the average rate of suspended and

expelled students is consistent with the profile and rate of students who have experienced some

form of trauma in their lifetime (Cole et al, 2005). Cole et. al. (2005) suggests that as educators,

education is more effective when it is understood that "many of the social and behavioral

problems of traumatized children involve such difficulties as failing to understand directions,

overreacting to comments…misreading context, failing to connect cause and effect and other

forms of communication" (p. 17). Giving harsh consequences to students leaves too much room

for miscommunication and keeps students from maximizing their learning time.

In an attempt to maintain a strict, rigorous, academic atmosphere, schools have instituted

harsh discipline policies. Unfortunately, these harsh consequences have resulted in certain

groups of students being marginalized. Martin and Smith (2017) report that black girls have a

significantly higher risk for harsh zero-tolerance discipline and expulsion than their white

counterparts. Because of discipline policies and other school culture barriers, black girls were

graduating from high school at lower rates. According to Martin and Smith (2017), "the

subversive pattern of teacher behaviors and school policies that contribute to Black girls being

held back more and experiencing higher levels of teacher reported problems in their 10th grade

classrooms completely accounted for an overall 300% difference in Black girls being pushed out

of high school" (p. 9).

According to Denice, Gross and Rausch (2015), in schools, there is always an interplay

between school culture and discipline. Meaning there is a close relationship between how

teachers generally perceive their students and how they carry out consequences for misbehaviors.

According to the literature, more attention needs to be paid to how school culture impacts

discipline. "Researchers need to commit to rigorous methods of data analysis so we have

confidence in finding that we are producing as well as collecting new information on schools'

exclusionary discipline practices" (p. 10).

Gagnon, Gaffee, and Kennedy (2016) report on suspension rates in the State of New

Hampshire. In New Hampshire, boys have the highest rates of suspension and expulsion and are

twice more likely to get expelled than girls. "Nationwide, schools are using exclusionary

discipline more frequently with male students of color, lower income students, and students with

disabilities" (p. 6). Skiba and Losen (2016) echo this concern: "out-of-school suspension and

expulsion fall more heavily on historically disadvantaged groups especially black students" (p.

6). In addition, MyTeaching, a professional development program specifically utilized to train

teachers on cultural sensitivity and relationship-building has significantly benefitted black

students. School discipline becomes an issue from early childhood. State and Federal policies

want to decrease reliance on suspension as a form of management of students and class culture.

By doing this, there will be more opportunities to develop more socioemotional learning centered

practices (Gregory and Fergus, 2017).

Anderson and Ritter (2017) state that a 2014 report from the U.S. Department of

Education's Office for Civil Rights reports that Black students accounted for only 15% of the

student population but yet made up 44% of suspensions and 36% of expulsions. According to

Curran (2016), higher suspension rates actually resulted in higher misbehaviors in school. Higher

suspension rates were also linked to low academic achievement, high dropout rates and referrals

to the juvenile justice system.

According to Williams, Karlin and Wallace (2012), Black and Latina adolescent women

are at high risk for negative consequences of sexual risk vulnerability (SRV) which correlate

with a high prevalence of teenage pregnancy and high school dropout rates (Williams, Karlin and

Wallace, 2012). Finkelhor (2009) reports that current initiatives for sexual assault utilize two

primary strategies: offender management and school-based education programs. Although

approved by the public and policy makers, Finkelhor believes these strategies are ineffective

when they only address stereotypes of children and perpetrators—public offenses and preying on

children in open public spaces. However, in truth, most offenders have no record of sex-offense.

Almost ten years later, it is apparent that society continues to criminalize girls who have been

sexually traumatized. Saar et. al report that girls who have endured sexual assault are often

referred to the juvenile justice system because of their victimization. Girls in residential care

facilities have high rates of childhood sexual abuse. According to Saar et. al (2016), in the state

of Oregon, 93% of girls that were in the juvenile justice system experienced sexual abuse. In

South Carolina, 81% of girls in the juvenile justice system were victims of sexual assault and

42% of dating violence. Scholars note that because the needs of sexually traumatized girls go

unnoticed, they become targets for re-victimization (Saar et. al, 2016, Crable, 2013, Cole, et al.

2005). There is also a lack of education about how to support girls in the juvenile justice system

who have experienced sexual trauma (Crable, 2013); Saar et al. Unfortunately, the fact remains

that "further studies are urgently needed, as virtually no national data exists to illuminate

incarcerated girls' histories of sexual violence" (p. 7). In addition, Saar et al reports that "over

190,000 girls live in foster care each year, but that not enough research is done in collecting their

stories of sexual abuse or outcomes" (p. 27). According to Cole et. al (2005), "…a better

understanding of difficulties traumatized children have in modulating their emotions and

behaviors should lead schools to seek out therapeutic and positive behavioral supports rather

than responding with punitive measures such as suspensions and expulsions" (p. 17). Although

the literature reports data which reflects mistreatment of black girls in school discipline, These

data suggest that as their behaviors begin to intensify, even those who have been sexually

traumatized are likely to be referred out of school and into the juvenile justice system

(Chefouleas et. al 2016). There is evidence, therefore, that a lack of understanding by educators

of how to effectively teach and support girls who have been sexually traumatized.

Existing Programs

It is necessary to distinguish the difference between the terms "trauma-sensitive" and "trauma-informed." According to Cole et. Al (2005), "trauma-sensitive" refers to an intentional safe and supportive school environment for students who have experienced trauma. "Trauma-informed" is generally used in the context of behavioral health care of trauma survivors and typically has to do with the role of therapists. The Trauma and Learning Policy Initiative (TLPI) believes that it is important to make the distinction so that teachers do not conduct themselves as therapists in the classroom, but that they focus more on creating a school climate of support for trauma survivors.

This section of the paper explores the research literature on what trauma-sensitive programs currently exist in schools. As stated in the literature, the three states that have done the most work on trauma sensitivity in schools are Massachusetts, California and Washington (Blodgett & Dorado, 2016). Efforts that have been made by those three states, most likely indicate all efforts around trauma-sensitivity in schools nationwide.

Dr. van der Kolk's research birthed the National Child Trauma Stress Network (NCTSN) which has sparked a lot of the scholarship on trauma and implementing supportive strategies for child trauma survivors across the United States. The NCTSN also provides suggestions to school and school personnel on how to provide comprehensive supports for children who have endured trauma.

Many school programs that currently exist originate from the proposal that CBTs are the most effective when supporting survivors of trauma (Linehan, 1992; Cohen et. al. 2006; Chafouleas, et al. 2016). The Substance Abuse and Mental Health Services Administration

(2014), developed best practices in serving traumatized students within the context of their

school. These programs are what Chafouleas et al. (2016) call multitiered intervention and

prevention systems which are used to provide safe and supportive strategies for students in

school who have experienced trauma. Although most of these strategies are beneficial to girls

who have experienced sexual trauma, none of these approaches cater only to female adolescent

survivors of sexual trauma (Chefouleas, et. al., 2016).

Below is an organizational chart adapted from Chefouleas et. al. (2016) that outlines

efforts, strategies, age group served and the reported effectiveness of each program.

Table 2

Trauma-Informed Interventions in School

Intervention	Strategy	Population
6 Key Principles Substance Abuse & Mental Health Services Administration (2014)	Building voice, Trust and support among students	Children who have witnessed violence.
Trauma Focused Cognitive Behavioral Therapy	Joint-care intervention between child and non-offending parent focused on helping the child to learn how to cope with triggers or traumatic memories.	Children exposed to sexual violence
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Combination of group and individual therapy sessions for children, caregivers, and educators on stress reduction, and skill-building.	Middle and High School students, Low literacy, Spanish speaking, & students In foster care, students who have witnessed community violence or natural disasters.
Multimodal Trauma Treatment	Addresses single incident	Students age 9-18

("Trauma-Focused Coping in Schools")	trauma and skill-building through peer mediation.	(or grades 4-12) For students who have experienced a range of trauma.
National Childhood Traumatic Stress Network	Provides resources for all professionals including school Personnel on how to address Trauma among children who Have experienced some or all Forms of trauma.	All ages (trauma survivors Professionals; Educators
Trauma and Learning Policy Initiative (TLPI)	Two books "the purple book" "the blue book" addressed to School professionals and policy Makers on how to make schools Trauma-informed and support Academic achievement among Students who have experienced Or have been witness to trauma. (Collaboration with Harvard School Of Law and Mass. Advocates for Children)	School Personnel Policymakers

Adapted from: (SOURCE)
Chafouleas, S.M., Johnson, A.H., Overstreet, S., and Santos, N.M. (2016). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health,* 8, 144-162. Retrieved from: http://files.eric.ed.gov/fulltext/ED575023.pdf

Chafouleas et al. (2016) reports that the best way to support students who have been traumatized is through a multitiered prevention and intervention system. They argue that it is imperative to approach educating young survivors of trauma with an awareness of how their socio-emotional and developmental progress has been impacted. Because of the growth in knowledge among scholars surrounding educating traumatized children, as well as the above mentioned interventions, it is clear that this is an ongoing conversation among scholars. Even so they report that "despite each of these advances, considerations around incorporating school mental health, specifically trauma and traumatic stress, have yet to be fully and systematically developed for multitiered prevention systems" (p. 6).

The issue of sexual assault among girls in school is addressed in a variety of ways depending on school culture and the needs of the students. Blodgett and Dorado (2016) state that because the concept of trauma-sensitive practices in schools is new, not much is known about what works. In addition, they suggest that "The need to develop a coherent framework to support high impact practice is increasingly part of the national discussion on trauma-informed schools" (p.50). Although there is no one school that currently exists solely to address trauma, there are efforts being made to incorporate trauma-sensitivity in schools nationwide.

According to the literature, most efforts of supporting sexually traumatized girls are based in residential or juvenile justice systems because of the overwhelming number of sexually traumatized girls who are being served in those contexts. In addition to a lack of literature on how to support sexually traumatized girls in school, much of the existing research on trauma emphasizes general trauma, as opposed to sexual trauma by itself (Blodgett and Dorado, 2016). There continues to be a need for literature that covers the field of sexual trauma separate from the general overarching "trauma" literature. Continuing to include sexual trauma with general "trauma" will cause practitioners to overlook specific needs that the population has that no other population would benefit from. Blodgett and Dorado (2016) report that "there is no currently established practice integrating the trauma-informed practices in schools and social emotional learning practices" (p. 23).

Trauma intervention practices in schools focus mainly on approaches that are cognitive-behavioral and emphasize stress reduction. Research has shown the effectiveness for behavioral therapies for survivors of trauma (Foa, Rothbaum & Murdock, 1991; Linehan, 1993; Scheeringa, 2010), however, research has not shown whether or not cognitive-behavioral therapies in schools are linked to academic achievement of sexually traumatized girls.

Trauma-Sensitive Practices in Schools

Existing programs that will be discussed for the purposes of this paper include: NME, The Sanctuary Model, HEARTS, CLEAR and ARC (Cole et al., 2005) and the Trauma and Learning Policy Initiative. These programs have been established across school districts in the United States—specifically districts in Massachusetts, California and Washington State, to cultivate a culture of inclusion and understanding of the problem of trauma among educators and students. However, none are established for the purpose of raising awareness of sexual trauma and raising academic achievement of sexually traumatized adolescent girls.

The Neurosequential Model of Education (NME) (Perry, 2008) is a strategy developed by the Child Trauma Academy staff in which they conduct monthly phone calls to educate teachers on supporting traumatized children. NME is a web-based, train-the-trainer professional development for teachers. The ultimate purpose of the program is to "guide child assessment in order to identify the primary development problems and develop a rehabilitative plan that reduces trauma behaviors and increases successful participation in developmentally appropriate educational activities" (p. 54). NME incorporates neuroscience and development of the traumatized brain with best educational practices to form a program that is responsive to the developmental and academic needs of a traumatized child. Barfield et al. 2012 state that effective treatment must reflect and tailor to how the traumatized brain processes information.

Trauma-Informed School Movement

The Sanctuary Model provides intentional learning opportunities throughout the day. It is a model that expects educators to provide a safe and supportive learning community for students, and developing critical skills to reducing symptoms that result in trauma. This model is utilized in over 350 organizations (Blodgett & Dorado, 2016). The Healthy Environments and Response to Trauma in Schools (H.E.A.R.T.S.) program was established in 2009 (Bloom, 2013) as mental health clinicians providing services to students in schools. As a result, students who returned to class continued to struggle with maintaining healthy relationships. Researchers realized that students needed more comprehensive programming and high quality school supports to address their trauma. The San Francisco Department of Public Health then collaborated with four local schools to develop trauma-informed systems in San Francisco schools that allowed students to feel safe and supported in their school (Blodgett & Dorado, 2016); (Bloom, 2013). Bloom (2013) developed H.E.A.R.T.S. Today, H.E.A.R.T.S. is currently being utilized in the state of California and was informed by the work being done in Massachusetts at the Trauma and Learning Policy Initiative (Cole et al. 2005). H.E.A.R.T.S. established six (6) principles in their framework to be utilized in schools that are looking to be trauma-informed in their practice. The principles of the framework are a). Understand trauma and stress b). establish safety and predictability c). foster compassionate, dependable relationships d). promote resilience and social emotional learning e). practice cultural humility and responsiveness f). facilitate empowerment and collaboration. These principles emphasize empowerment of the child through building healthy relationship skills and promoting resilience.

Wolpow, Johnson, Hertel and Kincaid (2016) wrote The Heart of Learning and Teaching as a guide for their "Compassionate Schools." In collaboration with the Washington Office of the

Superintendent and the education program at Western Washington University, the team

established schools across Washington that focus on support with resilience and compassion

(Kincaid, 2016; Blodgett & Dorado, 2016). These programs are implemented by the state of

Washington in an effort to create more safe and supportive schools for children who have

experienced trauma. The program is based on existing resilience literature and supports teachers

in empowering traumatized youth with resilience. The Compassionate Schools initiative is not a

formal curriculum, but a program that is based on the work of TLPI, and uses six (6) principles

to create safe and supportive instructional practices in the classroom. The six principles are: a).

always empower, never disempower, b).provide unconditional positive regard c). Maintain high

expectations d). Check assumptions e). Be a relationship coach f). Provide guided opportunities

for helpful participation (Kincaid, 2016; Blodgett & Dorado, 2016). Much like the H.E.A.R.T.S.

program, Compassionate schools recognize students as individuals and takes a holistic approach

to the child's healing and learning.

Ko and Sprague (2007) developed the Collaborative Learning for Educational

Achievement and Resilience (C.L.E.A.R.) model. The C.L.E.A.R. model is made up of trauma-

informed systems change in schools (Ko & Sprague, 2007); (Blodgett & Dorado, 2016). This

model is established for schools that are responding to students who have experienced complex

trauma. C.L.E.A.R. has been implemented in thirty two (32) schools across seventeen (17)

districts in Washington and California (Blodgett & Dorado, 2016). Redford (2015) reports the

discoveries in A.C.E. studies on the link between trauma and poor health outcomes. Girls who

have experienced sexual trauma are more likely to experience poor health outcomes. Current

existing literature on existing trauma-informed programs utilized in schools give rise to my

question "What does it mean to be a trauma-informed school?" Redford writes about his

documentary *Paper Tigers* which seeks to answer the question (Redford, 2015). The programs

listed above are established in an effort to begin informing practice in schools for traumatized

children. A common theme in these programs is that they provide a safe and supportive learning

environment as well as collaboration among all professionals in the school building. CLEAR

provides complex trauma treatment as a foundation to the response to trauma within the school.

What makes CLEAR effective is that its focus is on "supporting the academic and social success

of students…to mitigate the long term effects on trauma even when more formal treatment is not

possible" (p. 60). Trauma expertise is incorporated into school systems and routines.

Incorporating systems and routines that are "weaved into the fabric of the school" (Cole

et al. 2005) is the philosophy of the Massachusetts Trauma and Learning Policy Initiative

(TLPI). It was through the work of the TLPI that numerous schools and districts across the state

were able to gain the support and training necessary to establish and maintain safe and

supportive schools for child survivors of trauma (Cole et al., 2005); (Blodgett & Dorado, 2016).

In the late 1990s, Massachusetts Advocates for Children (MAC) noticed that there was a high

incidence of exposure to violence among children across the state (Cole, et al, 2005). In response

to these findings, they developed The Task Force on Children Affected by Domestic Violence,

which later became the Safe and Supportive Learning Environment grants program which

provided opportunities for schools to begin implementing the work of trauma sensitive

approaches to educating traumatized youth in schools. MAC and Lesley University's Center for

Special Education joined together in 2000 to form an interdisciplinary team of professionals to

address how to help traumatized children receive access to a quality education. In 2004 Harvard

Law School joined the partnership and together they became the Trauma Policy and Learning

Initiative (TLPI) and they published *Helping Traumatized Children Learn (HTCL).* This text

discusses a framework to use as a tool when establishing a trauma sensitive school. This

framework would later become a mandated by the state for any aspiring "Safe and Supportive"

school that looked to utilize funding from the Safe and Supportive Learning Environment grant.

It is important that educators be trained on how to provide a supportive learning

environment for students that have experienced trauma (Cole et al. 2005; Blodgett & Dorado,

2016). Very few areas in the literature specify the educational and emotional needs of sexually

traumatized girls. Most of the literature reports best practices in support of students who have

experienced "trauma." Trauma intervention practices in schools focus mainly on approaches that

are cognitive-behavioral and emphasize stress reduction. These approaches are useful because

research has shown the need for behavioral therapies for survivors of trauma (Foa, Rothbaum &

Murdock, 1991; Scheeringa, 2010), however, they may not be useful in helping sexual trauma

survivors close learning gaps that still exist and support their academic success in school.

Conclusion

In this paper, multiple factors that influence the marginalization of women and girls

especially those who have been sexually assaulted are introduced. I discussed the scope of the

problem, how it influences the work of educators across the United States as well as efforts that

have been made in the states of California, Washington and Massachusetts to provide supportive

supports in schools for sexually traumatized girls. Based on the literature, there remains to be a

need for further investigation on what a model trauma-sensitive public school looks like. In

addition, there must be a centralized body of resources for educators and school administrators

that outlines best practices and program development in schools to address sexually traumatized girls.

After examining the literature on sexual trauma and existing programs that address trauma in-school programs, I am interested in exploring what conditions are necessary in a school to provide a safe and supportive learning environment for female adolescent survivors of sexual assault. By understanding these conditions, educators, scholars and policymakers will have tangible evidence on the need for female adolescent survivors of sexual trauma to have a safe and supportive learning environment in school.

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Understanding How Schools Can Support Sexually Traumatized Girls

A Qualified Paper Presented

by

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Understanding How Schools Can Support Sexually Traumatized Girls

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Introduction

Educators, policy makers and scholars in the field of education across the country are engaging in conversations about the importance of effective support in schools for female survivors of sexual assault. My interest in supporting sexually traumatized girls in school came from a variety of personal and professional experiences. As a domestic violence advocate and charter school teacher, I have been able to take a critical look at how women and girls are treated in society. What I have observed in schools and classrooms, I have become interested in learning what the literature says about what girls need to feel supported and successful in middle and high school. So far, in my work, I have come across many girls who have disclosed to me that they have endured some kind of sexual assault. Of course, with the help of my school's onsite clinical team, girls are able to identify their triggers, self-advocate, and work through finding their voice despite the trauma they have endured. However, despite their journey through the healing process, there still remains a concern across all grade levels and demographics for all female adolescent survivors of sexual assault. They report as struggling with accessing academic content and continuing to feel unsuccessful in school. As most educators can imagine, the feelings of inadequacy and self-doubt manifest themselves in various ways. Girls act out by yelling across the room at teachers in defiance, throwing furniture, crying with their head down on their desk, and even initiating aggressive or physical contact towards teachers and peers. These are all ways that misbehaviors of girls communicate a larger message—that they need more support. According to Gresham (2007), students who present with academic and behavioral challenges (including girls traumatized by sexual assault) have historically been referred to Special Education programming within the school without actually addressing their needs. According to

Chafouleas, Johnson, Overstreet, and Santos (2016) "..contemporary school-based efforts have moved away from these reactive approaches towards prevention-oriented models…in which data are routinely used to identify problems early and monitor response to increasingly intensive services to address needs" (p. 5). Currently, there is a limited amount of literature available on sexual trauma and how it impacts achievement of adolescent girls (Chafouleaus et. al, 2016). There is, however a larger body of literature on how sexual trauma impacts physical and physiological responses in adolescent girls (Cook, Spinazzola & van der Kolk, 2003; Grasso, Greene and Ford, 2014). There is also a growing body of literature on how discipline is handled in schools and in the juvenile justice system among girls who have been sexually traumatized Williams, Karlin and Wallace (2012), (Crable, 2013), (Saar et. al,). I choose to utilize these large bodies of literature to help deepen my understanding of what sexually traumatized girls need from their schools. In summary, I want to learn what sexually traumatized girls need in school to feel successful.

To learn more about what the literature says about what sexually traumatized girls need to feel successful in school, I will attempt to answer the questions: What is the nature of the problem of sexual trauma and why does it matter today? How is sexual trauma being addressed in school today? And what have educators and researchers begun to learn about existing programs that address sexual assault of female adolescents?

Because of the scope of the problem of sexual trauma, I will use this paper to outline the current understanding that is in the literature about a few aspects of the problem of sexual trauma. In the first section, I discuss the understanding of the nature of sexual trauma, prevalence of sexual assault, the impact of trauma on brain development, and commercial sexual exploitation of children. Section two outlines implications for educators specifically around

discipline of children in public schools across the Unites States. Lastly, section three discusses existing programs that seek to address what supportive practices in schools for students who have experienced trauma.

The Nature of the Problem

Commercial Sexual Exploitation of Children

Coakley and Lloyd (2008) found that girls with a history of abuse are also highly susceptible to commercial sexual exploitation, homelessness, prostitution, and teen pregnancy. Their conclusion is in contrast to the common expectation that for most children, childhood will be a safe space for growth and development; however, for young girls who have been sexually assaulted, childhood has been stolen. Adolescent survivors' lives become unstable, which often means they are unable to attend school. Thus, the impact of the sexual abuse continues to haunt young women well past the actual event(s) and become barriers to social and academic success. Commercial Sexual Exploitation of (female) Children (C.S.E.C.) often leads to juvenile delinquency. Unfortunately, as Williams, Karlin & Wallace (2012) note, SRV has evolved into becoming part of the sexual development of many Blacks and Latinas, and SRV leads to school dropouts, which translates to financial insecurity and a failure to attain educational/career aspirations. If these communities remain under-sourced, they compromise vitality and ability to support optimal development of girls (Lee, 2005; Miller, 2008). As Veysey's (2000) research notes, a growing number of girls enter the juvenile justice system. Many of these girls have experienced sexual/physical abuse, mental health challenges, and neglect. Veysey asserts that, without trauma-informed and gender specific interventions in schools, the population will likely experience high rates of criminality, substance abuse, interpersonal violence, and teenage

pregnancy. Foubert (2017), an expert on sexual violence against women in the 21st century,

discusses the dangers of pornography and its impact on sexual violence toward women—

especially among millennials. Foubert (2017) states that over 88% of the scenes in pornographic

footage display violence against a female by a male character. To further this research, Foubert

(2017) reports that generally, after the act of violence occurs toward the female by the male, the

response by the female whether sexual pleasure or no response at all. Foubert (2017) proposes

that the most dangerous impact that this data has on children as young as eleven years old is that

boys will be conditioned to believe *"Girls like to be hit"* and for girls, their response may be *"If

he hits me, maybe I should like it."*

The Nature of Trauma

The Substance Abuse and Mental Health Services Administration (SAMSHA) (2014)

defines trauma as: "the result of 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 individuals' functioning and mental, physical, social, emotional, or

spiritual well-being" (p. 7). Herman (1992) defines trauma as both a psychological event and a

relational event. Trauma is multi-faceted because it has various effects on the survivor. Brown

and Finkelhor (1992) describe warning signs that teachers can look for when working with a

child that has experienced sexual trauma. Withdrawal, aggression, delinquent behavior,

sexualized behavior are common in sexual abuse survivors (Brown & Finkelhor, 1992). Yates

(2004) describes psychopathology as deviation from normative developmental processes.

Childhood trauma has a negative impact on the development of the child from the time of the

traumatic event to adulthood (Yates, 2004). Other symptoms of sexual trauma are described by

Burgess, Groth and Srgoi (1998) and include distrust of authority figures, aggression,

hypervigilance, and seeking alliances with the most violent person in any situation are common

life beliefs and patterns seen in children who have been traumatized (Burgess, Groth & Srgoi,

1998). Cook, Spinazzola and van der Kolk (2003) of The National Child Traumatic Stress

Network Complex Trauma Task Force describes more diagnostic criteria for sexual trauma—

lack of behavior regulation, under-controlled or over-controlled behavior patterns, and impaired

cognitive functioning (Cook, Spinazzola & van der Kolk, 2003). Grasso, Greene and Ford (2014)

contributed to the official diagnosis of Developmental Trauma Disorder as well. The

collaborative discusses how to define and measure exposure to multiple adversities during

childhood.

Herman (1997) states "The special challenges of dealing with childhood trauma

necessitates the creation of climates or contexts that are supportive for traumatized children and

for the educators who teach them" (p. 9). In a survey conducted on 1699 children, 25 of them

received mental health treatment services. One in three of these children were victims of sexual

abuse and neglect. In addition, one in two children were found to have experienced the following

types of trauma: maltreatment, loss, dependency on a caregiver with mental health illness, and

domestic violence (Spinazzola, Ford, Zucker, van der Kolk, Silva, Smith & Blaustein (2005).

DeBellis et al. (2009) found that psychobiological research on trauma is inherently complex

because of the likelihood that children suffering from different subtypes of neglect often have

other psychobiological and psychosocial compromises and outcomes.

Prevalence of Sexual Assault

The literature establishes that a large portion of incidents of sexual assault take place in a young woman's home (Kilpatrick, Saunders & Smith, 2003); (Landreth, 2012). According to the literature (Anda et al, 2006); (Blodgett & Dorado, 2016) and the Center for Disease Control and Prevention, Adverse Childhood Experiences (A.C.E.) studies "both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity" (CDC, 2017). Because of this, ACE studies are used to build foundational knowledge in the literature examining the experiences of children and how their experiences impact life outcomes. Blogdett and Dorado (2016), also state that A.C.E. studies are foundational in the work that is required among traumatized individuals.

Saar et. al report that one in four American girls will experience sexual violence before the age of eighteen. In addition, girls between the ages of sixteen and nineteen are four times more likely than the general population to experience sexual violence.

Blogdett and Lanigan report that in a random sample of 2,101 elementary students, more than 22% reported exposure to an Adverse Childhood Experience (A.C.E.) (Blogdett & Lanigan, 2015). In a voluntary sample of a parental report study conducted in 2016, of the 1,066 children being reported on, 55% of parents reported that their children had exposure to an A.C.E. (Blodgett, 2016).   According to Townsend and Rheingold (2013) "There is not a single definitive study or meta-analysis that practitioners can point to as the basis for a child sexual abuse prevalence statistic. The field of sexual assault is so vast that while having a wealth of information available is helpful, it is also challenging because "…many practitioners are using outdated and misleading prevalence statistics that are more than a decade old" (p. 6). As a result, Townsend and Rheingold (2013) compiled national data to centralize more recent information on

the prevalence of sexual assault of children. Because of the time that has passed since adult

participants, Townsend and Rheingold "exclude all adult self-report studies from the final

cohort" (p. 13). Survey questions are excluded in this version of the data. Survey questions

referred to detailed events that occurred during sexual encounters reported by participants.

Survey questions and the original data table can be found in the original Townsend and

Rheingold (2013) literature review.

Table 1 is a recreation of a table that appears in the Townsend and Rheingold (2013)

study conducted to present the prevalence of trauma resulting from sexual assault nationwide.

This table highlights studies that examine populations that include adolescent girls and their

responses to sexual assault experiences.

Table 1

Prevalence of Sexual Abuse

Abuse Period Studied	Study Known As	Prevalence; Sample Size
1935-1995	The ACE Study 1995-1997	22%; 13,494
1982-2000	Teen Dating Violence Study 2000-2001	13.2%; 2,101
1917-1995	The National Violence Against Women Study 1995-1996	9.7%; 16,005
1984-2001	School Sports in Adolescents Study 2001	7.3%; 50,168
1988-2005	Adolescent Alcohol Related Sexual Assault Study 2005	54.1%; 1,017
1978-1995	National Survey of Adolescents 1995	8.2%; 3,614
1986-2003	Developmental Victimization Survey 2003	6.7%; 2,030
1984-2001	Influences of Immigration and Acculturation Study 2001, 2003	14%; 5,919

In addition to Townsend and Rheingold (2013), various scholars report on the prevalence of sexual assault of women and girls on a national level. Adolescent Alcohol Related Sexual Assault Study included questions about sexual acts that perpetrators did not considered abusive. Large numbers of abused women likely mean large numbers of abused children. Based on the data complied, Townsend and Rheingold (2013) concluded the following:

- One in ten children are sexually abused

- One in ten children will be sexually abused before they turn 18.

- One in seven girls will be abused before they turn 18, compared to one in 25 boys.

- "As many as 400,000 babies will be sexually abused by their 18th birthday unless we do something to stop it" (p. 21).

Adolescent girls are particularly at high risk. Kilpatrick, Saunders and Smith's (2003) national survey of adolescents also shows an overwhelming prevalence of the rate of sexual assault, physical assault, physically abusive punishment, and witnessing acts of violence. Rates of victimization among 12-17 year olds are high, yet estimates suggest that 86% of sexual assaults and 65% of physical assaults went unreported. Kilpatrick, Saunders and Smith's (2003) emphasize that most statistical reports about violence against women, specifically sexual violence-are actually higher than reported numbers.

The Rape, Abuse and Incest National Network (RAINN) reports national statistics on sexual abuse in the United States provided by the Bureau of Justice Statistics. Between 2009-2013 child protective services agencies reported that 63,000 children a year were victims of sexual abuse. Additionally, one in nine girls experienced sexual assault compared to one in fifty

three boys. (Truman, 2014). In reviewing the literature, I noticed that periodically there are instances where rates of sexual assault are severely underreported, as well as periods of time when they are reported at the typical rate. When it comes to criminal victimization, Truman (2015) reported that there was no significant change in rates of crime from 2013 to 2014. Based on my review of the literature, there continued to be a need for an explanation for years where there is no assault documented as being reported.

Sinanan (2011) sought to identify what family risk factors (i.e. domestic violence, inadequate housing, financial problems, or substance abuse) correlated to physical abuse reporting by educational personnel. By focusing on relationships in the child's environment, Sinanan found that: (a) younger children and children with prior abuse history were likely to be impacted; (b) there was a significant difference in reporting based on race: African American and Hispanic children have more reports than white children; (c) a correlation existed between risk factors and higher rates of reports; and, (d) the failure to report effects the child's abuse reporting system and society's ability to help the child.

The Impact of Trauma on Brain Development and Cognitive Functioning

Teicher (2009) was the first to propose that trauma has a negative impact on the neurobiology of the child. The most abuse-sensitive structures in the brain are the prefrontal cortex, the corpus callosum and the hippocampus (Teicher, 2009). Even so, according to Teicher (2009), "Developmental Traumatology is still in its infancy" and scholars are still unclear on why trauma tends to have a more severe impact on some than others. Van der Kolk and Saporta (1993) agree with Teicher (2009) on the effects trauma has on the brain and write extensively on the discovery. "The human response to trauma is so constant across traumatic stimuli that it is

safe to say that the central nervous system (CNS) seems to react to any overwhelming, threatening and uncontrollable experience in quite a consistent pattern" (p.28). According to Banks (2006), close relational ties are critical for brain development. Providing an environment in which children can experience healthy connection, reorganize relationships through sensory and interpersonal experiences, and thereby facilitate this brain-repair process (Banks, 2006). The literature shows that traumatized children, aside from the neurobiological response that results from trauma, exhibit a lack of trust in one or both parents.

According to Cole et al. (2005), childhood trauma impacts academic performance in Language and Communication, Social and Emotional Communication, and Problem Solving and Analysis. Learning new verbal information overstimulates the traumatized brain which causes it to constantly regulate itself. Van der Kolk (2005) reports that children who have experienced trauma are constantly balancing deciding whether or not they can trust the adult(s) in their life, calming their bodies down when upset and paying attention in class while over-stimulated and aroused emotionally. "Studies are beginning to uncover neurobiological evidence that the ability to connect words to experience can be impeded by trauma" (p. 24). Traumatized children also have no internal maps to guide them, which causes them to act instead of plan. Executive Functioning is negatively impacted by trauma as well.

The experience of trauma impacts a child's ability to maintain healthy social relationships, self-advocate and problem solve. Coster and Cicchetti (1993) state that language should serve as a means for communication and social interaction. When a child's early learning of language as a way to communicate feelings and emotions is inhibited, "for the child, language becomes a tool that serves to get tasks accomplished rather than for social and emotional exchanges" (p. 73). This dynamic impacts cognitive and behavioral regulation. When it comes to

problem solving, Coster and Cicchetti (1993) also state that traumatized children struggle with

expression and self-reporting. Van der Kolk (2000) reports that trauma is followed by excessive

response to minor triggers which is an indicator of decreased frontal lobe function (which

regulates learning and problem solving). Trauma is also followed by an increased limbic system

which regulates sensitivity and impulsivity (Streeck-Fischer & van der Kolk, 2000).

Miller and Steiver (2013), propose that normal human development seeks to cultivate the

ability to build and maintain nurturing relationships (2013). The limbic system houses the

amygdala and facilitates memory formation of past experiences. Teicher et al. (1993) study

reports that 38% of abused children showed an increase in limbic abnormalities after physical

abuse, 49% after sexual abuse, and 113% following more than one type of abuse. The amygdala

helps to generate an emotional response and does not respond to stress hormones, its

inappropriate response to high levels of stress in a traumatized brain are said to cause Post

Traumatic Stress Disorder (PTSD) (Rothschild, 2004). According to Teicher (2002), the corpus

callosum (the region between the two hemispheres of the brain), is smaller in abused children.

Because of this, brain activity tends to switch between the right and left hemispheres more

frequently than in a normal healthy brain. As a result, mood and personality shifts are likely to

occur which cause stress to the brain, which then causes rewiring of the brain to cope with

violent behavior.

Neuroendocrine regulates moods, stress responses, the immune system and digestive

disruption, once trauma is a factor, the abused child is more likely than the healthy child to

develop psychological and physiological problems. After trauma occurs, there is a decrease in

hippocampal volume which is responsible for special awareness, memories and events. It also

facilitates making sense of incoming information and responding to stress. After trauma occurs, the hippocampus begins to lose its function abilities (Rothschild, 2004).

Eventually, the ultimate danger of trauma and its impact on the brain is that it leads to depression, suicide and other at-risk behaviors that are harmful to the child. Meaney (2009) describes the gene called: NR3CI found only in the brains of abused children. This gene impacts the hippocampus which when met with high levels of stress from trauma can lead to anxiety, depression and suicide. Colozino (2002) emphasizes that even in the womb, the fetus understands trauma and communicates a stress response to trauma. From birth, the child is constantly anticipating stress or the trauma to re-occur. This leads to higher levels of cortisol and eventually, higher likelihood of depression in adulthood (Gunnar, 1998; Colozino, 2002).

Implications for School Discipline Practices

This section attempts to answer the question: Why is there a need for trauma-sensitive programming in schools? Although there is a limited amount of data analyzing the rates of sexually traumatize girls that are experiencing harsh consequences in school, the data that are available show that the demographic profile of students and the average rate of suspended and expelled students is consistent with the profile and rate of students who have experienced some form of trauma in their lifetime (Cole et al, 2005). Cole et. al. (2005) suggests that as educators, education is more effective when it is understood that "many of the social and behavioral problems of traumatized children involve such difficulties as failing to understand directions, overreacting to comments…misreading context, failing to connect cause and effect and other

forms of communication" (p. 17). Giving harsh consequences to students leaves too much room

for miscommunication and keeps students from maximizing their learning time.

In an attempt to maintain a strict, rigorous, academic atmosphere, schools have instituted

harsh discipline policies. Unfortunately, these harsh consequences have resulted in certain

groups of students being marginalized. Martin and Smith (2017) report that black girls have a

significantly higher risk for harsh zero-tolerance discipline and expulsion than their white

counterparts. Because of discipline policies and other school culture barriers, black girls were

graduating from high school at lower rates. According to Martin and Smith (2017), "the

subversive pattern of teacher behaviors and school policies that contribute to Black girls being

held back more and experiencing higher levels of teacher reported problems in their 10th grade

classrooms completely accounted for an overall 300% difference in Black girls being pushed out

of high school" (p. 9).

According to Denice, Gross and Rausch (2015), in schools, there is always an interplay

between school culture and discipline. Meaning there is a close relationship between how

teachers generally perceive their students and how they carry out consequences for misbehaviors.

According to the literature, more attention needs to be paid to how school culture impacts

discipline. "Researchers need to commit to rigorous methods of data analysis so we have

confidence in finding that we are producing as well as collecting new information on schools'

exclusionary discipline practices" (p. 10).

Gagnon, Gaffee, and Kennedy (2016) report on suspension rates in the State of New

Hampshire. In New Hampshire, boys have the highest rates of suspension and expulsion and are

twice more likely to get expelled than girls. "Nationwide, schools are using exclusionary

discipline more frequently with male students of color, lower income students, and students with

disabilities" (p. 6). Skiba and Losen (2016) echo this concern: "out-of-school suspension and

expulsion fall more heavily on historically disadvantaged groups especially black students" (p.

6). In addition, MyTeaching, a professional development program specifically utilized to train

teachers on cultural sensitivity and relationship-building has significantly benefitted black

students. School discipline becomes an issue from early childhood. State and Federal policies

want to decrease reliance on suspension as a form of management of students and class culture.

By doing this, there will be more opportunities to develop more socioemotional learning centered

practices (Gregory and Fergus, 2017).

Anderson and Ritter (2017) state that a 2014 report from the U.S. Department of

Education's Office for Civil Rights reports that Black students accounted for only 15% of the

student population but yet made up 44% of suspensions and 36% of expulsions. According to

Curran (2016), higher suspension rates actually resulted in higher misbehaviors in school. Higher

suspension rates were also linked to low academic achievement, high dropout rates and referrals

to the juvenile justice system.

According to Williams, Karlin and Wallace (2012), Black and Latina adolescent women

are at high risk for negative consequences of sexual risk vulnerability (SRV) which correlate

with a high prevalence of teenage pregnancy and high school dropout rates (Williams, Karlin and

Wallace, 2012). Finkelhor (2009) reports that current initiatives for sexual assault utilize two

primary strategies: offender management and school-based education programs. Although

approved by the public and policy makers, Finkelhor believes these strategies are ineffective

when they only address stereotypes of children and perpetrators—public offenses and preying on

children in open public spaces. However, in truth, most offenders have no record of sex-offense.

Almost ten years later, it is apparent that society continues to criminalize girls who have been sexually traumatized. Saar et. al report that girls who have endured sexual assault are often referred to the juvenile justice system because of their victimization. Girls in residential care facilities have high rates of childhood sexual abuse. According to Saar et. al (2016), in the state of Oregon, 93% of girls that were in the juvenile justice system experienced sexual abuse. In South Carolina, 81% of girls in the juvenile justice system were victims of sexual assault and 42% of dating violence. Scholars note that because the needs of sexually traumatized girls go unnoticed, they become targets for re-victimization (Saar et. al, 2016, Crable, 2013, Cole, et al. 2005). There is also a lack of education about how to support girls in the juvenile justice system who have experienced sexual trauma (Crable, 2013); Saar et al. Unfortunately, the fact remains that "further studies are urgently needed, as virtually no national data exists to illuminate incarcerated girls' histories of sexual violence" (p. 7). In addition, Saar et al reports that "over 190,000 girls live in foster care each year, but that not enough research is done in collecting their stories of sexual abuse or outcomes" (p. 27). According to Cole et. al (2005), "…a better understanding of difficulties traumatized children have in modulating their emotions and behaviors should lead schools to seek out therapeutic and positive behavioral supports rather than responding with punitive measures such as suspensions and expulsions" (p. 17). Although the literature reports data which reflects mistreatment of black girls in school discipline, These data suggest that as their behaviors begin to intensify, even those who have been sexually traumatized are likely to be referred out of school and into the juvenile justice system (Chefouleas et. al 2016). There is evidence, therefore, that a lack of understanding by educators of how to effectively teach and support girls who have been sexually traumatized.

Existing Programs

It is necessary to distinguish the difference between the terms "trauma-sensitive" and "trauma-informed." According to Cole et. Al (2005), "trauma-sensitive" refers to an intentional safe and supportive school environment for students who have experienced trauma. "Trauma-informed" is generally used in the context of behavioral health care of trauma survivors and typically has to do with the role of therapists. The Trauma and Learning Policy Initiative (TLPI) believes that it is important to make the distinction so that teachers do not conduct themselves as therapists in the classroom, but that they focus more on creating a school climate of support for trauma survivors.

This section of the paper explores the research literature on what trauma-sensitive programs currently exist in schools. As stated in the literature, the three states that have done the most work on trauma sensitivity in schools are Massachusetts, California and Washington (Blodgett & Dorado, 2016). Efforts that have been made by those three states, most likely indicate all efforts around trauma-sensitivity in schools nationwide.

Dr. van der Kolk's research birthed the National Child Trauma Stress Network (NCTSN) which has sparked a lot of the scholarship on trauma and implementing supportive strategies for child trauma survivors across the United States. The NCTSN also provides suggestions to school and school personnel on how to provide comprehensive supports for children who have endured trauma.

Many school programs that currently exist originate from the proposal that CBTs are the most effective when supporting survivors of trauma (Linehan, 1992; Cohen et. al. 2006; Chafouleas, et al. 2016). The Substance Abuse and Mental Health Services Administration

(2014), developed best practices in serving traumatized students within the context of their

school. These programs are what Chafouleas et al. (2016) call multitiered intervention and

prevention systems which are used to provide safe and supportive strategies for students in

school who have experienced trauma. Although most of these strategies are beneficial to girls

who have experienced sexual trauma, none of these approaches cater only to female adolescent

survivors of sexual trauma (Chefouleas, et. al., 2016).

Below is an organizational chart adapted from Chefouleas et. al. (2016) that outlines

efforts, strategies, age group served and the reported effectiveness of each program.

Table 2

Trauma-Informed Interventions in School

Intervention	Strategy	Population
6 Key Principles Substance Abuse & Mental Health Services Administration (2014)	Building voice, Trust and support among students	Children who have witnessed violence.
Trauma Focused Cognitive Behavioral Therapy	Joint-care intervention between child and non-offending parent focused on helping the child to learn how to cope with triggers or traumatic memories.	Children exposed to sexual violence
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Combination of group and individual therapy sessions for children, caregivers, and educators on stress reduction, and skill-building.	Middle and High School students, Low literacy, Spanish speaking, & students In foster care, students who have witnessed community violence or natural disasters.
Multimodal Trauma Treatment	Addresses single incident	Students age 9-18

("Trauma-Focused Coping in Schools")	trauma and skill-building through peer mediation.	(or grades 4-12) For students who have experienced a range of trauma.
National Childhood Traumatic Stress Network	Provides resources for all professionals including school Personnel on how to address Trauma among children who Have experienced some or all Forms of trauma.	All ages (trauma survivors Professionals; Educators
Trauma and Learning Policy Initiative (TLPI)	Two books "the purple book" "the blue book" addressed to School professionals and policy Makers on how to make schools Trauma-informed and support Academic achievement among Students who have experienced Or have been witness to trauma. (Collaboration with Harvard School Of Law and Mass. Advocates for Children)	School Personnel Policymakers

Adapted from: (SOURCE)
Chafouleas, S.M., Johnson, A.H., Overstreet, S., and Santos, N.M. (2016). Toward a blueprint for trauma-informed
        service delivery in schools. *School Mental Health,* 8, 144-162. Retrieved from:
        http://files.eric.ed.gov/fulltext/ED575023.pdf

Chafouleas et al. (2016) reports that the best way to support students who have been

traumatized is through a multitiered prevention and intervention system. They argue that it is

imperative to approach educating young survivors of trauma with an awareness of how their

socio-emotional and developmental progress has been impacted. Because of the growth in

knowledge among scholars surrounding educating traumatized children, as well as the above

mentioned interventions, it is clear that this is an ongoing conversation among scholars. Even so

they report that "despite each of these advances, considerations around incorporating school

mental health, specifically trauma and traumatic stress, have yet to be fully and systematically

developed for multitiered prevention systems" (p. 6).

The issue of sexual assault among girls in school is addressed in a variety of ways depending on school culture and the needs of the students. Blodgett and Dorado (2016) state that because the concept of trauma-sensitive practices in schools is new, not much is known about what works. In addition, they suggest that "The need to develop a coherent framework to support high impact practice is increasingly part of the national discussion on trauma-informed schools" (p.50). Although there is no one school that currently exists solely to address trauma, there are efforts being made to incorporate trauma-sensitivity in schools nationwide.

According to the literature, most efforts of supporting sexually traumatized girls are based in residential or juvenile justice systems because of the overwhelming number of sexually traumatized girls who are being served in those contexts. In addition to a lack of literature on how to support sexually traumatized girls in school, much of the existing research on trauma emphasizes general trauma, as opposed to sexual trauma by itself (Blodgett and Dorado, 2016). There continues to be a need for literature that covers the field of sexual trauma separate from the general overarching "trauma" literature. Continuing to include sexual trauma with general "trauma" will cause practitioners to overlook specific needs that the population has that no other population would benefit from. Blodgett and Dorado (2016) report that "there is no currently established practice integrating the trauma-informed practices in schools and social emotional learning practices" (p. 23).

Trauma intervention practices in schools focus mainly on approaches that are cognitive-behavioral and emphasize stress reduction. Research has shown the effectiveness for behavioral therapies for survivors of trauma (Foa, Rothbaum & Murdock, 1991; Linehan, 1993; Scheeringa, 2010), however, research has not shown whether or not cognitive-behavioral therapies in schools are linked to academic achievement of sexually traumatized girls.

Trauma-Sensitive Practices in Schools

      Existing programs that will be discussed for the purposes of this paper include: NME, The Sanctuary Model, HEARTS, CLEAR and ARC (Cole et al., 2005) and the Trauma and Learning Policy Initiative. These programs have been established across school districts in the United States—specifically districts in Massachusetts, California and Washington State, to cultivate a culture of inclusion and understanding of the problem of trauma among educators and students. However, none are established for the purpose of raising awareness of sexual trauma and raising academic achievement of sexually traumatized adolescent girls.

      The Neurosequential Model of Education (NME) (Perry, 2008) is a strategy developed by the Child Trauma Academy staff in which they conduct monthly phone calls to educate teachers on supporting traumatized children. NME is a web-based, train-the-trainer professional development for teachers. The ultimate purpose of the program is to "guide child assessment in order to identify the primary development problems and develop a rehabilitative plan that reduces trauma behaviors and increases successful participation in developmentally appropriate educational activities" (p. 54). NME incorporates neuroscience and development of the traumatized brain with best educational practices to form a program that is responsive to the developmental and academic needs of a traumatized child. Barfield et al. 2012 state that effective treatment must reflect and tailor to how the traumatized brain processes information.

Trauma-Informed School Movement

The Sanctuary Model provides intentional learning opportunities throughout the day. It is a model that expects educators to provide a safe and supportive learning community for students, and developing critical skills to reducing symptoms that result in trauma. This model is utilized in over 350 organizations (Blodgett & Dorado, 2016). The Healthy Environments and Response to Trauma in Schools (H.E.A.R.T.S.) program was established in 2009 (Bloom, 2013) as mental health clinicians providing services to students in schools. As a result, students who returned to class continued to struggle with maintaining healthy relationships. Researchers realized that students needed more comprehensive programming and high quality school supports to address their trauma. The San Francisco Department of Public Health then collaborated with four local schools to develop trauma-informed systems in San Francisco schools that allowed students to feel safe and supported in their school (Blodgett & Dorado, 2016); (Bloom, 2013). Bloom (2013) developed H.E.A.R.T.S. Today, H.E.A.R.T.S. is currently being utilized in the state of California and was informed by the work being done in Massachusetts at the Trauma and Learning Policy Initiative (Cole et al. 2005). H.E.A.R.T.S. established six (6) principles in their framework to be utilized in schools that are looking to be trauma-informed in their practice. The principles of the framework are a). Understand trauma and stress b). establish safety and predictability c). foster compassionate, dependable relationships d). promote resilience and social emotional learning e). practice cultural humility and responsiveness f). facilitate empowerment and collaboration. These principles emphasize empowerment of the child through building healthy relationship skills and promoting resilience.

Wolpow, Johnson, Hertel and Kincaid (2016) wrote The Heart of Learning and Teaching as a guide for their "Compassionate Schools." In collaboration with the Washington Office of the

Superintendent and the education program at Western Washington University, the team

established schools across Washington that focus on support with resilience and compassion

(Kincaid, 2016; Blodgett & Dorado, 2016). These programs are implemented by the state of

Washington in an effort to create more safe and supportive schools for children who have

experienced trauma. The program is based on existing resilience literature and supports teachers

in empowering traumatized youth with resilience. The Compassionate Schools initiative is not a

formal curriculum, but a program that is based on the work of TLPI, and uses six (6) principles

to create safe and supportive instructional practices in the classroom. The six principles are: a).

always empower, never disempower, b).provide unconditional positive regard c). Maintain high

expectations d). Check assumptions e). Be a relationship coach f). Provide guided opportunities

for helpful participation (Kincaid, 2016; Blodgett & Dorado, 2016). Much like the H.E.A.R.T.S.

program, Compassionate schools recognize students as individuals and takes a holistic approach

to the child's healing and learning.

Ko and Sprague (2007) developed the Collaborative Learning for Educational

Achievement and Resilience (C.L.E.A.R.) model. The C.L.E.A.R. model is made up of trauma-

informed systems change in schools (Ko & Sprague, 2007); (Blodgett & Dorado, 2016). This

model is established for schools that are responding to students who have experienced complex

trauma. C.L.E.A.R. has been implemented in thirty two (32) schools across seventeen (17)

districts in Washington and California (Blodgett & Dorado, 2016). Redford (2015) reports the

discoveries in A.C.E. studies on the link between trauma and poor health outcomes. Girls who

have experienced sexual trauma are more likely to experience poor health outcomes. Current

existing literature on existing trauma-informed programs utilized in schools give rise to my

question "What does it mean to be a trauma-informed school?" Redford writes about his

documentary *Paper Tigers* which seeks to answer the question (Redford, 2015). The programs

listed above are established in an effort to begin informing practice in schools for traumatized

children. A common theme in these programs is that they provide a safe and supportive learning

environment as well as collaboration among all professionals in the school building. CLEAR

provides complex trauma treatment as a foundation to the response to trauma within the school.

What makes CLEAR effective is that its focus is on "supporting the academic and social success

of students…to mitigate the long term effects on trauma even when more formal treatment is not

possible" (p. 60). Trauma expertise is incorporated into school systems and routines.

Incorporating systems and routines that are "weaved into the fabric of the school" (Cole

et al. 2005) is the philosophy of the Massachusetts Trauma and Learning Policy Initiative

(TLPI). It was through the work of the TLPI that numerous schools and districts across the state

were able to gain the support and training necessary to establish and maintain safe and

supportive schools for child survivors of trauma (Cole et al., 2005); (Blodgett & Dorado, 2016).

In the late 1990s, Massachusetts Advocates for Children (MAC) noticed that there was a high

incidence of exposure to violence among children across the state (Cole, et al, 2005). In response

to these findings, they developed The Task Force on Children Affected by Domestic Violence,

which later became the Safe and Supportive Learning Environment grants program which

provided opportunities for schools to begin implementing the work of trauma sensitive

approaches to educating traumatized youth in schools. MAC and Lesley University's Center for

Special Education joined together in 2000 to form an interdisciplinary team of professionals to

address how to help traumatized children receive access to a quality education. In 2004 Harvard

Law School joined the partnership and together they became the Trauma Policy and Learning

Initiative (TLPI) and they published *Helping Traumatized Children Learn (HTCL).* This text

discusses a framework to use as a tool when establishing a trauma sensitive school. This

framework would later become a mandated by the state for any aspiring "Safe and Supportive"

school that looked to utilize funding from the Safe and Supportive Learning Environment grant.

It is important that educators be trained on how to provide a supportive learning

environment for students that have experienced trauma (Cole et al. 2005; Blodgett & Dorado,

2016). Very few areas in the literature specify the educational and emotional needs of sexually

traumatized girls. Most of the literature reports best practices in support of students who have

experienced "trauma." Trauma intervention practices in schools focus mainly on approaches that

are cognitive-behavioral and emphasize stress reduction. These approaches are useful because

research has shown the need for behavioral therapies for survivors of trauma (Foa, Rothbaum &

Murdock, 1991; Scheeringa, 2010), however, they may not be useful in helping sexual trauma

survivors close learning gaps that still exist and support their academic success in school.

Conclusion

In this paper, multiple factors that influence the marginalization of women and girls

especially those who have been sexually assaulted are introduced. I discussed the scope of the

problem, how it influences the work of educators across the United States as well as efforts that

have been made in the states of California, Washington and Massachusetts to provide supportive

supports in schools for sexually traumatized girls. Based on the literature, there remains to be a

need for further investigation on what a model trauma-sensitive public school looks like. In

addition, there must be a centralized body of resources for educators and school administrators

that outlines best practices and program development in schools to address sexually traumatized

girls.

   After examining the literature on sexual trauma and existing programs that address

trauma in-school programs, I am interested in exploring what conditions are necessary in a

school to provide a safe and supportive learning environment for female adolescent survivors of

sexual assault. By understanding these conditions, educators, scholars and policymakers will

have tangible evidence on the need for female adolescent survivors of sexual trauma to have a

safe and supportive learning environment in school.

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