When School Hurts: Understanding the Overlap of Trauma and Disability in Higher Education

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July 24, 2026

AHEAD Association on Higher Education And Disability®

We ask you to join us in creating a culture that reflects…

Access and Inclusion

and

Civility and Respect

…this week and in all aspects of our organization.

Trauma

- Trauma occurs when an experience overwhelms a person's ability to cope
- Not just a mental event - embodied experience
- Doesn't have to be a single, "bad" event

(Anderson et al., 2023; Gray, 2019)

Individual and Community Traumas

Examples of Individual Trauma	Examples of Community Trauma
Experiencing or witnessing violence, abuse, or neglect	Racial violence, white supremacy, homophobia, etc.
Sexual violence	Intergenerational trauma
Serious injury, medical trauma	Historical trauma (colonization, slavery, forced removal)
Loss of a caregiver or loved one	Collective loss events (disasters, pandemics)
Housing instability or food insecurity	Poverty and chronic economic deprivation
Refugee or displacement experiences	Ongoing exposure to community violence

Anderson et al., (2023); Liasidou, (2023)

We rarely ask: what if schools is where trauma begins?

"How can education research inform understandings of trauma-informed approaches when schools and education research are often trauma-*producing* for many students?" (Petrone & Stanton, 2021, p. 537).

What is educational or school-based trauma?

- Schools traditionally viewed as safe spaces, but a growing body of research suggests schools can be sources of emotional and psychological harm (Duane, 2023; Gaffney, 2019)
- Disproportionately impacts neurodiverse students, students with disabilities, twice exceptional, racial and LGBTQ+ identities (Bachtel & Fell, 2022; Wolbring & Dhindsa, 2025)
- Can be individual (one bully, one teacher) or systemic (policies, systems)

Educational Traumas

Examples of Individual Educational Trauma	Examples of Community Educational Trauma
Being labeled, diagnosed, or categorized in dehumanizing ways	Disproportionate placement of students of color in restrictive placements
Experiencing bullying	Disproportionate labeling of students of color in categories such as EBD
Abuse or misconduct from teachers / staff	Disproportionate use of restraint and seclusion on disabled students of color
Being physically restrained or secluded	Curriculum that erases marginalized communities' history
Repeated academic failure without adequate support	School-to-prison / Learning disability-to-prison pipeline
Behavioral interventions that feel punitive and/or shaming	Compliance-based behavioral systems without assessment of harm
Unrecognized / misdiagnosed disabilities	Trauma-informed approaches focused on individual students, leaving harmful systems intact
Removal from class, suspension, expulsion	Generations of families that learned that schools are sites of risk, not safety

Duane (2023); Gray (2019); Grossman et al. (2022); Hancock & Richardson (2022); Katsiyannis et al. (2020); Murphy et al. (2025); National Council on Disability (2018); Petrone & Stanton (2021); Schuck et al. (2024)

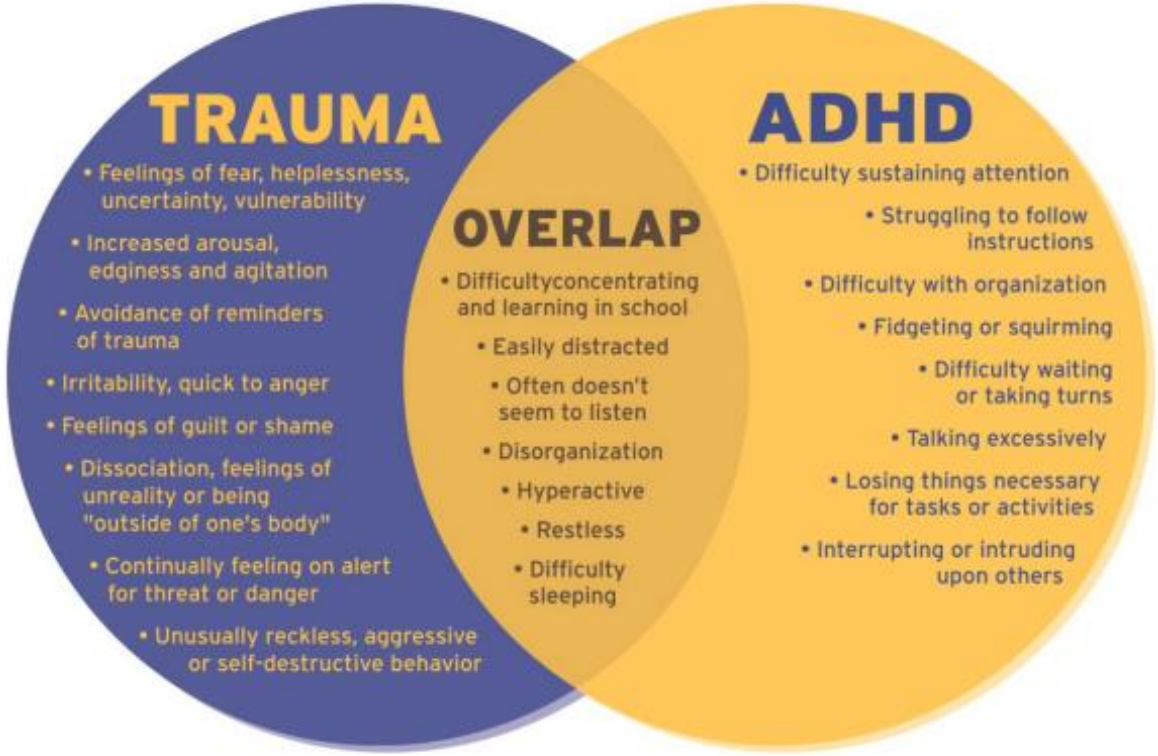
Evidence of Educational Trauma

- 29 dyslexic adults report experiencing emotional trauma during school years and experience anxiety that looks PTSD (ex: flashbacks when returning to school for their own children (Alexander-Passe, 2015)
- Adults with SLD reported PTSD symptoms related to their adverse learning experiences (Grossman et al., 2022)
- Many report ABA as abusive, traumatic (Anderson, 2023)
- Researchers report side effects in clinical trials, but in education focused only on evidence of outcomes: EBP such as behavioral intervention without interrogating harm (Schuck et al., 2024)
- Scoping review found that prejudice and unfair treatment of disabled people = trauma but ableism not counted as trauma in research (Wolbring & Dhindsa, 2025)

Trauma and ADHD

- Cycle: trauma causes ADHD symptoms and having ADHD symptoms is associated with experiencing more trauma (Lugo-Candelas et al., 2021)
- ADHD and trauma affect the same areas of the brain (parts that control focus, emotions, and impulses) (Boodoo et al., 2022)
- National sample of US children: more trauma experienced by a child = higher chance of having ADHD diagnosis. 3+ traumatic experiences were more 3x more likely to have ADHD compared to children with no trauma (Walker et al., 2021)

Siegfried & Blackshear, 2016



Overlap between Trauma and Disability Diagnoses – Learning

- Adults who experienced childhood trauma have more difficult time with memory, paying attention, planning (Barczyk et al., 2023)
- PTSD and ADHD share some symptoms: poor concentration, impulsivity, sleep issues (Dombo & Anlauf, 2019)
- Childhood trauma → inattention and hyperactive / impulsive behaviors → lower reading scores (Kallman et al., 2023)

Overlap between Trauma and Disability Diagnoses – Sensory Systems

- Adults who experienced childhood trauma more likely to have highly sensitive nervous systems, struggle to identify their feelings, and experience more mental health issues (Dinç et al., 2021)
- Strong link between childhood trauma and inability to process and react to physical senses (e.g., touch, sound, movement) (Joseph et al., 2021)
- Childhood trauma associated with sensory and motor difficulties (Matson et al., 2024)
- Teenagers who experienced childhood trauma struggled more with negative emotions, had less self-control, overly sensitive to touch and sight (Jeon & Bae, 2022)

Fear Conditioning

- Learning process in which a neutral stimulus becomes associated with threat through repeated pairing with an aversive experience
- The amygdala encodes threat-associated memories and sustains vigilance toward cues that **resemble** past danger.
- When a student experiences repeated threat (ex: exclusion, public humiliation, surveillance, forced compliance) in an educational setting, the brain forms associations between specific cues and danger

France et al. (2022)

Old Threats in New Contexts

- Once fear associations form, similar cues in new environments can activate the same threat response, even when the present context is not actually dangerous
- Childhood trauma has been linked to sustained amygdala reactivity to social threat (France et al., 2022)
- After years of threat, new situations / contexts / threats can be indistinguishable from old threats
  - How can a new situation (ex: documentation request) resemble a similar threat from K12?

France et al. (2022)

Autonomic Nervous System

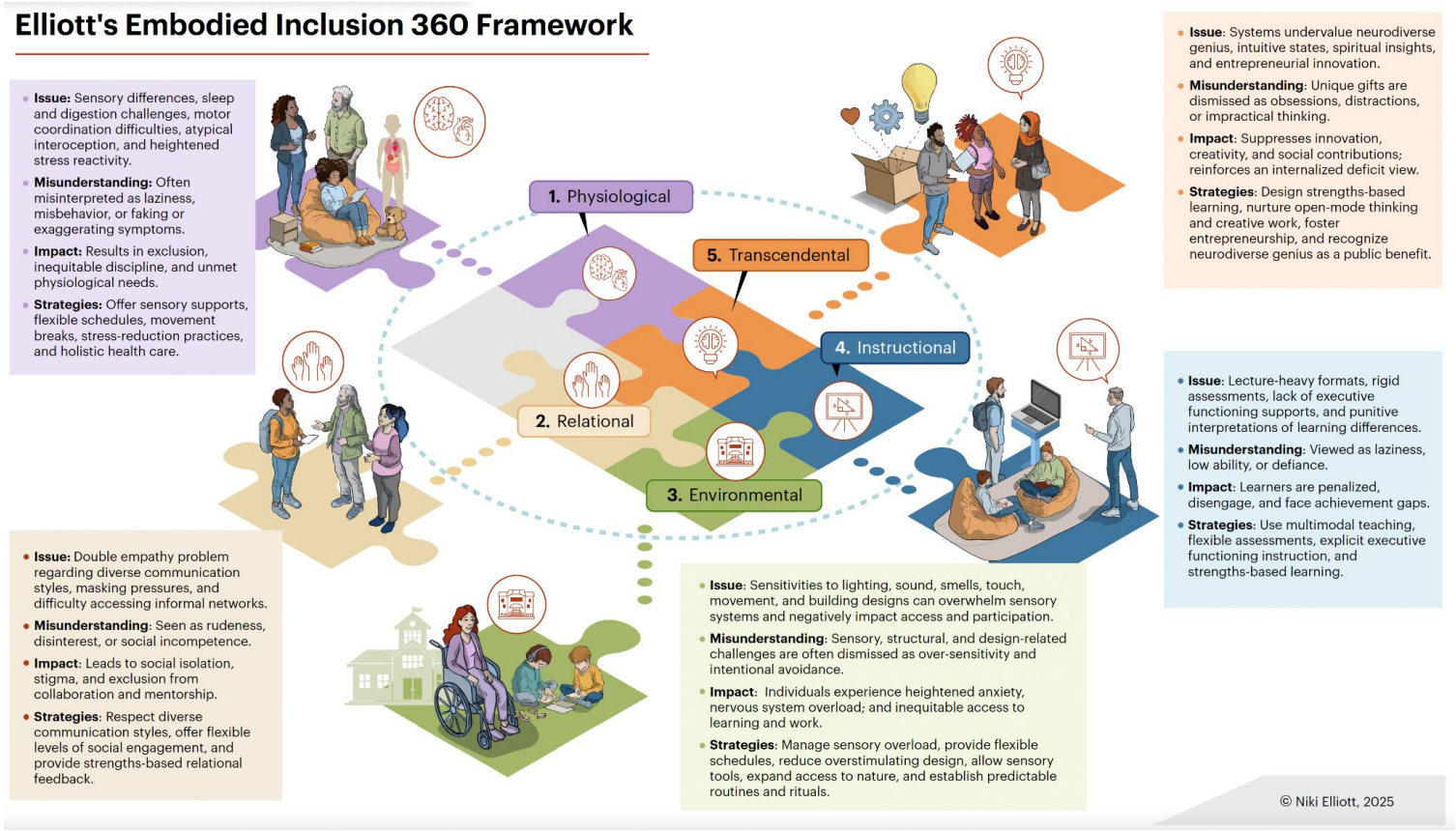
- The autonomic nervous system is always scanning for safety:
  - Am I safe?
  - Do they like / respect me?
  - Am I good enough to belong here? (Porges, 2011)
- Felt safety is crucial for positive social engagement; requires physical and psychological safety

SOURCE: Elliott 2025, Adapted from Haines (2019) | Bailey, Dugard, & Porges (2022)

Somatic Survival Responses

	SAFE/SOCIALLY ENGAGED	MOBILIZED	APPEASEMENT	SHUT DOWN
PHYSICAL	• warmth • ease • aliveness • grounded • relaxed body • settled hips & belly • open heart/chest	• hypervigilance • accelerated heart rate • high muscle tone • panic/anxiety • aggressive posture • clenched fists or jaw • leaning away	• making self smaller • averted eye gaze • shrugged shoulders • bowed head • small voice	• decreased heart rate • low muscle tone • limp • digestion interference • impaired reality perception • collapsed chest
EMOTIONAL	• felt-safety • enlivened calmness • open-minded • curiosity • connection • intuitive problem-solving • trust	• distrustful • contracted • separating • critiquing • argumentative • isolated • anger/rage	• calm appearance • apologizing often • avoiding conflict • laughter/joking • appearing interested • co-regulating aggressor	• hopelessness • dissociated • withdrawn • low tolerance for stimuli • lack of energy/focus • overwhelmed

Embodied Inclusion (EI) 360



Domain 1: Physiological

- Psychological and felt safety
- Inclusion doesn't begin with interventions but nervous system awareness
- Biological basis for learning
- Capacity can fluctuate

Domain 2: Relational

- Based on empathy, attunement, and trust rather than behavior management and compliance
- Misalignment in communication and participation styles
- Masking
- What social access is blocked?

Domain 3: Environmental

- Space as living ecosystem that can support calm, focus, and cognition
- Nervous system stressors and soothers
- Nature exposure
- Changing space, not student

Domain 4: Instructional

- Whole brain and whole body learning
- Conditions necessary for learning
- Consistency
- Explicit executive functioning support

Domain 5: Transcendental

- Strengths-based lens to reveal neurodiverse genius
- Higher theta activity
- Creativity, pattern detection, hyperfocus
- Resilience
- Counterstories

Scenario 1

Destiny is a first-year, first-generation Black student who was placed in a self-contained special education classroom from second grade through sixth grade before being declassified. She schedules an appointment with disability services after her professor suggests she "might want to look into getting some support." She arrives a few minutes late, apologizes twice, and seems distracted during the conversation (e.g., glancing at her phone, losing her place mid-sentence, asking the coordinator to repeat things). When the coordinator explains that she will need to provide documentation of her disability (ideally a recent psychoeducational evaluation), Destiny's affect flattens. She says she doesn't have anything like that. When the coordinator explains the process for obtaining documentation and the associated costs, Destiny nods, says "okay," and never returns. Three follow-up emails go unanswered.

Scenario 2

Marcus is a third-year, white student with a history of anxiety and a learning disability that went undiagnosed until ninth grade — years after he had internalized that he was "just lazy." He has registered with disability services and has an accommodation letter for extended time and a distraction-reduced testing environment. When he emails his chemistry professor to introduce his accommodations three weeks into the semester, the professor responds: "I appreciate you letting me know. I do want to be transparent that I have concerns about fairness to other students, but I will of course comply." Marcus reads the email four times. In the days that follow he misses two problem sets, arrives late to lecture three times, and sits in the back row where he can be seen tapping his pen continuously and staring at the door. He does not use his accommodations for the first exam. When his disability services coordinator follows up, he says he's fine.

Scenario 3

Aaliyah is a third-year Latina with ADHD and a history of being suspended three times in middle school for "defiance," behavior her family now understands was connected to unmet sensory needs in an overcrowded, under-resourced school. She comes to disability services visibly distressed mid-semester, saying she is failing two classes and doesn't know what to do. During the meeting she struggles to stay on topic (e.g., circling back, losing her thread, starting sentences she doesn't finish). At one point when the staff member mentions that there may be a formal academic review process if her GPA drops below a certain threshold, Aaliyah's voice rises and she says "I knew this was a mistake" before going quiet. The staff member, warm and concerned, explains that Aaliyah should also connect with the Dean of Students office. They hand her a referral card and walk her to the door.

Scenario 4

Jordan is a non-binary student with a trauma history that includes being publicly humiliated by a teacher in fifth grade after being unable to read aloud in class. They are enrolled in an introductory literature course where the professor uses cold-calling as a regular pedagogical strategy, believing it keeps students engaged and accountable. The syllabus does not mention this practice. Faculty have noticed Jordan in the back of the room: they arrive early, choose the same seat every class, and spend much of the lecture scanning the room rather than looking at their notes. They are frequently repositioning in their chair. Three weeks in, Jordan is called on without warning. They freeze, manage a few words, and the professor moves on. Jordan stops attending within two weeks. When they finally reach out to disability services, they say: "I don't know how to explain what happened. I just couldn't go back." They have a 4.0 in every other course.

Neuroinclusive Practices Audit Tool

- Self-assessment tool
- Trauma-aware, equity driven, neuroinclusive advising and instructional practices through the 5 domains of EI 360 framework

neuroinclusivepracticesaudit.lovable.app/

NETA Program at CEEN

- Neurodiversity, Equity, and Trauma Informed Approaches in Higher Education
- 1 day in-person immersion followed by 5 modules (synchronous and asynchronous components)
- Small group coaching
- Applied projects utilizing EI 360 (Elliott, 2025)

5 Modules

- Module 1: Understanding the Nervous System: The Neurodiverse Brain, Discrimination and Stigma Stress, and Stress Reduction as an Empowerment Tool
- Module 2: Neurodiversity and Learning Disabilities: Strategies for Support and Empowerment
- Module 3: Strengthening Leadership Capacity for Supporting Neurodiverse Communities
- Module 4: Trauma-Informed Teaching and Advising
- Module 5: Pedagogical Strategies for Inclusive and Equitable Learning Environments

Let's connect!

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Scan to check out CEEN's resources!

digital.sandiego.edu/ceen

Session Evaluation

tiny.cc/8zu1101

Thank you for attending!

Your feedback helps shape future programming.