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HOW DO ADULTS WHO EXPERIENCED COMPLEX CHILDHOOD TRAUMA DESCRIBE THEIR PROGRESSION THROUGH SCHOOL?

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HOW DO ADULTS WHO EXPERIENCED CHILDHOOD TRAUMA DESCRIBE THEIR PROGRESSION THROUGH SCHOOL?

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Abstract

Complex trauma is considered the most severe form of trauma. It is characterized by multiple harmful events that typically begin early in a child's life, are chronic and prolonged, result in highly adverse developmental effects, and tend to be perpetrated by a family member or closely associated person. Disconcertingly, research indicates that individuals who have experienced complex trauma may not complete a high school education or go on to post-secondary institutions. They may have a more difficult time maintaining consistent employment and, at times, have shown to have a shorter life expectancy than those who do not have a history of complex trauma. The existing body of literature suggests that schools are potentially an important setting for those who are dealing with complex trauma, but it remains unclear what supports might be effective if used in the school setting. The purpose of this study is to examine how adults who experienced childhood complex trauma describe the influence of school experiences on their ability to progress through school. The data were collected through semi-structured interviews with fourteen participants who completed professional treatment for or were in professional treatment for post-traumatic stress disorder (PTSD) because of childhood complex trauma. Findings strongly suggested that having one positive school-based relationship with an adult and feeling a sense of community through friendships and extracurricular activities increased their resiliency, whereas relationships with adults who lacked empathy or adults who did not recognize or understand the symptoms of complex PTSD (CPTSD) led to decreased student motivation to achieve academically. The evidence highlighted other hindering factors that the participants felt reduced their motivation for academic progression including the loud noises of schools, raised voices, lack of access to supportive school personnel such as a nurse or counselor, and negative classroom environments. This study seeks to contribute to the literature

by identifying perceived potential school support for traumatized youth that may lead to an increase in positive effects of school despite their experience with childhood complex trauma, as well as suggest hindering factors that could lead to lowered student achievement, decreased attendance rates, or dropout.

Keywords: complex trauma, childhood trauma, interpersonal trauma, adverse childhood experiences (ACEs), PTSD, CPTSD, student perceptions, resilience, Bronfenbrenner's Bioecological Systems Theory

Chapter 1. Introduction

Complex trauma is considered the most severe form of childhood trauma (Sorrels, 2015). Bessel van der Kolk (2005) defines complex trauma as "the experiences of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature… and early life exposure," (p402). These adverse events are usually perpetrated by a close family member or caregiver in the form of physical abuse, neglect, sexual abuse, emotional abuse, domestic violence, or abandonment (Sorrels, 2015; van der Kolk, 2015; van der Kolk, 2005). These types of experiences have the potential to produce an effect from trauma that is different from any other because the cause of the abuse is not from unfamiliar sources, but from someone who is supposed to care for and love the young victim (Kliethermes et al., 2014; van der Kolk, 2005; Kisiel et al., 2009; Sorrels, 2015; Holmes et al., 2015). Other types of traumas can occur in the life of a child that could add to these examples, such as abandonment, betrayal, threats to bodily integrity, coercive practices, or witnessing violence or death (van der Kolk, 2005). Childhood complex trauma can lead to a specific type of post-traumatic stress disorder because the brain is still in the developmental stages. The World Health Organization (WHO) recognizes it as complex post-traumatic stress disorder (CPTSD); however, it is not identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), which is used to diagnose psychological disorders in the United States (Giourour et al., 2018; Resick et al., 2012).

According to the Data Resource Center for Child and Adolescent Health (2018), over thirty million children between the ages of zero and seventeen report having at least one adverse childhood experience (ACE), which amount to about 42 percent of all children. Not all ACEs lead to CPTSD, but some may. The United States Department of Health and Human Services reported in 2019 that over 656,000 cases of child maltreatment have been substantiated, with

maltreatment being defined as physical, sexual, or emotional abuse or severe neglect. This number is equivalent to nine out of every one thousand children. Of these child maltreatment cases, 86.5 percent of them were perpetrated by the parents. Another caregiver or someone close to the family (USDHHS, 2019) perpetrated almost all other cases. Over 47 percent of the children who are the victims of these heinous crimes are five years of age or younger. This means that by the time these students reach high school, the maltreatment could have been occurring for over a decade. However, the effects of the abuse may remain an affective event since twenty-five percent of the cases of child maltreatment occur before the child reaches the age of two (USDHHS, 2019). These data suggest that the number of students entering schools with the effects of complex trauma could be higher than reported or what officials might predict. Nevertheless, suggestive evidence indicates that children who have experienced childhood complex trauma may not be able to accomplish regular tasks that align with typical school expectations in the same way as other children, which often leaves educators perplexed as to how to support students with considerable socio-psychological needs (Lowenthal, 1999; Wherry, Huffhines, & Walisky, 2016; Fratto, 2016).

In the empirical literature, studies have reported an association between complex trauma and the physical health of the child, the mental well-being of the child, academic endeavors, and long-term adult health conditions (Gilbert et al., 2015; Font & Maguire-Jack, 2016; Mersky, Topitzes, & Reynolds, 2013; De Bellis & Zisk, 2014; van der Kolk, 2015; Burke Harris, 2018; Felitti et al., 1998; Bellis, Hughes et al., 2018; Schafer, Wilkinson, & Ferraro, 2013; Bethell et al., 2014). Adults who have experienced childhood complex trauma may suffer from more frequent mental distress leading to depression, substance abuse, asthma, heart disease, heart attacks, strokes, or diabetes (Gilbert et al., 2015; Font & Maguire-Jack, 2016; Felitti et al., 1998;

van der Kolk, 2015; Burke Harris, 2018). In addition to the negative effects on a child's mental health and academic pursuits, students who have reported experiencing childhood maltreatment, in some cases, have significantly more problems with chronic absenteeism due to complaints of physical illness, including but not limited to above average childhood allergies and asthma (Blodgett & Lanigan, 2018; Bellis et al., 2018). Eighty percent of the students reporting three or more adverse events also had one or more academic concerns: academic failure, severe attendance problems, severe school behavior concerns, frequently reported poor health (Blodgett & Lanigan, 2018; Bellis et al., 2018; Blodgett, 2020). The literature indicates that there is a strong correlation between CPTSD and low academic achievement, negative overall health, and mental well-being of the victims in childhood and through adulthood.

In the Bellis et al. (2018) study, it was reported that the students who had significantly more allergy issues, as well as higher ACE scores, also had chronic school absenteeism. By the time these students reached high school, their absenteeism was six times greater than the rest of their cohort (Bellis et al., 2018). This article, along with others, show a positive correlation between ACE scores and chronic absenteeism. As a child's ACE score increased, absenteeism increased (Stempel et al., 2017; Bellis et al., 2018; Blodgett & Lanigan, 2018). Chronic absenteeism may lead to grade repetition, poorer school performance, or school dropout (Bethell et al., 2014; Hamlin, 2021; Burke et al., 2011). Evidence in the literature also points to other possible negative academic ramifications for students who experienced childhood maltreatment including poor reading achievement, lower scores on cognitive assessments, more disorganization, or lowered impulse control (Lowenthal, 1999; Fratto, 2016; Barnett, 1997; Vondra, Allen, & Cicchetti, 1990; Erickson, Stroufe, & Pianta, 1989; Crosby, 2015). The literature states misdiagnoses of mental issues such as attention-deficit hyperactivity disorder or

schizophrenia have also occurred (Wherry, Huffhine, & Walisky, 2016; Weinstein, Staffelbach, & Biaggio, 2000; Jessop, Scott, & Nurcombe, 2008; Lowenthal, 1999).

Scholars have begun to theorize that schools may help mitigate the effects of childhood complex trauma (Crosby, 2015; Blodgett & Lanigan, 2018; Fantuzzo, LeBoeuf, & Rouse, 2014). For example, some of the negative consequences of complex trauma may be lessened by a single adult building a trusting relationship with the child (Crouch et al., 2019; van der Kolk, 2005; Sorrels, 2015; Breedlove, Choi, & Zyromski, 2020). Students who have had at least one adult who could make them feel safe and protected have shown to experience lowered effects of childhood complex trauma, but usually not as low as children who have not had traumatic experiences (Crouch et al., 2019; van der Kolk, 2005). According to scholarly analysis, the trusted adult does not have to be a family member but could be a youth pastor, community member, or any number of adults in a school setting, from the bus driver to the teacher or the principal (Ardvidson et al., 2011; Kinniburgh et al., 2005; Breedlove, Choi, & Zyromski, 2020; Bethell et al., 2014). It is thought that the importance of the relationship is to help the child gain a sense of safety and convey they are lovable and worthy of care (NCTSN, 2003; van der Kolk, 2005; Sorrels, 2015).

Since the child's brain development typically may not permit an understanding that the abuser is in the wrong, children sometimes internalize the abuse, thinking there is something wrong with them or that they are the cause of the abuse (Sorrels, 2015; van der Kolk, 2015; Cook et al., 2005). This circumstance could lead to feelings of being unloved and even unworthy of love (Lowenthal, 1999). Internalization of the abuse may initiate self-destructive behaviors or aggression towards others. Other results shown ranged from excessive compliance to oppositional behavior. Maltreated children may struggle in understanding rules and peer

relationships might suffer because of seemingly inappropriate behaviors (Cook et al., 2005; Lowenthal, 1999).

The inability to build and maintain relationships could be one of the major effects of childhood trauma (Johnson, 2018; McLean et al., 2013). Some schools are beginning to implement support systems to help these children navigate this barrier. Supports that have been employed are restorative practices and increasing protective factors, such as engaging with a trusted adult, providing social and emotional education and support, and aiding in building peer relationships (Breedlove, Choi, & Zyromski, 2020). Other methods that have shown positive results involve creative expression through music, art, writing, or drama (Sullivan & Simonson, 2016; Yohannan & Carlson, 2018; Kahn, 1999). Yohannan and Carlson (2018) also list child-centered play therapy, cognitive behavioral therapy, a program called Enhancing Resiliency Amongst Student Experiencing (ERASE) Stress, and mental health counseling services as interventions in schools that show statistically significant reductions in adverse symptoms caused by the experienced trauma. However, it is unclear whether children with complex trauma find these approaches to be helpful. Blodgett and Lanigan (2018) recounted the existence of multiple studies resulting in the effects of adverse childhood experiences in adulthood but stated "the literature regarding children remains limited."

If a student is suffering from the adverse effects of childhood complex trauma, they may be dissociating from school or causing such a disruption from their behavior that multiple students are being negatively affected (Wherry, Huffhines, & Walisky, 2016; Lowenthal, 1999; Fratto, 2016; Anda et al., 2004). The previous studies discussed have viewed the effects of complex trauma on student performance, and many clinical studies report methods that may help children become more resilient and overcome some adverse effects of childhood maltreatment.

Gap in the Knowledge

While studies have reported guidance for schools to help support the effected students and increase their resiliency, few are from the students' point of view (Lowenthal, 1999; Fratto, 2016; Kilrain, 2017; Crouch et al., 2019; Crosby, 2015; Blodgett & Lanigan, 2018). This is important to note because educators often focus diligently on guiding students successfully across the graduation stage, but they might not ask this specific population of students what they may have needed during their school years to help them be successful. How are educators supposed to usher this population into a productive adulthood successfully if it is uncertain what supports could have been the most helpful? Instead, schools may be expending energy using uniform techniques that are usually punitive in nature, and the children who have experienced complex trauma are far from being in a one-size-fits-all category. In the life of these children, punitive actions, at times, are received without causation; therefore, it is more difficult for them to understand what prompted the reprimand. The gap in the literature is from the adult perspective of victims of childhood complex trauma, looking back at what they needed to support them in school and hindrances in their journey to becoming resilient, successful adults.

Purpose of Study and Research Question

The purpose of this study was to understand how adults who experienced childhood complex trauma describe the influence of school experiences on their ability to progress through school. The research question addressed in this study was:

1) *How do adults who experienced childhood complex trauma describe factors influencing their progression through school?*

For this study, the category of complex trauma is defined as having experienced at least one repetitive interpersonal trauma (i.e., physical abuse, sexual abuse, emotional abuse, neglect,

domestic violence) or having witnessed the death of a close family member (Kisiel, Fehrenbach, Small, & Lyons, 2009; van der Kolk, 2005; Cook et al, 2005). Patients who qualify for the World Health Organization (WHO) of CPTSD are given the diagnosis of PTSD in the United States (Lee, Kim, & Nam, 2021; Giourour et al., 2018; Resick et al., 2012). Fourteen adults were interviewed to address the research question. All fourteen participants of this study had an official diagnosis of PTSD due to childhood complex trauma. This is arguably a considerable sample size given the sensitivity of the subject, the vulnerability of this subgroup, and difficulty gaining access to this subgroup.

The study setting was in northeast Oklahoma in the city of Muskogee. Oklahoma is a highly relevant setting for investigating complex trauma because reports have found suggestive evidence that Oklahoma may have among the highest rates of trauma in the United States (Statista, 2021; Sacks & Murphey, 2018). Although the incidence of complex trauma remains uncertain, it is thought that 13 percent of Oklahoma's children are categorized as having experienced between three and eight adverse childhood experiences (Sacks & Murphey, 2018). Sacks and Murphey (2018) also report that nationally, the two most common adverse childhood experiences (ACEs) are economic hardship and separation or divorce of parents, and Oklahoma is in the top five states in the nation for children who have experienced one or both ACEs.

More specifically, Muskogee is a particularly relevant city for this study because it has a high child poverty rate. Muskogee Public Schools is a 100% Title I district, meaning that over 70% of the student body in each of the twelve school sites qualifies for free or reduced meals, which exceeds the 62% reported for the state of Oklahoma as a whole (Hamlin et al., 2023). This is relevant to this research because studies have shown that child maltreatment occurs at a higher

rate in areas with a lower socioeconomic status (Laskey et al., 2012; Viola et al., 2016; Yang et al., 2021).

This study is important because it provides insight from a vulnerable subgroup that schools often struggle to support effectively. To gain access, a partnering counseling agency was identified before the submission of the application to the Institutional Review Board (IRB). There were five agencies contacted, but only one agency was willing to partner in the research due to the sensitivity of the topic and vulnerability of the population. The sensitivity of the population involved in this study was also a concern for the IRB, in addition to the researcher's lack of training in the field of counseling. This study was not expedited through the IRB approval process. After attending the monthly IRB meeting and approximately six weeks of adjusting the application, the IRB approved the study with contingencies.

The data collected to address the research question was gathered through semi-structured interviews. Potential participants were solicited from the partnering counseling agency who had treated or were treating clients who met the criteria. Participants included volunteers who experienced perpetual childhood sexual, emotional, or physical abuse; severe neglect; witnessed the death of a close family member; or any combination of these. The sample includes participants who have survived the events of their childhood and completed all or most of their K-12 education. However, due to the sensitivity of the population and the subject, participants were not selected randomly. Instead, they were recruited based on their diagnosis of PTSD due to childhood abuse, neglect, or witnessing the death of an immediate family member. The participants were told about the study by their counselor and asked if they would be willing to volunteer to be interviewed. They were then given a flyer with the researcher's phone number and email address, and it was their responsibility to initiate contact. There was also a recruitment

video and group visit to aid in the recruitment of more participants. The recruitment efforts were continued over a six-month period and the resulting fourteen interviews should be considered substantial considering the vulnerability of the population.

Study Contributions and Limitations

There is scholarly literature that discusses the behavioral, mental, and even physical effects of complex trauma in school-aged children through adulthood (Fratto, 2016; Morrow & Villodas, 2017; Lowenthal, 1999; Wherry, Huffhines, & Walisky, 2016; Anda et al, 2004; Crouch, Radcliff, Strompolis, & Srivastav, 2018; Kilrain, 2017; van der Kolk, 2014; Perry & Szalavitz, 2006; Burke Harris, 2018; Perry & Winfrey, 2021). There have been longitudinal studies that have followed children who experienced abusive or neglectful childhoods into adulthood to determine what long-term physical ailments may result from the complex trauma experienced at an early age (Perry & Szalavitz, 2006; Anda et al., 2004; Felitti et al., 1998). There have been clinical studies of interventions that have shown to help children in clinical settings, but there is little literature that highlights perceived school supports from the students' perspectives (Johnson, 2018; McLean et al., 2013; Bethell et al., 2014; Hamlin, 2021; Burke et al., 2011). Potential contributions of this study include advancing the literature on what students who have experienced childhood complex trauma possibly need from their school to help them persevere and become educated adults. It may lead to future research testing for the effectiveness of the themes highlighted. Another contribution may be informing teachers how to help support the students in their classes who have experienced complex trauma. There are multiple success stories of people who have experienced great achievements in adulthood because of the love and support of one teacher, principal, or bus driver. This study may give greater insight into the need for support in schools to help students who have experienced complex trauma, from the

perspective of the student. It may also help inform school leaders on programs or training that could be implemented to help students be more successful or teachers to be more supportive. There is also the potential for this study to help clinical staff pushing into schools. If they could understand the student perspective of what they needed from their school, the counselors may be able to improve the assistance they are able to lend teachers and auxiliary staff in methods to support their students with complex trauma.

One of the significant limitations of this study was finding participants willing to volunteer to talk about challenging aspects of their past. Trust within this population may often be exceptionally low. According to Bell, Robinson, Katona, Fett, & Shergill (2019), people who suffer from PTSD due to an interpersonal trauma may have an even more reduced amount of trust than their counterparts who suffer from PTSD caused from an accidental trauma. The authors define interpersonal trauma as an event "caused deliberately by other people" (Bell et al., 2019). There is evidence of a reduction in trust among survivors of interpersonal trauma, even among their existing family and friends (Macias, Young, & Barreira, 2000; Cook et al., 2005; van der Kolk, 2015; Perry & Szalavitz, 2006; Courtois, 2004). Therefore, recruitment of participants was more difficult than the initial concerns. Fourteen participants were willing to put aside their difficulties with trust in efforts to add to the literature regarding school supports for children suffering from the effects of childhood complex trauma, but it took six months to find these fourteen. Another limitation was the memory and recall of the participants. Some of the participants had not been in a K-12 educational setting in decades. Recalling information from that time could have been difficult. In addition, one of the symptoms of PTSD is dissociation (Cook et al., 2005; Perry & Szalavitz, 2006; van der Kolk, 2005; Lowenthal, 1999). If the participants spent much of their time in school in a dissociative state, recalling the reality of their

educational experience may have been challenging for the participant. Lastly, another limitation was in the semi-structured interviews. Due to the nature of the study and the questions, the answer to one question sometimes led the participant in a different direction, often leaving tangents unexplored.

Chapter 2. Review of Literature

Defining Complex Trauma

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) (2013), a reference manual used to identify psychological disorders, defines trauma as "exposure to actual or threatened death, serious injury, or sexual violence" in one or more ways detailed further in the manual. The International Society for the Study of Trauma & Dissociation defines psychological trauma that typically results in trauma-related disorders as prolonged and repetitive (2019). Rice and Groves definition included that trauma creates an overwhelming inability to cope (2005). The literature used to identify these definitions does not separate childhood trauma from adult trauma. The DSM-5 identifies the mental effects left behind for some people as post-traumatic stress disorder (PTSD), regardless of circumstance; however, the damage adverse experiences can have on the developing brain of a child or adolescent can be different from the effects suffered by adults (Perry & Szalavitz, 2006; Lowenthal, 1999; Wherry, Huffhines, & Walisky, 2016; Kilrain, 2017; Hyland et al., 2017; Crouch et al., 2018).

The phrase "complex trauma" specifically describes the effects of child maltreatment taking into consideration the stage of development the child was in when the event occurred. Bessel van der Kolk (2005) defined complex trauma as "the experiences of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early-life onset." Dr. Barbara Sorrels (2015) used Betsy Groves's definition for complex trauma that explained it as an event that causes a child to question their own sense of safety by their parents or caregivers. The International Classification of Diseases, 11th edition (ICD-11), like the DSM-5, is a reference manual to identify and diagnose mental disorders; however, unlike the DSM-5, the ICD-11 has a

separate diagnosis for PTSD caused from childhood maltreatment – complex PTDS (CPTSD). Unfortunately, the United States does not use the ICD-11. For this paper, CPTSD and PTSD will be used to describe the post-traumatic stress disorder children experience from maltreatment, and the definitions for complex trauma will be assumed when mentioning trauma.

The National Child Traumatic Stress Network (NCTSN) (2019) defined a traumatic event as frightening or dangerous, even violent, one that poses a threat to safety. These events may be either a physical or a psychological event in which pain or injury occurred to the child themselves or their caregivers. Physical or mental abuse, neglect, and the witnessing of abuse or violence toward loved ones can be traumatic to children, possibly changing their brains (van der Kolk, 2005; Kisiel et al., 2009; Cook et al., 2005; Cloitre et al., 2019; Sorrels, 2015; Perry & Szalavitz, 2006). Children who witnessed the death of a loved one or sexual assault, experienced sexual abuse themselves, or were witness to violent acts may be at the highest risk for experiencing PTSD (Bell et al., 2017; Nickerson et al., 2008; Erolin, Wieling, & Parra, 2014; Cloitre et al., 2019). According to the National Institute of Mental Health (2016), children may be more likely to exhibit symptoms of PTSD if they have experienced trauma personally than if it had occurred in the life of a loved one. Trauma could continue to influence the child long after the experience is over (van der Kolk, 2015; Sorrels, 2015; Perry & Szalavitz, 2006; Anda et al., 2004; Felitti et al., 1998).

Researchers at the Department of Preventive Medicine in Southern California completed a study correlating adverse childhood experiences (ACEs) with many of the leading causes of death in 1998 (Felitti et al., 1998). Over 17,000 people were part of the longitudinal study. The participants first engaged in a thorough health screening to determine their medical conditions. Then they answered questions that were categorized into two main themes but referring to the

participants' childhood (defined as 0-18 years of age). The first theme was types of abuse, which included psychological abuse, physical abuse, and sexual abuse. The second was household dysfunction, which encompassed substance abuse, mental illness, domestic violence of the mother or stepmother, and criminal behavior. The results of the study reported that when ACEs increased, life expectancy and the quality-of-life decreased (Felitti et al., 1998). The data from the ACEs study and the research regarding complex post-traumatic stress disorder began to align in the early 2000s. Not all ACEs lead to CPTSD; however, most children with CPTSD have multiple ACEs.

Characteristics of Complex Trauma

Complex trauma is considered interpersonal because the abuser is usually a close family member or friend and it is an event that occurs multiple times over time (Bell et al., 2017; Sorrels, 2015; van der Kolk, 2005). Researchers describe that this type of trauma typically begins at an early age, causing the child to live in a constant state of fear with heightened emotions (Lowenthal, 1999; Perry & Szalavitz, 2006; Crouch et al., 2018; Kinniburgh et al., 2005). These traumatic experiences may not only stay with the child in memory but could also change the child's psyche and possibly the expression of genes, with a probability of passing on the effects to their children (van der Kolk, 2015; Ramo-Fernandez et al., 2015). The results of complex trauma could outweigh those of other traumas children may experience because of the deep emotional and behavioral side effects that other traumas do not typically create (Cloitre et al., 2019; Crouch et al., 2018; Dvir et al., 2014; Felitti et al., 1998).

Symptoms of trauma in children may vary depending on age. Younger children may experience bed wetting, re-enactment of the event during play time, an unusual need to be in control, seemingly unprovoked aggression, frustration, selective mutism, or becoming unusually

attached to a parent or trusted adult (Child Mind, 2018; National Institute of Mental Health, 2016; Sorrels, 2015; van der Kolk, 2015). Older children may experience other symptoms, such as re-experiencing trauma through visions or nightmares. They may feel numb or exhibit avoidant behaviors, avoiding certain people or places that may risk triggering another similar event or recalling the memory of the event. Some children experience hyper-arousal or hyper-reactivity to sounds or may overreact to adults in situations that seem mild. Others sometimes experience feelings of guilt due to the event or may have an aversion to prolonged eye contact, as it may seem as if it is a challenging or life-threatening signal (National Institute of Mental Health, 2016; Perry & Szalavitz, 2006; van der Kolk, 2015; Cloitre et al., 2019; Kisiel et al., 2009). Children who have experienced emotional maltreatment oftentimes have feelings of worthlessness, possibly thinking they are unloved, unlovable, or unwanted (Roller White et al., 2016; Hart, Brassard, & Karlson, 1996). Trauma symptoms in school-aged children can be exhibited in different ways including but not limited to withdrawal from social interactions, dissociation, attention deficits, acting out, attention-seeking, risk-taking behaviors, or even compliance (Bucker et. al, 2012; Substance Abuse and Mental Health Services Administration, 2019; National Child Traumatic Stress Network, 2019; Perry & Szalavitz, 2006; Roller White et al., 2016). Many experts say that the degree of trauma exhibited by the victim may be related to the number of times that person is exposed to the same trauma (Nickerson et. al., 2009; van der Kolk, 20115; Ramo-Fernández et al., 2015; Scott et al., 2013; Bell et al., 2018). Higher exposures could lead to more complex trauma, which may have its own set of consequences.

Complex trauma may cause the child to lose the ability to self-regulate or relate to others (Cook et al., 2005; Lowenthal, 1999; Cloitre et al., 2019; Dvir et al., 2014; Barfield et al., 2012). The characteristics of children exposed to prolonged abuse or severe neglect could be mental and

behavioral (Kinniburgh et al., 2005; Cook et al., 2005; Currie & Spatz Widom, 2010). Depression, attention-deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, anxiety disorders, eating disorders, sleep disorders, communication disorders, separation anxiety disorder, and reactive attachment disorder are correlates to complex trauma exposure (Cook et al., 2005; Lowenthal, 1999; van der Kolk, 2005; Perry & Szalavitz, 2006). These disorders alone could cause children to have relational issues among their peer group, but they may also disrupt the child's ability to self-regulate in other situations, such as the high pressure of academic performance standards or strict rules (Lowenthal, 1999; Cook et al., 2005; Barfield et al., 2012; Dvir et al., 2014; Cloitre et al., 2019). Regardless of what experiences a child has, the psychological wound could be hindering to their development, academic achievement, and could even be a determining factor in the successes they may have as an adult (Bucker et al., 2012; Perry, 2006; Anda et al., 2004; Dvir et al., 2014; Bell et al., 2018; van der Kolk, 2005).

Adult symptoms of childhood complex trauma could also include the inability to create lasting relationships and self-regulation, hindering the ability to maintain steady employment (Anda et al., 2004; Nurius et al., 2015; Felitti et al., 1998; Perry, 2006; Sansone, Leung, & Wiederman, 2012; Currie & Spatz Widom, 2010; Zielinski, 2009). Some experts believe that experiences with complex trauma may be an underlying mechanism that affects student dropout rates or limited interest or success in post-secondary educational programs (Font & Maguire-Jack, 2016; Perry, 2006; Zielinski, 2009; Tanaka et al., 2015). Substance abuse and risk-taking behaviors could be other characteristics of complex trauma that may be linked to the inability to sustain consistent employment (Anda et al., 2004; Font & Maguire-Jack, 2016; van der Kolk, 2005). Some adverse effects may not develop until adulthood. Medical conditions such as

anxiety, depression, asthma, heart disease, hypertension, diabetes, obesity, and sleep deprivation, at times, have been found to correlate to childhood trauma (Nurius et al., 2015; Gilbert et al., 2015; Felitti et al., 1998; Font & Maguire-Jack, 2016; Cook et al., 2005). A study published by Cloitre et al. (2019), showed a greater correlation between complex trauma and "higher levels of symptom comorbidity and lower levels of psychological well-being" than that of the relationship with these two symptoms and single-occurrence traumas.

The lasting effects of both trauma and complex trauma could share three characteristic symptoms; however, complex trauma may have additional symptoms not exhibited by survivors of single-incident occurrences. The common symptoms of post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (CPTSD) are reliving the experience as if in real-time, avoidance of triggers or reminders of the event, and a remaining sense of threat to themselves (Cloitre et al., 2019). CPTSD has three other characteristics that people with PTSD do not exhibit. Those three characteristics are affect dysregulation, negative self-concept, and disturbances in relationships (Cloitre et al., 2019; Moller Augsburger et al., 2020). Affect dysregulation has been defined as "the impaired ability to regulate and/or tolerate negative emotional states and has been associated with interpersonal trauma and post-traumatic stress," (Dvir et al., 2014; Hyland et al., 2017). Negative self-concept is characterized as hating oneself, self-blame, overall feelings of ineffectiveness, thoughts that oneself may be evil, and feelings of shame or guilt (Plumb, Bush, & Kersevich, 2016; van der Kolk, 2005; Herman, 1992). Relationship disturbances could be caused from shifts in emotional state, attachment patterns that were not developed in childhood, aggressive behaviors, among other factors (Plumb, Bush, & Kersevich, 2016; van der Kolk, 2005).

Academic Effects of Complex Trauma

Students who experience traumatic events may exhibit multiple effects that can differ depending on age of the child at the time of the event, type of trauma, number of occurrences of traumatic events, ethnicity, socioeconomic status, and gender (Johnson, 2018; Plumb, Bush, & Kersevich, 2016). However, adverse academic effects that remain common in most adolescents who experience severe child maltreatment include learning deficits, emotional or behavioral disorders, coping mechanisms that are inappropriate or unhealthy, and seeking out children who exhibit deviant behavior to make associations with or build relationships (Johnson, 2018; McLean et al., 2013; Plumb, Bush, & Kersevich, 2016). Another trend among children who suffer from complex trauma is the inability to trust and build appropriate relationships with adults in their schools, as well as a deficiency in the ability to form friendships with children their own age (Plumb, Bush, & Kersevich, 2016; Johnson, 2018; McLean et al., 2013; Barfield et al., 2012). Other student patterns have shown that students who are victims of traumatic events may have lower reading levels (Blodgett & Lanigan, 2018; Fantuzzo, LeBoeuf, & Rouse, 2014), lower grade point averages, and higher dropout rates than those in their cohort (Langley et al., 2015; Morrow & Villodas, 2018). They may also exhibit aggression and/or self-injure due to an inability to process the event (Price et al., 2013; D'Andrea et al., 2012; Plumb, Bush, & Kersevich, 2016).

Not only does the literature provide evidence that complex trauma could lead to lowered academic achievement of students in elementary and secondary school, but it also indicates children who experience severe maltreatment may have a higher propensity to suffer from mental health issues as adults (Larsen et al., 2017; van der Kolk, 2005; Plumb, Bush, & Kersevich, 2016). There are also studies showing a statistically significant relationship between

college students who experienced childhood complex trauma and their lack of resiliency when college coursework becomes stressful, as well as impaired work performance (Anda et al., 2004; Karatekin, 2017; Schafer, Wilkinson, & Ferraro, 2013). Findings in the Karatekin (2017) study suggested students could have a significant difference in their ability to handle the stress of college if they had acute childhood trauma. In other studies, the impairment of work performance was a correlate to the lack of interpersonal relationship skills, emotional distress, somatic symptoms, and/or substance abuse that is typical of people who have experienced complex trauma (Anda, et al, 2004; Schafer, Wilkinson, & Ferraro, 2013; Bethell et al., 2014). Other literature supports the idea that, after leaving secondary school (whether through graduation or dropping out), individuals who suffered childhood trauma may be less likely to transition into a higher education program, gainful employment, or a post-secondary training program (Mitchell, Becker-Blease, & Soicher, 2021; Jaffee et al., 2018; Baker et al., 2016). Nevertheless, one study showed that when there was early identification of childhood complex trauma and immediate intervention, the effects were positive regarding mental health and academic achievement when the child was older (Langley et al., 2015). Untreated mental health issues, unfortunately, may lead to disabilities in mental capacities or, at times, suicide (Larson et al., 2017; Courtois, 2004; Anda et al., 2005; Crouch et al., 2018; van der Kolk, 2005; Plumb, Bush, & Kersevich, 2016; Beal et al., 2019; Cook et al., 2005).

Research shows addressing complex trauma in children quickly may reduce some of the symptoms of aggression and inability to build appropriate relationships (Copping et al., 2001; Cook et al., 2005; Bethell et al., 2014; Tanaka et al., 2015). Some of this treatment not only involved the children, but also the parents or other primary attachment figures (Lieberman et al., 2011). Other studies show similar results in subjects that were older. Men and women who

experienced childhood complex trauma and were immediately treated and offered emotional supports were able to reduce the negative effects of their experiences more quickly (Keller, Zoellner, & Feeny, 2010). This literature supports the idea that if students are given the opportunity to immediately release some of the emotional effects of complex traumatic events that they may be able to increase their academic performance, which could lead to more successful adult lives, and perhaps, could be healthier adults.

Students who suffer from complex trauma could be at greater risk of dissociating, could have less ability to self-regulate, may have a negative self-concept, and may have difficulty building and maintaining relationships (van der Kolk, 2005; Cook et al., 2005; Perry & Szalavitz, 2006; van der Kolk, 2015; Perry, 2006; Currie & Widom, 2010; Ford, 2015; Herman, 1992; Moller et al., 2020; Plumb, Bush, & Kersevich, 2016). We know what clinical studies say could help students who have experienced complex trauma, but there are not many published studies reporting what the students say was helpful for them. It is time for us to understand what interventions or supports have helped the survivors from their perspectives. It is important that we attain this understanding from the people who have experienced the childhood complex trauma. There is a plethora of information from the clinical setting regarding support for these students, what could help. However, there is little to no research from the perspective of the students who were just trying to survive and somehow found ways to surmount the effects.

Trends in Complex Trauma among Youth

In 2018, the Data Resource Center for Child and Adolescent Health (2018) published a study showing that nearly 42% of all children between the ages of 0 and 17 have experienced at least one adverse childhood experience. This statistic is staggering when given the actual number of children that are affected is over thirty million. Thirty million of the children sitting in our

classrooms across the nation seven hours a day, five days a week, for nine months have experienced at least one adverse life event and could be suffering from psychological effects. Another report published by the United States Department of Health and Human Services (USDHHS) (2019) states that of the approximately 73.6 million children in the 52 reporting states, 656,000 of them have been substantiated cases of child maltreatment. This equates to a national rate of about nine children for every one thousand. When reporting these cases, the USDHHS may have multiple reports for one victim, but if the maltreatment is the same (for example, neglect) that child is only counted once for reporting purposes. They report that 61 percent of victims experience neglect only, 10.3 percent are reports of physical abuse only, and 7.2 percent are sexual abuse cases only. 86.5 percent of the perpetrators are parents, and the other 13.5 percent are childcare providers, foster parents, friends or neighbors, legal guardians, group home or other residential facility staff, relatives, unmarried partners of the parent, more than one of these, or "other." Almost 100 percent of the perpetrators are responsible for the well-being of the child in one capacity or another (USDHHS, 2019).

The USDHHS (2019) also reports that one quarter of all victims of child maltreatment are younger than two years of age. Victims of child maltreatment range in age from less than one year old to seventeen years of age. 47.4 percent of all the victims were five years old or below. Almost half of the students in our schools who have or will experience complex traumas have already fallen victim to their perpetrator before they ever walk through the doors of our facilities. Half could have already determined that adults are not trustworthy or safe before they ever meet a teacher, principal, secretary, or bus driver. The trends in childhood trauma should be a call to arms for all educators. We cannot expect there to be changes in this cycle without intervention.

Trauma Interventions Outside of School and Their Effects

Common clinical treatments for childhood complex trauma include psychotherapy and psychopharmacology (Courtois, 2004; Leenarts et al., 2013; Olafson, 2011). There have been a few other specific frameworks developed to treat individuals who have experienced childhood complex trauma. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is one method. It uses a variety of components to help address the effects of childhood complex trauma, including but not limited to traditional techniques such as art, poetry, or dance (Olafson, 2011; Scheeringa et al., 2011; Dittmann & Jensen, 2014; Schaser, Keller, & Goldbeck, 2017; Dorsey et al., 2017). TF-CBT educates the parent and the child in the psychological effects of the trauma and then focuses treatment on coping mechanisms, stress reduction strategies, and self-regulation methods for affect disorders. Cohen et al. (2004) reported findings from a sample of two hundred twenty-nine eight- to fourteen-year-old children who had experienced childhood complex trauma. The study indicated that the children treated with TF-CBT had a significant reduction in symptoms of PTSD as compared to the children who were treated with traditional methods of child-centered psychotherapy. In order to complete this model of therapy, the parent has to be involved and acknowledge the complex trauma of the child.

Another model outside of the school setting is the Intergenerational Trauma Treatment Model (ITTM). This model occurs in three phases that address educating the parent, treating the parent, and then intervening with the parent and child to enhance the relationship (Scott & Copping, 2008). With this model, clinicians have seen reductions in child conduct disorder and child peer socialization issues (Copping et al., 2001). However, Scott and Copping (2008) recognized the need for more studies using empirical data to validate their findings. The ITTM clinical method, like TF-CBT, works with the children's parents as well as the child. It, too,

requires the parent to acknowledge that the child maltreatment was occurring and for them to be a willing and active participant.

Emotion-focused therapy for complex trauma (EFTT) is another therapeutic method that has shown positive results in adult patients who experienced childhood complex trauma (Mlotek & Paivio, 2017; Holowaty & Paivio, 2011); however, this technique is not used with children. EFTT aids the patient in processing the trauma through building a safe therapeutic relationship with the client, educating the client on coping and regulation methods, aids the client in processing the emotions remaining from the traumatic experiences, and helps with self-image and thoughts. There have been multiple empirical studies that have shown statistically significant improvements in the mental health of adults who had experienced childhood complex trauma using EFTT (Mlotek & Paivio, 2017). However, children are not equipped with the brain development needed to participate in this type of therapy.

Holmes, Levy, Smith, Pinne, and Neese (2015) also discuss tiers of interventions based on the Attachment, Self-Regulation, and Competency (ARC) framework. The ARC framework has ten core targets of intervention. Four of the ten core targets address attachment, three address self-regulation, and two targets address competency. The last target, Trauma Experience Integration, aims to address understanding of oneself and increasing the ability of the child to engage more in their present life (Arvidson et al., 2011; Holmes et al., 2015; Plumb, Bush & Kersevich, 2016; Kinniburgh et al., 2005). There are a few empirical studies of the ARC method of treatment; however, Arvidson et al. (2011) recognized the need for further empirical investigations of ARC. This method was designed for children, and the findings indicated there was a statistically significant improvement in the mental health of the children treated. All these techniques have indicated there could be improvements made in the mental health of the

individuals who were being treated for childhood complex trauma; however, none of them were developed to be completed within the walls of a school.

Trauma-Informed Interventions at School for Students with Complex Trauma

In the literature, trauma-informed interventions in schools focus on different facets of socio-emotional and physical well-being. Research highlights methods that educators could use to help mitigate the negative classroom behavior of children who have known complex trauma (Breedlove, Choi, & Zyromski, 2020; Beauregard, 2014; Stemple et al., 2017; Sullivan & Simonson, 2016; Bethell et al., 2014). One method was an increase in creative expression through drama, writing, art, or music (Sullivan & Simonson, 2016). These methods had mixed findings, indicating students who externalized their trauma may have improved their school performance as based on academics and behavior, while those who internalized their trauma seemed to have increased in their symptoms and school problems. Two other methods in this study included partnerships with school-based psychologists. These two methods indicated the students could show improvements, but not all public schools have access to psychologists.

The Stemple et al. (2017) study was an empirical study that analyzed the correlation between ACE score and chronic absenteeism using over fifty-seven thousand school-aged students between the ages of six and seventeen. It indicated a statistically significant association, suggesting as ACE scores increased chronic absenteeism increased. The findings suggested that a partnership with local pediatricians, school nurses, mental health agencies, and the juvenile justice system could possibly help improve chronic absenteeism due to trauma.

Another study was completed using over ninety-five thousand surveys conducted by parents or guardians with the help of the Maternal and Child Health Bureau (Bethell et al., 2014). This study used multivariate and multilevel regression models to look for correlates between

ACEs, health and school factors, and child resiliency. The results indicated there was a correlation between chronic health conditions and increased ACEs. The findings also suggested that the higher the number of ACEs, the less resiliency factors the student exhibited. This study indicated that if children who experienced childhood complex trauma were educated early in mediating the effects of the trauma, such as learning to self-regulate emotions, and building resiliency, they could possibly reduce the effects their ACEs had on their academic progression and even possibly their long-term health.

However, outside of creative expression, there is little research available on how educators may intervene at school with students who are suffering from the psychological effects of complex trauma. These students may be dissociating, exhibiting the symptom of compliance, or experiencing other signs of trauma that may not be disruptive to the classroom environment but could possibly be detrimental to the academic success of the student. Some children take on the role of caretakers, trying to be in control, volunteering to be the teacher's helper or taking it upon themselves to help other students in the classroom with daily tasks (Perry & Szalavitz, 2006). Educators may view this behavior as healthy and helpful, when it could be the child trying to control their environment. Control could be an attempt to process through the times when they are in situations out of their control (Kilrain, 2017).

Trusting relationships could be pivotal (Aldridge & Ala'l, 2013; Perry & Szalavitz, 2006; van der Kolk, 20014; Perry & Winfrey, 2021; Kinniburgh et al., 2005; Fratto, 2016; Crouch et al., 2018; Bronfenbrenner, 2005). Students who have experienced complex trauma may shy away from others due to the untrusting nature caused from the early onset of childhood maltreatment (Kisiel et al., 2009; Cook et al., 2005; Cloitre et al., 2019). However, in some cases, relationships between students and teachers have shown to influence behavior of students (Aldridge & Ala'l,

2013; Gottfredson, 1989; Wang et al., 2010). Students who could build such trusting relationships, despite their complex trauma, may be more successful in and out of school (Perry & Szalavitz, 2006; Gwinn & Hellman, 2019; Souers & Hall, 2016). School climate could also influence the emotional well-being and behavioral outcomes of students (Aldridge & Ala'l, 2013; Esposito, 1999; Kuperminc, Leadbeater, & Blatt, 2001; Wang et al., 2010). A more positive climate could foster more positive behavior. Positive school climate is typically measured by relationships between teachers and students, as well as students and other students (Aldridge & Ala'l, 2013). Other factors in measuring school climate include discipline and order and the perception of a safe school (Aldridge & Ala'l, 2013; Gottfredson, 1989). These school supports could be essential in improving the success of students who have experienced early complex trauma.

Plumb, Bush, and Kersevich (2016) list two school-based interventions that may be helpful in increasing resilience-capacity in the classroom centered around the review conducted by Payton et al. (2008) of three empirical studies regarding social and emotional learning in children ages five to thirteen. The two school-based interventions suggested are emotional literacy and problem solving through supportive relationships. They go on to describe a plan for creating trauma-sensitive schools made up of five core components. The first is training all school personnel on trauma. The second is creating a shift in the school-wide perspective on trauma. Next is helping staff, caregivers, and students establish healing relationships with each other. The fourth is maximizing the caregivers' capacity. Last is helping students who once felt hopeless and powerless regain their sense of hope and empowerment, which could increase their capacity to build trusting relationships with adults at school (Plumb, Bush, & Kersevich, 2016). The authors also suggest tiers of interventions beginning with whole group for this last core

component. The second tier is intervening with students in small group settings, and the third tier is working with one individual child.

More recent research indicates that there may be two main approaches to supporting traumatized students in the class – working with the student on regulation of their stress responses and forming secure attachments (Burdick & Corr, 2021; Brunzell, Stokes, & Waters, 2019). When a child lives in an environment that is unpredictable and unstable and where they feel their life is constantly in danger, dysregulation may become a mode of survival. Hypervigilance, the inability to regulate negative emotional state (affect dysregulation), aggression, impulse control issues, as well as a lowered ability to concentrate may all be symptoms of a dysregulated child (Kilrain, 2017; van der Kolk, 2005; van der Kolk, 2003; Cook et al, 2005; Burdick & Corr, 2021; Blodgett & Lanigan, 2018). Trauma-informed (TI) schools train all personnel in knowing and recognizing the signs and symptoms of students who may be in a dysregulated state due to what is happening outside the school building. The expectation for TI schools is that all personnel will help, from the bus driver to the principal, first in aiding the child in self-regulation skills, and then by building a trusting relationship with that child. Decades of research has been published regarding the difference one trusting relationship could make in the life of a traumatized child (van der Kolk, 2003; Courtois, 2004; van der Kolk, 2005; Rice & Groves, 2005; Cook et al, 2005; van der Kolk 2015; Sorrels, 2015; Plumb, Bush, & Kersevich, 2016; Crouch et al., 2018; Burdick & Corr, 2021).

Summary of Literature

The literature regarding the negative effects of childhood complex trauma has been a topic of study since the 1990s and is in abundance. Students reporting to school after severe childhood maltreatment or other interpersonal traumas have been found to be at higher risk of

affect dysregulation, decreased impulse control, dissociation, and avoidant behaviors. They have been reported to have problems with peer relationships, low academic achievement, high absenteeism, low feelings of self-worth, and problems with concentration (Johnson, 2018; McLean et al., 2013; Plumb, Bush, & Kersevich, 2016; Barfield et al., 2012; Blodgett & Lanigan, 2018; Fantuzzo, LeBoeuf, & Rouse, 2014; Langley et al., 2015; Morrow & Villodas, 2018). Longitudinal studies regarding lasting effects of CPTSD on adult health and well-being have been published, showing a lowered quality of life and shortened life expectancy (Anda et al., 2005; Larson et al., 2017; Courtois, 2004; Crouch et al., 2018; van der Kolk, 2005; Plumb, Bush, & Kersevich, 2016; Beal et al., 2019; Cook et al., 2005). There has been literature directed toward clinicians concerning methods of treatment for adult and child victims of complex post-traumatic stress disorder (Copping et al., 2001; Scott & Copping, 2008; Mlotek & Paivio, 2017; Holowaty & Paivio, 2011; Arvidson et al., 2011; Holmes et al., 2015; Plumb, Bush & Kersevich, 2016; Kinniburgh et al., 2005). There have also been publications aimed at schools for implementing multi-tiered systems of support within the school setting or creating trauma-informed or trauma-sensitive schools, which includes training for every school employee (Plumb et al., 2016; Payton et al., 2008). However, there are few studies from the point of view of the adults who experienced childhood complex trauma. To be able to fully implement plans for supporting students who have experienced childhood complex trauma, we should first try to understand what adults who were those traumatized students attribute to supporting them as they were trying to navigate through school, as well as the factors they experienced that they felt were hindrances to their progression.

Gaps in the Literature

Childhood complex trauma is the topic of many studies; however, there are few studies reporting what adults who were the child victims of complex trauma considered helpful during their progression through school. There are also almost no studies asking adults who have been diagnosed with CPTSD due to childhood maltreatment what they felt were hindering to their progression through school. There is a gap in the literature identifying potential school supports that could help improve the ability of a child to progress through school, from the perspective of the adult victim. Another gap in the literature includes possible hindrances that made the progression through school more difficult, from the perspective of the adult who was the child with complex trauma.

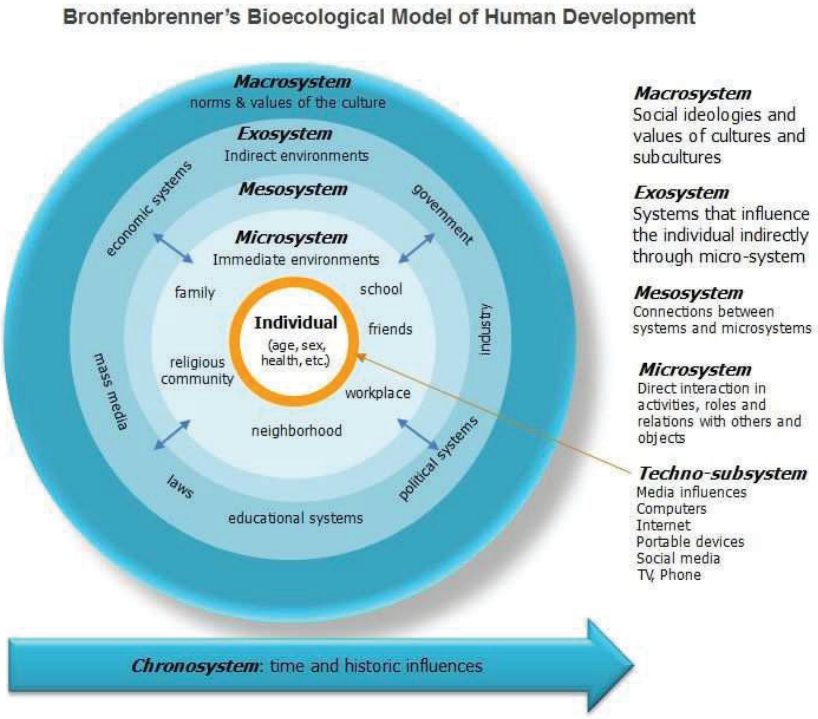
Chapter 3. Theoretical Framework

To understand the effects of complex trauma on children, scholars have frequently drawn on Bronfenbrenner's Bioecological Systems Theory. Bronfenbrenner's Bioecological Systems Theory discusses five layers (or systems) of a child's environment that influence the child's development with each one moving further away from the child but still having a hypothetical effect (Bronfenbrenner, 1986). The theory is that changes or conflicts in any of the layers will have a ripple effect on the other layers, affecting the development of the child. Complex trauma, because it typically is not a single occurrence, could leave multiple ripples in the child's development leading from childhood into adulthood.

Bronfenbrenner's Bioecological Systems Theory is relevant when studying complex post-traumatic stress disorder due to childhood trauma when considering how it might affect the student's educational progress. The framework encompasses all environmental levels that affect a child's development while considering the time in the child's life when the trauma occurred. Ongoing abuse over weeks, months, or years affects the system's interactions and influences the child's development. Bronfenbrenner's Bioecological Systems Theory provides an insightful lens for understanding complex trauma and the success of students (Bronfenbrenner, 1974). He defined his ecological theory as, "the study of human development in context of enduring environments" (Bronfenbrenner, 1974). According to this theory, complex trauma through chronic physical, emotional, or sexual abuse would occur in the child's closest circle; however, beyond the home, the child interacts with school, their neighborhood, their family's religious environment, and other factors. Schools cannot intercede in many of these areas, but they may be able to help mitigate the results of pervasive abuse or neglect by the hands of caregivers in a variety of ways. (Perry & Szalavitz, 2006; Perry & Winfrey, 2021; Aldridge & Ala'l, 2013;

Kinniburgh, Blaustein, & Spinazzola, 2005). Figure 1 is the model of Bronfenbrenner's Bioecological Systems and how they interact with each other, including the addition of the chronosystem added after the original theory was written in 1979 (Currie & Morgan, 2020).

Figure 1



Urie Bronfenbrenner (1977) developed his bioecological systems theory over decades of research and observation (Bronfenbrenner, 1986; Bronfenbrenner, 1992; Bronfenbrenner & Morris, 1998). The theory has gone through several iterations over time (Rosa & Trudge, 2013). Eriksson, Ghazinour, and Hammarström referred to the first iteration as "an ecological approach to human development" (2018). Between 1980 and 1993, Bronfenbrenner looked further into how the individual played a part in the developmental process (Eriksson, Ghazinour, & Hammarström, 2018). The last version is Bronfenbrenner's Process-Person-Context-Time model (PPCT), which specifically addresses the significance of regularly occurring activities and interactions with significant persons and the effect they may have on the development of the

individual (Eriksson, Ghazinour, & Hammerström, 2018). The basic tenets of all iterations are the same. The evolutions were created as psychology and child development studies became more prevalent (Bronfenbrenner & Evans, 2000; Eriksson, Ghazinour, & Hammerström, 2018).

The overarching theme of all three iterations of the theory is that the child's environment and experiences influence the development of the child's psyche. In 1992, he argued that a child's development is not merely one aspect of the child's life, but that there are five levels that affect their overall well-being. In his model, he called the levels systems. His theory was that each system factors into the overall development of the child. The five systems are the microsystem, mesosystem, exosystem, macrosystem, and a fifth layer dubbed the chronosystem. The chronosystem considers the time at which the event occurred in the person's life. His model was not written specifically addressing child development due to maltreatment, but as studies of ACEs, CPTSD, and the neuroscience of the brain have increased, it has become a model that may be relevant in this field. The timing of abuse and neglect of a child may have differing effects dependent upon the development of their brain. This layer, added to the third iteration of the theory, changed the system from Ecological Systems Theory to Bioecological System Theory (Rosa & Tudge, 2013). Bronfenbrenner's Bioecological Systems Theory is relevant to this study because the adults interviewed experienced events throughout their childhood, in some cases, starting at birth and spanning years. They shared school-level contributions they viewed as mediating factors to their level of academic success, and those contributions may have been the effects of changes among different systems within the model.

Bronfenbrenner's model begins with the child at the center with concentric circles surrounding the child. The theory states that the circle, or system, closest to the child would have the greatest influence on the development of the psyche of the child due to the direct interaction

the child has with others within the system. As the systems move further away from the center, the impact of the actions could have less of a direct effect on the child but are still involved with their psychological development. An illustration of the model can be located in Figure 1 and Appendix A.

Systems of Bronfenbrenner's Bioecological Systems Theory

The microsystem of Bronfenbrenner's Bioecological Systems Theory is the layer surrounding the child that would have the most direct influence on the child's development. This system includes the parents, siblings, caregivers, teachers, other children, or extracurricular activities in which the child may participate. According to Bronfenbrenner, this system would have the most significant effect on a child. It could be responsible for establishing baseline expectations for interactions with the system's contributors (Bronfenbrenner, 1979; Cherry, 2023; Rosa & Tudge, 2013). All the factors within the microsystem could affect the child, whether they are relationships that directly engage him or not. For example, the relationship between the child and his teacher as compared to the relationship of his peers and their teacher may affect the development of the child's psyche. The theory alludes that relationships in this system are bidirectional, meaning the child could be influenced by the people within this system, but he also may influence others and the environment (Cherry, 2023). An example of this would be when a child is dysregulated and disrupting the classroom environment. In this situation, the school may be able to intervene in the child's life and possibly mitigate the effects of the child maltreatment they have experienced (Crosby, 2015). In later iterations of the theory, Bronfenbrenner viewed the proximal processes that occur within the microsystem as being the most influential predictor of the child's development (Eriksson, Ghazinour, & Hammarström, 2018; Rosa & Trudge, 2013).

The mesosystem is the next layer in the model where two or more microsystems interweave (Bronfenbrenner, 2005; Cherry, 2023; Eriksson, Ghazinour, & Hammarström, 2018). The relationship of the microsystems to each other could have an affect the development of the child. An example of how this could happen in the mesosystem could be the relationship of the home to the religious setting, or the relationship of the school and neighborhood (Semantic Scholar, 2008). Interactions between different areas within the microsystem, rather than with the child himself, is what makes up the mesosystem (Rosa & Trudge, 2013). This could also include how the family interacts with the school, or vice versa (Bronfenbrenner, 1986; Bronfenbrenner, 2005). Schools may also influence the student within this system through encouraging positive interactions between peers, educating the students in appropriate social-emotional habits, and decreasing bullying (Crosby, 2015).

The exosystem includes factors that have an indirect effect on the child, because he is not an active participant (Cherry, 2023; Rosa & Trudge, 2013). Factors in this system could include political influences as they affect the child's home or school life, the socioeconomic status of the community in which the child resides, or parental income and the stress or lack of stress that is in the home due to their workplaces (Cherry, 2023; Bronfenbrenner, 1986; Rosa & Trudge, 2013). The aspects of the exosystem may not apparent to the child during his growth and development but could later become obvious upon reflection of childhood (Rosa & Trudge, 2013). Examples of this system include the socioeconomical status of the parents and how it affects the daily lives of the family members, policy initiatives on educational settings, or neighborhood resources or lack thereof (Rosa & Trudge, 2013).

The macrosystem contains the dominant beliefs or ideologies that surround the child in all areas and are included in the meso- and exosystems (Rosa & Tudge, 2013; Cherry, 2023;

Bronfenbrenner 2005). Values, social norms, culture, and traditions would be included in this system, as well as the federal government as policy leaders (Cherry, 2023; Eriksson, Ghazinour, & Hammarström, 2018; Vélez-Agosto et al., 2017; Bronfenbrenner, 2005). From an educational perspective, this system may be found in the overall look and functioning of the classroom setting (Bronfenbrenner, 2005; Vélez-Agosto et al., 2017).

The chronosystem, the last level, added to the theory in the late 1990s or early 2000s, theorized that events may have differing effects on the child based upon the time in which the events occurred in relation to the development of the person (Rosa & Trudge, 2013; Bronfenbrenner, 1986; Bronfenbrenner, 2005). The theoretical meaning of this system is all encompassing of the lifespan of a person, not specifically referring to the developing brain in childhood and adolescence (Crosby, 2015); however, in the context of this study, the timing of the abuse or neglect may change the effect it has on the child.

These layers support an understanding of complex trauma by illuminating the closeness of the interactions of the systems where the trauma occurred. If the trauma occurred in the home or within proximity, the school could possibly provide additional support to help moderate the long-lasting and sometimes detrimental effects. Schools and home belong in the same systematic layer; therefore, the prediction would be if the trauma occurred in one, then the healing might begin in the other. This model may give a lens to view the psychological and biological effects the child has after the maltreatment occurs, but it may also allow us to understand how schools might help equip the students with tools they could access at home and for the rest of their lives (Crosby, 2015).

School Supports through the Lens of Bronfenbrenner's Bioecological Systems Theory

Crosby (2015) has given guidance to schools on taking an ecological approach to trauma-

informed practices. According to Bronfenbrenner (1979), the microsystem has the most significant effect on a child, establishing baseline expectations for interactions with the system's contributors. Severe abuse and neglect lie within this system, possibly launching the child into a life of unhealthy and maladaptive behaviors (Crosby 2015). Schools may be able to support students who have complex trauma within the microsystem by training all staff on the signs, symptoms, and interventions for student behavior that may be linked to maltreatment. Other training for staff could include education on how to be emotionally present for the student, as well as how to recognize when they (the staff) are becoming dysregulated so they may maintain control of their own emotions (Perry, 2009; Crosby, 2015). The schools may also partner with or employ social workers or other mental health professionals to work with students who exhibit these traits.

Trauma-informed practices within the mesosystem may involve educational staff inhibiting negative peer relationships and guiding the traumatized students in appropriate social skills (Crosby, 2015). When students feel safe in the classroom, free from bullying or other negative interactions, they have a greater opportunity to focus academically (Wolpow et al., 2009). In addition, students may find that their perceptions of others may not be accurate, which could allow them to begin to trust peers (Wolpow et al., 2009). Personnel within the school system should also exhibit positive relationships with other adults in the school, community, or students' family members (Hamlin & Flessa, 2018). This would serve as an example of trusting affiliations to the students (Crosby, 2015). Teachers and administrators could also introduce the guardians to social workers or provide them with other resources that may help within the home (Crosby, 2015).

Strategies that schools can exercise to ensure trauma-sensitivity in the exosystem include changes in the policy and procedures of the school system. Mandated trauma-informed training and practices is a start (Cole, O'Brien, Gadd, Ristuccia, Wallace, & Gregory, 2005; Oehlberg, 2008; Crosby 2015). Discipline is another area that falls within this system. It is imperative to have an appropriate discipline policy that will continue to hold students accountable without compromising the student's seat time due to suspensions and expulsions (Cole et al., 2005; Oehlberg, 2008; Crosby, 2015).

Social and emotional learning (SEL) practices and programs also fall with the macrosystem. Another area of the macrosystem that could affect the education of students is implicit biases (Crosby, 2015). Relationships between students and staff may be affected by these biases through stereotyping and other assumptions (Wolpow et al., 2009). Training educational staff in the presence of implicit bias and microaggressions, increasing awareness, could also improve the trauma-informed practices within the school system.

Summary

Bronfenbrenner's Bioecological Systems Theory is relevant when studying complex post-traumatic stress disorder due to childhood trauma. The framework encompasses all environmental levels that affect a child's development while considering the time in the child's life when the trauma occurred. Ongoing abuse over weeks, months, or years may affect the system's interactions and could influence the child's development. Using this theoretical model as a lens for this research may help uncover how schools may be able to affect the progression of students who have experienced childhood maltreatment or may be suffering from CPTSD at multiple levels. It may be able to guide school personnel in methods to directly influence the students and their families. It may also shine a light on possible policy changes that could help

with this growing population of students, such as the need for more mental health support within the walls of our schools.

Chapter 4. Methods

The Current Study

Current literature outlines common academic effects of childhood complex trauma, but there is little research on this topic from the perspective of adults who were children trying to progress through school while dealing with the results of childhood maltreatment. In this study, complex trauma is defined as having experienced at least one repetitive interpersonal trauma (i.e., physical abuse, sexual abuse, emotional abuse, neglect, domestic violence) as a child at the hands of a caregiver. The National Child Traumatic Stress Network (NCTSN) (n.d.) defines complex trauma as "multiple traumatic events-often of an invasive, interpersonal nature- and the wide-ranging, long-term effects of this exposure…are severe and pervasive." The participants of this study knew before they agreed to join that the study focused on academic effects of physical, emotional, or sexual abuse or severe neglect, as multiple sources have defined as being the major causes of childhood complex trauma (National Child Traumatic Stress Network, n.d.; Kisiel et al., 2009; van der Kolk, 2005; Cook et al., 2005; Sorrels, 2015; van der Kolk, 2015; Kliethermes, Schacht, & Drewry, 2014; Holmes et al., 2009). Participation was voluntary, and the participants were allowed to stop at any time. Invitations to participate were extended to adults who were seeking professional treatment for or who had completed professional treatment for PTSD due to childhood complex trauma. There were fourteen people who volunteered to participate, which is a substantial sample considering the vulnerability of the population and the sensitivity of the subject matter.

The purpose of this study was to understand how adults who experienced childhood complex trauma describe the factors that influenced their progression through school. The research question addressed in this study was:

1) *How do adults who experienced childhood complex trauma describe factors influencing their progression through school?*

The study is qualitative. The data was collected from semi-structured interviews. The interview questions only included one demographic question - current age group. The purpose of this question was to determine if there were patterns or trends among age groups as schools began to learn more about trauma informed practices. Questions addressed experiences participants had in school, academic barriers, and other experiences they felt helped them persevere or hindered them from completing their secondary education. They were also asked the level of education they completed. Fourteen volunteers were interviewed, a considerable sample size when accounting for the vulnerability of the population. The data were coded and analyzed based on *a priori* codes and new trends were grouped into categories to determine commonalities among the school supports the individuals perceive as important, as well as factors they considered hindrances to their progression through school. The *a priori* codes and new categories were then grouped into themes that were either supporting or hindering factors.

Study Setting

Childhood complex trauma in the United States, and particularly in Oklahoma, is widespread and may be more common than what has previously been thought. Over the past ten years, the number of cases of child maltreatment in Oklahoma have increased from 7,248 to 15,809, more than doubling the number of students reporting to schools with the effects of trauma (Kids Count, 2020). The state ranks ninth in the nation per capita for substantiated child abuse cases (Barnard, 2020). These data were reported before the Covid-19 pandemic. Huang et al. (2023) used four electronic databases to search for empirical articles reporting data for childhood maltreatment after the start of the pandemic. According to the articles they cross-

referenced, childhood maltreatment in the areas of psychological abuse and neglect increased in the United States after the pandemic by 4.45 percent and 8.50 percent, respectively (Huang et al., 2023). Childhood maltreatment reports for physical and sexual abuse declined by 2.4 percent and 1.5 percent, respectively (Huang et al., 2023). The authors did recognize that the physical and sexual abuse reporting could have decreased due to the lockdown measures, not because there was an actual decrease in the cases of abuse (Huang et al., 2023). This report is relevant to this study because the schools may be experiencing the effects of the increase in child maltreatment for years to come. Children who were in kindergarten the year school was abruptly ended due to the shelter in place suggestion by the federal government could be in our school systems for possibly the next eight to nine years. Also, childhood maltreatment is not specific to a particular group of people, but can affect people of any socioeconomic status, ethnicity, or gender (Sacks & Murphey, 2018; Huang et al., 2023). Cases have been substantiated in urban, suburban, and rural settings alike.

The participants of this study included adults who had been diagnosed with and were receiving or had received professional treatment for PTSD due to childhood complex trauma. All the participants were living in Oklahoma at the time of the study, but some lived in other states as children. Oklahoma is the focus of study because it ranks among the highest in the number of adverse childhood experiences with thirteen percent of children between the ages of zero and seventeen reporting to have three or more ACEs (Sacks & Murphey, 2018).

More specifically, the setting of this study was in Muskogee, Oklahoma. Even though childhood adversity leading to PTSD occurs in all environments and socioeconomic settings, it is more prevalent in families who live in poverty (Sacks & Murphey, 2018; Greeson et al., 2011; Blodgett & Lanigan, 2018). Muskogee Public Schools (MPS) had over 4800 students enrolled

pre-kindergarten through twelfth grade at the time of this study, and was a 100 percent Title I district, which means that over 70 percent of the students qualified for free or reduced meals in each of the twelve school sites (Oklahoma State Department of Education, 2024). MPS partnered with numerous behavioral health agencies. One of the agencies recognized the overwhelming number of students who struggle with the adverse effects of childhood complex trauma within the MPS district and agreed to collaborate on this study.

Participants

To help answer the research question, how do adults who experienced childhood complex trauma describe factors influencing their progression through school, the participants were asked about school experiences they felt helped them push through the complex trauma to continue through their secondary education. A list of the questions is in Appendix B. Participants included adults who completed high school to earn a high school diploma, one who earned an adult diploma, and one who never completed high school or earned a GED. Further breakdown of the adults with a diploma or GED led to two categories: those were enrolled or attended a post-secondary educational program and those who were not or have not. The purpose of this analysis was to determine if one group had supports or hindrances present that the other group did not. All participants were asked about their behavior and attitudes in school, relationships with other students and adults in the educational setting, and helpful or challenging experiences. It would be remiss not to reiterate that all participants have recognized the need for healing and have sought professional treatment, leaving a population of people left unexplored: those who have CPTSD but have never addressed it through professional mental health services.

According to the USDHHS, there were approximately 586,500 cases of child abuse in the United States in 2021 (Statista, 2023). Of those cases, 52 percent of them were females and 48

percent were males; however, women were 11 percent more likely to seek treatment for mental health (Terlizzi & Zablotsky, 2020) and twice as likely to suffer from PTSD than their male counterparts (Novotney, 2017; O'Cleirigh et al., 2019; Thomas, Rossell, & Gurvich, 2022; Vernor, 2019). Therefore, it was not surprising that this study consisted of twelve females and only two males. Table 1 shows the participants, their age group, if they earned a diploma or GED, and if they have any experience in a post-secondary program. The participants were recruited, but their involvement was voluntary.

Table 1

Participants

Participant	Age Group	Diploma/GED	Post-Secondary Program
Lindsay	20-29	Y-Diploma	Y-Working on master's degree
Sally	20-29	Y-Diploma	Y-Working on bachelor's degree
Shawn	20-29	Y-Diploma	Y-Working on master's degree
Adrian	30-39	Y-Diploma	Y- Master's degree
Emily	30-39	Y-Diploma	Y-Did not finish
Leann	30-39	Y-Diploma	Y-Bachelor's degree
Makayla	30-39	Y-Diploma	Y-Master's degree
Sarah	30-39	Y-Diploma	Y-Associate degree
Steve	30-39	N-Adult Diploma	Y-15 hours college, welding program, Navy
Bryson	40-49	Y-Diploma	Y-Some college, auto body repair program, EMT & paramedic training
Cordelia	40-49	No	No
Elise	40-49	Y-Diploma	Yes-Master's degree
Amanda	50-59	Y-Diploma	No
Evelyn	60-69	Y-Diploma	Yes-Certification

Interview Protocols

Before the application to the Institutional Review Board (IRB) could be submitted, a partnering counseling agency had to be identified. There was only one agency willing to collaborate on this study due to the sensitivity of the topic and the vulnerability of the

population. The sensitivity of the population involved was also a concern for the IRB. This study was not expedited through the IRB approval process. Attendance at the monthly IRB meeting was required and every member of the twelve-person board asked questions regarding the study, my experience with working with such a population, and safety nets planned if the participant became distraught. The members of the IRB were concerned about my lack of training in counseling; therefore, they developed additional safety nets they required for the protocol.

The only recruitment method originally submitted to the IRB for approval was a flyer that would be given to potential volunteers by their counselor. The flyer had information regarding the research topic and the researcher's contact information for those interested in volunteering. A copy of the flyer is in Appendix C. The responsibility then fell on the participant to make contact. Recruitment using the flyers alone was difficult. There were only six volunteers using this method. An amendment was tendered to the IRB application requesting additional recruitment methods. Submission of a recruitment video and a script to recruit in person were requisite for approval. A copy of the script can be found in Appendix D. The IRB approved these recruitment methods, which helped find the additional participants needed to complete the study. The trauma team was asked to show the recruitment video to their clients. There were no participants gained from this method of recruitment. The agency organized an evening with volunteers who had completed or were receiving professional treatment for PTSD due to childhood maltreatment. I was allowed to recruit in-person, sharing the purpose of the study, which had all been approved by the IRB via the script. Using this recruitment method, eight more participants stepped forward.

The IRB required signed consent forms, which stated the purpose of the research, outlined the interview expectations, asked for permission to audio record the interview, and

explained the recordings would be transcribed and permanently deleted within 24 hours of the interview. Oral consent was not allowed. The signed consent form also ensured confidentiality and explained that no identifying information would be used. The signed consent also explained that the participant had the right to stop the interview at any point in time. A copy of the consent form was given to the participant. After the signed consent was given, the participants then had to answer questions on a consent screener to ensure they understood the purpose of the study and their rights. A copy of the signed consent form can be found in Appendix E and the consent screener in Appendix F.

The original IRB application had safety nets built in to help protect the participants of this sensitive population. Safety nets included that the interviews would be held on site of the counseling agency, in person, with a licensed counselor trained in trauma treatment present at the time of the interview; the interviewer would watch for signs of distress in the participant and would stop the interview if needed; and a resource sheet of free, local services would be given to the participant, including the National Suicide Hotline number and the National Texting Chat number. A copy of the list of resources can be found in Appendix G. Safety nets the IRB required were that signed consent was mandatory, as well as a consent screener to review the main points of the signed consent and ensure complete understanding of the procedures; water had to be provided to the participant, in case they became distress or dysregulated; and immediate reporting of any serious, unanticipated harms or additional information that may change the risk, benefit, or desire for participants to continue in the study. After all the safety nets were determined and agreed upon, the IRB approved the study. From the initial submission of the application to the final approval, the process took approximately two months.

Data Analysis

Data was collected through semi-structured interviews from participants who were being professionally treated for or who had completed a professional treatment plan for CPTSD. This data was a deep dive into the school experiences the participants felt were particularly helpful and which, if any, they felt were hindrances to their progression through school. Fourteen previously published *a priori* codes focusing on behavior were used. They were poor relationships, low self-esteem or self-worth, low academic achievement, poor school attendance, trouble concentrating, disciplinary issues, dissociation, perfection, avoidance, control, somatic symptoms and childhood illness, befriending other traumatized children, and engaging in risk-taking behaviors (Plumb, Bush, & Kersevich, 2016; van der Kolk, 2005; Sorrels, 2015; Perry & Szalavitz, 2006; Jaffee et al., 2018; Langley et al., 2015; Crouch et al., 2018; Beal et al., 2019; Cook et al., 2005; Moller et al., 2020; Roller White et al., 2016; Hart, Brassard, & Karlson, 1996; Blodgett & Lanigan, 2018; Kilrain, 2017; Bellis et al., 2018). There were also seven *a priori* codes for classroom supports that have been proven to help students with CPTSD: counseling services, one important relationship, before- or after-school programs, pullout programs during the school day, individualized education plan (IEP) or 504, specific course or curriculum, and involvement in extracurricular activities (Sorrels, 2015; Plumb, Bush, & Kersevich, 2016; Courtois, 2004; Cook et al., 2005; Kilrain, 2017; Rice & Groves, 2005; van der Kolk, 2015; Bronfenbrenner, 2005). The questions were written to determine if the trauma manifested in the way of behavioral symptoms, issues with learning or social skills, and supports present that helped the student progress through their kindergarten through twelfth grade education (Kaiser & Hamlin, 2024). There were also questions regarding common practices or occurrences that

hindered their continuation in school or their desire to continue. The questions went through five independent raters for clarification and understanding.

The interviews were recorded using the Voice Recorder application on an Apple iPhone. The application saves the audio recording and creates a transcript that is fairly accurate. The transcripts were air dropped from the iPhone to a Mac desktop computer as a text only download. The transcript was then copied and pasted into a Word document. The downloaded file was immediately deleted, and the trash application of the computer was also permanently deleted. The audio recording was then accessed, and the transcript was checked for accuracy. Once the transcript was complete, the audio file and connected transcript were deleted from the application on the iPhone. As required by the IRB, the audio file was transcribed and deleted within twenty-four hours of the interview.

After the interviews were transcribed, the data was first coded using the *a priori* codes and emerging themes were created in the data sheet. There were fifteen new categories added for additional coding purposes as well as a column for notes. The new categories were a mixture of behavioral occurrences, school supports, and hindrances. Six of the fifteen were behavioral – bullied at school, did not know how to build relationships, grades, lack of or poor memories of childhood, hope, and health issues. Later in the coding process, the categories of bullied at school and did not know how to build relationships were added as subcategories under poor relationships. Four were supports – safe space, outside therapeutic counseling, friends, and helpful things. One column was made just for hindrances. The last four either did not fit into these categories or could be subcategories of others. These were food insecurities, social emotional learning, older self, and other factors.

The second phase of coding involved quantifying the data by theme. All the *a priori* codes for behavior and school supports were listed and each participant who made a statement regarding the theme was counted as one. This was completed to determine the greatest supports and hindrances for the participants.

The third phase of the data analysis was looking at the quotes as they were coded to determine the most poignant thoughts among the group. This analysis was completed to bring the strongest ideas forward, to allow one voice to speak for all participants. The stories and experiences of these fourteen people interviewed were, at times, very emotional, and it is important for the emotion to be part of the report.

Lastly, the fourth phase grouped the data by categorizing it into themes. First, two categories were created – supporting factors and hindering factors. Next, the six themes of supporting factors were created. They were one important caring adult relationship, the benefit of friends, kindness/positive regard from educational staff, school-based supports, and individualized school-based supports. The hindering factors were grouped into four themes. They were negative relationships with peers and adults, low academic achievement, problems with concentration, and attendance interruptions.

A priori Codes for Behavior

Table 2 shows the *a priori* codes for behavior and the number of participants who made statements indicating they had experience with each code. All participants were found to have problems with relationships and exhibited traits of avoidance of the environment in which the trauma occurred as well as avoiding stressful situations. The next largest category was low self-esteem or self-worth. There were nine participants who made statements indicating they identified with this category. Nine participants also exhibited risk-taking behaviors while they

were in school. Seven participants had problems with concentration and admitted to having low academic achievement. Six had disciplinary issues, poor school attendance, and events of dissociation. Five participants reported a need to perform to standards of perfection, even to the point of not turning in work if it was not perfect or if it was incomplete. Four participants admitted they felt the need to be in control whenever it was possible. Three of the participants discussed having childhood somatic issues that they correlated to their childhood maltreatment. Four individuals had attention-deficit hyperactivity disorder (ADHD) either diagnosed as a child or later diagnosed as an adult. Five participants who were able to make friends found they befriended other traumatized children.

Table 2

A priori Codes for Behavior

Behavior: *a priori* Codes	**# of participants**
Problems with Relationships	14
• Poor Relationships, In General	14
• Bullied by Peers	10
• Inability to Build Relationships	14
Low Self-Esteem/Self-worth	9
Low Academic Achievement	7
Poor School Attendance	6
Problems with Concentration	7
Dissociation	6
Disciplinary Issues/Behavior Problems	6
Avoidance	14
Control	4
Perfection	5
Childhood Illness	3
Risk-taker/Risky Behavior	9
ADHS (Diagnosed or Undiagnosed)	4
Befriended Other Traumatized Children	5

Behavioral Codes Outside of *A Priori*

There were three behavioral categories that emerged from the data that were not part of the *a priori* codes used. Eight of the participants had a lack of or poor childhood memories. Seven people said they felt invisible or did not feel seen by teachers. Four participants saw themselves as being heroic or engaged in what they felt were heroic acts at school. Table 4 shows this data.

Table 3

Behavioral Codes Outside of A Priori

Other Behaviors	# of Participants
Poor Childhood Memories	8
Felt Unseen/Invisible to Teachers	7
Saw themselves as heroic/Acted heroic	4

A priori Codes for School Supports

Table 3 shows the *a priori* codes for school supports that have been shown in the literature to help mitigate the effects of complex trauma for students. Seven supports have been found in the literature to assist students in their progression from kindergarten through twelfth grade. Mental health counseling services is one support that is being offered to students in some schools, but only six participants said they had access to a counselor when they were in school for mental health support. Thirteen out of the fourteen participants had at least one important relationship with an adult in their school system. None of the interviewees took part in before or after school programs. Only three were part of a pullout program during the school day, and one of those was not for academic help or professional mental health counseling. Four people found a specific course or curriculum helpful in aiding their progress through high school. Eight participants were involved in extracurricular activities and found them helpful in their school

progression. Three of the fourteen participants were placed on an individualized education plan (IEP) or 504, and one of them was only placed on an IEP for a limited amount of time during elementary school. The individual with a 504 was on it for a medical condition that did not correlate to the participant's childhood maltreatment. She was a diabetic and her accommodations were not of an academic nature.

Table 4

A priori Codes for Supports

Supports: *A priori* Codes	**# of Participants**
Counseling Services	6
One Important Adult Relationship	13
Before/After School Programs	0
Pull Out Programs during the Day	3
Specific Course or Curriculum	4
Involvement in Extracurricular Activities	8
IEP/504	3

Supports Codes Outside of *A Priori*

There were five categories revolving around supports that emerged from the data and were not part of the *a priori* codes. Twelve of the fourteen participants had other adult relationships they felt helped them progress through school. As a subcategory to this, nine of those twelve had family or home support. Eleven people had access to a safe space during the school day when they needed it. Nine of the participants had help with developing a vision of hope for themselves that they attributed to their success in their progression through school. Eleven of the fourteen said that kindness or positive regard from the staff helped them matriculate through school. Table 5 shows this data.

Table 5

Supports Codes Outside of A Priori

Other Supports	# of Participants
Other Relationships	12
• Family or Home Support	9
Access to a Safe Space	11
Hope Development	9
Kindness/Positive Regard from Staff	11

Hindrances

There were eight categories that emerged from the participants' responses when asked about hindrances to completing school that have not already been discussed in other sections. There were eleven participants who named negative characteristics of teachers – negative teacher talk, creepy teachers, mean teachers, irresponsible teachers. Three participants found that loud noises or raised voices were a hindrance. Four of them stated they did not have access to support personnel such as a school nurse or a school counselor. Two of them talked about the environment they were exposed to in the classroom as being hindrances to their progression. There were four other hindrances mentioned by only one participant each, but they were important to include. One of the participants said that negative peer relationships made them not want to continue at times. Another participant recognized isolation in the classroom as a hindrance. A third participant stated a drug education program made it difficult for her to continue the day at school, and she admitted to skipping school each year after to avoid the program. Lastly, one participant needed social emotional teaching to help her understand how to regulate her emotions. Table 6 shows this data.

Table 6

Hindrances

Hindrances	# of Participants
Teachers – Negative, Creepy, Mean, or Irresponsible	11
Loud Noises or Voices	3
Lack of Supportive School Personnel	4
Classroom Environment	2
Other:	
• Negative Peer Relationship (not bullying)	1
• Isolation from Peers	1
• Program	1
• Lack of Social Emotional Teaching	1

After the coding process the first time where statements were matched to *a priori* codes, a second analysis of all the transcripts was completed in an effort or refresh ideas and to determine if there were categories that had been left uncovered. This phase of the analysis uncovered three more categories in behaviors. One was that the participants felt unseen or invisible to their teachers. Another was that some of the participants had poor childhood memories. The last one was that a few participants saw themselves as heroes to other bullied students. This phase of the analysis also uncovered four additional supports they found helpful in their progression through school. One was relationships with adults who were not educators, most were family members. Another was access to a safe space, mostly at school but one was away from school. The third was a development of a vision of hope. Lastly, the participants all felt that kindness or positive regard from educational staff was a supporting factor to help them progress through school. There were five categories identified as hindrances. The hindrances were grouped in these categories: teachers (negative, creepy, mean, or irresponsible), loud noises or loud voices, lack of supportive school personnel (nurse or counselor), classroom environment, and other. After, all codes and categories were grouped into themes.

Themes of Supporting Factors and Hindering Factors

The supporting factors had six main themes. They included the importance of one caring adult, the benefit of friends, kindness or positive regard from school personnel, help with the development of a vision of hope for their future, school-based programs, and individualized school-based supports. The themes within the supporting factors included topics the participants either felt like helped them progress through their kindergarten through twelfth grade educational career or they indicated feeling that if they had had the support, their progression would have been a little simpler.

The hindering factors had four themes. They were negative relationships with peers and adults, low academic achievement, problems with concentration, and attendance interruptions. The themes within the hindering factors were areas where the participants indicated their progression was impeded or made more challenging. Table 7 shows these themes.

Table 7

Themes

Supporting Factors	**Hindering Factors**
Importance of One Caring Adult	Negative Relationships with Peers and Adults
The Benefit of Friends	Low Academic Achievement
Kindness from Educational Staff	Problems with Concentration
Hope Development	Attendance Interruptions
School-Based Programs	
Individualized Supports	

Chapter 5. Findings

Students across America walk into classrooms every day with more than academic success on their minds. According to Statista, in 2021, for every 1000 children between the ages of zero and eighteen, eight of them had at least one reported case of child maltreatment. This statistic only accounts for the cases reported and substantiated. There is no way of knowing the number of cases that go unreported each year; therefore, no way of knowing how many more of our children are suffering. The Plumb, Bush, and Kersevich (2016) article claims that two thirds of our students could have effects of complex trauma. There is a place for schools to support these students. The research question is "How do adults who experienced childhood complex trauma describe factors influencing their progression through school?" The question was explored by interviewing fourteen adults who experienced childhood complex trauma. Twelve of the interviewees were women. Two of them were men.

Qualitative research methods were used to analyze the data retrieved from the interviews to determine factors the participants felt influenced their progression from kindergarten through twelfth grade. The findings were separated into supporting factors and hindering factors. There were six themes in supporting factors and four themes in hindering factors.

Themes of Supporting Factors

The themes of the supporting factors were the importance of one caring adult, the benefits of friends, kindness or positive regard from educational staff, the development of hope, school-based programs, and individualized supports.

The Importance of One Caring Adult

Thirteen of the fourteen participants said they had at least one important relationship with an adult at their school that helped them progress through their education. Bryson is the only

participant that did not speak of at least one positive connection with an adult at school. Teachers, secretaries, school counselors, nurses, school police officers, parking lot attendants, band directors, teacher's aides, and coaches were mentioned as being helpful. One common topic among the participants who named a teacher was that the teacher took additional time for them, whether it was re-teaching them the lesson, showing patience with them, offering them a safe space, encouraging them to continue in their educational pursuits, or checking on them while they were in their class and after they moved to other grade levels. To the participants, this was evidence that there was an adult that cared for them and their well-being, and they indicated it aided them in their desire to progress through school.

The participants who named teachers had specific stories that they claimed was an indication to them the teacher truly cared for them as an individual. Leann's parents separated and divorced when she was in kindergarten and first grade. She spoke of her kindergarten teachers with true love and admiration. Leann said she invited the teacher to her eighth-grade graduation, her high school graduation, and her baby shower. The teacher showed up to all three events. She said the teacher still asks about her well-being every time she sees Leann's mother in public. Leann said knowing the teacher cared deeply for her when she did not have to was what made the teacher so special to her. Steve, who had ADHD and hated school, had a teacher who gave him moments of individual attention in elementary school. He said he felt she understood his ADHD and learning style and would pull him aside to help him better understand the content. He explained that this was special to him because it was individual, positive attention that he did not often receive. Makayla had a similar experience with a teacher who would pull her aside for quick individual help. Just the act of showing her personal attention made her feel special. Amanda's relationship was with her Spanish teacher. She said that she was pregnant while in her

class. She mentioned the teacher would check on her well-being and made special accommodations for her when she was dealing with morning sickness. She felt special to that teacher and accredited her with helping her progress through school at a time when she may have been ready to quit.

Shawn's story was one of the most incredible. Shawn was born into a family that was part of a cult. She was taught from an early age to not engage with others who were not part of their group. She started school with selective mutism and said peers bullied her because she was different. Later, she began sneaking out of her house, skipping school, and eventually began selling drugs to help pay the household bills. She indicated that she had been involved in the criminal justice system. She shared this about her relationship with her science teacher in high school:

> *I think my science teacher, because my abuse involved my involvement in the criminal justice system because I would be reported for doing things I wasn't doing. But I got arrested at school, and this teacher actually like, walked out with me and was like 'you can't take her unless you take me.' And the officer was like, 'Are you obstructing an officer?' and she was like, 'Yes, I am.' So, she went with me when I got arrested. But that's a really big thing I think about because she cared that much to do that.*

Lindsay also had a tremendous amount of trauma; from the moment she was born until after she left home for college. She had very little trust in anyone, but especially school personnel. However, two teachers were able to gain her trust and support her through high school. She admitted that she had suicidal thoughts while in high school and credited one teacher for saving her life. He protected her from one abusive boyfriend by giving her a safe space to go during the school day. He spoke to her about college and encouraged her to attend, even though she felt as if she was not smart enough. She said he was the closest thing to a father figure she had at the time. Evelyn also felt like her fifth-grade teacher saved her life. She talked about her teacher

recognizing the signs of abuse that Evelyn was exhibiting at the time and investigated further. Evelyn credited this teacher with saving her. The next school year the teacher moved to sixth grade and requested to have Evelyn in her class. Evelyn felt the teacher knew staying with her in sixth grade was what Evelyn needed. Adrian's teachers saw through her tough, dark exterior into the heart of the scared little girl inside her. She credited them with pulling her out of her gothic slump and guiding her into being a young woman who wore jeans and t-shirts. She also said they were the only teachers who ever told her she was smart. She did not meet these teachers until she was in the tenth grade. They encouraged her to continue through school. Adrian went to college to earn a bachelor's and master's degree. She attributes her success to these three teachers and her family support system. These are just a few of the examples of how teachers helped the participants progress through their education. They saw their behaviors and they chose to love them anyway. They chose to support them and redirect them, and the participants remembered them for it for years, even decades, later.

The secretaries, nurses, band directors, coaches, and counselors were mentioned in the same capacity. The participants who mentioned them said they felt supported, cared for, and trusted by these adults. They all knew that the adults cared for them, wanted to see them succeed, and believed they could succeed. Steve mentioned a teacher's aide who was a tutor. Teachers would refer students to her for additional help in core subjects; however, she requested to visit with Steve without a recommendation from his teachers. She knew that he needed additional emotional support. He believed their talks were helpful in aiding his progression through the daily school regimen. He felt seen, acknowledged, and validated by the teacher's aide. She did not have to see him, and his teachers did not have to allow him to see her, but the grace given by both the aide and his teachers was a lifeline for Steve. Steve did not graduate high school. He

dropped out in November of his senior year to join an adult education program that allowed him to receive an adult diploma. He acquired his adult diploma six months before his cohort graduated. Makayla's childhood trauma caused her to be hypersensitive to loud noises and raised voices, but the relationship her band director developed with her allowed Makayla to see that not all loud voices were negative. She said her band director was probably the loudest person she had ever met in her life, but it did not cause her to shut down as other loud voices in the past had. She felt as if the band director saw the potential in her and wanted the best for her. She also described her loudness as passionate, not angry or aggressive. She recognized the genuine care the band director had for her, and she did not want to disappoint her. She accredited the relationship with her band director as a support that helped her progress through school.

Adrian mentioned both the police officer and parking lot attendant, and the relationship she had with them fell much in the same vein as the other educational staff mentioned. They gave leniency when they did not have to, allowing Adrian to feel safe and accepted during her time in school when she was skipping and failing classes. She said when the school police officer would catch her trying to sneak off campus, he would kindly speak to her, and then tell her she needed to go back inside. He did not cause a scene or report her to the principal. She mentioned the parking lot attendant was kind in the same manner as the officer. This is an attestation that students do not have to be allowed to break the rules to build a positive relationship with them. They need structure as much as they need genuine care and attention. They need to be seen and held to the same expectation as other students. The power of the relationship is in the hands of the adults. Thirteen out of the fourteen participants agreed that their progression through school was made easier by the special relationships they had with at least one adult educational staff member.

Nine of the participants had a trusting relationship with a family member that they felt helped them in their progression through school. Amanda said when her mom was home, she was very supportive, but she had to be gone for work often. Evelyn found support in her grandmother and described her affectionately as Jesus-like. Adrian also had supportive grandparents who raised her. She expressed that they supported her through school by helping with schoolwork and encouraging her to continue with her education after high school. Adrian now has a master's degree. Sarah explained how her grandmother was also a person that helped her progress through school. She shared that she felt her grandmother was the only person who was proud of her and who noticed her intellectual abilities. Sarah's grandmother was the only person to encourage her to continue her education by going to college. Sarah completed an associate degree. Bryson admitted that his parents, even though he indicated his father was the source of his childhood complex trauma, were supportive of him while he was participating in school events and that they were proud of him. At the time of the interview, he had a positive relationship with his parents. Lindsay described the support of her uncle in understanding her plight, living with the same woman who raised him. She shared that he was like a father figure for her, encouraging her to persist when her home life became seemingly unbearable. She said his reassurances to persevere helped her progress through school. Leann became close with her sister when she was twelve and her sister was eighteen. Her sister had a baby, and they grew closer to each other as they bonded with and over the baby. It was helpful for her because she knew that her sister understood her childhood complex trauma, as she had experienced the same. She explained the support system she has with her sister played a large role in her progression through high school and was still vital to her at the time of the interview. Cordelia was out of high school before realizing that her dad was a support system to her, but upon reflection, she

described him as being wonderful. After she dropped out of high school, she was diagnosed with bi-polar disorder. He understood the problems that came along with that diagnosis and was later able to be supportive of her. Even though his support did not help her progress through school, at the time of the interview, it was helping her progress through life. When asked what supports she had that helped her progress from kindergarten through twelfth grade experience, Elise listed her faith, her parents, and her extended family. She said just knowing she was loved unconditionally, helped her progress through school.

Access to counseling services could provide an important adult relationship for students as well. Amanda, Cordelia, and Leann said they could see the school counselor if they were sick or had academic questions, but not for mental health help. Amanda was fond of her counselors, especially in elementary, but they were not equipped to aid her in the problems she was experiencing at home. Cordelia's counselor was present for academic advisement, but she failed to inform her that her absences were causing her to lose credits. Cordelia dropped out of high school two weeks before graduation. At the time of the interview, she did not have a high school diploma or a GED. Leann said she had access to a counselor, but being seen in the counselor's office came along with a negative connotation. She avoided ever visiting with her counselor in effort to save her reputation, but her school did have one available. Bryson said that he had access to the school counselor for mental health help if he needed it, but due to his lack of trust, he never talked to them regarding his childhood complex trauma. He said:

> *Of course, they always had, when you're a trouble child, you always had the counselors to go talk to. It never seemed, well, I don't think I ever had a real conversation with'em. I was a kid and I'm not gonna open up to this stranger who is going to take this information and hand it straight back to the people who maybe, is the teacher or parents or whatever. It didn't make sense to me. And that's what they're gonna do, I mean, most of the time…it's not worth the risk.*

Four participants had access to counseling outside of the school. They were Bryson, Steve, Evelyn, and Adrian. Bryson received group therapy based out of a church for adolescents who had anger management problems. He was not convinced it helped him regarding the management of his anger, but he did say it made him feel as if someone was focusing on him and cared about him. Steve explained that he saw a couple of different mental health counselors in his childhood. He mentioned his parents wanted the counselors to train him on "how to act right," in reference to his ADHD, but they were not concerned about why he was behaving the way he did. He did not think the counselors he saw were helpful to him. After Evelyn disclosed her abuse to her mother, her mother had a counselor come to their home to work with Evelyn. She had access to her mental health counselor once a week for a year. She later mentioned that after the disclosure of her abuse, her grades did improve. Adrian admitted to making a comment that got her in trouble at school and had to attend counseling, but very quickly said it was not helpful, nor did she divulge how long she attended. It did not seem that any of the counselors, whether in school or out of school, worked on the root of the problem for the participants – their experience with childhood complex trauma. Therefore, the participants, as a whole, did not feel as if this support was a significant factor in their progression through school. However, access to a counselor could be an area where students could forge a trusting relationship.

The common thread was there was an adult in the lives of the participants whom they felt they could visit in a time of need. Even if they did not fully trust the person, as in the case of the counselors, it could be an opportunity to build a relationship. They did have access to an adult. Some educators have access to the same children for five to thirteen years while the child progresses from kindergarten through twelfth grade. The participants were seemingly emotionally affected by the adults who they felt took the time to let them know they were cared

for and seen. The educators made them feel important, even if it were just for a few minutes. Counselors were included in this section, not because there were data to indicate they positively influenced the participants, but because there may be an opportunity for counselors to be that one trusted adult in the life of their client.

The Benefit of Friends

Twelve participants attributed their progression through school to other relationships besides teachers or other educational staff. Nine of them had close friendships with peers that they felt helped with their progression through school. Amanda talked about being bullied all the way through school, from elementary through high school. She had a couple of girlfriends that stood up for her throughout school and felt as if their friendship was helpful in her progression through school. Cordelia made friends in band; however, she did not join band until later in her school years. Nonetheless, she described those friendships as supportive in her progression through school. Shawn also had friends in band and on the academic team. She explained that joining these two activities was supportive in her progression through school because in these groups, the bullying she had experienced was reduced. Emily had one friend that she said helped her work through some of her trauma while she was in school. She said that friend would allow her to talk about her abuse and was empathetic, which was helpful to her partially working through childhood complex trauma to continue to progress through school. Bryson and Steve said their friends gave them a reason to continue going to school. Bryson said that his motivation for continuing in school was the possibility of being part of something with his friends. He explained that he could have easily considered quitting school, but having friends in high school gave him a reason to look forward to school. His desire was to make his friends proud of him, and that was motivation to help him progress through high school. Steve dropped out of high

school halfway through his senior year to join an adult education program that allowed him to receive an adult diploma. He described the difference between a regular high school diploma and an adult diploma was the half credit of physical education required for a high school diploma. He said the only reason he attended school for as long as he did was because of his friends. Makayla had one best friend that helped her progress through school. She said they bonded over similar homelives, even though they did not speak about their private lives until they were adults. As middle school and high school students, they used each other as an escape from the chaos of their homes. Makayla also found her best friend's mother to be supportive and felt as if she were a safe haven. She described not being home a lot during middle school and high school because her friend's mother would ensure they were out of their houses to keep them safe and away from the turmoil. Leann had a best friend with whom she shared all her secrets. They lived within close proximity of each other, giving Leann a safe place and a break from the goings-on at home. Her friend was supportive of Leann, empathizing with her situation and allowing her to release some of her emotions through communication of her feelings. Leann's sister and her friend's brother dated for a bit, giving Leann and her friend the opportunity to spend even more time together, forging a stronger friendship. Sarah said she had friends in school that had problematic family situations, and that helped them understand each other better. Sally also said that her friends were important in helping her progress through school. She very poignantly shared:

> *I would say you know the friends, the relationships you make. I mean, like I said it's not like I was super close to a lot of people, and it's not like I couldn't have done it with without them, but I mean, having relationships, I think, is the key to everything as a human since we are social beings. Having someone there, like even though this sucks, there's someone there who is going to suffer right along with you. I think that was key in being like, I don't want to be here, they don't want to be here, but we're here together. You weren't alone. Like, if you didn't know it was coming, they didn't know it was coming. You didn't have to fear the unknown alone.*

There were five participants that discussed having friends, but as they discussed their friend groups, it became obvious they were fellow traumatized children. Leann explained that her friend had lived down the street from her and was familiar with the events that caused her childhood complex trauma. Even though she did not experience the same treatment as Leann, she witnessed Leann's treatment. She was understanding and a support system for Leann. Sally was very matter of fact when discussing her friendships with other traumatized children by saying that "problematic families" are not uncommon. She accredited her friendships to having common home situations. She described an unspoken acknowledgment between she and her friends regarding their family lives. She said they never discussed what went on in their homes, but they were a small support group through their empathy. When Sally spoke of this situation, she was very pragmatical as she described the lack of communication as "typical kid stuff." Elise described having intimate conversations with female friends, disclosing their childhood complex trauma to each other. She said she and her friends were able to create a special bond through the commonality of their trauma. Steve said he had friends from different cliques. He described their group as misfits because they were the leftovers from the other groups with a common understanding of each other. Sarah also said that she could hang out with different groups of people. However, she said:

> *I had a lot of friends in school. I did, kind of, hang out with a different group. Like most of my friends were people that had problems. They had problems at home. Yeah, I'm still, my best friend to this day. She was always there. I mean, if we wouldn't have both had trauma, we wouldn't have understood each other, so…*

The lack of friendships with peers who had not had similar experiences may be considered a hindrance to the progression through school, and these participants agreed with that idea when they thought about their elementary years. However, being able to make friends who

had similar experiences as they aged was something they described as a support that helped their progression through school later.

Kindness from Educational Personnel

When asked about support that helped them progress through school, eleven participants mentioned the kindness or positive regard they received from an educational staff member. Amanda said she had positive people at her schools that helped her progress. She felt that seeing adults who would smile and ask about how her morning was going was critical in aiding her progression through school. Evelyn mentioned two teachers she felt helped her progression through school. One teacher was patient, kind, and loving at the time she was going through her abuse. She helped Evelyn maintain her love for learning, during and after her traumatic experience. The other was a choir teacher who took time to help her individually on her vocal skills. She stated that he took time to teach her different notes on the piano to improve her accuracy in tone. She said the reason these two teachers felt more special to her was because they took time for her, they cared about children, and more specifically, they cared about her. Adrian also mentioned unconditional, positive regard was helpful in her progression through school. When her teachers accepted who she was, no matter what she wore or how she behaved, she was able to trust them more and began to believe they truly cared for her well-being. They also told her they loved her, which she thought was very important and came at a time when she did not feel lovable. Emily said she had a teacher in high school who helped her through tough times when she wanted to run away. The teacher gave Emily a space to write about the emotions she had related to her abuse. Emily was pregnant her senior year in high school and lived in a small town, but the teacher was supportive and encouraging. She said it was made apparent that the teacher genuinely cared for the students, which helped Emily finish high school without

dropping out and leaving town because of the controversy surrounding her pregnancy. Sally mentioned a teacher that helped her when he reached out to her in kindness to help give her a space to go when she needed to take her insulin. She said it was special to her because he did not have to do that but did it out of the kindness of his heart. Makayla said that the kindness of her teacher and school secretaries during the time her family was struggling helped her progress through school. Her parents struggled with getting her to school when she was in elementary, but the teacher and secretaries did not reprimand Makayla for the mistake of her parents. She felt they knew that if she could have gotten herself to school on time, she would. Sarah mentioned the patience of her teacher was helpful to her, allowing her to stand at the back of the room after lunch when she was having a difficult time concentrating on the lesson. Shawn expressed it was the understanding of one high school teacher that helped with her progression. She knew her science teacher cared deeply for her the day the teacher would not allow the police to take Shawn to jail without taking the teacher. She also had teachers that cared enough for her to help her when she was not passing courses, advising her to go to summer school and encouraging her to finish high school. Steve talked about teachers who would take a few extra seconds to help him in elementary school, and the teacher's aide who would allow him to sit with her to talk in high school. Leann spoke of her kindergarten teacher who continued to check on her throughout her time in school and into her adulthood. Leann alluded to this being a critical time in her childhood as it was the time her parents were separating and going through a divorce, and she was not receiving emotional support from home. Elise may have summed up the reason receiving kindness and positive regard from teachers and other educational staff is important to children when she said:

> *The teachers that were more just kind and sincere. Because any fears you have are just kind of alleviated*.

Kindness and positive regard are important aspects in life. The participants who mentioned these teachers and highlighted their kindness were responding to supports they felt helped them progress through school. When they accessed their memories regarding positive occurrences they felt were important in their progression through school, specific examples of kindness from teachers came to the forefronts of their minds.

Hope Development

Nine participants mentioned they had a vision of hope that helped them progress through school. Lindsay mentioned that she was a people pleaser and the only thing her mother respected was progress. She had the desire to have a career based on a post-secondary education, mostly due to the expectations of her mother; however, the vision of hope was planted by her teacher and mentor, Mr. Brown. She also had the utmost respect for Mr. Brown. He told Lindsay that she could be successful in college, which planted another seed of hope in her mind. Lindsay had completed a bachelor's degree and was working on completing a master's degree at the time of the interview. Sally's father was a professor. She said that academic success had been engrained in her and that she always wanted to do well in school. At the time of her interview, she was working on her bachelor's degree. Elise said her motivation came from seeing other students succeed. When she saw other students get rewarded for academics or sports, she wanted to receive those accolades as well. It motivated her to perform better academically and improve her skills in sports through more practice. Elise had completed a master's degree and was successful in her field of study at the time of the interview. Makayla did not have home support, but her support came from encouraging teachers who continued to tell her to keep going, keep achieving. At the time of her interview, Makayla had completed a master's degree and had a successful career. Bryson and Steve's hope came from their desire to just get out of school. Bryson had a

vision of going to college. He did not complete a college degree, but he did complete two vocational programs and later became a paramedic. Steve was introduced to the welding program in high school, and he wanted to continue in that field. He started working in the welding field part-time as a senior in high school, which created a vision of hope in him. He did not finish high school, but he did attain an adult diploma and completed fifteen hours of college so he could join the Navy. Amanda did not continue her education beyond high school, but she was determined to finish her K12 experience. Her motivation came from naysayers. She had a baby when she was fifteen, and there were people who did not expect her to finish. She said people in her community assumed she would dropout. That assumption created a vision of hope in her for her to complete her high school graduation. Evelyn did not outwardly express the source of her hope, but she did say that once she was in high school, she cared about graduating. She worked a full-time job, but she still managed to graduate with her cohort. After graduation she went on to complete a certification but did not have a post-secondary degree. Shawn was the first person in her family to graduate high school, and at the time of the interview, she was the only person in her family to do so. She also said that teachers pushed and encouraged her to continue. However, she had another experience that helped build her vision of hope:

> *I think it was just seeing that there were good people. Just seeing teachers that cared and there are people that care. And then being able to, like, with the programs I did, I saw not the world, but I saw the United States. Like traveling and knowing that there's more out there so that really helped.*

The science of hope has been studied and shown to be a factor that could change lives (Gwinn & Hellman, 2019). When the literature was gathered for this study, searching specifically for school supports and hindrances for students who experienced childhood complex trauma, the importance of having a vision of hope was not discovered in the literature. When coding the interviews, it was discovered that eleven of the fourteen participants recognized that

the hope of being able to create a better situation for themselves was an important factor in their progression through school. If schools could make a more concerted effort in developing a vision of hope in all students, some of the negative effects of childhood complex trauma may be assuaged.

School-Based Programs

Leann, Evelyn, and Steve were the only participants who were part of an in-school pullout program at some point during their kindergarten through twelfth grade education. Leann's program was in elementary school at the approximate time her parents were going through a separation and eventual divorce. She was pulled out of her regular classroom and into the hallway as a tier two intervention for reading. She described this time:

> *It was probably post-divorce. You know, whenever my mother is lying in bed and depressed and all of her hair is falling out and she is still having to get up and go to work and being a single mom and we're living in a two-bedroom apartment and… I mean, so I'm like that's what it was.*

She did not have additional time to read at home, nor did she have anyone who had the capacity to listen to her read. She was falling behind at school. She mentioned that she felt embarrassed to be part of that program, indicating her peers knew it was because she was a struggling student. Once she caught up, she did not have to be pulled out of the classroom again. Evelyn's experience was a little different. Her fifth-grade teacher recognized that her reading skills were high, but also that she needed a win at school. The teacher allowed her time to sit outside the classroom with younger students who had learning disabilities in reading. She explained that they would read aloud to each other. She recognized that by being part of this pullout program, the teacher was helping the younger students while at the same time helping Evelyn. Steve was pulled during the school day in high school by a teacher's aide. She did not work with him on academic deficiencies, but spent time just talking with him, giving him an audience to be seen

and heard. Even though Leann was embarrassed to be part of her pullout program, all three of the participants who received one-on-one or small group support were thankful for it and spoke of how it helped them progress through school.

Amanda, Bryson, Steve, and Leann had specific courses they felt helped with their progression through school. Amanda liked home economics. By the time she was in high school, she was helping raise her siblings and had a child of her own. She said home economics came in handy for her, because she needed to learn to cook and sew to be able to help more at home. She also mentioned that she liked learning the curriculum that was taught. Bryson and Steve also found technical courses appealing. Bryson participated in a vocational program for auto body repair and Steve participated in a welding program, both offered through their local vocational schools. They liked the courses because it gave them a little more freedom than the traditional classroom, and they were able to work with their hands. Bryson thought vo-tech was a large contributor to what helped him progress through school. He liked working on cars, using his hands. His behavior was also better while he attended these courses. He described himself as a "trouble kid," meaning he was in trouble often. He had a difficult time building relationships with educational staff because of his defiant behavior. Vo-tech seemed to be different for him. He did not get in trouble in that program. He wanted to attend and knew his behavior could cause him to lose the privilege of program. Steve was not in trouble often, but shared similar thoughts about vo-tech when asked if there was anything that he felt helped him progress through school:

> *The welding side of it. Junior year, it did help me keep my grades up a little bit better. I mean, I still struggled, and I still hated it, but I forced my way through it a little bit better, in fear that I could get dropped (from the welding program).*

When Steve dropped out of high school his senior year, he was able to move into full-time employment because he had finished his welding certification his junior year. When Leann was

asked if there were courses or programs in school that she felt were helpful to her progression, she said the Advanced Placement (AP) courses. She felt that joining the AP courses removed her from the drama of the other students.

Eight of the participants were involved in extracurricular activities including band, dance, cheer, choir, golf, clubs, soccer, basketball, and academic team. Elise's family relocated often when she was a child due to her father's occupation. She had been in ten different schools by the time she was in eighth grade. She was always the "new kid" and had trust issues due to her childhood complex trauma. She said that joining sports teams and clubs was a game changer for her. She said it helped create friendships that she had a hard time building on her own and it gave her the feeling that she was part of something, a sense of belonging. She said being part of teams, clubs, and activities helped her feel accepted and gave her something to look forward to at school. She enjoyed the feeling of being held accountable to the team and to the coaches or sponsors. She said the support that came along with being part of a team or group helped her progress through school. Emily's story was similar. Emily was very socially withdrawn in middle school, but when she moved to a new school district in high school, she joined the cheer squad. That helped her make new friends, so she continued to increase her activity in other extracurricular areas. She and Elise mentioned that if there was a club or group to join, they were part of it. Cordelia, Makayla, Shawn, and Bryson were all part of a marching band and spoke of having fond memories of those times. These four participants shared during each of their interviews that they did not know how to build relationships with their peers. However, they all made similar statements regarding how band offered a sense of belonging. Cordelia, Shawn, and Makayla said the bullying they had experienced by their peers stopped when they became part of the band. Bryson, who admitted to having a hard time making friends because of his social

awkwardness, said band was part of what helped him build friendships. He mentioned that one of the best parts of band was the long bus rides where he was able to hang out with other students. His face lit up as he was talking about getting to be with his peers on a bus. The connection it provided him seemed to be unlike any other he had experienced up to that time in school. Shawn, Sarah, and Makayla admitted that joining extracurricular activities helped them avoid the chaos and trauma occurring at home. Shawn described her attraction to extracurricular activities as a way to avoid being home. She started out being active in sports, but later joined band and academic team. She enjoyed music and it was a support that helped her progress through school. Another attribute to being part of the band and academic teams was that most of the bullying she had experienced stopped. She explained it as being more peaceful and a safer place than being mixed in with her peers without a group. Shawn had talked about being caught up in the criminal justice system and said she sold drugs to help pay the household bills. Staying active in extracurricular activities kept her busy and away from the house. She later attributed her desire to attend college on the trips she attended with band. She explained that she was allowed to see a part of the world she did not know existed. It gave her a vision of a better place than what she knew at home. Lindsay discussed her involvement in dance and choir and accredited them to helping save her life:

> *I wanted to kill myself and I wanted to drop out. If I hadn't had dance, I would not be in graduate school right now. I would not be the person that I am, because dance and choir, honestly dance and choir were just, I don't know how to explain it. They were a way to express myself, without hurting myself, I guess. A way to feel something without having to feel everything. A way to regulate.*

Lindsay has completed a bachelor's degree and is working on a master's degree. The participants who were active in extracurricular activities all spoke of the positive effects they experienced

through being part of a group or team. Extracurricular activities were a support they all felt was critical in helping them progress through school.

Before and/or after school programs as a support that could help students affected by childhood complex trauma was an *a priori* code discussed in previous literature, so it would be negligent to not include it as part of this research. However, there were no participants interviewed for this research who were active in before or after school programs.

Individualized School-Based Supports

There were only two participants who were placed on an IEP. Adrian was identified as having an emotional disturbance (ED), but not until she reached the tenth grade. Her experience with childhood complex trauma occurred when she was five. Once identified, Adrian was moved into a self-contained classroom setting. She commented about the placement on the IEP and into the self-contained classroom as positive events in her life. She said without the encouragement of the three teachers in the special education classroom she would not have considered going to college. Adrian has completed a bachelor's and master's degree. Steve's IEP was for academic purposes, but he did not stay on it long-term. Before he left elementary, he had been taken off the IEP. Steve's experience on an IEP was not quite as positive. He had this to say about it:

> *I did have an IEP for a little bit. Still didn't (help), it was just another classroom. It didn't really (help), just trying to teach you the same thing in the same way. One on one instead of in a classroom with everybody else and it didn't help.*

There were no participants that were put on a 504 for their experiences with childhood complex trauma. Sally had a 504, but it was for Type I Diabetes, not trauma related. She said it was not helpful, even for accommodations, because her teachers did not read or follow them. She even mentioned that one of her teachers was not aware of the purpose of a 504. Sally was in her twenties, so her time in high school was not many years before this research was conducted. IEPs

and 504s are a federal law, built to help accommodate for students who have special needs. The legislation for the Individuals with Disabilities Education Act (IDEA) was created to ensure students like Adrian, Steve, and Sally receive a free appropriate public education, and it is the responsibility of every educator to follow the plans as written. Even though the participants included in this research had mixed opinions on the effectiveness of an IEP or 504, the teachers or counselors that write these documents could have an opportunity to build a relationship with the students they are serving, in addition to the classroom teachers who are supposed to be obeying them.

Eleven participants had access to a safe space while they were at school. Amanda had the counselor's office. She spoke of her counselors fondly, from elementary school through high school, and how they made their office available to her if she was not feeling well or if she felt she needed to talk. Bryson also saw his counselor's office as a safe space. As he began to struggle with anger management issues, he would be sent to the counselor's office to calm down. He did not speak with the counselor about what was happening at home, but his counselor was welcoming, and Bryson said it was nice to have a place to go to gather himself. Elise had a safe space in the principal's office. Besides the trauma that occurred when she was five, Elise also was involved in a severe car accident as an early teen 6where she nearly died. She said she felt the principal's office was a safe space to break down from the effects of the car accident. She also had a few negative relationships with male teachers in high school. The principal's office was a place she could go to when she had a conflict with one of her male teachers. Cordelia found solace in the Art teacher's room in high school. She said she could go in to just sit and calm down, or her teacher would allow her to work on her projects if she needed. Lindsay had a few places she felt safe. She talked about going to the Future Farmers of America (FFA)

building, the library, and her favorite teacher and mentor, Mr. Brown's room. She said if school personnel were looking for her, they knew to look in the library or Mr. Brown's room. Makayla said she had a couple of classrooms she considered safe. She described them as quiet spaces that would allow her to decompress from the overstimulation that can arise in schools or classrooms. She said the teachers assigned to those rooms would allow her to sit and be quiet for as long as she needed, knowing she would return to her assigned classroom as soon as she felt regulated. Sally found school, itself, was a safe space, a place to escape her trauma when she was smaller. As she progressed through school and encountered more teachers who were negative, school became less of a safe space. Leann found school to be a safe place as well. She described it as mostly calm with consistency, which made her feel safe. Once Adrian was placed in the self-contained classroom, she began to feel safer at school. However, her teachers took an extra step to help her whenever they sensed she needed a break. They allowed her access to a quiet classroom to regulate her emotions whenever she became dysregulated. Once she felt calm again, she would return to her classroom with no questions asked. Sarah mentioned that she had access to a safe space as well, but her safe space was not at school. She described her grandmother's house as a place she could go without having to be worried about outbursts, bullying, or chaos. She also felt safe there because she knew her grandmother was proud of her. Shawn's safe space was the school building. Even with the bullying she experienced, she considered it a safe space. She shared this about school:

> *And it did give me like, time where I wasn't at home, like I could relax a little more at school because it was kind of predictable what was gonna happen at school, so that helped too. Even the bullying was pretty predictable. Like, I knew 'Oh, don't go around these people' or 'don't go down that hallway because they have class there at that time,' so you kind of avoid some of it.*

Having access to a safe space was important to the progression through school for eleven of the fourteen participants of this study. While one safe space was outside of school, the premise of feeling safe and adorned, as Sarah felt at her grandmother's house, could still be transferred to school buildings.

Themes of Hindering Factors

The four themes of the hindering factors were negative relationships with peers and adults, low academic achievement, problems with concentration, and attendance interruptions.

Negative Relationships with Peers and Adults

Negative relationships with peers was one category in which all participants had several experiences. Previous research reports there are various reasons why relationships suffer in children who have been severely maltreated (van der Kolk, 2005; Bell et al., 2018; Blodgett & Lanigan, 2018; Beal et al., 2018). The reasons stated in this literature includes that the children who experience childhood complex trauma have problems with impulse control and affect regulation. They tend to turn to aggression when they are dysregulated, causing their reactions to be unpredictable and inappropriate. These behaviors lend to further social isolation.

All fourteen participants had difficulties with peer relationships due to social isolation, identity insecurity, bullying, and other issues. Elise said she had a problem building relationships with males while in school. She explained that their physical presence made her nervous, and she did not want them to get too close. Lindsay had abusive boyfriends in high school. Bryson thought he was just socially awkward. Steve became the class clown. Leann had a controlling boyfriend in high school that mirrored the actions of her abuser. Makayla's relationship with her high school boyfriend was not appropriate, once leading to her being drugged by him. She later married him. Sally admitted to not building lasting relationships with peers. Her comments

alluded to her ability to conform to social norms in a classroom setting, but as soon as the course concluded she had no connection with her peers. Adrian became a gothic to create a sense of fear in other students where she was concerned. Her statement regarding this was:

> *I became a, a gothic, and it turned into, from them bullying me to them kind of, fearing me, so… instead of messing with me, they would leave me alone.*

Shawn was isolated until she started school, resulting in an inability to conform to social norms. Other children did not want to play with her because she "acted different." She later explained that her family was part of a cult when she was younger, so she was never taught how to appropriately interact with children her age. Sarah's inability to be accepted by her peers was due to her overreaction to others being bullied at school. She was bullied at home and at school but felt as if she could be a hero to other bullied students at school, which further isolated her from her peers who could not understand the source of her behavior. Cordelia had a hard time with relationships in general. She blamed her inability to have good relationships with other students on herself. She said that she would ruin relationships by telling lies, but also admitted she was socially awkward. Evelyn, when talking about relationships with other students in school said that her trauma caused her to be very withdrawn; however, after the abuse ended, she said that she was able to make friends. This was consistent with another participant, Emily, who had the same type of trauma. Emily's comment regarding friendships was:

> *I didn't care about friends, really in middle school, after all that (referring to the abuse), after I like, shut down…*

Two of the women, Amanda and Evelyn, admitted to having problems later in life with selection of significant others. The statements the participants made regarding peer relationships alluded to the idea that having an inability to make or keep friends may be a hindering factor to continuing

through school. Steve and Bryson admitted that having friends in high school was an aspect of what kept them returning each day.

Ten participants discussed being bullied by peers for various reasons. Adrian discussed being bullied in first grade. She felt as if the treatment she received from her teacher gave the other students a pass to continue bullying her in and out of the classroom.

> *My first-grade year, my teacher put my desk in the back of the room facing the back corner for the entire year, so, I wasn't allowed to face the front of the classroom. I could only face the back of the classroom and wasn't allowed to ask for help or anything like that… I think because of being placed in the back corner like that, it caused a lot of problems with peers. A lot of bullying and things like that...*

Amanda said she would pretend to be sick to avoid the bullying, either staying home or retreating to the nurse's office. Cordelia was bullied by other girls in her grade. She said that one girl offered to take her to a concert but never showed. It was a difficult experience for Cordelia because she just wanted to be part of a friendship and could not understand why the girl would have tricked her in that way. She did not understand the idea of bullying until that experience. Evelyn talked about other students beating her up on her way home, tearing her clothes and calling her names. Adrian, Makayla, Leann, and Shawn all discussed being bullied because they were not as economically well off as other students. Adrian said other students would check to tags of her clothes to see the brand and then make fun of her for wearing "Wal-Mart clothes." Lindsay, Makayla, and Shawn were bullied by their peers through rumors of promiscuity. Lindsay said the rumors about her started when other students found out about her traumatic experience. They used that as a premise to create rumors. Makayla said she developed earlier than her peers and the rumors revolved around her body. Leann also physically developed earlier than her peers and was bullied. Sarah described being bullied at home and at school, and her reaction to school bullies was to get into physical altercations with them. She disclosed that there

was nothing she could do about being bullied at home, but that she could do something about it at school. She saw herself as a superhero to other bullied students, describing herself as Batman. She admitted to hurting other students, the bullies, but felt justified in doing so as a permissible vengeance for others. Steve was bullied by peers, but he said it did not begin until the sixth grade when he started public school. He said it was because he was new to the school and was smaller than other boys in his grade. He tried to diminish the effect it had on him by saying it was typical. He later indicated that it stopped after he had a growth spurt the summer before his eighth-grade year, and then he became a hero like Sarah, taking up for his smaller friends.

All fourteen participants had trouble with building positive relationships with other students. Amanda said that she liked being around people but explained that she did not know how to be around people. This aligned with what Bryson and Steve also stated. They both thought other students thought they were weird or awkward and disclosed they did not know what to do to change others' perceptions of them. Cordelia and Shawn also thought the problem with building relationships was within themselves. They described themselves as being odd or acting differently. Elise, Evelyn, Steve, Shawn, and Lindsay attributed their inability to build relationships on a lack of trust due to their childhood maltreatment. Evelyn thought her inability to cultivate friendships was because she was guarded and did not allow herself to have relationships due to her lack of trust in others. Sally acknowledged that she was only close to someone she had known since birth. She said she just did not make new friends. Sarah, as indicated before, had difficulty with building relationships with peers. She described herself as the smartest kid in the class, but she could not control herself when it came to disclosing answers in group sessions, which marginalized her among her peers even further than the bullying and physical altercations. Adrian and Lindsay expressed that the only friends they felt they had in

school were adults, not peers. Both made friends with their teachers, and Lindsay admitted that one of her teachers was probably her best friend in high school and was the reason she went on to college. Adrian realized during the interview that she should have had more peer relationships, but admitted without the three teachers she befriended she likely would not have finished high school. Emily, Leann, and Makayla also described themselves as being withdrawn, which caused them to have an inability to build relationships. Leann said:

> *I feel like I really withdrew, as a kid. I wasn't very loud, obnoxious… I was called an old soul a lot and just, the, I didn't really like high school. Not because of the environment, but because my peers were too immature for me... I was very guarded… I had my few group of friends, less than ten people, probably honestly less than five, that I could talk to, hang out with, eat lunch with, and there was probably at least ten that would talk about me in front of me, (and) behind my back.*

All the participants who admitted to having poor relationships, were bullied, or had difficultly knowing how to build positive relationships with others were isolated from their school community, their peers. They did not feel accepted or a part of the group. They all saw this as a hindrance to their progression through school. Some of them said they would have graduated regardless, but poor relationships made their progression more difficult.

Eight of the fourteen participants had low self-esteem and/or low self-worth. These feelings were a barrier to the participants in relationships and academics. They did not have the confidence to reach out to other students to try to build positive relationships, and for the participants who had a low sense of self-worth, they seemed to have difficulty with understanding that they were deserving of loyal and trusting friendships. Amanda, Steve, and Lindsay's low self-esteem revolved around academics. According to each of them, they were not smart, they could not "get it." Amanda struggled in math, but her self-image was damaged because she did not learn it as well as she perceived the other students learning it. Steve indicated

his father was the source of part of his low self-esteem. He said his father's expectations were for him to perform at perfectionist standards, and even though he wanted to please his father, his ADHD and learning styles kept him from being able to do so. Lindsey's belief that she was "a stupid kid" was perpetuated by her teachers. She had a younger brother that did not have academic difficulties. Lindsay shared her experience with her teachers:

> *I was a stupid kid, and I say that quite literally. I was a very stupid kid. I was not book-smart at all. I got told by my teachers all the time, if I had my brother's brain, my brother was IQ level genius. My brother was one of those boys, he could look at something for 10 minutes, take a test on it, ace it. I was one of those that had to study for hours to get a C. Um, I was told all the time that if I had his brain, I might get somewhere because I had the work ethic, I just didn't have the smarts. But, um, I had a good behavior, I had a good attitude.*

Lindsay also shared that she felt annoying or embarrassing. She said she felt like she talked too much and took up too much space. Emily's low self-esteem was physical. She said she never felt attractive to others. Cordelia did not feel as if she were a very nice person. She said that she ruined relationships and she lied. Adrian and Bryson felt as if they were not smart due to their actions. Adrian made a negative comment in eighth grade that got her into trouble at school. She did not make excuses about it but did mention that it was not a smart thing to do. Bryson referred to himself as stupid, bad, and an idiot in five different statements discussing his time in school. Most of the time, he was referencing his poor behavior, but his self-esteem suffered. Sarah commented that she felt as if nothing she had ever done is "good enough" for her mother. If a student has low self-esteem, they may be second-guessing every decision they make in school. It could create a highly stressful environment for children, possibly causing them to not want to be in that environment.

Another example of a negative peer relationship was in the case of Makayla. She said that having a negative peer relationship almost hindered her from finishing high school. The person

who had a negative effect on her was her boyfriend. Although Makayla admitted to underaged drinking, she was adamant about not partaking in recreational drug use. Her boyfriend slipped her a prescription drug, telling her it was Tylenol. She said that was an example of the toxicity of their relationship, which continued throughout her college years and into an unsuccessful first marriage. She said his influence was almost a hindering factor to her completing high school and college.

Even though Adrian had experienced negative peer interactions throughout school with bullying, she felt the isolation of being in the self-contained classroom in high school hindered her progression through school. She felt disconnected from her peers because she did not receive t-shirt orders or invitations to social events like her peers who were not in a self-contained classroom. She also talked about how her friends where the three teachers she had within the self-contained room, not her peers. During the interview, she did mention how that her isolation was not good for her developmentally and that she should have been exposed to more of her peers and made to interact with them more.

There were four of the participants who talked about themselves as if they were heroes to other students; however, this still caused them to be socially isolated from the students who were not being bullied. Sarah is one of the individuals who has previously been mentioned. She was bullied at home by her siblings and mother and felt as if she could make a change in the lives of her friends who were being bullied at school. She admitted to physically assaulting other students and hurting them. Sarah called herself Batman while talking about her altercations with bullies. Cordelia also took up for people in her school who were being bullied. She was above average in height for her peer group. She said she could order other students to stop bullying her friends. As Evelyn got older, she became bolder in her interactions with others, explaining that

she was tired of feeling abused. She would also protect others she felt were being mistreated, regardless of who she felt was doing the mistreating – adults or students. This boldness led to the use of corporal punishment by the school administration, but she was never suspended. Steve was bullied when he was in sixth grade. He was the smallest student in his middle school until he had a six-and-a-half-inch growth spurt in the summer between seventh and eighth grade. He described his heroism:

> *I was picked on a bit, not terrible, but when I came back in 8th grade and I was still friends with all the other kids that are still getting picked on and now I'm bigger than most the basketball players, you know? I took that to my advantage a lot. I got a lot of pay back and helped the other little ones too, you know?... Everybody was trying to be best friends and I was like, nope. Those are still my friends, all those little kids over there.*

He spoke with pride in his voice as he was recounting this story, and even said he received an unofficial reward from his retiring principal for being a "bully buster." Even though these actions made the participants feel as if they were acting in nobility, in the case of Sarah and Evelyn, this behavior was not seen as positive and created barriers in their academic pursuit as well as with their peer relationships.

All fourteen of the participants described avoidance behaviors in at least one way while they were in school, which led to negative effects on peer relationships. Amanda, as previously stated, would avoid school due to bullying by pretending to be sick or skipping school altogether. However, she also did not attend school sponsored events or social gatherings. She either worked or stayed home. Cordelia described her avoidant behaviors as her keeping her head down and fading into the background. During her elementary years, Evelyn did not want to draw attention to herself, even to the point where she would not ask to go to the restroom and urinated in her chair. Adrian exhibited avoidant behaviors in much the same way. She also shared that she had

accidents on herself because she did not want to ask to use the restroom. Emily stated that she was very withdrawn in middle school, after her abuse occurred. She did not join in social gatherings with her peers during that time. Lindsay admitted to trying to hide and not be seen during her elementary and middle school years. Her maltreatment began at the age of two, and although the type of maltreatment she experienced changed, she continued to be maltreated through her junior year in high school. Steve also withdrew from social interactions while at school. Steve had this to say about avoiding school:

> *I think the kicker of it, I think it was about 50/50, 49/51, was more not wanting to disappoint all the time. You know? I'm not good at this why, why would I wanna be here?*

Leann withdrew from her peers as well, stating she felt they were too immature for her. Makayla gave in to her somatic symptoms and went home feeling sick to avoid being at school, especially in her middle school years when she spoke of being bullied the worst. Sally, Shawn, Bryson, and Sarah all avoided being at home to try to avoid the conflict or abuse there. Sally's escape was school, itself. Shawn was involved in several of extracurricular activities. She said she did them to avoid being at home. Sarah avoided being home, where the abuse happened. She would spend time with friends or her grandmother but left home permanently at the age of seventeen. Bryson avoided his home by holding two full time jobs while in high school, but still said:

> *Once I got to drive and I had my freedom and I was my own person and god damn it, I took it. We'd drive 100s of miles a night if I could. Easily $20 or $30 a night in gas, just go drivin'. Let's go! All these backroads, anywhere. I'm not home, I'm not at school, I'm not workin'.*

Elise did not go to friends' homes overnight, because her abuse happened at a neighbor's house while staying with a friend. However, she would invite friends to her house. She did not avoid being at school or being at home, but she did avoid going to friends' homes and avoided close

contact with male peers. These participants all had one thing in common: they were all constantly looking for danger. Always being on alert, on the lookout for dangerous situations, could be a hindering factor to progressing through school, and it seemed as if it were for these fourteen participants.

Emily, Sarah, Bryson, and Leann felt a need to be in control of situations. Emily stated that she did not have problems with school, even through the years spanning her abuse. She described school as being something she could master. Sarah took control of her situation by becoming the hero to other bullied students. She could not stop the bullying at home, but she did feel as if she could control it outside of her home. Bryson described himself as becoming the safety dad in situations with his friends. Trying to control situations by not allowing unsafe behaviors or practices in his presence. Leann was told she was an old soul because of her maturity and capability of being responsible. She said:

> *Because I was an old soul and, you know, withdrawn, I was very responsible. You know, that's one thing that that I prided myself on, was I could handle responsibility.*

She was responsible for her actions. Each in their own way decided that they would take control of what they could in their world and ensure the things they could control, would be controlled. In a school setting, where there are multiple factors that are out of the hands of students, the need to feel in control could become a hindering factor to the progression through school.

The participants of this study not only spoke of the negative relationships they had with their peers, but also of the negative relationships they had with adults while they were trying to progress through their kindergarten through twelfth grade education. Eleven of the fourteen participants felt hindered by teachers as they progressed through school. More specifically, teachers who spoke negatively to the students, teachers who were perceived as “creepy” towards female students, teachers who were mean, and teachers who were irresponsible were identified

when the participants were asked about hindrances to their progression. Sally discussed having teachers who spoke negatively to her regarding expectations for the class. She described teachers who saw she had made good grades in previous courses and would make negative comments about her lack of being challenged in the past and their assurances to her that she would be challenged in their course. She felt they purposefully made their coursework more challenging for her in effort to prove to her that she was not as capable as the grades on her transcript indicated. She also felt that negative teacher-talk and actions happen more times than administrators are aware and acknowledged that it is harmful to students who experienced childhood complex trauma, but also harmful to the general population of students as well. Elise mentioned she had a first-grade teacher that would curse at the students. Later in her educational career, she had a couple of male teachers with whom she did not have positive relationships. She did not feel as if she could or even wanted to ask them for content help when they sent her to the office often. Makayla felt as if one of her teachers used shaming techniques when students had a hard time performing to her standard, and another in fourth grade who was harsh with the students. Sarah said she had a teacher who talked about Sarah to a peer, and even called her a derogatory name to the peer. Bryson felt as if he had been singled out by a few teachers. He admitted that he was in trouble often but said one of his teachers would blame him for talking even when he had his head down on his desk. Evelyn admitted to shutting down if she felt her teacher was trying to belittle her. She said she purposefully failed courses and took them over in summer school when she felt disrespected by the teacher. Before Adrian was place in the self-contained classroom, she had teachers who spoke negatively to her. She shared this:

> *My freshman year I had teachers that told me I wouldn't amount to anything. You know, that I'd be lucky if I graduated high school and let's at least get you to graduation and then, you know, then you can do whatever you want to after that.*

When Lindsay was asked about hindrances, she mentioned closed minds. She thought it was important to remind teachers that students are not their situation, and some are capable of being different than their current situation. Cordelia talked about the lack of support she had from teachers when she made the decision to quit school in the spring of her senior year. She felt as if no one cared about her because no one tried to offer her solutions. She was never contacted after she told them she was quitting. Shawn was hindered by "creepy" teachers. She tried to rationalize one teacher's actions by saying he believed the rumors of her promiscuity; however, she also said most of the girls knew not to take his class because of his behavior. She said she had a few teachers throughout her school career that behaved in a similar manner. She described their behavior as hindering because they made her feel uncomfortable and unsafe. Steve said he was discouraged and did not want to continue going to school when he was in sixth grade because he had a teacher who lost his papers. His father made him track his homework on a tracking sheet every day, attaining signatures at each stage because he thought Steve was the problem. Steve would get the teacher's signature when he turned his work in, but she would lose it after that point. He was working hard to appease his father and it was discouraging when an adult could not help him.

Half of the participants felt as if they were invisible or not seen by their teachers. Cordelia was diagnosed with bi-polar disorder later into adulthood, but it began presenting when she was in junior high. She described how unnoticed she felt at that time. She explained that due to the initial cause of her childhood complex trauma, which affected the entire family, her homelife was unstable. The presentation of her symptoms of bi-polar disorder not only went unnoticed at home, but also at school. She questioned why no one at school noticed or inquired into what was happening with her. She also shared that she felt as if it was easy for her to fade

away at school, explaining that she did not have relationships with her teachers, she was quiet, smart, and did not get into trouble. She was easily overlooked, and she felt as if she were. Cordelia did feel as if she had a friendship with the school nurse, but when she quit school with two weeks left in her senior year, she said the nurse never asked her about her decision. She spoke with disappointment in her voice as she discussed how there were no school personnel who reached out to her to offer solutions or ask her if quitting was her final decision. Evelyn said her third-grade teacher disregarded her and her needs to the point where she was forced to urinate in her chair because the teacher would not allow her to go to the restroom. That situation increased the effects of her internalization of her abuse, which were feelings of shame and guilt, causing her to be even more marginalized among her peers. Emily did not discuss her abuse until she was sixteen but said afterward, she buried it because no one reached out to help her cope with the effects. There were no counselors that checked on her, nor were there school personnel that offered resources or supports to help her handle the effects of her childhood complex trauma. Lindsay did not want to be seen by her teachers when she was younger. She was afraid they would find out about her living situation and the abuse she was enduring. She said she was a quiet child without a support system, but there were no school personnel who noticed. Makayla said she felt more like a background character while in school. She described always feeling invisible. She was also a smart, quiet child and felt as if the teachers and other school personnel interpreted these characteristics as her not needing attention or help. Steve and Bryson felt as if they were just a number while they were in school. Steve described it as feeling like cattle, just being moved through with the rest of the herd. Bryson's comment was:

> Y*ou're not unique in school, you're a damn number, and that's how you feel. You might have a few teachers here and there that look at you like, you need more attention here or there, but for the most part, you aren't an individual when you're in school. Maybe with your friends, and that's why you enjoy it with your friends. But, as, for the school, you're*

> *not an individual. You're not looking at me and saying this is what you're good at, this is what we need to work on, to a tiny degree they do. But it's not especially for me, it's just overall, you're not matching these other kids.... Everybody's an individual and they need to be taught that way or treated that way in school. It would be a game changer. An absolute game changer. And anything that helps a kid feel like they're unique, which I guess I understand sports now.*

Feeling accepted as part of a group or community can be an important factor in progressing through school. Seven of the fourteen participants in this study did not feel as if they were part of their school community due to feeling unseen by their teachers and other school personnel. They viewed this as a hindering factor to their progression through school.

Other adults that can oftentimes be helpful for students when progressing through school are support personnel, such as nurses or counselors. Four participants felt if they had had access to supportive school personnel, such as a nurse or counselor, they could have been more successful in school. Leann mentioned that she did have a school counselor, but being seen in her office came along with a negative connotation. She said the counselor's office was made available for students who were having meltdowns, but she described it as a space, not a safe space to feel your emotions. Sally said she did not have access to a school nurse or a school counselor. Sally was on a 504 for diabetes and had to take insulin shots every day but did not have a school nurse. Emily mentioned that after she did disclose her abuse when she was sixteen, no one at the school tried to connect her with counseling services. She was not even given the opportunity to speak to the school counselor, nor was she given a list of outside services she could contact if she needed help. Adrian needed mental health help, but shared this when she was asked about hindrances:

> *Honestly, sadly, the school counselors. They never really would sit, I mean, back then I thought school counselors were, you know, like mental health counselors and you could sit in there and go to them with your problems, but it was they were always too busy, or they couldn't meet with you or something like that.*

Each of these four participants were able to persevere through their kindergarten through twelfth grade education without the support of understanding professionals inside their school. However, they said they felt their progression through school could have been made a bit easier if they could have accessed resources, people who were trained to help them process what happened to them so they could concentrate on academic growth.

Low Academic Achievement

Low academic achievement was a theme that included other factors. Besides low academic achievement, the participants also discussed their struggle with ADHD and the need to perform to perfectionist standards. There were seven of the fourteen participants that had low academic achievement. Evelyn discussed her grades in reference to the abuse she sustained. She said that before the occurrence of her abuse, her grades were not bad but there were not spectacular. During the time of her abuse, they began to fall, but after, once her abuser was imprisoned, she was able to perform well. She did, however, explain that once she got to high school, she still made Cs, Bs and occasionally Ds. Lindsay was another participant who had low academic achievement and admitted that she sporadically would make herself sick from overexerting herself trying to make better grades. Cordelia struggled with absences, which led to lost credit for classes because she missed too many days and claimed no one told her until a few days before graduation. As discouraging as that was, she did try to return as a fifth-year senior. She was unable to complete that year due to recreational drug experimentation while at school. Her academic achievement may not have been low, but because her grades were lowered to failing due to absences, she never graduated high school nor completed a general education diploma (GED). Shawn's academic struggles did not manifest until she was in high school and the chaos of her homelife caught up to her. She missed school due to skipping or being "in

trouble," causing her to fail courses due to absences, like Cordelia. She had to attend summer school sessions to make up courses she failed. She credited her teachers for getting her across the graduation stage. She said because they cared for her and helped her along the way she was able to graduate. She said:

> *I did skip school a lot, and I once you hit a certain number of days you don't get to pass. And I hit that number plus quite a few. And just them letting me like, during the summer, they're like OK if you take this class, like summer school, we'll let you through type of thing, so they gave me like, extra help when I needed it.*

Adrian had a different experience. She struggled early in school, from first through tenth grade, until she was placed in a self-contained classroom for emotionally disturbed (ED) students. She felt as if her relationships with her teachers and other students before being placed in the ED classroom were, in large part, to blame for her failing grades between fifth and tenth grades. Leann's academic struggles were isolated to around the time her parents divorced. She was part of a pull-out program during her reading block for a short amount of time in first grade, after which she was able to perform at her grade level standards. Nevertheless, her academics were affected. Steve and Adrian were the only participants who had been placed on an Individualized Education Plan (IEP). Steve was only on an IEP for a short amount of time, but he had this to say about his low academic achievement:

> *Always hated it (school). Always. I was never good at it, always hated it. Part of it was that I struggled with it and the other part was nobody understood the struggle. So, it was just like, that's not good enough, it's not good enough, not good enough, not good enough. Like, I can't be good enough, like I can't get this stuff.*

Steve also repeated the fifth grade, not because he failed, but because he struggled. His teacher and parents thought another year in fifth would be beneficial to him later. He said his struggling continued even after his second year in fifth grade. The participants had differing types of childhood trauma causing a multitude of reasons for struggling academically. Regardless of the

type of trauma the participants experienced, the academic struggle created hindrances to their progression through school.

Affect dysregulation is a side effect of childhood complex trauma. It can lead to a misdiagnosis of ADHD. There were four participants who received a diagnosis of ADHD, two as children and two as adults. For the purposes of this research, there is no way of knowing if their diagnosis was due to the affect dysregulation that can occur in cases of childhood complex trauma or true ADHD. Steve and Adrian were the two participants diagnosed while they were still in school. Steve referred to having ADHD like it was his job. He was medicated for a short period of time; however, he asked his parent to allow him to stop taking the medication. He described the effects as making him feel as if he were in a box. He said understanding how it could have helped him was too much for him to comprehend at that age. Adrian described herself as reserved, anxious, and hyper. She was afraid to ask for help because she did not want to do anything wrong. She also described herself as being all over the place. Her childhood complex trauma occurred when she was five. Makayla and Leann were not diagnosed until they were adults. Leann questioned if her behavior as a child was due to her trauma, her ADHD, or a combination of both. Makayla alludes to the lack of being diagnosed as a child on her specific behavior. She explained her behavior as distracted, but not the child who needed to be out of her seat moving around the classroom. They described themselves as being all over the place or daydreaming. Their inability to keep their mind on task led to lowered academic achievement in these four participants. Despite having a diagnosis as a child or not, and despite specific behavioral characteristics that came along with ADHD, these four participants identified this as a hindrance to their progression through school.

The need to perform to perfectionist standards, in the cases of Steve, Makayla, Sally, Lindsay, and Emily, led to lower academic achievement. The participants discussed their feelings of needing to be perfect and the way in which they strived towards that goal. Steve's experience stemmed from his father's need for Steve to reach perfection. Steve knew he could never achieve it, and his academic difficulties made it more apparent to him that he would never be able to appease his father. He described this as leaving him with this feeling:

> *I've always been afraid to disappoint. Whether that's, you know, personal friendship relationships, romantic relationships, work relationships, school, family, whatever, you know? There's always been that fear of disappointment, or that I'm not gonna be good enough, or you know, I've worked really hard to get to where I am and someone else could just walk right in because it's easy for them.*

Makayla lived in a chaotic household with parents and siblings that all had their own vices. Her need for perfection was self-imposed. She felt if she could make every situation perfect, she could avoid conflict with her parents. She mentioned that her parents were already dealing with her siblings who were struggling with various addictions, so her need to be perfect was to keep her parents from feeling more stress. She said there were times when she would not turn in homework or other assignments because they would be incomplete or not up to her perfectionist standard, causing her grade to be affected. Sally also placed her need for perfection on herself. Her father was an academic, and she felt the need to perform to the standards he set but described it as being engrained in her. Her expectation to do well in certain classes led to her teachers feeling the need to challenge her with more rigorous work, in turn causing Sally to want to give up trying to make good grades in those classes. Lindsay described herself as a people pleaser. She said she had the need for people to be happy with her and that it was her responsibility to make people feel comfortable. This need led her into a few successful situations, but also led her into toxic relationships with boyfriends. The toxic relationships then led to her

into an academic decline. Emily described herself as being a teacher's pet and said she got along with everyone when she was in high school. She did not describe herself as a perfectionist or as having the need to please others, but she did take pride in being the teacher's pet. Lindsay, Leann, and Makayla also talked about the need for their schoolwork to be perfect. This became a hindrance when they were unable to force themselves to turn in work incomplete or imperfect by their standards.

Problems with Concentration

Seven of the participants claimed to have had problems with concentration. Four of those seven were either diagnosed with ADHD as a child or later as an adult. Steve and Adrian were diagnosed with ADHD as children. Steve, who was diagnosed early in life, explained his struggle with ADHD by saying he had it like it was a job to him. As if the moment he woke he had to clock-in to deal with the challenges of it. Adrian described herself as an extremely anxious, extremely ADHD child. She alluded to these characteristics as the cause of her first-grade teacher forcing her to face the back of the classroom. Makayla and Leann did not receive diagnoses of ADHD until they were adults. Leann, who was not diagnosed until she became an adult, thought that she had been a clueless child until she received her diagnosis. Five of the participants described themselves as "being all over the place." The four with ADHD and Sarah. Sarah told about times in the classroom, particularly after lunch, when she had trouble sitting still. She spoke of only one teacher who allowed her to stand at the back of the classroom, but said the others were not understanding. Evelyn remembered feeling like a zombie and just going through the motions of life, but not engaging. Evelyn described her inability to concentrate, saying:

> *I think the teacher helped me focus and get my mind back. I don't know what else to call it… I mean to get it back into the living, literally. Because I remember feeling like, I*

> *mean, I know what it felt like now, at the time I didn't know what I was feeling, but now I can kind of look back and see I felt like a zombie. I felt like I was just, I was just going through the motions, I'd go to bed, I'd get up, I'd take a shower, brush my teeth, I'd get dressed, go to school come home. I'd do the same thing over and over...*

Elise said she was able to be successful in school, but her childhood maltreatment made it harder to focus. She explained the need to drown out other things to focus and how tasks took her longer than her peers to complete. Even during this interview, Elise took longer to process the questions and develop an answer. The inability to concentrate and keep one's mind on a task could be hindering to the educational process and could also become emotionally taxing.

Dissociation could also disrupt one's ability to concentrate on a given task. There were six participants who described effects of dissociation. Amanda stated that she did not remember her childhood because she did not get to be a child when she was a child. She shared that she had to help raise her siblings from the time she was ten years old and started having her own children when she was fifteen years old, all of this on top of the trauma she was experiencing. It is understandable how she could dissociate at school at times. Evelyn's story was very similar. She did not have a lot of memories of school around the time of her abuse and admitted that the few things she could recall are things she would not want anyone to remember or feel. Elise, Leann, and Steve all had trouble with daydreaming in class. Leann thought that she was clueless, and it was not until she was older that she determined that she had dissociated during those times. Elise explained that she did not have a lot of behaviors associated with her trauma, except that she remembered daydreaming a lot. Steve's dissociation caused him to not be able to finish his schoolwork at school, which in turn caused more problems at home, stating:

> *I wasn't allowed to play on the weekends, I wasn't allowed to do anything. It was study or do homework or do class work that I missed because I was off in La La Land or whatever.*

Sally did not mention that there were academic effects of her dissociation, but she did say school was an escape for her. She explained that school was easy, allowing her to turn her brain off and still find academic success. Dissociation, like absenteeism, is not conducive to learning. Students who dissociate are likely missing necessary information to be academically successful.

Three of the participants said they had a hard time with loud noises or when teachers used loud voices, causing them to lose their ability to concentrate. Makayla spoke of becoming dysregulated due to loud voices or loud noises. She said if the classroom door was slammed or someone in the room raised their voice, she would not be able to concentrate. Her teacher was not understanding of her situation and would send her to the principal's office for not being compliant with instruction. Lindsay shared similar feelings regarding loud voices and loud noises. She talked about having somatic symptoms from the anxiety she experienced due to the noises of a regular school day, such as bells and intercoms. In addition to those noises, she also had teachers who would yell at the students or throw desks out of frustration. Adrian said she had a couple of teachers would throw things as well. She shared this experience:

> *I had a history teacher that would sit there and throw Oklahoma History books across the classroom whenever he was mad. Uh, I had a biology teacher, also my 9th grade year was 9-11, so, uh, my biology teacher was just, you know, you guys won't ever amount to anything kind of personality and just not a nice lady at all. Um, and I didn't want to go to classes. I didn't want textbooks thrown around and I didn't want, you know 'cause loud noises, you know, scared me. Uh, and the teachers would yell and scream and throw things and slam things and I would, didn't see like if they don't care, why should I care, and so I just would leave the school and come back when it was time to ride the bus home.*

Two participants discussed the inability to concentrate in negative classroom environments. They considered them as hindrances to their progression through school. Bryson mentioned two negative aspects of the classroom he felt impeded his concentration – sitting in a desk all day listening to someone else talk and monotoned, bland teachers. He did not feel as if

either of these conditions were conducive to student learning. Sally discussed the rote memorization expectation in her coursework. She referred to the expectations of her teachers for students to memorize material for a test. She said she reached the point in high school where she stopped caring to learn the material for long-term if the teachers did not require her to do so. She felt like the lack of high expectations inhibited her need to concentrate and was a hindrance to her progression through school.

Leann felt the lack of social emotional teaching at her school played a role in her ability to concentrate at times. She said she struggled because she did not have an example of a regulated adult at home to teach her appropriate and inappropriate reactions to social situations. She said her inability to recognize normal social interactions caused her to be in a constant dilemma of how to stand up for herself without having an emotional overreaction. When situations arose in the classroom causing her to become dysregulated, she could no longer concentrate on her school assignments. She felt if she had access to social-emotional learning early in school, she could have been better equipped to handle those situations when she was an older student.

Eight participants mentioned the memories from their childhood were lacking, and the memory loss did not only pertain to the abuse, but to everyday life. Amanda was able to convey events that led to her childhood complex trauma, but questioned the amount she had due to her lack of memory. Evelyn talked about one teacher she was fond of during the time she was experiencing abuse, referring to her kindness and patience, but did not have a significant number of memories about that time. She mainly just remembered the teacher. Emily attended the same school between kindergarten and fifth grade with the same core group of children, but she could not remember who they were, apart from two. Her elementary years was the time she

experienced her childhood complex trauma. Lindsay recognized that her trauma was the cause of her memory loss. She shared:

> *I think my elementary and middle school years were a lot of hiding things, if I'm being honest. Because my elementary school (years) was hiding what my dad was doing… So, and honestly, I can't remember a lot of that time as far as school goes, because that wasn't the center of my life. That wasn't even really a fraction of my life, I guess. A lot of my life was, 'oh my god am I gonna get home and dad, is he gonna be awake, is he gonna be mad, is he gonna be ok?'*

Sally said she has a lot of gaps in her memory from when she was younger. Her childhood complex trauma continued throughout most of her life. Steve found it difficult to remember ages various events occurred in his childhood. Like Sally, his childhood complex trauma was ongoing throughout his life at home. Bryson admitted the memory of his trauma had been lost until he met with a psychiatrist later in life. He said that as an adult, before meeting the psychiatrist, he did not remember he had experienced childhood complex trauma. Leann experienced her trauma throughout her life, but her parents divorced when she was in first grade. She commented about elementary school, specifically, saying there were several areas missing from her memory during that time. The ability to remember information is crucial in education, especially in the formative years. Whatever these students had on their minds at the time when their brains were seemingly on autopilot was not transferred into their long-term memory storage. If their core memories were not preserved, their ability to concentrate and remember schoolwork could have been as affected. These eight participants viewed the loss of memory as a hindrance to their progression through school, affiliating their loss of memory now with an inability to remember information for their coursework during their kindergarten through twelfth grade education.

Attendance Interruptions

Low attendance rates have been evident in students who experienced childhood complex trauma. Only six of the interviewees made comments regarding school attendance. Adrian, Amanda, Evelyn, and Shawn all admitted that their attendance was due to them skipping school. Amanda and Adrian skipped school to avoid bullying. Amanda admitted that she got tired of people "messing" with her, but she also had some somatic symptoms that caused her absenteeism. Adrian said:

> *…freshman year I was skipping school all the time. I think I was out of school more than I was in school, and I just didn't want to be there. And the only classes I would go to were the teachers who were nice to me.*

Evelyn mentioned the reason she skipped was to avoid having to face anyone due to the guilt and shame she felt after being abused. She was afraid people would find out what had happened and think it was her fault. Shawn skipped school to engage in more risky behaviors, such as smoking behind the gym and later selling drugs. She did not disclose why she would skip to smoke, but she did say that she was selling drugs to help pay the household bills. Cordelia and Makayla had somatic symptoms that caused them to miss school. Makayla said that her symptoms were constant for about a year and a half during middle school when she was being bullied the worst. Cordelia did not state an exact timeline for her somatic symptoms but also had other medical obstacles that were undiagnosed during her school years. The other eight participants either found refuge in school as a safe space or did not find school threatening enough to not want to be there. Poor attendance could make an already difficult situation, such as these participants described school, even worse. Missing instruction and assignments became a hindrance to the participants who were already lacking motivation to continue through the schooling process.

After corporal punishment had ceased in schools, punitive actions for negative behaviors led to students being suspended or expelled. Adrian, Sarah, Shawn, Bryson, Steve, and Leann all mentioned having disciplinary issues. Each one was a little different behavior than the other. Adrian began acting out in elementary school for attention when her teacher turned her desk to the back corner. As she became older, she began skipping school. Sarah's misbehavior of getting into physical altercations at school was justified in her mind. She was the hero of the bullied students. She would physically assault students who were bullying other students. She admitted to hurting people. Sarah also smoked cigarettes and drank alcohol from the time she was eleven years old. She admitted to getting suspended several times for fighting. Shawn's behavior started as skipping school or sneaking out of her house. It later evolved into smoking behind the gym and eventually selling drugs. Bryson's behavior was more aggressive and confrontational than the others. He would not only get into physical altercations with other students, but he would also get into verbal quarrels with school personnel. He described himself as:

> *Looking for confrontation anytime. Like I dare you to gripe at me about something. I'll fight back in heartbeat. I didn't get to buckin' back with the teachers big time until probably, I think it was about sixth grade. And then it was just all from there. Never got in trouble up until, I think right around that point. And then from there on I was in ISS, suspended… Just kind of bucked authority, very much, big time. All of 'em. I didn't really get along with any of the teachers.*

He also later admitted sneaking into a neighboring school, feigning to be their student, just to start fights with the students who truly attended that school. These actions resulted in him having to attend two different alternative programs and switching high schools twice. Steve admitted to being the class clown, disruptive and loud, leading to him being removed from the classroom. Leann's behavioral problems were mainly isolated to around the time of her parents' divorce. It was not ongoing for several years, as with the others; however, she did have an occasional issue

with male students and teachers as she got into middle and high school. The source of her abuse was a male, and she felt there was a correlation. The participants did not recognize the source of their behavior when they were acting out, but as adults looking back, they admitted to their behaviors being a hindrance to their progress through school.

Nine of the participants took part in risky behaviors as they progressed through school. One of Sarah's risky behaviors was beating up other students. She admitted to hurting other students who she thought were bullying her friends. She also admitted to smoking cigarettes and drinking at the age of eleven. Shawn labeled her risky behavior as rebellion, describing events of sneaking out of her house at night, skipping school, and later selling drugs. She made a clarifying statement regarding selling drugs, justifying it because she used the money to pay household bills; nevertheless, that did not make the action less risky. Evelyn and Makayla's behavior involved underage drinking. Evelyn explained that she did not become promiscuous but admitted to being a "partier" in high school. Makayla justified her drinking as a way she allowed herself to relax. However, she admitted she it was not a good choice for her age and that it continued through college. Cordelia's behavior was a bit riskier than Evelyn and Makayla. When she failed to graduate due to lack of credits because of attendance, she tried to go back to school the next year to finish. She confessed to going to school on acid, which resulted in her getting kicked out a second time. She never completed her high school diploma or received a GED, and later her recreational drug use spiraled into a larger drug problem. Three of the participants self-proclaimed they had sex in high school. Emily got pregnant her senior year. Amanda had one child when she was fifteen and was nine months pregnant with her second when she graduated. Lindsay had this to say about her experience:

> *I had a, my first boyfriend I got when I was 12. We dated for 7 years. He was very sexually abusive, very controlling. He isolated me from everyone, but at 12 you don't*

really know any better and you think you're going to marry him. Mama knew better, but Lindsay did not listen. When we did break up, I got with another boy who was physically abusive, and he would actually, (he) went so far as to burn my clothes because they were actually too revealing. He was 300 pounds. He was a trigger to an eating disorder that I started my junior year in high school. I was at the time 76 pounds. He was 300. I was only allowed to wear his clothes.

Her risky behaviors led her into relationships that were truly dangerous. Bryson's behavior was linked to his anger issues. He admitted to confronting authority figures, getting into fights with other students, punching doors and walls, and ripping the top off a desk. He also disclosed that he was part of a group of students who set their school on fire, and as previously stated, he entered a neighboring school for the sole purpose of starting fights with students from that school. Some of these behaviors led to the participants getting suspended or expelled from school. Twelve of the fourteen earned a standard high school diploma, so the behaviors did not hinder them from completing high school; however, they all admitted that their progression through school was more difficult due to their behaviors, and at times made school so difficult they may not have wanted to continue.

Three participants had health issues as children. Shawn had asthma, decreasing the amount of time she could participate in sporting events, marginalizing her on the basketball team. Makayla had somatic issues with anxiety that caused her to go home sick often. Lindsay said her need for perfection led to medical issues at times, as she would stay up late trying to get her work completed to perfection. None of the other participants spoke of somatic symptoms during the interviews, but Elise discussed having panic moments or overreacting when boys would get too close to her which can be somatic events. She made the statement:

I think so with males. I mean I don't know how significant it was, but looking back, I mean, I had guy friends, boys that were friends, but just on the defense, kind of, a lot. And not, even just playin', if I felt like it was too much, or they touched me too much, or you know, I'd play it off a lot, like, 'Get off me' you know I'd try to like keep it just like

we were playin', but in my mind I was like 'whoooo!' freakin' out, you know? But I can remember a couple of times, 'course my dad taught me to defend myself, of course I had other things in my mind, but I can remember a few times kicking boys in the private area, like, 'cause I knew that was, I mean, I knew how painful it was, I can't remember exactly what was happening. I don't know that it, maybe, called for that, but in my fight or flight, it felt like it did. 'Course the boys were like, uhhhh, 'cause it was so painful. But um, to them it was probably like a huge, we were here, and you took it here (motioning different depths with her hands).

These somatic symptoms set the participants even further apart from their peers, and at times led to missing school, hindering their progression through school.

Makayla mentioned a drug education program that came into her school as an elementary student. She felt called out by the program, which created additional anxiety. She was afraid that the other students would know what her family life was like, and they would think she was involved in the same activities as her parents and siblings. This caused her to have a meltdown at school, in front of her peers. The stress and anxiety caused from this program sent her home for the day and caused her to not want to return any time there was a special program announced.

Summary of Findings

The findings of this research led to two areas the participants felt influenced their progression through school: supporting factors and hindering factors. Supporting factors were organized into six themes including the importance of one caring adult, the benefits of friends, kindness from school personnel, hope development, school-based programs, and individualized school-based supports. The hindering factors were arranged into four themes including negative relationships with peers and adults, low academic achievement, problems with concentration, attendance interruptions.

The first theme in supporting factors of the importance of one caring adult involved educators, family members, and possibly counselors. The participants of this research discussed

the small moments the one caring adult gave them throughout their educational career. Some were just a few moments, others were longer amounts of time, but the focus was only on them. The adults showed them, and in some cases told them, they were loved. They felt worthy of adornment in those times with those special adults. The theme of benefits of friends was one the participants concurred was a great support in progressing through school, even if they only had one or two friends. In this theme, it was also discovered that the best friends of the participants were other children who had also experienced childhood complex trauma. The third theme was kindness from school personnel. The students felt seen and visible to the school personnel who made a concerted effort to make them feel special, who spoke to them, who spent time with them. The next theme was hope development. The participant spoke of having a vision of something beyond high school. Hope that they could be different from their current situation. Educators and family members helped the participants develop a vision of hope for themselves and encouraged them to chase the vision. School-based programs was another theme participants felt helped with their progression through school. These programs included in-school pullout programs, a specific course or curriculum, and extracurricular activities. Some of the programs helped with academics, but most of them helped them escape the source of their trauma and provided them a safe place to be with peers. The last theme was individualized school supports. These supports included individualized education plans (IEPs) and 504s, as well as access to a safe space. These six themes were all considered supporting factors that positively influenced the participants progression through school.

The first theme under hindering factors was negative relationships with peers and adults. There were several factors that led to negative relationships with peers, including social exclusion and identity security, bullying, an inability to build positive relationships, negative

relationships (not bullying), isolation from peers, acts of heroism that led to further marginalization, avoidance behaviors, and control issues. Negative relationships with adults were discussed by the participants due to negative, creepy, mean, or irresponsible teachers; the feeling of being unseen or invisible to teachers; and lack of supportive personnel available at their school, such as nurses or counselors. The next theme was low academic achievement due to their experiences with complex trauma, ADHD, and their own need to perform to perfectionist standards. Problems with concentration was another theme under hindering factors. It included difficulties with dissociation, loud noises or raised voices, negative classroom environments, an inability to self-regulate due to a lack of social emotional programs, and lack of memories. The last theme was attendance interruptions. These were due to skipping, complications from childhood illnesses, discipline or behavioral issues, participation in risky behaviors, or missing to avoid specific educational programming.

Chapter 6. Discussion

Childhood maltreatment and the effects it can cause on the developing child along with future implications on adulthood has been studied and discussed since 1992. Judith Lewis Herman (1992) was among the first to argue that complex post-traumatic stress disorder (CPTSD) needed to be in its own category in the Diagnostic and Statistical Manuel of Mental Disorders (DSM), which was then only in its fourth edition. The Adverse Childhood Experiences (ACEs) research findings were published in 1998 by Vincent Felitti, Robert Anda, Dale Nordenberg, David Williamson, Alison Spitz, Valerie Edwards, Mary Koss, and James Marks. This research was the jumping off point of a litany of studies regarding short- and long-term effects of childhood maltreatment and CPTSD. Books and articles have been published reporting on the behavior of children and adolescents who have experienced childhood maltreatment and adult health risks and social trends correlated to surviving childhood complex trauma. The aim of this study was to investigate how adults who experienced childhood complex trauma described hindering factors, including their behaviors, and what they identified as supports for them while they were in school.

The sample size studied for this research consisted of fourteen participants – twelve women and two men. The nature of the topic is extremely sensitive and the population of adults who have experience with childhood complex trauma are emotionally vulnerable. The adults interviewed for this study were currently in professional counseling for PTSD correlated to childhood complex trauma or had completed a PTSD program through professional counseling. Because of the nature of this specific type of trauma, trust among this population is highly diminished. The sample size of fourteen participants is arguably a considerable sample size given the sensitivity of the subject, vulnerability of this subgroup, and difficulty gaining access to this

subgroup. Even though there was close collaboration with the professional agency and the licensed counselors, recruitment was not easy. The trust of the counselors had to first be attained by the researcher. Once this occurred, the counselors approached their most trusting clients. It took six months to recruit fourteen people for the sample. However, there were consistencies in the data, indicating that fourteen participants were an ample size to continue to data analysis.

Summary of Main Findings

The fourteen participants ranged in age groups from 20s to 60s. This means they could have had experiences in school as early as the late 1950s to the early 2020s. There have been many changes in education and technology throughout those decades, but the findings in the supporting and hindering factors to the participants progression had similar themes no matter their age. Supporting factors were organized into six themes including the importance of one caring adult, the benefit of friends, kindness from educational staff, hope development, school-based programs, and individualized school-based supports. Hindering factors contained four themes, which included negative relationships with peers and adults, low academic achievement, problems with concentration, and attendance interruptions.

The importance of one caring adult was a theme that included all fourteen participants. They spoke of teachers, coaches, band directors, sponsors, teacher's aides, secretaries, counselors, nurses, and family members. Each of the fourteen had at least one adult in their lives who they felt cared about their well-being and were willing to give them a few extra moments to prove it. Most of them remembered a person from their early childhood years, when they did not understand the trauma they experienced or how to process their feelings. They spoke of these adult relationships as if they were a lifeline to them and some even said they knew the person loved them because they told them so.

The benefits of friends was a theme among all of the participants as well. Even though some of them withdrew at certain times in their lives, once they became older, they leaned on the support of at least one trusted friend. They expressed that having at least one friend helped them to feel accepted. They also indicated that it gave them someone to talk through their feelings with at times. Two participants befriended adults instead of peers, but they were thankful to have them as friends. Both credited their success to those teachers. Most of the participants befriended other children who also had experience with childhood trauma. They felt it helped them understand each other in a way children who did not have that experience could not.

One theme that came out of the data was kindness or positive regard from educational staff as a supporting factor. The participants indicated that hearing educators speak to them made them feel seen, acknowledged, cared for, and important. The participants seemed moved by the genuine warmth they received from some educational staff and felt as if their progression through school could have been better if all educators had followed the same pattern.

Many of the participants had received post-secondary certificates, training, or degrees. The participants who had earned these accomplishments discussed having a vision of hope to continue their education after high school before they graduated. A few admitted they did not develop their vision until they met and forged a relationship with an adult who encouraged them to continue in their educational endeavor. Another seemed to have thought that they were born with the vision to continue their education. Regardless of the timing of vision creation, the participants who had hope of moving into a career or occupation that required more education explained they accomplished it because they first had the vision of a hopeful future.

The theme of school-based programs included in-school pullout programs for intervention, a specific course or program, extracurricular activities, and before- or after-school

programs. The participants who were part of an in-school pullout program considered them helpful, even if they were embarrassed at the time. The participants who indicated there was a specific course or curriculum they found helpful in progressing through school expressed a notable improvement in their desire to progress through school due to the programs mentioned. Extracurricular activities seemed to have a two-fold effect. At times, they helped the participants escape the source of their trauma, even if for a short time, and they discovered friendships and a sense of acceptance among their peers. Before- and after-school programs were part of previous literature as being a possible support for children who were exposed to complex trauma, so it would be negligent not to include it; however, none of the participants of this study were part of before- or after-school programs.

Individualized school-based supports was the last theme in supporting factors. This theme included IEPs/504s and access to a safe space. The participants on an IEP differed regarding the help it provided. One of them said the placement on the IEP and in a self-contained classroom was a lifeline for her. The other said his IEP, nor the additional help in the resource room, were helpful to him. The one placed on a 504 did not think her plan helped her. She indicated that her teachers did not read it or were not aware of the purpose of a 504. The participants who had a safe space indicated that they mostly used it as a time to self-regulate. It was a place to go to feel their feelings, express themselves if they needed, or just be silent and relax, if for only a moment. The participants who discussed having a safe space expressed gratitude for it.

There were four themes uncovered in the hindering factors, the first of which was negative relationships with peers and adults. This theme was the largest by far. The participants discussed many problems with their childhood relationships. The one that seemed to be the most significant to the participants was social exclusion. All the participants had at least one story

regarding their peers excluding them. One participant changed her outside appearance to generate fear in others to find relief from bullying. Other participants thought they were weird or socially awkward and were not sure how to build positive relationships with peers. The negative relationships with adults were mostly the result of the behaviors the participants were exhibiting because of the trauma they experienced. Their teachers would lose patience with them, isolating them from the other students. As some of the participants got older, they continued to behave inappropriately, but with more aggression. They challenged educators in verbal confrontations and one even physically assaulted her peers more than once. However, there were teachers who spoke negatively or were mean, irresponsible, or creepy that some participants felt was the cause of some of the negative adult relationships.

The next theme was low academic achievement. Most of the participants experienced their complex trauma starting at a very young age. Many of them did not have great grades as small children. A couple of students' grades did not suffer because they expressed their trauma differently. They became perfectionists or found solace in the routine of school and were able to perform well academically. The ones who had low academic achievement felt as if they were not smart enough to perform better. Some participants skipped school to avoid bullying or to engage in risky behaviors, so their academic achievement suffered from their absences. There were also four participants diagnosed with ADHD. They felt as if their difficulties staying engaged was partially to blame for their low academic achievement. The findings suggest there may be a correlation between childhood complex trauma and low academic achievement.

Another theme within the hindering factors was problems with concentration. There were participants who spoke of daydreaming or being in their own world. During those times, they may have been dissociating, which is common among children who have experienced childhood

complex trauma. The participants who had difficulty with self-regulation or loud noises also alluded to having problems with concentration. They said that once they became dysregulated due to the loud noises, loud voices, or other problems, they could not regain their engagement to the task. One participant described this as being offline and indicated it was difficult to impossible to recover. Another felt if she had had social emotional teaching in elementary school, she may not have had problems with self-regulation when she was younger. A couple of the students discussed the negative classroom environment as a hindering factor to their concentration. Educators who were monotone and boring, having to sit still in a desk all day or low academic expectations caused a couple of the participants to lose concentration. The findings from this sample suggest that an inability to concentrate during the school day could be hindering to the progression through school for students who experienced childhood complex trauma. Memory loss could have also played a role in problems with concentration. If the participants found it challenging to remember things, their progression through school may have been affected.

The last theme in the hindering factors was attendance interruptions. There were several reasons why the participants had attendance interruptions. One was in effort to avoid negative aspects of school, such as bullying by peers and educators or the bells and intercoms or other loud noises common in schools. Another reason they suggested was that after the first occurrence of their abuse, they withdrew from interactions with others and they did not want to attend school. Some of the participants would skip school or feign illness to avoid going to school. Others had somatic symptoms that could have been related to their abuse, such as asthma, nausea, vomiting, or headaches that sent them home during the school day. Some of the participants had disciplinary issues that interrupted their attendance. One had issues with anger

management and several participated in risk-taking behaviors. Some of them skipped school for various reasons, others experimented with drugs or alcohol, and one was suspended at various times for physically assaulting other students. Only one of the participants discussed an educational program that caused her to miss school, but she would not go on the days the school planned drug education programs. Attendance interruptions, no matter the reason, could make learning more difficult, but especially for children who are suffering from the other symptoms of complex trauma.

Supporting Factors in Existing Literature

There is an abundance of literature indicating the mitigating effects of one important adult relationship for children who have experienced childhood complex trauma (Crouch et al., 2019; van der Kolk 2005; NCTSN, 2003; Sorrels, 2015; Plumb, Bush, & Kersevich, 2016; van der Kolk 2003; Courtois, 2004; Rice & Groves, 2005; Cook et al., 2005; van der Kolk 2015; Burdick & Corr, 2021; Perry & Svalavitz, 2006). When asked about supports that helped them progress through their K12 education, thirteen of the fourteen participants had at least one teacher or other educational staff they identified. Most of them had multiple people throughout their progression through school they could name. Two of them even accredited their survival to a teacher. The one participant who did not mention a teacher did say that his parents were always proud of him, and he knew they loved him, even though he identified his father as the source of his childhood trauma.

The benefits of friends can be linked to feelings of belonging and connectedness. The literature suggests that students who can build trusting relationships despite their trauma may be more successful in school (Perry & Szalavitz, 2006; Gwinn & Hellman, 2019; Souers & Hall, 2016). Steve and Bryson both indicated that one of the only reasons they attended school was

because the friendships they forged. The women who talked about having friends suggested they found comfort in having a trusted person with whom they could share their secrets and acquire empathy. Most of the participants who discussed having friends did say their friends were from chaotic or dysfunctional families or who had similar experiences with complex trauma. Other literature suggests that helping traumatized students form secure attachments may increase their resiliency, helping their progression through school (Burdick & Corr, 2021; Brunzell, Stokes, & Waters, 2019).

The participants indicated one thing that made their progression through school tolerable was kindness or positive regard from educational staff. Previous research suggests that children with complex trauma may have affect dysregulation, negative self-concept, and disturbances in relationships (Cloitre et al., 2019; Moller Augsburger et al., 2020; Dvir et al., 2014; Hyland et al., 2017; Plumb, Bush, & Kersevich, 2016; van der Kolk, 2005; Herman, 1992). The findings of this study suggests that students who are experiencing these symptoms may find a sense of peace in a kind word from a calm adult. The participants indicated they learned to trust the adults who showed them kindness enough to establish a relationship with them.

Hope for a different future was identified as a supporting factor that helped participants of this study progress through school. Research indicates that the presence of hope in the psyche of traumatized children and adults may be a resource to help them cope with the effects (Gwinn & Hellman, 2019). The literature also suggests that aiding a child in the development of a vision of hope could increase their daily attendance at school, their grades, and even standardized testing scores (Gwinn & Hellman, 2019). Almost all the participants of this study had a vision of a successful future, a goal to achieve, and most of them were either working towards attaining their vision or had already achieved it and had created new visions of hope.

School-based supports was another theme from the supporting factors data. One support that may have been helpful is mental health counseling service. There have been professional therapeutic programs developed for schools to help children who experienced complex trauma become more resilient and successful (Lowenthal, 1999; Fratto, 2016; Kilrain, 2017; Crouch et al., 2019; Crosby, 2015; Blodgett & Lanigan, 2018; Saunders & Adams, 2014; Dittman & Jensen, 2014; Scheeringa et al., 2011; Kinniburgh et al., 2005; Yohannan & Carlson, 2018; Breedlove, Choi, & Zyromski, 2020). Four participants had experience with mental health counseling, but none through the school. Six of the participants said they had access to counseling services while in school, but none were trained for mental health counseling. Part of the programs that have been developed for schools to help children with trauma include teaching students how to regulate, decreasing their negative self-image, and reducing their tendencies to dissociate (Kilrain, 2017; Lowenthal, 1999; Fratto, 2016). Eight of the participants were involved in extracurricular activities. They credited their involvement in these activities for helping them progress through school despite the effects of their childhood complex trauma. They also mentioned one of the reasons they liked being in extracurricular activities was because it provided them with a sense of belonging and friends in those groups. The literature discusses the importance of connectedness for traumatized children (Rice & Groves, 2005; Keels, 2023; Souers & Hall, 2016; Pepper Rollins, 2020; Perry & Szalavitz, 2006). Humans are social beings, and the need to feel part of a group is innate. The same innate need is what caused four participants to be drawn to a certain curriculum. Leann said she was trying to avoid students who she found immature, but by joining students in the AP courses she found acceptance and loyalty in friendships. There were three who were part of an in-school pullout program that they thought was helpful, and three who were placed on an IEP or a 504. The in-school pullout programs were

utilized to help the students who were falling behind grade-level progress, as was the intention of the IEPs. Even though Steve was not pulled specifically for academic help, he thought having a person to talk to during the school day was helpful. The literature states additional academic help, whether the student is on an IEP or not, is often necessary for children who experienced complex trauma (Lowenthal, 1999; Fratto, 2016; Barnett, 1997; Vondra, Allen, & Cicchetti, 1990; Erickson, Stroufe, & Pianta, 1989; Crosby, 2015; Perry, 2006; Bell et al., 2018; van der Kolk, 2005; Perry & Szalavitz, 2006; Anda et al., 2004; Johnson, 2018; Plumb, Bush, & Kersevich, 2016; Blodgett & Lanigan, 2018; Fantuzzo, LeBoeuf, & Rouse, 2014). These school-based supports seemed to help the participants progress through school.

Hindering Factors Found in Existing Literature

Dr. Bessel van der Kolk (2005) discussed reasons relationships suffer in the lives of maltreated children. They tend to have a lack of emotional self-regulation and impulse control problems. Bryson and Steve both exhibited these symptoms, and both had trouble with relationships. Children who experience childhood complex trauma may exhibit aggression against themselves or others (Cook et al., 2005; van der Kolk, 2005; Lowenthal, 1999; Cloitre et al., 2019; Barfield et al., 2012; Dvir et al., 2014). Bryson also talked about having issues with aggression, and even received treatment for it via an anger management program while he was in high school. The research also says these children have a lack of trust and are typically suspicious of others due to the problems with reliability and predictability they have experienced by their perpetrator (Bell et al., 2018; van der Kolk, 2005; Perry & Szalavitz, 2006; Crouch et al., 2018; Kinniburgh et al., 2005; Lowenthal, 1999). Almost all the participants discussed their problems with trusting others and how it inhibited their ability to create strong relationships with other children. Traumatized children tend to isolate in social settings (van der Kolk, 2005;

Bucker et al., 2012; National Child Traumatic Stress Network, 2019; Perry & Szalavitz, 2006). The feelings of being withdrawn or shut down, as described by Evelyn and Emily from this study, is also a symptom of child maltreatment (Bucker et al., 2012; Perry & Szalavitz, 2006; van der Kolk, 2005). It is believed to be a protective mechanism created by the brain to suppress or deny the occurrence of the event, also known as dissociation (Kilrain, 2018; Plumb, Bush, & Kersevich, 2016; Fratto, 2016; Wherry, Huffhines, & Walisky, 2016; Anda et al., 2004; Lowenthal, 1999). There were six participants who had experiences with dissociation. Bullying is another area where several participants had experience. Isolation, withdrawing, and dissociation can all lead to bullying. Children who have been maltreated can also have problems reading social cues, which can lead to bullying (van der Kolk, 2003; Kilrain, 2017). Ten of the fourteen participants said they were bullied while at school. Nine of the participants had low self-esteem or self-worth. This was likely caused from them internalizing their abuse; thinking it is their fault they were abused (Roller White et al., 2016; Hart, Brassard, & Karlson, 1996; Cook et al., 2005; van der Kolk, 2005; Kilrain, 2017). All fourteen participants discussed using avoidance tactics, whether it was through school sponsored events, going with friends, or circumventing certain parts of the school. The literature regarding CPTSD has outlined symptoms, one of which is avoidance (Kisiel et al., 2009; Cook et al., 2005). In most cases, children who exhibit this trait are not only trying to avoid recurrence of the trauma but may also be avoiding situations that may trigger memories or similar emotional states. The research explains that affect dysregulation and the aggression that sometimes accompanies it are also a cause of problems with relationships. Students who have not been exposed to traumatic events in their childhood do not understand these behaviors when exhibited in others. All these symptoms of childhood complex trauma could lead to negative relationships with peers and adults. Negative relationships were a

theme throughout the data that the participants implied was a hindering factor to their progression through school.

Seven students had low academic achievement and seven had problems with concentration. Existing literature says students who have experienced repeated child maltreatment have lower academic achievement (Blodgett & Lanigan, 2018; Fantuzzo, LeBoeuf, & Rouse, 2014; Langley et al., 2015; Morrow & Villodas, 2018; Cook et al., 2005; Kilrain, 2017; Plumb, Bush, & Kersevich, 2016). Part of the lower academic achievement is due to issues with attention regulation (Cook et al., 2005; Kilrain, 2017; Plumb, Bush, & Kersevich, 2016). Four of the participants have been diagnosed with ADHD, and one questioned her diagnosis wondering if it truly was ADHD or a result of her trauma. Five of the interviewees felt they needed to perform to perfectionist standards while in school, four participants had characteristics of the need to be in control when they were younger, and three had childhood illnesses that the literature stated could have been correlated to their childhood trauma. The need for perfection and control is thought to be linked to the brain's fight responders (Cook et al., 2005; Kilrain, 2017; van der Kolk, 2005). It can be quietly displayed in schoolwork or aggressively demonstrated through violent behaviors. However, the participants who held themselves to perfectionist standards indicated that it only led them to lower academic achievement because they would not turn in incomplete or imperfect work, regardless of the consequence on the grade.

Previous literature states that children who experience childhood complex trauma have lower attendance rates than other students (Perfect et al., 2016; Bellis et al., 2018; Blodgett & Lanigan, 2018). Six of the fourteen participants of this study had problems with poor school attendance. Many of them missed school to avoid bullying from peers, negative relationships with teachers, or somatic symptoms due to their trauma. One of the participants missed school

due to hospitalization from effects of being bipolar. Her school failed her in her courses because of the number of absences she had, resulting in her being a high school dropout with no post-secondary training. There were nine participants who engaged in risky behavior as teens. This can also be found in the literature. One theory is that they try to reduce the negative feelings they have from their trauma through engagement in risky behaviors (Roller White et al., 2016; Cortois, 2004; Abler et al., 2015; Kilrain, 2017). Six students had behavior problems or disciplinary issues throughout their kindergarten through twelfth grade education. They exhibited impulse control issues, aggression towards others, self-destructive behaviors, difficulty understanding or complying to rules, and issues with boundaries. The literature discussed all these behavioral problems and more (Cook et al., 2005; Kilrain, 2017; Plumb, Bush, & Kersevich, 2016; Herman, 1992; Courtois, 2004; Kisiel et al., 2009; Perfect et al., 2016; Burke et al., 2011; Blodgett & Lanigan, 2018; Perry & Szalavitz, 2006; van der Kolk, 2005). Children who have been exposed to traumatic events in their childhood also experience higher levels of somatic symptoms (Bellis et al., 2018; Kratzer et al., 2022; Scott et al., 2013; Bethell et al., 2014). For example, higher rates of asthma, as in the case of Shawn, who felt she stood apart from her basketball teammates because she could not play a full game. Another example would be gastrointestinal conditions or headaches, as experienced by Makayla and Lindsay. Somatic symptoms and behavioral problems were used by the participants as justifications for attendance interruptions.

Bronfenbrenner's Bioecological Systems Theory and Schools

Bronfenbrenner's Bioecological Systems Theory's overarching theme is that a child's environment and experiences influence the development of the child's psyche. He argued that a child's development is not merely one aspect of the child's life, but that there are five levels that

affect their overall well-being. His theory was that each system factors into the overall development of the child (Bronfenbrenner, 1979; Bronfenbrenner, 1986; Bronfenbrenner & Evans, 2000; Cherry, 2023; Rosa & Trudge, 2013; Eriksson, Ghazinour, & Hammarström, 2018). In the model of his theory, the child is the center, and the systems encircle him, each moving further away. This framework was relevant to this study because there are several factors that could lead to childhood maltreatment, all of which could originate in any system of the model. Moreover, schools could have access to help educate families on ways to mitigate some of those factors. Schools also engage with the child at the microsystem level, meaning they could have a direct influence on the development of the child. This could give the school the opportunity to teach the child how to navigate beyond the effects of trauma.

Limitations

One of the greatest limitations of this study was in the confines of the population interviewed. As a requirement of the IRB, all the participants had to be in professional therapy or completed a professional therapy course for PTSD. This was a limitation because it may not be a true reflection of the total population of adults who experienced childhood complex trauma. The participants of this study had to have the financial structure to be able to afford professional counseling. At the point in their therapy when they were interviewed, they had received a diagnosis of PTSD due to childhood maltreatment. Their answers could have been influenced by previous knowledge about the effects of trauma. A characteristic of complex post-traumatic stress disorder is a lack of trust in others. This presented a limitation in the population of participants as well. It was difficult to get people to volunteer to sit for an interview talking about their trauma when they did not know the interviewer, even though they had access to the questions ahead of time. Also, there were three participants who were obviously very guarded in

their answers and others who were not quite as obvious, but still wary. A limitation could have been the participants not feeling comfortable enough to openly share their experiences. Even though the literature shows adults who had traumatic childhoods had a higher dropout rate, there were only two of the participants who had dropped out, and one of them received an adult diploma before his cohort graduated. Lacking the ability to recruit participants outside the agency could have also been a limitation for this study. Another limitation was the semi-structured interviews. The answer to one question, at times, steered the participant in a different direction leaving tangents or structured questions left unexplored. Lastly, a lack of counseling training could have been a limitation in conducting the interviews. The facial expressions or body language could have led the participant to an answer that may not have been genuine or stopped the participant from further sharing. Another limitation could have been the interpretation of the researcher in the findings. The participant may have made comments meaning one thing and the perception or interpretation of their meaning was not correct.

Questions for Policy and Practice

The results of this study could be used to help create guidance practices for schools to train their staff on the behaviors children who have experienced complex trauma may exhibit and supports they could implement to help mitigate the effects of trauma. There is literature available for schools and how to set up a trauma responsive school, but this study could add to the data used advise schools on how to proceed. All the participants of this study have sought professional counseling as adults. Could there be school policy written to include mental health counselors as required staff to help the growing number of students who are coming to school traumatized? Could schools utilize partnerships with mental health agencies to create small communities among their traumatized students to help give them the sense of belonging they

need through group therapy or restorative circles? Schools could also work with parents to teach them positive parenting skills. Agencies who help families in need could create a multi-tiered system of support with the school, so parents could have access to economical support, clothing or hygiene assistance, and other services all in one location.

Future Research in Study Context

The results of this research could add to the clinical studies that have been published on the supports needed by children who have experienced complex trauma. It could lend validity to the clinical research or give the researchers a new avenue to explore based on the results. There is little research from the students' perspective concerning what helped them confront the effects of their trauma. This study could add to the existing literature on practices that could possibly become common in schools. The supporting factors that were considered helpful to students in overcoming the negative academic effects of complex trauma could be useful to school staff and to the students themselves. This research could contribute to other scholarly literature that could help administrators train employees in techniques that could be used to possibly help students with the adversities of complex trauma. Future research needs to be completed in schools, training all educators and educational support personnel on techniques to practice with students on social emotional learning and self-regulation. The current research illustrates what schools could do to become trauma-informed or trauma-sensitive but does not typically highlight things that could perpetuate the adverse characteristics that come along with CPTSD. Other future empirical research could be done to measure hindering factors for students who have experiences with childhood complex trauma. Then school personnel could be trained in actions or activities that could trigger students who are suffering from complex trauma to possibly reduce the likelihood that the individuals who are engaging with the children are not hindering them further.

Future research could be using these findings to do empirical studies of larger sample sizes to determine the validity of this qualitative research. Empirical research could be used to determine if there is a statistically significant difference in the number of children who exhibit traits common among children who experienced complex trauma compared to a sample size of children who do not have similar experiences. Another future research study could be training educators and support personnel on basic techniques for trauma informed cognitive behavioral therapy or other therapeutic techniques that could be used in the classroom.

Conclusion

This qualitative study found evidence of behavioral patterns that were previously found in literature and uncovered a few more possibilities. Most of the participants had problems with relationships with peers, with bullying, and they lacked the knowledge of how to build relationships with other children. They all engaged in avoidance practices throughout their school progress, and a few of them continued those practices into adulthood. Many of them had low self-esteem and engaged in risky behavior as adolescents and teens. Half of them had low academic achievement and problems with concentration. Some of them had poor attendance, disciplinary issues, and problems with dissociation during the school day. Some of them held themselves to perfectionist standards and a few of them felt the need to be in control. A few also had somatic symptoms that could have been correlated to their trauma.

Behavioral patterns not found in the literature but present among the participants of this study included having poor recall of their childhood (poor childhood memories), feeling unseen by their teachers or other educational staff, and befriending other traumatized children. A few of them had problems with hyperactivity and were diagnosed with ADHD, and a few felt as if they could be heroes to other children who were being bullied.

The results of this study found evidence that one adult relationship could be a mitigating factor for maltreated children in rising above their trauma while progressing through school. Involvement in extracurricular activities was also helpful to many of the participants. Some of them were helped by school counselors, but not the majority. A few of the students said there was a specific course or curriculum that helped them progress through school, and a few had access to pullout programs during the school day or were on an IEP or 504.

One support structure was having a relationship with an adult outside of school or having a supportive family structure. Access to a safe space at school was also evidence found to be helpful to most of the participants. Almost all the participants mentioned kindness or positive regard from school staff as being a support they thought helped them get through their school day. Most of the participants also mentioned they had a vision of hope, which played a role in their progression through school.

Almost all the participants mentioned teachers as being a hindrance to their progress. Not all teachers, but the examples that were given were mean teachers, creepy teachers, irresponsible teachers, or teachers who engaged in negative talk regarding the student or the student's abilities. A few of the participants mentioned they felt they could have progressed more successfully if they had had access to a school nurse or school counselor. Some of them identified loud noises or loud voices as a hindrance to them. Yelling teachers or teachers who threw things seemed to increase the effects of an already overstimulated fight, flight or freeze response system. One participant even mentioned the bells, intercom, and slamming doors as a hindrance. A few of the participants discussed the classroom environment as a hindrance – having to sit in desks in rows, listening to monotoned teachers, or having teachers that did not care about the success of their students. There were four other topics mentioned by only one participant each but seemed

important to include in this study. Negative peer relationships, aside from bullying, was a hindrance to one interviewee. One was in a self-contained classroom and felt as if that isolated her from her peers and acted as a hindrance at times. Another referred to a drug education program as a hindrance for her. She said she felt called out and her emotional breakdown was remembered by the other students. Lastly, one felt as if the lack of social-emotional teaching hindered her from progressing through school.

This research is important because there is little literature regarding school supports and hindrances from the student's perspective. As the number of students reporting to school exhibiting the symptoms of childhood maltreatment increases with each new school year, this research could become more relevant. Schools must start training their staff on behaviors and supports for students who have experience with childhood complex trauma. As seen in this literature, there are people of all age groups who are living with the effects of CPTSD due to childhood maltreatment. Another avenue schools could follow is educating the teachers who had childhood trauma on not only how to teach their students, but first, how to regulate themselves. Having a dysregulated teacher conceivably does not help the dysregulated child. Much of this research is a decade old or older (van der Kolk, 2005; Felitti et al., 1998; Burke et al., 2011; Lowenthal, 1999; Cook et al., 2005; Anda et al., 2004; Perry & Szalavitz, 2006; Courtois, 2004; Kisiel et al., 2009; Kinniburgh et al., 2005; Perry, 2006; Herman, 1992; D'Andrea et al., 2012; Scott et al., 2013; DeBellis & Zisk, 2014; Bethell et al., 2014; Fantuzzo, Leboeuf, & Rouose, 2014; Dvir et al., 2014), but Oklahoma still has not mandated trauma-sensitive techniques in schools. Why are we waiting? The effects of complex trauma only seem to be on the rise with each new generation. It is possible that traumatized parents (and teachers) are more likely to produce traumatized children. When will we intervene to end the cycle?

Schools have the opportunity to help end the cycle of traumatizing children first through teaching children how to regulate their own emotions and recognize when they or others are becoming dysregulated. They could also help traumatized students build positive connections with peers through creating small social groups during the school day to help them develop a sense of belonging and community. The groups would not have to share personal information but could create a team atmosphere through collaboration in school projects or community service endeavors. The small groups could also give the supervising adults the opportunity to help teach the students social-emotional lessons. Schools also could help parents learn how to regulate their own emotions and share positive parenting skills by offering parent university courses as part of their parent engagement practices. It has taken generations to reach this seemingly critical level of trauma, so it may not be reversed in two; however, we owe it to the children to start trying now.

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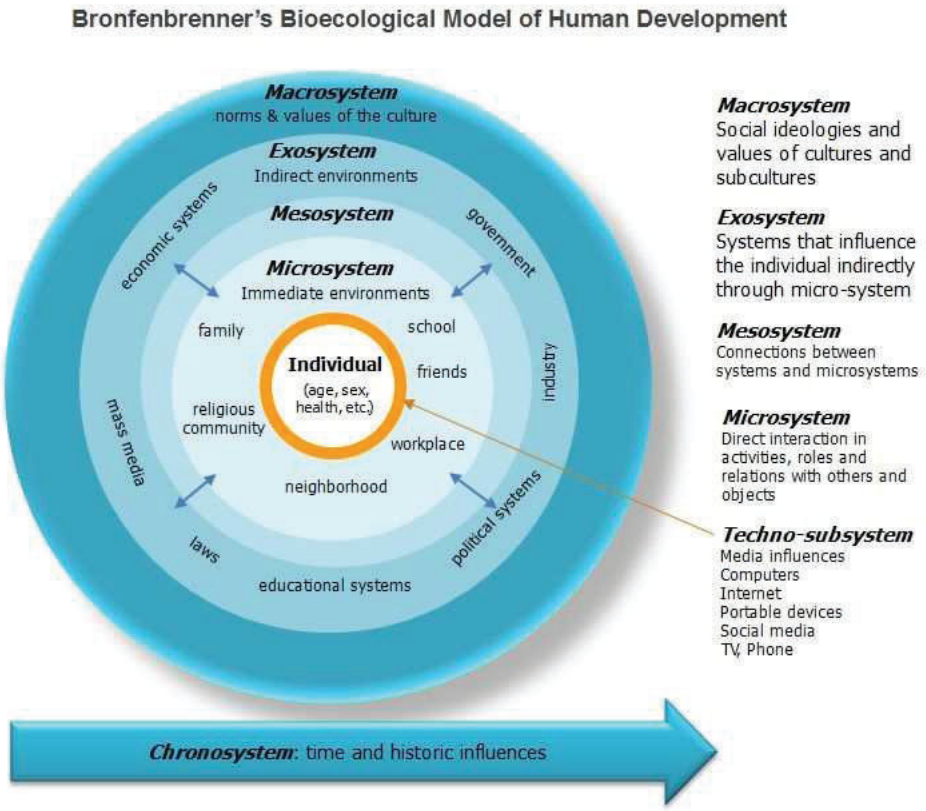
Appendix A: Bronfenbrenner's Bioecological Systems Theory Model



(Currie & Morgan, 2020)

Appendix B: Researcher's Interview Questions

First, I would like to ask some questions about you and your educational experiences:

1. Did you graduate high school, or do you have a GED?
    a. If yes, which?
    b. If no, what was the last grade level you completed?

2. Are you currently in, or have you completed, a post-secondary training program, college, or university?
    a. If yes, which?
    b. What is your highest degree?

3. Do you mind telling me your age or age group (decade)?

Next, I would like to ask some questions about your background, experiences, and relationships to find out how they affected your learning and social skills.

4. Please briefly introduce yourself, your background, and any information you wish me to understand about your childhood trauma.

5. How did trauma you experienced as a child affect your general behavior and attitudes while in high school?
    Potential follow up: you mentioned {negative/positive} impacts of trauma in high school. Where there any {positive/negative} impacts as well?

6. How did these behaviors and attitudes affect your learning and social skills?

7. Please describe examples of your {positive/negative} your relationships with other students.
    Potential follow up: how did these relationships change over time? Did this (these) relationship(s) help you progress through high school? Hinder your progression?

8. Can you tell me a little about your school experiences.
    a. Were there parts of school that were particularly helpful?
    b. Challenging?

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c. What type of support system(s) was (were) key(s) to helping you overcome your childhood trauma in your K12 experience?
Potential follow up: What about it was helpful?

9. How would you describe your relationships with teachers and other educational professionals (secretaries, bus drivers, principals, custodians)
Potential follow up: Did this (these) relationship(s) help you progress through high school? Hinder your progression?

10. What additional supports did you have during the school day? (Examples if needed: IEP, 504, small group pullout program, individual pullout program, counseling, access to a safe place when needed, etc.)
Potential follow up: which of these supports were the most important to you finishing high school? Why were they important?

11. Is there anything else that you have not yet mentioned that you really feel like helped you with your progression through your secondary education?
Potential follow up: What about (that) was helpful? Is there anything you have not mentioned that you really feel like hindered your progression through high school?

Appendix C: Recruitment Flyer

Research Participation Opportunity

Target Audience

Adults (over 18 years of age) who have or are currently seeking treatment for complex post-traumatic stress disorder due to traumatic childhood experiences.

Research Objective

This research project is to investigate patterns or trends in supports or hindrances in your matriculation through secondary education.

Primary Investigator

My name is Lisa Yahola, and I am a doctoral candidate at the University of Oklahoma seeking an Educational Doctorate degree. This research is for my dissertation.

Research Format

Interviews will be held in-person and will last approximately one hour.

Contact Information

If you are interested in participating in this study, you may call or text me at (918)931-8572 or email me at lisa.a.yahola-1@ou.edu . Scan the QR code for my contact information.

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Appendix D: Script for Video & In-person Recruitment

Script for Video and In-person Recruitment

"Hi. My name is Lisa Yahola. I am a doctoral candidate at the University of Oklahoma. I am seeking participants for my research and would love for you to be my next volunteer. The purpose of my study is to try to find helpful supports and possible hindrances to the completion of school for young children who have experienced or are currently experiencing traumatic events. I need adult volunteers who have been diagnosed with Post-Traumatic Stress Disorder due to childhood trauma and are seeking counseling to address PTSD. If you volunteer, you will be asked to sit for an interview that will last no longer than one hour, and you will receive a copy of the questions ahead of time to help you decide if you would like to participate. You also will have the freedom to drop out of the study at any time with no consequences. If you are interested, please reach out to me either through a phone call or text message at 918-931-8572. You may also find my contact information on the flyer posted at Integrity Pathways. Please feel free to discuss this project further with your counselor or you may contact me. I will be happy to go over any questions you may have. Thank you for your time and consideration."

Appendix E: Oral Consent Form

Signed Consent to Participate in Research
University of Oklahoma

Would you like to be involved in research at the University of Oklahoma?

I am Lisa Yahola from the Educational Administration, Curriculum, and Supervision Department at the University of Oklahoma. I invite you to participate in my research entitled "How do adults who experienced complex trauma in childhood describe their progression through school?" This research is being conducted in person at Integrity Pathways. You were selected as a possible participant because you have experienced childhood trauma and are receiving counseling for Complex Post-Traumatic Stress Disorder (CPTSD). You must be at least 18 to participate in this research.

Please read this document and contact me to ask any questions you may have BEFORE agreeing to participate in my research.

What is the purpose of this research? This research aims to discover how people who experienced complex trauma in childhood progressed through high school.

How many participants will be in this research? About 50 people will take part in this research.

What will I be asked to do? If you agree to be in this research, you will be asked to answer questions in an interview setting.

How long will this take? Your participation will take approximately one hour.

What are the risks and benefits if I participate? Risks may include:

Research that might reveal intent to harm self or others: The researcher will ask you questions about difficult interactions with others. If you tell us that you want to hurt someone else or have considered hurting yourself, researchers are legally obligated to report this to the appropriate government organization.

Questions that could be emotionally distressing: We will ask you to answer questions that may make you distressed or trigger strong emotional reactions. If these questions make you feel uncomfortable, you do not have to provide an answer, or you can stop our discussion or discontinue participation in the research.

If the researcher sees signs that you are distressed, they will pause the discussion and ask if you would like to continue. There are also resources for you that are available anytime: I have a list of resources you can reach out to, as well as the National Suicide Hotline (which is 988) and the Crisis Text Line (text HOME to 741741).

Audio-recorded data collection: There is a risk of accidental data release because we collect your data using audio recordings. If this occurred, your identity and the statements you made would become known to people who are not researchers. To minimize this risk, researchers will transfer data to and store your data on a secure platform approved by the University's Information Technology Office. The original recording will be deleted immediately after transcription, and my research records and reports will only use the "fake" name you choose.

You will sign this document, and we will ask you to provide demographic information that identifies you. To minimize the risk of someone finding out what you said, we will keep this document in our possession and not use your name in any research reports. We will not combine identifying variables, analyze or report results for small groups of people with specific demographic characteristics.

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IRB APPROVAL DATE: 06/28/2023
IRB EXPIRATION DATE: 05/31/2024

What are the benefits if I participate? There are no benefits to you for participating.

Will I be compensated for participating? You will not be reimbursed for your time and participation in this research.

Who will see my information? There will be no information in research reports that will make it possible to identify you. Research records will be stored securely, and only approved researchers, and the OU Institutional Review Board will have access to the records.

You have the right to access the research data collected about you as a part of this research. However, you may only access this information once the entire research has finished and you consent to this temporary restriction.

Do I have to participate? No. If you do not participate, you will not be penalized or lose benefits or services unrelated to the research. If you decide to participate, you don't have to answer any questions and can stop participating at any time.

Will my identity be anonymous or confidential? Your name will not be retained or linked with your responses unless you agree to be identified. Please check all of the options that you agree to:

I agree to be quoted directly without the use of my name. ___ Yes ___ No

I would like my interview transcript to have this pseudonym (fake name): _____

What will happen to my data in the future? We will not share your data or use it in future research.

Audio Recording of Research Activities To assist with accurately recording your responses, interviews will be recorded on an audio recording device with your permission. You have the right to refuse to allow such recording without penalty.

I consent to audio recording. ___Yes ___ No

Who do I contact with questions, concerns, or complaints? If you have questions, concerns, or complaints about the research, contact me at (918)931-8572 or lisa.a.yahoal-1@ou.edu, or my OU faculty advisor, Dr. Dan Hamlin, at (918)660-3995 or email him at Daniel_hamlin@ou.edu.

You can also contact the University of Oklahoma – Norman Campus Institutional Review Board (OU-NC IRB) at 405-325-8110 or irb@ou.edu if you have questions about your rights as a research participant, concerns, or complaints about the research and wish to talk to someone other than the researcher(s) or if you cannot reach the researcher(s).

You will be given a copy of this document for your records. By providing information to the researcher(s), I agree to participate in this research.

Participant Signature	Print Name	Date
Signature of Researcher Obtaining Consent	Print Name	Date

Appendix F: Consent Screener

Consent Screener for "How do adults who experienced complex trauma in childhood describe their progression through school?"

I will ask you some questions to make sure you understand what this study is about, what you will be asked to do, and how you can tell me when you feel uncomfortable or would like to stop the interview.

Have you been given the name and phone number of the person to contact if you have any questions about this research? _____ Yes _____ No

If you had a question about this study, would you know whom to call? _____ Yes _____ No

How long do you expect this interview to take? _____

Do you understand that I have a legal obligation to report any stated intent to harm yourself or others?

Do you understand that some questions may create emotional distress? _____ Yes _____ No

What will happen if you show symptoms of emotional distress? _____

Do you give your permission for me to audio record the interview? _____ Yes _____ No

Have you been told that you can withdraw from the study at any time? _____ Yes _____ No

In your own words, can you tell me the purpose of the research study?

_____

Do you agree to be quoted directly, without the use of your name? _____ Yes _____ No

In your own words, what makes you eligible for this study? _____

Have you discussed your participation in this research with your counselor? _____ Yes _____ No

What should you do if you want to stop the interview or stop participating in the research?

_____

Appendix G: List of Resources

Resources that are available if you are feeling distressed:

Integrity Pathways
902 West Okmulgee
Muskogee, Oklahoma 74401
(918)682-9292

Oklahoma Department of Mental Health Crisis and Information Line (Reach Out Helpline)
1(800)522-9054
Crisis Text Line
Text HOME to 741741

Green Country Behavioral Health
619 North Main Street
Muskogee, Oklahoma 74401
(918)682-8407 Crisis Hotline

Grand Lake Mental Health Clinic
109 North Fairland Street
Pryor, Oklahoma 74361
(918)825-1405 or 1(800)722-3611

The Peaceful Warriors Way
Tahlequah, Oklahoma
(918)207-8372

Cherokee Nation Behavioral Health
17675 South Muskogee Avenue
Tahlequah, Oklahoma 74464
(539)234-3500

CREOKS
711 South Muskogee Avenue
Tahlequah, Oklahoma 74464
(918)207-0078

COPES (Community Outreach Psychiatric Emergency Services)
2325 South Harvard Avenue
Tulsa, Oklahoma 74114
(918)587-9471 for an appointment
(918)744-4800 Crisis Hotline

Tulsa Center for Behavioral Health
2323 South Harvard Avenue
Tulsa, Oklahoma 74114
(918)293-2140

Appendix H: *A priori* Codes

Behavior: A priori Codes

Behavioral *a priori* Codes
Problems with Relationships • Poor Relationships, In General • Bullied by Peers • Inability to Build Relationships
Low Self-Esteem/Self-worth
Low Academic Achievement
Poor School Attendance
Problems with Concentration
Dissociation
Disciplinary Issues/Behavior Problems
Avoidance
Control
Perfection
Childhood Illness
Risk-taker/Risky Behavior

Supports: A priori Codes

Supports a priori Codes
Counseling Services
One Important Adult Relationship
Before/After School Programs
Pull Out Programs during the Day
Specific Course or Curriculum
Involvement in Extracurricular Activities
IEP/504

Appendix I. A.: Approval Letter

The UNIVERSITY of OKLAHOMA

Institutional Review Board for the Protection of Human Subjects

Approval of Initial Submission – Board Review – AP01

Date: June 28, 2023

Principal Investigator: Lisa Ann Yahola

IRB#: 15789
Study Title: How do adults who experienced complex trauma in childhood describe their progress through school?

IRB Meeting Date: 05/18/2023 **IRB Approval Date:** 06/28/2023
IRB Expiration Date: 05/31/2024

Collection/Use of PHI: No

The review and approval of this submission is based on the determination that the study will be conducted in a manner consistent with the requirements of 45 CFR 46.

To view the approved documents for this submission, open this study from the My Studies option, go to Submission History, go to Completed Submissions tab and then click the Details icon.

You will receive notification approximately 60 days prior to the expiration date noted above. You are responsible for submitting continuing review documents in a timely fashion in order to maintain continued IRB approval.

You are also responsible for:

- Ensuring this research is conducted as approved by the IRB.
- Obtaining consent using the currently approved, stamped consent form and retaining all original, signed consent forms, if applicable.
- Informing the IRB of any/all modifications prior to implementing those changes.
- Reporting any serious, unanticipated harms as per Policy 407 and/or any additional information that may change the risk, benefit, or desire for participants to continue in the study.
- Submitting a final closure report at the completion of the project.
- Keeping and maintaining accurate study records as your study is subject to quality improvement evaluation.

If you have questions about this notification or using iRIS, contact the IRB @ 405-325-8110 or irb@ou.edu.

Cordially,

Aimee Franklin, Ph.D.
Chair, Institutional Review Board

Appendix I. B.: Approval Letter for Amendment

Institutional Review Board for the Protection of Human Subjects

Approval of Study Modification – Expedited Review – AP0

Date: October 17, 2023 **IRB#:** 15789

Principal Investigator: Lisa Ann Yahola **Reference No: 755842**

Study Title: How do adults who experienced complex trauma in childhood describe their progress through school?

Approval Date: 10/17/2023

Modification Description: Recruitment Material Addition

The review and approval of this submission is based on the determination that the study, as amended, will continue to be conducted in a manner consistent with the requirements of 45 CFR 46.

To view the approved documents for this submission, open this study from the My Studies option, go to Submission History, go to Completed Submissions tab and then click the Details icon.

If the consent form(s) were revised as a part of this modification, discontinue use of all previous versions of the consent form.

If you have questions about this notification or using iRIS, contact the HRPP office at (405) 325-8110 or irb@ou.edu. The HRPP Administrator assigned for this submission: Kat L Braswell.

Cordially,

Aimee Franklin, Ph.D.
Chair, Institutional Review Board