

## RESEARCH

# Special education and trauma: Are we correctly identifying our students?

Gretchen A. Bagley<sup>1</sup> \*

<sup>1</sup>Marshall University

\* Correspondence:  
[bagley6@marshall.edu](mailto:bagley6@marshall.edu)

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## Abstract

The number of students who have experienced trauma is impacting education in greater numbers. This trauma manifests as behavioral or academic issues that result in the students being placed in a special education setting. However, special education classrooms may not be the correct setting for these students. The needs of trauma students are in some cases very similar to those in special education, however, research shows that there are additional needs that today's teachers are ill-prepared to address in the traditional special education classroom setting. This pilot study examines the knowledge of special education teachers and how the identification of trauma students as special education students impacts their daily teaching. As a result of this pilot study, it is evident that more research is needed to determine the best course of action for students identified as having trauma and how to help them succeed in a classroom setting.

**Keywords:** trauma, special education, professional development, behavior

Students with special needs are often placed in specific settings to allow them to receive interventions that allow them to succeed academically, socially, and emotionally. These students are frequently separated from peers and placed in an environment designed to meet their specialized learning requirements. At the same time, students are experiencing significant traumas in their everyday lives that impact them throughout their school day. This trauma also requires specialized instruction to help students succeed academically, socially, and emotionally. However, while the needs appear similar, if not identical, they are not the same. Trauma can be overcome, while learning disabilities (even if compensated for) remain for a lifetime. As part of her argument for including trauma as a subcategory of emotional disturbance, Winder (2015) proposes providing additional training for educators and parents to help them understand the nature of trauma and how it impacts the learning process. She suggests that training programs should be

practical and help parents learn to manage their child's behavioral challenges. This pilot study seeks to determine if students with trauma are over identified as students with special needs and if the two should be identified as separate disabilities.

### **A Review of the Literature**

In order to qualify for special education services, students must meet a set of very specific requirements that are described in the Individuals with Disabilities Education Act, more commonly known as IDEA. These requirements are determined through a series of tests and evaluations as part of a Multi-Factored Evaluation (MFE) that is then discussed with the team and a determination of qualification is made. But, what if those requirements are met, not because of an actual disability, but because the student being evaluated has experienced significant trauma in their young life?

Trauma is "an overwhelming experience that can forever alter one's belief that the world is safe and good" (Brunzell et al., 2015). Students may experience simple trauma as the result of a car accident or living through a natural disaster like a tornado or fire. More complex trauma occurs when students experience traumatic events such as abuse or violence that are ongoing. According to Brunzell et al. trauma that is experienced in childhood may result in psychological or neurological damage that can be lifelong (2015). According to the National Child Traumatic Stress Network, more than 50% of children have experienced trauma in their young lives (NCTSN, 2018). The Centers for Disease Control defines Adverse Childhood Experiences (ACEs) as "potentially traumatic events that occur in childhood (0-17)" (2023). These events may occur one time (acute experience) or multiple times across the lifetime (chronic experiences). ACEs are not an uncommon experience—64% of adults report having

an ACE score of at least one and 17.3% of adults report an ACE score of four or higher (2023).

This trauma and the subsequent effects of it, whether diagnosed by a medical practitioner or not, may lead to behavioral, socioemotional, and academic issues. These issues and their impact on learning in the school setting may ultimately lead to identification as a special education student (Ormiston et al., 2022). Some professionals believe that special education teachers are more likely than general education teachers to work directly with students experiencing trauma (Ormiston et al., 2022). A study completed by Sullivan & Knutson (2000) found that students who experienced trauma had a greater likelihood of being identified as needing special education services.

### ***Relationship between Trauma and Special Education***

Andrea Zetlin (2006) notes that while approximately 10% of a schools' population is identified as requiring special education services, between one-third and one-half of children placed in foster care are identified with disabilities requiring special education. Zetlin further notes four additional issues with special education and students who are in foster care: transiency of foster children often leads to lack of correct identification of needs due to delayed receipt of records; there is unsurety who holds educational rights and who is legally responsible for ensuring the education of said student; no one is monitoring the placement and/or advocating for the progress of said student; the quality of some private special education schools is questionable.

Waitoller, et al (2009) examined overrepresentation research in an attempt to determine the impact on the educational system. They found that overrepresentation research and studies dramatically increased after 2000. According to their findings, overrepresentation is not as simple as it has

been portrayed in other studies. Factors come into play based on the location of the school being studied and the population of that school. Waitoller, et al. note that the diversity in the African American community has an impact on the disproportionality of identified students in special education (2009). Additionally, findings indicated that while poverty and special education identification are related, ethnicity may also be a contributing factor to identification—minority students may be identified at a higher rate than majority students in affluent districts (Waitoller, et al., 2009). Students of color in high poverty districts frequently experience ACEs at a higher rate than White students in more affluent districts.

Felicia Winder (2015) wrote in the Hofstra Law Review that IDEA is failing students with trauma because IDEA does not recognize trauma as a disability on its own. Rather, under IDEA. Students with trauma experiences must have another identifiable disability to qualify for special education services. She stated that trauma can negatively impact the learning capacity of students and that this trauma occurs in many variations. A key component of the trauma she references is community trauma and violence, which occur most often in poor, inner city neighborhoods. These students experience trauma both personally and vicariously as the witness to the trauma or the child of the victim. She further identifies different types of stress and abuse that lead to trauma in today's youth.

IDEA defines emotional disturbance (ED, one of the qualifying categories for identification as a special education student) as a condition that affects a student's educational performance over a long period of time. According to Winder (2015), this definition is unclear and too vague to be applied equally across all school settings. Instead, Winder argues for the inclusion of a new subcategory of ED that will

encompass the trauma that students have experienced. ACES Aware, a program in California, has developed a screening program that can be used to identify students who have experienced trauma (2023). This screening would allow students to be identified earlier and outside of a clinical setting in order to provide interventions.

### **Availability of Trauma-Informed Professional Development/Training Programs**

According to research completed by Miller & Santos (2020), school employees believed that providing trauma-informed interventions for students through the special education department would be beneficial, but often did not occur due to financial constraints. Chudzik, Corr, & Fisher (2023) attempted to determine how well prepared early childhood special education teachers were to service students with trauma needs. Their findings indicated that while teachers had a general idea about the benefits of trauma-informed practices, there is a need for further professional development of those educators. Specifically, the research completed by Chudzik, Corr, & Fisher (2023) showed that teachers were aware of the impact of trauma on their students and that social emotional learning was important for the well-being of students. However, the same responders indicated that they felt unsupported when they faced challenging circumstances. The participants in the Chudzik, Corr, & Fisher study indicated that barriers to implementing successful trauma-informed care to their students were lack of staff, lack of training and negative attitudes toward programming (2023).

O'Neill, et al. (2010) address some of the ways that teachers can address trauma within the classroom, the first and most important way being a trusting relationship with a single, caring adult. In order to achieve this, teachers must be provided with adequate professional development to educate them to

understand the impact of trauma. Brunzell, et al. (2018) notes that teachers often attempt to meet the social and emotional needs of trauma affected students through the hidden curriculum in their classrooms. Brunzell, et al. also note that teacher preparation for educating students with trauma must also include information about secondary trauma and teacher wellness.

Hackney et al. (2023) offers strategies for creating trauma safe spaces for students. Among the strategies suggested are creating a home-like environment where students can see themselves both visually represented and experience the pride of seeing their own work on display (2023). Walls should reflect vibrancy and differentiation of color rather than be one institutional color. Calming rooms should be included and should not be confused with isolation/time-out rooms. Instead, these rooms should contain items known to be calming and teachers should be trained how to teach students to use them. Of note, Hackney et al. (2023) recommend that staff use earpieces rather than walkies to communicate to minimize auditory disruptions. Along with physical, visual, and auditory sensory recommendations, Hackney, et al. (2023) further recommend consistency in expectations and interactions from day to day in addition to building routine and structure into the school day.

Special education classrooms are filled with students of varying needs, often overflowing, in schools across the United States. And while many students in these classrooms fit the traditional definition of a student with a disability, other students have experienced trauma that these teachers are unprepared to address in their classrooms. While students who have experienced trauma have academic needs, their behavioral and emotional needs are often unmet in the typical special education

setting because teachers lack the knowledge of trauma and the tools to use in order to help these students. If these trauma students were identified specifically as students with trauma, plans could be implemented that would better aid these students to be successful in both school and life outside of school. In order to better meet the needs of these students and teachers, professional development about the nature of trauma and how to deal with trauma in the classroom should be provided to all teachers, not just those who may deal with students in a special education setting.

### Methods

This study was conducted as a case study to determine the comorbidity of trauma and special education and whether the two should be separated in the educational setting. A case study allowed the researcher to gather in-depth information about the topic and how it impacted educators. It should be noted that the outcome of the study may not generalize into a broader population due to the unique experiences of those who participated. However, a case study allowed the researcher to gain a deeper understanding of the complexities of secondary trauma/compassion fatigue and the factors that contributed to those experiences.

After gathering background information, the researcher interviewed educators who currently work in a high-poverty school district, specifically at a school in the area of town considered to be the “worst” by the population of the area. The school is surrounded by public housing on all sides. There is a general perception that the school is located in an unsafe area of the city. These interviews were done virtually or in person, depending on the preference of the interviewee. Permission to interview was obtained from the school principal and each participant was asked to sign a paper stating that they agreed to be

interviewed. No identifying information was retained and transcripts were assigned a random number. No key was kept. Data collected was coded and analyzed for patterns and commonalities.

A total of three special education teachers were interviewed as part of this pilot study. The experience of these educators ranged from one year (first year teacher) to ten years. One teacher taught previously in a private school setting and one teacher taught previously in a different building within the same school district. All three teachers are Caucasian women.

The district is located in a medium sized city in the Midwest. All students in the school (and in the district) receive free breakfast and lunch. The district educated 7733 students in the 2022-2023 school year. . The make-up of the student population is 36.6 % white and 36.2 % Black with 16.4 % of students identifying as multi-racial and 10.3 % of students identifying as Hispanic. There are 1255 (16.2 %) students identified as having a need for special education services and 387 students identified as English language learners. The specific school used in this case study educated 393 students in the 2022-2023 school year and is located within the center of the city's housing projects. The ethnic make-up of the school is 49% Black (193 students), 25.9 % white (102 students), 18.9 % multi-racial (74 students) and 6.2 % Hispanic (25 students). There are 67 students identified as requiring special education services (17.1%) (Ohio State Report Card, 2023).

## Results

The teachers interviewed had a working knowledge of trauma and how it could impact the students being taught. However, none of the teachers had been provided with professional development that would help them understand how to teach students with traumatic experiences. Instead, those students

were included in special education classrooms where the presence of these students can be a disruption to the education of classmates.

Typical behaviors exhibited by the students being taught by these teachers included sleeping in class (due to lack of sleep at home related to nightmares or the actual trauma experience), food hoarding, verbal lashing out at other students, and complete meltdowns. These students exhibit difficulty with recall both short and long term.

The teachers also had knowledge of the physical symptoms of trauma experiences and how those symptoms could manifest in a classroom setting—particularly citing hypervigilance, anxiety, and distractibility. They were also aware of the physical symptoms of trauma—adrenaline rush, irregular heartbeat, and memory impairment.

These teachers recognized that trauma often mimics attention deficit hyperactivity disorder (ADHD) and could lead to identification of trauma students as students with other health impairment (OHI-minor). In particular, the ten-year teacher believed that students with trauma are able to “recover” with professional help and that the label of special needs student would then be inappropriate.

However, the teachers also acknowledged that there is currently no category under IDEA that allows for trauma as a disability. Students with significant trauma must be identified under another category in order to receive special education services. This lack of a specific trauma-based category forces students to be identified as special education students (a lifelong label) rather than students who have experienced trauma that impacts their lives. The teachers acknowledged that trauma can be overcome and once overcome, would no longer impact student learning, leading to the student exiting special education services.

## Discussion

The teachers were concerned that a special education label could be detrimental to students and could lead to students not receiving the necessary social emotional learning services needed to overcome severe trauma. Among suggestions provided were creating a new category for identifying students needing specially designed instruction to include a separate category for trauma and then providing SEL and intensive wrap-around services. The teachers also suggested that perhaps reevaluation for this category could occur more frequently than the current triennial reevaluation for special education. By doing this, students with trauma could be provided with services for a time period that is appropriate to their individual needs.

Another possibility is to provide targeted professional development that allows teachers to learn the tools needed to assist students with trauma. Teachers know what trauma is and how it manifests, but they do not know how to educate students experiencing trauma. Special education teachers understand how to accommodate for the learning needs, but are ill equipped to deal with the emotional needs of these students. Teachers believe that the education they were provided as preservice teachers fails to provide the necessary information for teachers to offer appropriate intervention for students with trauma. Most teachers are able to provide appropriate academic intervention based on their education, but they feel inadequate when faced with the significant trauma many of their students have experienced.

Teachers need to learn how to teach resilience to students with trauma. Resilience is more than just telling a student they will get over it. It is more than just offering an ear to listen. Resilience means teaching students how to find ways to cope, accommodate and overcome their personal traumas.

Teachers need to learn ways to provide the emotional support students with trauma require. They need to be given the tools that will allow them to help their students be successful. Trauma students can be successful in the general education curriculum with the proper support, but because that professional development has been lacking, these students are placed with special education teachers who have specific training in learning disabilities.

## Limitations

The researcher is also an employee of this school district and this specific school. It will be necessary to view any information collected with the understanding that there may be some biases that need to be addressed. Additionally, the researcher grew up in an area near this district, but vastly different demographically, leading to possible biases. These potential biases and any others that may arise need to be viewed carefully and reflected upon to ensure that those biases are not included in the final research.

Additional limitations include the type of school district where the participants were employed. All of the participants in this pilot study were employed by a school, surrounded by housing projects, within an urban district. Should this study be continued in the future, participants from all types of school districts would be included to ensure that the results remain valid.

## Implications

This pilot study was begun with the hope that it would indicate the need for further study of the relationship between special education and students who have experienced trauma in their lives. More specifically, should the two areas of need be separated and students who have experienced trauma be provided with a different type of special education that is targeted to their specific needs? A relationship between the two variables was confirmed and further

research is indicated to determine the degree to which special education and students who have experienced trauma are influenced by each other.

### Conclusion

Special education is not a place, but a service provided to students with disabilities. However, it has long been used as a place where students who struggle in a myriad of ways are put in order to remove them from the larger, typical group of their peers where they are perceived as disrupting the learning process. As time passes and more students than ever are experiencing significant trauma, this is more and more common. Special education classrooms that once addressed learning disabilities and helped students overcome challenges and deficits are now becoming more behavior oriented with behaviors that today's teachers are ill-equipped to

address in the classroom setting. More research is needed to discover the best way to educate trauma affected students in ways that are not further traumatizing to these students. Special education classrooms are not the place for trauma students unless the two are comorbidities. True trauma informed settings are lacking and the number of students being misidentified as requiring special education is growing. Without more research into the best placement for these students and quality professional development to assist teachers in learning how to educate trauma students and provide safe environments for these students, trauma students will continue to be placed into special education classrooms where they will languish without the appropriate accommodations to meet their special needs.

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