

# National Center Brief

## Childhood Trauma and Its Effect on Healthy Development

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*Julia's parents divorced when she was an infant. As a baby, Julia lived with her mother, Charlotte, and her mother's boyfriend, Frank. Frank was an alcoholic and abusive to Charlotte. To protect Julia, Charlotte would put her daughter in her crib and keep the door closed for long periods of time. Julia would often cry uncontrollably, unable to be consoled. When Charlotte's attempts to comfort Julia failed, she would become frustrated and leave Julia in her crib.*

*Now in second grade, Julia is extremely withdrawn. She is inattentive during class, and she refuses to engage with other children during recess. Her vocabulary is significantly behind that of her classmates, she struggles with schoolwork, and she is unable to express her feelings effectively to her teachers. At home, Julia has trouble sleeping, and comes to school drowsy.*

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This story may sound familiar. Julia's history of trauma has manifested in developmental delays and emotional problems. Many children have experienced or witnessed trauma that can negatively impact their success in school performance, interpersonal relationships, and healthy growth and development.

Without adequate supports to help them recover, children who have been exposed to trauma may develop coping mechanisms and behaviors that interfere with academic success and impair social-emotional development. However, families, school staff, and communities can help prevent these negative consequences by providing a network of supports to help children and youth overcome traumatic experiences.

It is important for schools, communities, parents, caregivers, and all those serving children and families to understand the full extent of trauma on young children, school-aged kids, and adolescents. With this knowledge, Safe Schools/Healthy Students (SS/HS) project directors (PDs) can work with school and community leaders to help children cope with trauma and develop the skills they need to succeed in school and in life.

This brief will:

- Define *trauma*
- Discuss trauma from a *developmental perspective*
- Review *risk, resilience, and protective factors* related to trauma
- Discuss *trauma and its relevance to SS/HS project directors*

## What Is Trauma?

Trauma occurs when a child or youth experiences an intense event or events that threatens or causes harm to his or her emotional and physical well-being. These experiences may range from extreme adverse events, such as war, terrorism, or natural disasters, to more common stressful events, such as community or domestic violence, neglect, medical emergencies, and physical or sexual abuse (National Child Traumatic Stress Network, 2003).

A child does not have to be the direct victim of such an occurrence to be traumatized; witnessing such an event can also be traumatic. While various types of trauma exist at different degrees of intensity, it is the individual's stress associated with each trauma that affects how he or she responds to and behaves following a traumatic event.

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### *Childhood Trauma's Prevalence*

*According to a Substance Abuse and Mental Health Services Administration (SAMHSA) report (2011), a majority of people are exposed to or witness trauma during childhood:*

*Sixty percent of adults report experiencing abuse or other difficult family circumstances during childhood.*

- *Twenty-six percent of children in the United States will witness or experience a traumatic event before they turn four.*

*Through interviews with youth and caregivers, the National Survey of Children's Exposure to Violence (NatSCEV) surveyed children birth to age 17 on their recent exposure to several major categories of violence, such as peer victimization, witnessing violence, and Internet victimization. These categories examined children's exposure to violence in the home, school, and community settings (Finkelhor et. al, 2009). The findings showed:*

- *More than 60 percent of children were exposed to at least one type of violence within the past year.*
- *More than 10 percent reported five or more exposures to violence.*
- *About 10 percent of children surveyed suffered from child maltreatment, were injured in an assault, or witnessed a family member assault another family member.*
- *About 25 percent were victims of robbery or witnessed a violent act.*
- *Nearly half of children and adolescents surveyed were assaulted at least once in the past year.*

*These data also show that children who had been victimized once are at a far greater risk of experiencing other types of violence. Those who have been victimized or assaulted in the past year are five times as likely also to have been sexually victimized, and over four times as likely also to have been maltreated during that period (Finkelhor et. al, 2009).*

## Trauma and Stress

How children experience trauma is related to their stress response following the trauma. [Harvard University's Center on the Developing Child](#) (2012) has identified three types of stress: positive, tolerable, and toxic stress. Positive stress refers to the everyday stress people experience that is normal. Children and youth must learn to respond to stress in healthy ways that support their healthy development. For instance, when an adolescent enters a classroom to take an exam, he or she experiences stress. Once he or she completes the exam, the adolescent's stress level should return to baseline.

Children and youth experience tolerable stress when they undergo a heightened state of arousal due to traumatic events, such as the death of a loved one or a natural disaster. Secure relationships with adults and community supports can help the child recover from the stress. However, in the absence of these supports, experiencing such trauma may exceed a child's capacity to cope with and respond to the stress, thus elevating the stress level and putting at risk the child's physical, social, and emotional developmental trajectory (National Child Traumatic Stress Network, 2005).

When traumatic experiences are prolonged, such as community violence or domestic abuse, a child's or youth's stress response system is continually activated. It is this prolonged activation of the stress response system in the absence of appropriate supports that disrupt a child's or youth's normal development. This level of stress is also referred to as toxic stress. Such experiences have shown to lead to impairments in brain development and delayed social and emotional development. Unaddressed, the child's experience of trauma may eventually influence the way he or she behaves at home and in school, which will in turn affect the way he or she develops into an adult. Regardless of the type of traumatic event, it is important to note that each child or youth experiences trauma and responds to it in a unique way. An event that produces a toxic stress response in one youth, such as hearing about the death of a peer, may not produce the same reaction in another. Factors related to individual characteristics, family setting, and the environment interact and contribute to how a child responds.

## The Impact of Childhood Trauma

Just as each person experiences and responds to trauma differently, trauma manifests itself in unique ways among kids. The way a child or youth responds to trauma depends on developmental level, environmental factors, and family setting. It is important to distinguish the differences between how trauma may affect very young children compared with school-aged children or adolescents. Taking a developmental perspective, we can become aware of what behaviors we might observe as well as better understand the types of supports that are most critical for each age group.

## Trauma in Infants and Toddlers

Very young children are especially vulnerable when it comes to trauma. Infants and toddlers are at greatest risk for witnessing family violence or experiencing assault by a sibling (Finkelhor et. al, 2009).

At this stage, they are still acquiring the skills needed to adjust their behavior adequately in response to changes in the environment. In addition, young children are in the process of acquiring verbal and communication skills and developing a sense of self. Infants and toddlers rely heavily on their parents to protect them and interpret the meaning of social interactions and novel events.

While it may be difficult to see the immediate effect of trauma on very young children, the potential for developmental problems in the short-term and the added risks for negative long-term outcomes are very real. When young children witness or experience a traumatic event, they can experience overwhelming feelings of helplessness, especially if they are unable to rely on the protection of adults in their environment. They may respond by recreating the event in imaginary play or having nightmares about the event. These kids may have undeveloped coping skills for comfort. Having not yet developed the cognitive reasoning to interpret an event accurately, young children may also form assumptions that affect the way they interact with others and with their environment (Osofsky, 1997). Additional short-term behavioral symptoms include clinginess, temper tantrums, toileting and sleep disturbances, phobias, social withdrawal, and poor attention (Osofsky, 1997). They may also act out aggressively toward others (SAMHSA, 2011). Children exhibiting these behaviors may experience difficulty in positively engaging with teachers in the early child care setting as well as with other family members at home.

## Trauma in School-Aged Children

As they are beginning to establish a defined sense of right and wrong, to develop the ability to empathize with others, and to form relationships with adults and peers outside the family setting, older children have more capacity compared with toddlers to deal with the stress associated with experiencing trauma. However, school-aged children are still vulnerable when it comes to trauma. Older children are at greatest risk for physical and emotional bullying or teasing, witnessing violence between parents and caregivers, witnessing violence among family members, and sexual harassment (Finkelhor et. al, 2009).

School-aged children may respond to traumatic events in several ways. They may regress to earlier developmental stages, demonstrating responses similar to that of younger children through sleep difficulties, nightmares, worries about additional violent experiences (e.g., their own injury or death), or worries about other threats, such as burglars. They may also regress to earlier modes of relating to parents through increased struggles over food, self-care, and schoolwork in order to defend against any additional traumas and are more likely than younger children to report feelings of reliving the trauma and difficulty with expressing feelings, such as sadness or anger (Osofsky, 1997; SAMHSA, 2011). To express the anxiety associated with witnessing or experiencing trauma, older children may feel a sense of guilt or shame over the traumatic event, hold concerns over their own safety and that of others in their school or family, or demonstrate aggressive or reckless behavior (SAMHSA, 2011).

At school, children coping with extreme trauma may suffer from inattentiveness in the classroom or aggressiveness with other students. These behaviors may affect and impair the way they interact with others in the classroom setting, further impeding academic, social, and emotional growth. In addition to present traumas, children also may be reacting to or coping with the stress associated with trauma experienced years ago, especially when it has not been addressed.

## Trauma in Adolescents

Adolescence is a time of many changes for youth. In addition to physical and social changes, adolescents are gaining more independence from their families and establishing their identity. Still, teenagers are prone to the consequences of experiencing and witnessing trauma even more than infants and school-aged children. A 1995 report by the U.S. Department of Justice found that youth between the ages of 12 and 15 are victims of crime more than any other age group, and that adolescent victimization is twice that of the national average (Osofsky, 1997). Adolescents are at greatest risk for experiencing sexual harassment or assault, dating violence, sexual victimization, community violence, assaults by peers, or school threats (Finkelhor et. al, 2009). Older youth may also be affected by the consequences of witnessing or experiencing trauma during infancy or early childhood.

Experiencing trauma may lead to a number of symptoms in older youth. Adolescents are more likely than school-aged children to express feelings of fear, guilt, and isolation (SAMHSA, 2011). In addition, they may react by avoiding school in order to guard from threats, arm themselves at school, or become involved in gangs in order to gain a sense of safety. All these behaviors are an attempt to guard against feelings of helplessness and overwhelming fear (Osofsky, 1997). Following a traumatic event, adolescents may also respond through avoidance of violent environments, withdrawal into fantasy, social isolation, or regression into earlier phases of development (Osofsky, 1997). Left unaddressed, adolescent victims of trauma will struggle to achieve at school, connect with their peers, and develop the skills needed to become strong members of their community.

## Childhood Trauma's Impact on Adulthood

In addition to short-term consequences, a child who has experienced a traumatic event or events early in life may develop patterns of behavior that, in the long-term, may impair his or her ability to form positive relationships with others. Children who have not processed their emotions from traumatic events—child abuse, for instance—run the risk of bringing their experiences into their own families, continuing cycles of violence and abuse (Horton, 2003).

Compelling research has shown that trauma exposure early in life is linked to physical, emotional, and mental health problems in adulthood. The Adverse Childhood Experiences (ACE) Study examined adults in the primary care setting and explored the relationship between their current health issues and self-reported experiences of child abuse or family dysfunction recalled from childhood. The data indicate a strong link between childhood exposure to abuse or household dysfunction and multiple risk factors for several of the leading causes of death in adults, such as heart disease and cancer (Felitti et. al, 1998). Moreover, most patients surveyed who had experienced trauma were generally exposed to multiple traumas, rather than just one traumatic event (Felitti et. al, 1998). Another study interviewed adults with post-traumatic stress disorder (PTSD) symptoms and found that those who experienced their first trauma (in this case, sexual abuse) at an early age (before age 12) were more likely to have severe depressive symptoms following violent trauma in adulthood (Schoedl et. al, 2010). Thus, trauma in early childhood has the potential to lead to severe long-term consequences.

# Risk, Resilience, and Protective Factors Related to Overcoming Trauma

## Risk

Research has shown that the presence of multiple risk factors increases the likelihood of negative outcomes for children and youth who have witnessed or experienced a traumatic event. These may include maternal depression, community violence, domestic abuse, or witnessing extreme traumatic events, such as war or natural disasters. Children living in poor communities are at higher risk of experiencing trauma and have fewer resources and supports with which to buffer the traumatic stress (Goodman, Miller, & West-Olatunji, 2012).

## Resilience and Protective Factors

While trauma has a strong effect on how children and youth develop, they have shown to be remarkably resilient. Faced with adversity, children and youth have shown they can thrive and overcome a number of dire circumstances. According to the American Psychological Association (2011), resilience refers to “the ability to adapt well to adversity, trauma, tragedy, threats, or even significant sources of stress.” Resilience equips children with the ability to face, encounter, and overcome traumatic circumstances and environments. However, this ability does not form in isolation. Three main factors interact to determine a child’s level of resilience:

1. Individual characteristics: a child’s temperament and IQ level
2. Family characteristics: parental involvement, positive parental attitudes, a secure parent-child relationship/attachment
3. External supports: employment opportunities, supports for the whole family (Condly, 2006).

Given the proper supports, children can endure hardship and avoid the negative behavioral, emotional, and physical consequences associated with experiencing traumatic stress. Commonly referred to as *protective factors*, these supports include parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. The presence of one or more of these positive supports in the family, community, and greater environment helps combat the negative outcomes of child abuse, neglect, and other types of trauma, such as behavioral and physiological problems, and supports children’s development of resilience (Felitti et. al, 1998; Vig, 1996). For instance, communities with such supports as religious institutions, schools with after-school programming, and early child care settings provide structure for both the child and family.

## Trauma and Its Relevance to SS/HS Project Directors

In order to address the negative impact of trauma, it is important first to understand and become aware of how trauma can disrupt children's development and lead to behavioral and physical problems in adulthood. While having a secure parent-child relationship, a supportive family, and a positive peer network is essential for child and adolescent development, the community and overall environment can either support this growth or make it more challenging for children to adapt and thrive social-emotionally, academically, and physically. Project directors can support communities by increasing awareness of the effect of trauma on children and youth, and creating opportunities for school staff to learn about the different ways in which traumatic stress presents in students.

### Conclusion

It is important for schools, communities, and all those serving children and families to understand the full extent of trauma on young children, school-aged kids, and adolescents. Becoming more aware of how trauma affects children and youth is the first step to creating a community sensitive to the effect of trauma. With this knowledge, schools and community organizations can prepare staff to identify and address the needs of children and youth in the effort to prevent the development of behavioral and mental health problems.

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