

Affects of traumatic stress on academic achievement



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For years psychologists have known that Adverse Childhood Experiences(ACE) can lead to long-term physical and mental health deficits. As Felitti reported in 1998, there is a strong correlation between ACEs and adult health problems such as obesity, drug abuse, heart disease and attempted suicide, with each problem being more common as ACE scores increase. It's important that psychologists expand the research into the long-term life outcomes of trauma victims. This paper will show how trauma exposure, especially in untreated cases, has all of the above negative affects as well as the potential to decrease college attendance. Victims who do not begin college directly after completing high school find themselves even farther behind their peers than the recovery from trauma has already made them.

Post Traumatic Stress Disorder (PTSD) is a stress disorder that is best explained as an overactive amygdala. The amygdala is a more basic animalistic part of the brain that is designed to react quickly to potential dangers by activating a stress response in the body. It causes sensitivity and quick responses to small triggers such as the smell of smoke, a siren or a sudden loud noise, the stress hormones released increase heart rate and focus the brain on potential dangers. The stress response causes heightened vigilance of one's surroundings as the brain looks for potential threats, limiting one's ability to take in new information and learn from experience caused by the tunnel vision that stress creates. It is the prefrontal cortex that makes the executive decision of how to respond to the trigger and determine if it is a false alarm or not. If the amygdala reacts strongly enough, it can overwhelm the system and the executive function of the

prefrontal cortex is overridden. At this point the individual “ takes leave of their senses” and basically resorts to conditioned responses. In a traumatized individual the amygdala has learned to be hyper reactive, being triggered more easily, it is harder for the prefrontal cortex to control. Most modern trauma therapies focus on calming the amygdala by giving the person coping skills and processing the original trauma to prevent future unnecessary stress responses. Therapies teach victims to cope by challenging the victims new outlook developed in reaction to trauma and repeated stress responses. (Kolk, 2014)

Stress is a normal and even necessary part of life and psychological development. It is what drives productivity and future planning but if the body’s stress response system remains active for long periods of time stress can become toxic. The body’s near constant exposure to stress hormones in individuals with PTSD symptoms can lead to heart disease, obesity, adolescent pregnancy and early sexual activity. Early brain development in children is crucial and like toxins such as lead, mercury or alcohol, toxic stress can inhibit the optimal development of the neuroendocrine system. These structural changes, if not permanent, must be professionally treated. (American Academy of Pediatrics, 2014) In Tishelman’s 2010 paper on utilizing a trauma lens in school, it is cited how trauma can damage the building blocks a child needs to develop and excel in school. Maltreated children tend to have lower frustration tolerance, are more prone to anger, less persistent and exhibit greater challenge avoidance. Maltreated preschoolers have also been found to exhibit less cognitive flexibility and

creativity in problem solving. Traumatized children also receive more disciplinary referrals and suspensions than their peers.

In 2014, Hoffman did a meta-analysis on health outcomes studied in trauma research and found a lack of research based questioning of disability, function, and health in most PTSD outcome studies. Trauma studies have come a long way in the past century but a good understanding of health outcomes is still lacking, possibly due to the heterogeneity of trauma experiences and their contexts. Trauma is a very variable illness, some events will not be traumatic for everyone and the circumstances of the event can affect how PTSD manifests.

In 2011 Gallagher used hopelessness ratings as a way to compare prolonged exposure therapy and cognitive processing therapy. The study found a relatively strong association between feelings of hopelessness and PTSD symptoms. Hopelessness is a well known and discussed symptom of PTSD. It can lead to self destructive behaviors and limit future planning.

Hopelessness is often used as a measurement to gauge a person's level of trauma processing.

In 2005, Finkelhor showed that juvenile victims are prone to re-victimization which further compounds the negative affects of trauma. In this sample, Finkelhor found that twenty-two percent of victimized children experienced four or more different forms of victimization in just the previous year. This makes sense as we know that trauma survivors are known to consciously or subconsciously attempt to relive events and can put themselves in dangerous situations in an attempt to gain control of past experiences.

Untreated childhood and adolescent trauma can lead to more psychological damage and further limit life outcomes.

In 2005, Anda found a correlation between a high levels of perceived stress and ACE scores. As participants reported more adverse childhood experiences they also reported higher levels of stress. A low stress tolerance does not lend itself to higher education and an individual would probably be less likely to start college if they already feel they are under a lot of stress. The study also found increased depressed affects as participants reported more ACEs. Fifty percent of participants with ACEs of four or more, presented with a depressed affect and only eighteen percent of participants having zero ACEs. Depression causes a lack of motivation which will also inhibit higher achievement.

Children are the most vulnerable to experiencing potentially traumatic events compared to any other population. Limited ability to see signals of potential aggression, lack of autonomy and the inability to escape the abusive environment all mean children are highly susceptible to poly-victimization. In 2018, Marshall showed higher instances of intimate partner aggression (IPA) and parent-to-child aggression (PCA) in parents with trauma exposure than those without. They found that high amounts of anger or fear in trauma exposed men increased the likelihood of committing PCA but not IPA. Women without trauma exposure are more likely to engage in IPA, but the study found no correlation between trauma exposure/fear or anger and likelihood to engage in PCA. On the other hand, abuse of males in early childhood can make trauma pass through generations because of the likelihood of victims to become abusers themselves. A study in 2017 by <https://assignbuster.com/affects-of-traumatic-stress-on-academic-achievement/>

Pabayo found a higher prevalence of lifetime PTSD among residents of low income households. Since low income residents are also less likely to enter higher education and low income residents are more likely to acquire PTSD, this shows a correlation between PTSD and not going to college that requires more research.

Economic inequality and trauma in the family increases a person's likelihood of experiencing potentially traumatic events which limit lifetime achievement and advancement in society. PTSD clouds the individual's ideas of self and others; it leads to feelings of inevitability and helplessness in life and lends to apathy. If people in already disparate conditions of poverty are more likely to experience trauma, everything is compounded, making escape from economic trouble both less likely and more difficult. If left untreated, PTSD like poverty, limits social mobility and can increase chances of engaging in substance abuse and crime. (Pabayo, 2017)

Lauterbach's 2002 study found that although college students' drug use differs by gender, there is a significant increase in drug use as more traumatic events were experienced. This study also found an association between heavy drinking and psychoticism. Drug use and addiction can become a limiting factor in academic achievement. Addiction can destroy a person's savings and make higher education inaccessible to them. If a traumatized individual starts drug use in adolescence, it can interfere with identity development and cause them to further isolate themselves. If they get into trouble with the law they may not be able to finish high school when they typically would have or not be able to start college while incarcerated.

This creates a series of limiting forces that stop victims from reaching their full potential in addition to the initial limitations put on them by past trauma.

Post-Traumatic Stress Disorder is a complicated illness with many variable symptoms, which are not universal to all afflicted. It is easy for trauma symptoms to be over looked by family and peers especially if the trauma survivor is a teenager as any emotional distress can be dismissed as hormones or immaturity. The lack of research into life outcomes for trauma survivors may mean we are underestimating its impact. It is important that parents and teachers become informed about trauma symptomatology, so that they can notice the signs and provide support. Untreated trauma will seriously limit an individual's potential and life satisfaction. It can lead to avoidance of challenging and potentially rewarding experiences. The inability to move on from past events can stop any growth for individuals. It can isolate them and compound any other issues they may have. Each study cited further shows the long term impacts of trauma and its limiting effects on development. It is important that we consider PTSD as a contributing factor limiting upward mobility in our society.

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