


**The Impact of Early Trauma**

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Young Children at the Center for  
Children, Families, and the Law

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Kelli Hauptman, JD

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**What Is Child Traumatic Stress?**

Child traumatic stress refers to the *physical and emotional responses* of a child to threatening situations.

Affect youth's:

- Ability to trust others
- Sense of personal safety
- Effectiveness in navigating life changes

 **Something that is traumatic for one child may not be traumatic for another.**

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# Early Childhood Trauma



- ☞ **Unique in that children take in much of their information through sensory information instead of language**
- ☞ This means that sounds, sights, movements and other sensations may be frightening and impact child's perception of safety
- ☞ **Also unique because young children don't understand cause and effect - they believe in "magic"**

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# Continued. .



- ☞ Young children may believe they cause things to become real just as they do in play
- ☞ **Unique in that children are not able to express themselves verbally**
- ☞ Often young children use behaviors to tell us their experience
- ☞ **Unique in that young children are less able to anticipate danger or know how to keep themselves safe**

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# Last but not least. . .



- ☞ **Unique in that young children are completely dependent on their caregiver/parent for survival**
- ☞ Infants and toddlers cannot keep themselves safe, cannot take care of their physical needs, and often cannot soothe themselves
- ☞ This dependency is the foundation for bonding and attachment to a primary caregiver.

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# What does it look like in a young child?

Look at in context of relationship and development

First have to know what "normal" development looks like for this age group



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# Case example

**20 months old:**

- ☞ Likes to imitate parents
- ☞ Loves to explore
- ☞ Needs constant attention
- ☞ Possessive
- ☞ Tantrums sometimes
- ☞ Rapidly growing vocabulary
- ☞ Use 2-3 words in a sentence
- ☞ Jabbers to self expressively
- ☞ Enjoys songs
- ☞ Walks, runs and climbs

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# Symptoms of trauma

**20 months:**

- ☞ Difficulty with sleep/ wake cycle
- ☞ Withdrawn
- ☞ Not engaged with caregiver
- ☞ Difficulty being soothed
- ☞ No reaction to separation
- ☞ Failure to make eye contact
- ☞ Excessive temper tantrums or more noncompliant than peers
- ☞ Loses previous developmental skills
- ☞ Distress at trauma reminder

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# Let's see it



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# Impact of Trauma



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## Long-Term Effects of Childhood Trauma

- ☞ High-risk or destructive coping behaviors
- ☞ Risk for serious mental and physical health problems, including:
  - ☞ Alcoholism
  - ☞ Drug abuse
  - ☞ Depression
  - ☞ Suicide attempts
  - ☞ Sexually transmitted diseases (due to high risk activity with multiple partners)
  - ☞ Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

Source: Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine, 14*, 245-258.

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# Adverse Childhood Experiences



- ⌘ Emotional abuse
- ⌘ Physical abuse
- ⌘ Sexual abuse
- ⌘ Emotional neglect
- ⌘ Physical neglect
- ⌘ **Household dysfunction:**
  - Mother treated violently
  - Household substance abuse
  - Household mental illness
  - Parental separation/divorce
  - Incarcerated household member

Source: Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14, 240-252.

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## Adverse Childhood Experiences

- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

## Impact on Child Development

- Neurobiological Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

## Long-Term Consequences

### Disease and Disability

- Major Depression, Suicide, PTSD
- Drug and Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

### Social Problems

- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- Family violence

- High utilization of health and social services

Source: Putnam, F., & Harris, W. (2008). Opportunities to change the outcomes of traumatized children: Draft narrative. Retrieved from [http://ohioacando4kids.org/Outcomes\\_of\\_Traumatized\\_Children](http://ohioacando4kids.org/Outcomes_of_Traumatized_Children)

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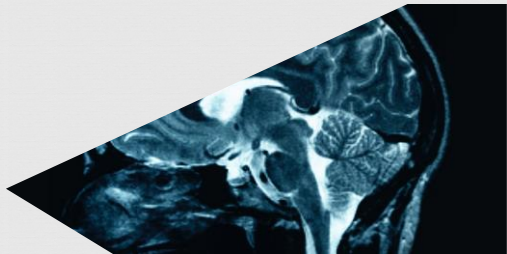
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# Trauma and the Brain



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## Trauma Derails Development



- Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:
  - ☞ On constant alert for danger
  - ☞ Quick to react to threats (fight, flight, freeze)
- The stress hormones produced during trauma also interfere with the development of higher brain functions.

Source: Treicher, M. H. (2002). Scars that won't heal: The neurobiology of child abuse. *Scientific American*, 286 (3), 68-75.

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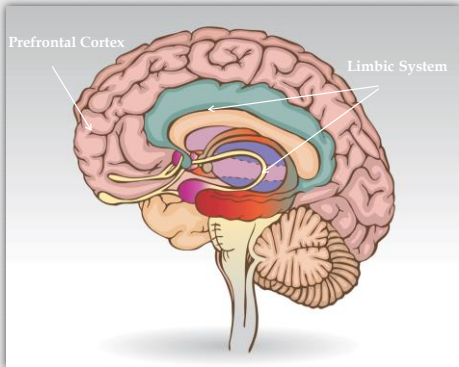
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## Brain Diagram



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## Brain Structure: Three Main Levels



- Prefrontal cortex** - abstract thought, logic, factual memory, planning, ability to inhibit action
- ☞ **Limbic system** - emotional regulation and memories, "value" of emotion
  - ☞ **Brainstem/midbrain** - autonomic functions (breathing, eating, sleeping)

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# Brain Development



- ☞ The maximum number of nerve cells is present at birth
- ☞ The prenatal brain has 2-3 times the number of nerve cells as the adult brain
- ☞ Brain growth (size and weight) over the first years of life is due to:
  - ☞ Myelination: the process that allows nerve impulses to move more quickly
  - ☞ Increase in synaptic connections: how nerve cells communicate with other cells
- ☞ **Growth is dependent on stimulation and experience**

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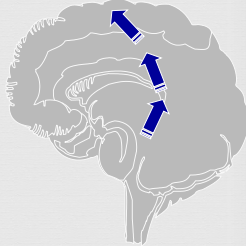
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# Experience Grows the Brain



Brain development happens from the bottom up:

- ☞ From primitive (basic survival: brainstem)
- ☞ To more complex (rational thought, planning, abstract thinking: prefrontal cortex)



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Source: Grillo, C. A., Litt, D. A., & Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network, (2010). Caring for children who have experienced trauma: A workshop for resource parents. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress. Retrieved from <http://nctsn.org/products/caring-for-children-who-have-experienced-trauma>

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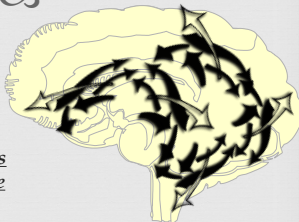
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# Experience Grows the Brain

(continued)



- ☞ The brain develops by forming connections.
- ☞ **Interactions with caregivers are critical to brain development.**
- ☞ ***The more an experience is repeated, the stronger the connections become.***



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Source: NCTSN: Caring for Children Who Have Experienced Trauma. Retrieved from <http://nctsn.org/products/caring-for-children-who-have-experienced-trauma>

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## Brain Development and Experience



- ☞ Relatively few synapses are present at birth
- ☞ Learning requires forming new synapses as well as strengthening and discarding existing synapses
- ☞ Early synapses are weak and need repeated exposure to strengthen
- ☞ Brain adapts to environment – positive or negative

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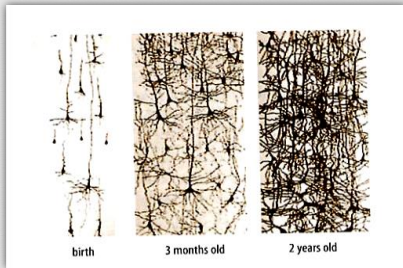
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## Building Connections: Rapid Growth of Synapses



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Source: Carter, R. (1999). Mapping the mind. Berkeley, CA: University of California Press.

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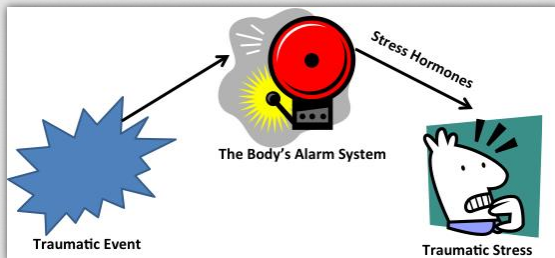
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## Traumatic Stress Response Cycle



Source: Georgetown University Center for Child & Human Development. (n.d.). Stress and the developing brain: The stress response. Retrieved from Center for Early Childhood Mental Health Consultation website: [http://www.ecmhc.org/tutorials/trauma/mood2\\_3.html](http://www.ecmhc.org/tutorials/trauma/mood2_3.html)

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### Structural Difference in the Brain: Early Childhood

- ☞ In early childhood, trauma can be associated with reduced size of the cortex.
- ☞ The cortex is responsible for many complex functions, including memory, attention, perceptual awareness, thinking, language, and consciousness.
- ☞ Trauma may affect “cross-talk” between the brain’s hemispheres, including parts of the brain governing emotions.
- ☞ These changes may affect IQ, the ability to regulate emotions, and can lead to increased fearfulness and a reduced sense of safety and protection.

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## Trauma and Memory



### Children with early trauma may retain implicit memories of abuse:

- ☞ Physical or emotional sensations can trigger these memories, causing flashbacks, nightmares, or other distressing reactions
- ☞ Implicit memory means even very young children can perceive their environment and retain unconscious memories (e.g. sound of their mother’s voice).
- ☞ Explicit memories are the conscious memories that are created around age two and tied to language development.

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### The Influence of Developmental Stage

- ☞ Child traumatic stress reactions vary by developmental stage.
- ☞ *Children and youth exposed to trauma expend great deal of energy responding to, coping with, and coming to terms with the event.*
- ☞ May reduce capacity to explore environment and to master age-appropriate developmental tasks.
- ☞ The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

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### THE INFLUENCE OF DEVELOPMENTAL STAGE: YOUNG CHILDREN

- ☞ Express distress through strong physiological and sensory reactions (e.g., changes in eating, sleeping, activity level, responding to touch and transitions)
- ☞ Become passive, quiet, and easily alarmed
- ☞ Become fearful, especially regarding separations and new situations
- ☞ Experience confusion about assessing threats and finding protection, especially where a parent or caretaker is the aggressor
- ☞ Engage in regressive behaviors (e.g., baby talk, bed-wetting, crying)
- ☞ Experience strong startle reactions, night terrors, or aggressive outbursts
- ☞ Blame themselves due to poor understanding of cause and effect and/or magical thinking

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### Trauma can inhibit secure attachment



- ☞ **Young child is separated from parent:**
  - ☞ Separation may be experienced as traumatic when abrupt and associated with overwhelming change and loss.
- ☞ **Multiple caregivers/disruptions in caregiving:**
  - ☞ Disruptions may be numerous and sudden.
  - ☞ Interruption of familiar schedules and routines occur
- ☞ **Child may have difficulty forming healthy attachment to resource parent:**
  - ☞ Child may have divided loyalties.
  - ☞ Child's behavior (e.g., rejecting, detached) may confuse resource parent.
  - ☞ Resource parent may not encourage attachment.
  - ☞ Each disruption may make it harder for child to attach to new caregiver.

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### ATTACHMENT FIGURES AS MEDIATORS OF TRAUMA RESPONSE

- ☞ Child's relationship with attachment figure mediates response to trauma.
- ☞ Caregivers' response to trauma influences how child perceives trauma.
- ☞ When there is interpersonal trauma, children and caregivers may serve as traumatic reminders for one another.

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## What to ask/what to observe?



- ☞ What things is the child doing that are on target developmentally? What things is the child not doing that they should be?
- ☞ What does the relationship look like? What does the child do with each person, or not do with each person?
- ☞ What are changes in behaviors, mood, routines, health, or play behavior?

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## Trauma Screening



- ☞ Learn how to screen for trauma in children
- ☞ Use the screening tool developed by NCTSN to make appropriate referrals for trauma assessments
- ☞ Learn about appropriate treatment interventions like Child Parent Psychotherapy

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## Symptoms and Behaviors Associated with Exposure to Trauma

Children suffering from traumatic stress symptoms generally have difficulty regulating their behaviors and emotions. They may be clingy and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. They may also have difficulty sleeping, lose recently acquired developmental skills, and show regression in functioning and behavior.

### Possible Reactions of Children 0-6 Exposed to Traumatic Stress

[Click here to see these reactions in a separate window](#) <sup>[1]</sup>

Behavior Type	Children aged 0–2	Children aged 3–6
<b>Cognitive</b>		
Demonstrate poor verbal skills	√	
Exhibit memory problems	√	
Have difficulties focusing or learning in school		√
Develop learning disabilities		√
Show poor skill development		√
<b>Behavioral</b>		
Display excessive temper	√	√
Demand attention through both positive and negative behaviors	√	√
Exhibit regressive behaviors	√	√

Exhibit aggressive behaviors	√	√
Act out in social situations		√
Imitate the abusive/traumatic event		√
Are verbally abusive		√
Scream or cry excessively	√	
Startle easily	√	√
Are unable to trust others or make friends		√
Believe they are to blame for the traumatic experience		√
Fear adults who remind them of the traumatic event	√	√
Fear being separated from parent/caregiver	√	√
Are anxious and fearful and avoidant		√
Show irritability, sadness, and anxiety	√	√
Act withdrawn	√	√
Lack self-confidence		√
<b>Physiological</b>		
Have a poor appetite, low weight, and/or digestive problems	√	

Experience stomachaches and headaches		√
Have poor sleep habits	√	√
Experience nightmares or sleep difficulties	√	√
Wet the bed or self after being toilet trained or exhibit other regressive behaviors		√

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**Source URL (retrieved on 06/13/2016 - 11:57):** <http://www.nctsn.org/trauma-types/early-childhood-trauma/Symptoms-and-Behaviors-Associated-with-Exposure-to-Trauma>

**Links:**

[1] <http://www.nctsn.org/sites/default/files/html/early4.htm>