Too Scared to Learn
Teaching Young Children Who Have Experienced Trauma

Travis Wright

Three-year-old Trina often uses challenging behavior in her preschool classroom, including biting, hitting, spitting, and not respecting her classmates. However, Trina is a different child at home—quiet, nervous, and always close to her mother's side. Often wetting her bed and crying out in her sleep, Trina is haunted by memories of the nightly abuse she and her mother endured.

Six-year-old Shawn used to love going to school. He danced through the hallways, drew pictures for his teachers, and enjoyed playing with friends. Since being injured in his family's automobile accident, Shawn spends most days staring out the window, unable to complete his work or pay attention. Though they fear he may be slipping from their reach, Shawn's teachers are hesitant to push him too hard.

When 5-year-old José began Head Start, he had difficulty making friends, connecting with his teachers, participating in activities, and staying on task. Though he is too young to remember the violence in his home country or the night that his family fled, the fear surrounding those experiences lingers, making it difficult for him to reach out to new people. His inability to trust others is reinforced by his parents' reminders that his family will be deported if anyone discovers that they did not legally immigrate to the US. José worries that his family will not survive if forced to return.

THOUGH THE DETAILS OF EACH EVENT ARE DIFferent, their impact is the same—Trina, Shawn, and José are too afraid to learn. Saddled with traumatic memories, these children are trapped in fear, reliving their worst experiences or running from previous events. Children who live in such tumultuous worlds find mistrust is more protective than trust, and fear is more powerful than hope. It is difficult to convince children who experience trauma that monsters live only in their imaginations. Those children who would benefit most from school are often too scared to embrace it. Acknowledging the impact of trauma on children's development is critical for providing the support and understanding necessary for their healing.

Understanding trauma: A world turned upside down

Trauma is not an event itself but a reaction to extremely stressful life circumstances. Trauma occurs when an external event overwhelms the ability to cope, leaving one temporarily helpless (Terr 1991). Traumatic events are typically unexpected and uncontrollable, fill victims with terror, and force them to confront their fragility (Terr 1991; Van der Kolk 2005). Events that occur once—suddenly and unexpectedly—are often referred to as short-term or Type I traumatic events (Terr 1991). Included in this category are natural disasters (e.g., tornados, hurricanes, earthquakes), accidents (e.g., motor vehicle accidents, fires, explosions, dog bites, falling), and tragic human-made events (e.g., bombings, shootings, rape, kidnappings, robbery, industrial accidents). Type II traumatic events (Terr 1991) typically involve chronic, repeated, or ongoing exposure, such as chronic illness, child abuse, child maltreatment, domestic abuse, and imprisonment. Increasingly, trauma researchers recognize that stress associated with chronic poverty and ongoing exposure to neighborhood violence may result in symptoms consistent with posttraumatic stress (Nikulina, Widom, & Czaja 2011). The constant strain caused by Type II trauma can make it difficult for some children to imagine a positive future and cause them to lose hope that their circumstances might improve (De Bellis & Van Dillen 2005).

The impact of trauma on a young child is influenced by the nature and severity of the traumatic experience (Weissbecker et al. 2008), characteristics of the child (Ingram 2011), and the way the family, school, and community respond (Bonanno et al. 2010). Given that trauma is determined by one's response to an event, remember that what may be traumatic to one child may not be traumatizing to another. Though traumatic experiences affect each child differently, there are a number of symptoms common to traumatized children (see "Signs and Symptoms of Traumatic Stress," p. 90). Repetitive behaviors, vivid recurring memories, trauma-specific fears, and negative attitudes about life and people in general are the four most consistent signs of childhood trauma (De Bellis & Van Dillen 2005). Children who are traumatized are likely to frighten easily, experience anxiety in unfamiliar situations, and be clingy, difficult to soothe, aggressive, and/or impulsive (Van der Kolk 2005). They may experience trouble sleeping, anxiety when trying to fall asleep, nightmares, bedwetting, loss of recently acquired developmen-

tal skills, and regression to more immature functioning and behaviors (Blank 2007). Unfortunately, there is no peace of mind for a child living in a state of such hypervigilance—and far less energy for learning, thinking, and developing. However, being aware of these common symptoms can help teachers support these children and their families.

Trauma, children's development, and the early childhood classroom

Trauma frequently affects the way children see themselves and shapes what they expect from other people and the world around them. In the midst of traumatic circumstances, children's sense of security and safety may be undermined, replaced by anxiety, anger, or fear (Swann & Bosson 2010). Especially when a parent is the source of trauma, an adult's unpredictable and abusive behavior may lead a child to develop relationships characterized by fear and insecurity and have difficulty forming positive personal attachments (Fearon et al. 2010). If a child thinks that the world is out to get him or that his guardians are unable to keep him safe, growing up becomes very scary indeed.

The stress response system

Though it is possible for children to recover from traumatic experiences through intervention and support, research on traumatic response suggests that traumatized children's behavior is not always under their control (Van der Kolk 2004; Bremner et al. 2008). Increasingly, researchers are learning that the body's stress response system dictates traumatic responses (Bremner et al. 2008). The stress response system is the body's most basic and instinctual control mechanism. When in stress response mode, the body refocuses all its available energy toward getting out of trouble and finding a safe resting place (De Bellis 2005).

> If a child thinks that the world is out to get him or that his guardians are unable to keep him safe, growing up becomes very scary indeed.

This stress response system is hardwired to respond to trauma in one of three ways—fighting, freezing, or fleeing (Van der Kolk 2004). That is, sometimes children demonstrate these responses through physical violence, refusal to move, or running out of the classroom. Other times these responses express themselves less obviously. For example, rather than physical violence, a child might fight teachers by refusing assistance, dismissing feedback, or breaking classroom rules (Ford et al. 2000). Freezing often results in children appearing inattentive or falling asleep in class (Cohen

et al. 2006). And, though physically present, children may be fleeing in their minds, distracted by traumatic flashbacks or consumed by fear. Consequently, many children who are traumatized may seem off-task, unsure of instructions, or disorganized in their thinking (Briere & Scott 2012).

When the stress response system is activated, the brain usually pauses on higher-order tasks, such as learning math, thinking critically, or considering how one's actions make others feel, and instead diverts extra energy to survival tasks (De Bellis 2005). That is why traumatized children may find it difficult to sit down and pay attention (De Bellis & Van Dillen 2005)—even when they are trying their best—and are more likely to struggle academically (Shonk & Cicchetti 2001; Thompson Jr. & Massat 2005) and socially (Kim & Cicchetti 2010). The stress response system responds first and asks questions later, which often leads children to seem impulsive or out of control (Alink et al. 2012). Likewise, as their traumatic experiences have taught them to be on guard and suspicious, such children are less likely to give new situations or relationships the benefit of the doubt (Daignault & Hébert 2009). As a result, new or unexpected stimuli—a book banged loudly on a table, an adult who raises her voice, or chaotic transitions between activities—might trigger the stress response system. For most individuals, these stimuli retreat into the background of life; but for the child living in fear, each stimulus could signal the beginning of another negative experience.

Trauma and child development

For children who have experienced trauma, the stress response system can take over every part of their lives, even having an impact on brain development (Beers & De Bellis 2002). When children operate in overwhelming states of stress, the stress response system may become the normal mode of functioning (Bremner & Vermetten 2001). Consequently, when actual dangers are not present, children may still react to the world as if they are (Siegel 2012). Unable to control their heightened levels of emotional response and arousal, traumatized children simply cannot turn off the survival strategies their brains employ (Van der Kolk 2006). Over time, the notion that one constantly must be on guard becomes internalized, with many traumatized children coming to school every day in survival mode—watching their backs, ready to run at the first sign of danger, or sitting quietly in the corner, trying to remain invisible (Kim & Cicchetti 2003). They anticipate that the classroom environment will be threatening, and spend their days scanning for warnings of danger (Van der Kolk 2005). Though these traumatic responses are meant to be protective (Wright 2014), they can impact the key skills involved in learning, such as attention, organization, comprehension, memory, the ability to produce

About the Author
Travis Wright, EdD, is an assistant professor of early childhood education at the University of Wisconsin–Madison and a licensed mental health counselor. Travis's research focuses on teaching children who are developing in the midst of challenging circumstances. Tswright2@wisc.edu

About the Editor
Sharon K. Ryan, EdD, is a professor of early childhood education at Rutgers, The State University of New Jersey. Sharon has worked in the early childhood field as a preschool teacher, consultant, curriculum advisor, and special educator. She uses a range of qualitative and mixed methods designs to research early childhood teacher education and professional development, curriculum, and policy.

Signs and Symptoms of Traumatic Stress

Children ages 0–2 may . . .	Children ages 3–6 may . . .	
■ Act withdrawn	■ Act out in social situations	■ Fear adults who remind them of the traumatic event
■ Demand attention through both positive and negative behaviors	■ Act withdrawn	■ Fear being separated from parent or caregiver
■ Demonstrate poor verbal skills	■ Demand attention through both positive and negative behaviors	■ Have difficulties focusing or learning in school
■ Display temper tantrums	■ Display an excessive temper	■ Have poor sleep habits
■ Exhibit aggressive behaviors	■ Be anxious and fearful and avoidant	■ Imitate the abusive or traumatic event
■ Exhibit memory problems	■ Be unable to trust others or make friends	■ Lack self-confidence
■ Exhibit regressive behaviors	■ Be verbally abusive	■ Show irritability, sadness, and anxiety
■ Experience nightmares or sleep difficulties	■ Believe they are to blame for the traumatic experience	■ Show poor skill development
■ Fear adults who remind them of the traumatic event	■ Develop learning disabilities	■ Startle easily
■ Have a poor appetite, low weight, and/or digestive problems	■ Exhibit aggressive behaviors	■ Wet the bed or self after being toilet trained or exhibit other regressive behaviors
■ Have poor sleep habits	■ Experience nightmares or sleep difficulties	
■ Scream or cry excessively	■ Experience stomachaches and headaches	Adapted with permission from the National Child Traumatic Stress Network (2014).
■ Show irritability, sadness, and anxiety		
■ Startle easily		

work, engagement in learning, and trust (Streeck-Fischer & Van der Kolk 2000), and are frequently viewed in the classroom as behavior problems or as developmental deficits (McFarlane et al. 2003; Van der Kolk 2005). In fact, teachers describe traumatized children as less ready to learn in school (Alisic 2012) and more likely to demonstrate poor work habits (Nikulina, Widom, & Czaja 2011) than children who are not traumatized.

However, the classroom environment, and the opportunity to interact with additional supportive adults and peers, can provide a buffer against the negative effects of trauma (Wentzel et al. 2010). Research indicates that children who remain resilient in the midst of traumatic experiences tend to enjoy school, even though they may not exhibit strong academic performance (Bergin & Bergin 2009). In contrast, when children are punished at school for using their survival strategies, their fears that the world is out to get them are confirmed—and school becomes one more dangerous place where they need to protect themselves. The children whose behaviors make them the most difficult to warm to frequently receive the least sympathetic treatment from peers and adults (Wright 2010; Vlachou et al. 2011).

Reframing perspectives on traumatized children

To engage traumatized children more meaningfully, emerging research suggests that reframing the way we think about them is a critical step in building supportive, emotionally responsive relationships (Wright 2010, 2014). Rather than viewing such children as being "at risk" or labeling their

responses to trauma as challenging behaviors, it is important to recognize that these behavioral adaptations may be keeping children safe in other situations (Swadener & Lubeck 1995; Wright 2007). For example, young children who have experienced abuse often "disappear" in the classroom, avoiding attention at all costs. While this behavior may decrease the support the child receives and isolate him from peers and teachers, it is a protective adaptation in a home environment where he could be targeted for violence at any moment.

Rather than devaluing the trauma response skills that children bring to the classroom, we should honor these ways of responding as strengths in other parts of their lives. For example, some children who are traumatized have good reason to be suspicious of strangers. Consequently, they may avoid visitors or be wary of new members to the classroom community. Rather than forcing such children to interact or punishing them for their behavior, teachers can explain, "It just takes some of us a little longer than others to feel comfortable with new people." Likewise, classrooms might be structured to provide children with opportunities for independent and cooperative work. This flexibility honors children who may be afraid to trust or are overwhelmed by feelings of closeness, while allowing them space and time to practice connecting with others.

Failure to respond in an understanding and validating way can confuse and shame children, pushing them farther from embracing school as a safe and emotionally protective space. Through reframing our perceptions of traumatized children, it is possible to recognize them as individuals who are fighting to live, as opposed to failing to thrive (Wright

2010). Rather than trying to save or change these children, teachers can support the children's inherent strengths. As teachers begin to see these strengths more clearly in each child, the children become more aware of them as well. When children feel understood, valued, and accepted for who they are, they feel good about themselves and become more confident—important ingredients for well-being. (Wright 2007; Wright 2010). In this way, expectations for children living with fear become higher, as do levels of support, both of which are important to fostering resilience (Masten 2001).

Helping children heal

There are no shortcuts to building trusting relationships and safe classroom environments that allow traumatized children to heal. Trust is lost much more quickly than it is recovered. However, fostering positive relationships, supporting children's transition to school, and creating a supportive learning environment might eventually make a difference.

Fostering positive relationships

Positive, supportive relationships with teachers are critically important for children living with trauma, who frequently may display early academic and behavior problems and may have difficulty forming trusting relationships (Kim & Cicchetti 2010). As children who have experienced trauma become more trusting, they frequently become more outwardly focused and less temperamental, and they demonstrate more positive emotions (Wright 2010). They may then receive more positive attention from their teachers and peers, resulting in the children's building additional social-emotional skills through these increased positive interactions (Howes 2000). As teachers begin to see these children differently, they often enjoy them more, gain the children's trust, and feel like they are making a difference. These important relationships sustain a support network for them—greatly improving their prospects for the future. The following strategies help teachers build positive relationships with traumatized children:

- Recognize the self-protective and adaptive function of children's behaviors

- Show interest in children's lives by asking questions and remembering details about their likes, dislikes, families, and activities outside of school

- Engage regularly in warm, caring, one-on-one interactions

A critical task of early childhood is mastering the ability to establish positive peer relationships, which are highly predictive of subsequent adjustment during adulthood (Masten & Coatsworth 1998). Because of their focus on self-preservation, children who have experienced trauma tend to be less skilled socially (Darwish et al. 2001) and are rated less well-liked by peers (Shaffer 2008). Frequently, these children demonstrate challenges in understanding social situations, assume that other children are "out to get them" (Dodge, Coie, & Lynam 2006), and experience higher rates of behav-

ior problems and aggression (Jaffee et al. 2004). Teachers can support traumatized children's peer relationships by

- Structuring the daily schedule to include opportunities for group and individual play

- Creating quiet spaces in the classroom where children can take a break, when needed, throughout the day

- Modeling strategies and using role-playing to help children join in play and resolve conflicts

- Recognizing and naming moments when children have positive social interactions with peers

These approaches benefit all children but are especially helpful for children who may be afraid to trust others or who are overwhelmed by feelings of closeness. These strategies give them opportunities to practice connecting with others and provide occasions for respect and interdependence to emerge.

Supporting children's transition to school

Outside of their immediate family, early childhood settings are often the most stable institutions in the lives of children who are traumatized. However, such children may struggle to differentiate between the classroom and less predictable areas of their lives. Thus, the transition from the home environment to the school environment is often difficult (Shonk & Cicchetti 2001). Teachers can help ease children's transitions and minimize the traumatic response by

- Talking about new people and places in advance

- Helping children predict what will be happening next

- Maintaining a predictable routine and adhering to a classroom schedule

- Posting an age-appropriate classroom schedule at children's eye level

A primary developmental task of early childhood is honing the ability to monitor, understand, and manage one's emotions in stimulating situations, such as those occurring during transitions. However, the impulsive nature of the body's stress response system makes it difficult for traumatized children to regulate their emotions (Cloitre et al. 2005). Given the complexity of their emotions, they often struggle to understand and communicate their feelings (Van der Kolk 2006). This makes it difficult for these children to develop an appropriate response to their feelings, which may lead to outbursts, withdrawing, or other behaviors that are deemed inappropriate. Additionally, trauma can negatively impact young children's capacity for creative play, an important way for children to cope with problems in their everyday lives (Streeck-Fischer & Van der Kolk 2000). Teachers can offer emotional supports to students with experiences of trauma by

- Teaching children how to identify and discuss their feelings by naming and validating emotions in the classroom

- Selecting books that showcase a variety of feelings

- Allowing children time and a safe space to calm down

- Advocating for additional mental health, special education, and family support services when appropriate

Creating a supportive learning environment

Trauma greatly influences children's attitudes about school and approaches to learning. Developing classroom structures and practices that allow children to engage meaningfully in classroom learning opportunities is critical to their recovery from traumatic circumstances and positive long-term prospects.

Establishing clear rules and incentives. The stress response system may cause traumatized children to respond to various stimuli in unpredictable and unexpected ways. Many adults mistakenly believe that traumatized children should be able to control these behaviors and simply make better choices. However, aggression, tantrums, clinging, inattention, withdrawing, irritability, and difficulty following directions are symptoms of traumatic stress that are sometimes beyond a child's control. Similarly, some traumatized children come from homes or communities where adults reinforce behavior through power and violence rather than rules and incentives. Adults may inconsistently and unclearly communicate their expectations. It is important for children who live in such environments to learn the difference between rules and discipline. Teachers can apply the following strategies to create a consistent and predictable classroom environment:

- Discuss, rehearse, and frequently revisit rules, expectations, and rewards

- Discuss the reasons why certain rules, expectations, and positive outcomes are important

- Avoid threats, intimidation, and battles for control

- Reinforce the understanding that the classroom is a nonviolent and safe place, both physically and emotionally

- Teach children how to keep themselves safe and how to use conflict resolution skills to resolve differences

Organizing information. Learning requires attention, organization, comprehension, memory, the ability to produce work, engagement in learning, and trust (Greenwald O'Brien 2000). Not surprisingly, traumatic experiences can negatively impact these skills by undermining language learning and vocabulary development and by compromising the ability to complete learning tasks, making it difficult to organize and remember new information. Because traumatic circumstances are often unpredictable, traumatized children sometimes have difficulty understanding cause-and-effect relationships, recognizing sequences, and making predictions (Masten & Obradovic 2008). The following strategies support academic development for traumatized children:

- Emphasize cause-and-effect relationships during classroom conversations and help children learn to make predictions

- Provide step-by-step instructions for tasks to help children feel less overwhelmed and more capable of meeting expectations

- Present information in multiple ways (e.g., oral, written, visual) so children are more likely to gain the information they need and to lessen the anxiety they experience when uncertain about classroom expectations

- Provide concrete examples, as traumatized children often struggle to think abstractly, and use visual cues, physical movement, and recall activities to help children stay focused and engaged

- Use graphic organizers to help children absorb new information

- Create opportunities for children to repeat and rehearse instructions after you have reviewed them

- Offer ongoing support and encouragement to help children stay on task and succeed

Conclusion

For many children, traumatic experiences have negative consequences for their identity development, attitudes about learning, and the way they engage in relationships. However, simply understanding where traumatized children are coming from, or making excuses for their behavior or lack of academic success, is not enough. We must reach out and intentionally engage the children so they are able to develop the skills, attitudes, and beliefs that will allow them to flourish. Building positive, respectful relationships with children who live with trauma is essential in engaging them more fully in the classroom. Reframing the work of teaching from labeling and rescuing students to recognizing and building on their inherent strengths is a first step in helping children with traumatic backgrounds to experience success and feel pride.

References

Alink, L.R.A., D. Cicchetti, J. Kim, & F.A. Rogosch. 2012. "Longitudinal Associations Among Child Maltreatment, Social Functioning, and Cortisol Regulation." Developmental Psychology 48 (1): 224–36.

Alisic, E. 2012. "Teachers' Perspectives on Providing Support to Children After Trauma: A Qualitative Study." School Psychology Quarterly 27 (1): 51–59.

Beers, S.R., & M.D. De Bellis. 2002. "Neuropsychological Function in Children With Maltreatment Related Posttraumatic Stress Disorder." American Journal of Psychiatry 159 (3): 483–86.

Bergin, C., & D. Bergin. 2009. "Attachment in the Classroom." Educational Psychology Review 21 (2): 141–70.

Blank, M. 2007. "Posttraumatic Stress Disorder in Infants, Toddlers, and Preschoolers." British Columbia Medical Journal 49 (3): 133–38.

Bonanno, G.A., C.R. Brewin, K. Kaniasty, & A.M. La Greca. 2010. "Weighing the Costs of Disaster: Consequences, Risks, and Resilience in Individuals, Families, and Communities." Psychological Science in the Public Interest 11 (1): 1–49. www.pacificdisaster.net/pdnadmin/data/original/APS_2010_weighing_costs.pdf.

Bremner, J.D., B. Elzinga, C. Schmahl, & E. Vermetten. 2008. "Structural and Functional Plasticity of the Human Brain in Posttraumatic Stress Disorder." Progress in Brain Research 167: 171–86. www.ncbi.nlm.nih.gov/pmc/articles/PMC3226705.

Bremner, J.D., & E. Vermetten. 2001. "Stress and Development: Behavioral and Biological Consequences." *Development and Psychopathology* 13 (3): 473–89.

Briere, J.N., & C. Scott. 2012. *Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment*. Thousand Oaks, CA: Sage.

Cloitre, M., R. Miranda, K.C. Stovall-McClough, & H. Han. 2005. "Beyond PTSD: Emotion Regulation and Interpersonal Problems As Predictors of Functional Impairment in Survivors of Childhood Abuse." *Behavior Therapy* 36 (2): 119–24.

Cohen, J.A., A.P. Mannarino, L.K. Murray, & R. Igelman. 2006. "Psychosocial Interventions for Maltreated and Violence-Exposed Children." *Journal of Social Issues* 62 (4): 737–66.

Daignault, I.V., & M. Hébert. 2009. "Profiles of School Adaptation: Social, Behavioral, and Academic Functioning in Sexually Abused Girls." *Child Abuse and Neglect* 33 (2): 102–115.

Darwish, D., G.B. Esquivel, J.C. Houtz, & V.C. Alfonso. 2001. "Play and Social Skills in Maltreated and Non-Maltreated Preschoolers During Peer Interactions." *Child Abuse and Neglect* 25 (1): 13–31.

De Bellis, M.D. 2005. "The Psychobiology of Neglect." *Child Maltreatment* 10 (2): 150–72.

De Bellis, M.D., & T. Van Dillen. 2005. "Childhood Posttraumatic Stress Disorder: An Overview." *Child and Adolescent Psychiatric Clinics of North America* 14 (4): 745–72.

Dodge, K.A., J.D. Coie, & D. Lynam. 2006. "Aggression and Antisocial Behavior in Youth." In *Handbook of Child Psychology*, vol. 3, eds. W. Damon, N. Eigenberg, & R.M. Lerner, 719–88. New York: Wiley.

Fearon, R.P., M.J. Bakermans-Kranenburg, M.H. Van Izendoorn, A.-M. Lapsley, & G.I. Roisman. 2010. "The Significance of Insecure Attachment and Disorganization in the Development of Children's Externalizing Behavior: A Meta-Analytic Study." *Child Development* 81 (2): 435–56.

Ford, J.D., R. Racusin, C.G. Ellis, W.B. Daviss, J. Reiser, A. Fleischer, & J. Thomas. 2000. "Child Maltreatment, Other Trauma Exposure, and Posttraumatic Symptomatology Among Children With Oppositional Defiant and Attention Deficit Hyperactivity Disorders." *Child Maltreatment* 5 (3): 205–17.

Greenwald O'Brien, J.P. 2000. "Impacts of Violence in the School Environment: Links Between Trauma and Delinquency." *New England Law Review* 34 (3): 593–97.

Howes, C. 2000. "Social-Emotional Classroom Climate in Child Care, Child-Teacher Relationships, and Children's Second Grade Peer Relations." *Social Development* 9 (2): 191–204.

Ingram, B.L. 2011. *Clinical Case Formulations: Matching the Integrative Treatment Plan to the Client*. 2nd ed. New York: Wiley.

Jaffee, S.R., A. Caspi, T.E. Moffitt, & A. Taylor. 2004. "Physical Maltreatment Victim to Antisocial Child: Evidence of an Environmentally Mediated Process." *Journal of Abnormal Psychology* 113 (1): 44–55.

Kim, J., & D. Cicchetti. 2003. "Social Self-Efficacy and Behavior Problems in Maltreated and Nonmaltreated Children." *Journal of Clinical Child and Adolescent Psychology* 32 (1): 106–17.

Kim, J., & D. Cicchetti. 2010. "Longitudinal Pathways Linking Child Maltreatment, Emotion Regulation, Peer Relations, and Psychopathology." *Journal of Child Psychology and Psychiatry* 51 (6): 706–16.

Masten, A.S. 2001. "Ordinary Magic: Resilience Processes in Development." *American Psychologist* 56 (3): 227–38.

Masten, A.S., & J.D. Coatsworth. 1998. "The Development of Competence in Favorable and Unfavorable Environments: Lessons From Research on Successful Children." *American Psychologist* 53 (2): 205–20.

Masten, A.S., & J. Obradovic. 2008. "Disaster Preparation and Recovery: Lessons From Research on Resilience in Human Development." *Ecology and Society* 13 (1): 9.

McFarlane, J.M., J.Y. Groff, J.A. O'Brien, & K. Watson. 2003. "Behaviors of Children Who Are Exposed and Not Exposed to Intimate Partner Violence: An Analysis of 330 Black, White, and Hispanic Children." *Pediatrics* 112 (3): 202–207.

National Child Traumatic Stress Network. n.d. "Symptoms and Behaviors Associated With Exposure to Trauma." www.nctsn.org/trauma-types/early-childhood-trauma/Symptoms-and-Behaviors-Associated-with-Exposure-to-Trauma.

Nikulina, V., C.S. Widom, & S. Czaja. 2011. "The Role of Childhood Neglect and Childhood Poverty in Predicting Mental Health, Academic Achievement, and Crime in Adulthood." *American Journal of Community Psychology* 48 (3–4): 309–21.

Shaffer, D.R. 2008. *Social and Personality Development*. Stamford, CT: Cengage.

Shonk, S.M., & D. Cicchetti. 2001. "Maltreatment, Competency Deficits, and Risk for Academic and Behavioral Maladjustment." *Developmental Psychology* 37 (1): 3–17.

Siegel, D.J. 2012. *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*. 2nd ed. New York: Guilford.

Streeck-Fischer, A., & B.A. Van der Kolk. 2000. "Down Will Come Baby, Cradle and All: Diagnostic and Therapeutic Implications of Chronic Trauma on Child Development." *Australian and New Zealand Journal of Psychiatry* 34 (6): 903–18.

Swadener, B.B., & S. Lubeck. 1995. "The Social Construction of Children and Families 'At Risk': An Introduction." In *Children and Families "At Promise": Deconstructing the Discourse of Risk*, eds. B.B. Swadener & S. Lubeck, 1–6. New York: SUNY Press.

Swann, W.B., & J.K. Bosson. 2010. "Self and Identity." Chap. 16 in *Handbook of Social Psychology*, vol. 1, eds. S.T. Fiske, D.T. Gilbert, & G. Lindzey, 589–628. New York: Wiley.

Terr, L.C. 1991. "Childhood Traumas: An Outline and Overview." *American Journal of Psychiatry* 148 (1): 10–20.

Thompson Jr., T., & C.R. Massat. 2005. "Experiences of Violence, Posttraumatic Stress, Academic Achievement and Behavior Problems of Urban African-American Children." *Child and Adolescent Social Work Journal* 22 (5–6): 367–93.

Van der Kolk, B.A. 2004. "Psychobiology of Posttraumatic Stress Disorder." Chap. 11 in *Textbook of Biological Psychiatry,* ed J. Panksepp, 319–44. Hoboken, NJ: Wiley-Liss.

Van der Kolk, B.A. 2005. "Developmental Trauma Disorder: Toward a Rational Diagnosis for Children With Complex Trauma Histories." *Psychiatric Annals* 35 (5): 401–8.

Van der Kolk, B.A. 2006. "Clinical Implications of Neuroscience Research in PTSD." *Annals of the New York Academy of Sciences* 1071 (1): 277–93.

Vlachou, M., E. Andreou, K. Botsoglou, & E. Didaskalou. 2011. "Bully/Victim Problems Among Preschool Children: A Review of Current Research Evidence." *Educational Psychology Review* 23 (3): 329–58.

Weissbecker, I., S.E. Sephton, M.B. Martin, & D.M. Simpson. 2008. "Psychological and Physiological Correlates of Stress in Children Exposed to Disaster: Current Research and Recommendations for Intervention." *Children Youth and Environments* 18 (1): 30–70.

Wentzel, K.R., A. Battle, S.L. Russell, & L.B. Looney. 2010. "Social Supports From Teachers and Peers as Predictors of Academic and Social Motivation." *Contemporary Educational Psychology* 35 (3): 193–202.

Wright, T. 2007. "On Jorge Becoming a Boy: A Counselor's Perspective." *Harvard Educational Review* 77 (2): 164–86.

Wright, T. 2010. "Learning to Laugh: A Portrait of Risk and Resilience in Early Childhood." *Harvard Educational Review* 80 (4): 444–64.

Wright, T. 2014. "Revisiting Risk/Rethinking Resilience: Fighting to Live Versus Failing to Thrive." In *Reconceptualizing Early Childhood Care and Education*, eds. M. Block, B. Swadener, & G.S Canella, 183–92. New York: Peter Lang.