

Understanding Trauma Exposures and Their Impact on Children's Development

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Linda is a four-year-old, who can have "good days" and "bad days" at her daycare. Her family often get reports that she sometimes falls asleep in class or appears like she is in her own little world." Sometimes she cannot sit still, despite support from her caregiver or provider. This often happens when they are doing story time or other activities that require a lot of concentration. Most concerning for the caregiver is that sometimes Linda will get so upset, often about something that they cannot identify, that she will cry and scream and tantrum for what feels like hours. Her caregiver is confused because when she was younger, she was able to regulate herself or respond to coaching from her family.

What her caregiver may not know is Linda and her dad are now living with her grandparents. From the ages of zero to about three and a half, Linda and her dad lived with her mom, who was often physically violent with her dad. She was unpredictable, often yell and hurt him with objects. Dad's family, while well-meaning, told dad that Linda was "too young" to remember any of what happened, and now that they are safe, Linda will just "get over it."

After reading about Linda some might say that her behavior may be a result of trauma. In fact, the rates of trauma exposure in children are staggering. More than two thirds of children reported at least 1 traumatic event by age 16. (Understanding Child Trauma, 2015). Further, 1 in 7 children have reported experiences with child abuse and/or neglect within the past year (Understanding Child Trauma, 2015). Post-Traumatic Stress Disorder (PTSD) is prevalent for children exposed to maltreatment with a rate of PTSD diagnosis of 21-50% in youth who were sexually abused and 50% in children who were physically abused (Margolin & Gordis, 2000). As we consider how to meet the needs of Linda in her classroom, we want to consider how these statistics impact real children, in their daily lives.

In order to understand trauma's impact, we need to consider several definitions, including of the word trauma. There is no universal definition of trauma and in fact that word is often used interchangeably for several concepts. This can be very confusing for everyone trying to meet the needs of children. It is important to clarify the definitions, not so that you can diagnose someone, but so you can engage in different ways to support the children and families whom you see daily.

Trauma exposures occur when a person experiences something life threatening or altering their sense of safety, which can happen to them or someone they love. In the case of Linda, she was not in physical danger from her mother, but witnessing domestic violence is trauma exposure because it was life threatening to someone she loves. Other examples of trauma exposure may be a serious car accident, sexual abuse, or community violence.

These exposures can lead to psychological symptoms of trauma, causing a person to have distress that impacts their lives at home, school and/or in the world. It is important to consider that there is a growing awareness that all trauma exposures do not always have adverse psychological consequences or cause a person to have trauma symptoms or to be traumatized (Yehuda et al., 2001). A person who is traumatized can often be viewed as their entire diagnosis which can impact their outcomes towards wellness. As a result, we like to consider that a person has trauma symptoms.



These people may meet some or all of the criteria for a Post-Traumatic Stress Disorder, but often children do not meet all of the criteria, while still experiencing behavioral and/or emotional impairment.

This can include behaviors such as Linda's above where they may demonstrate difficulty concentrating, appearing to "zone out" and periods where they have mood dysregulation. In fact, when a person has a trauma exposure, we (the mental and medical health community) expect some reactions both emotional and behavioral to occur, because trauma exposure is scary by definition.

What is not typical is that behavior to last for a long period of time, for over a month is when we start to have concern, or cause significant risk to the person's safety or the safety of others. Meaning that just because someone has a trauma exposure does not mean that they will go on to be a person who experiences trauma symptoms.

As researchers have studied the impacts of trauma exposures in children and adults, they have come to realize that there is a category of experiences that may increase a person's risk of having trauma exposures or trauma symptoms. In 1998 one of the seminal studies with regards to the long-term impact of **Adverse Childhood Experiences (ACES)** was published by the CDC and Kaiser Permanente. They reported that exposure to 10 different experiences in your childhood, can have long term mental and medical health impacts on development and wellness. The study found that an increase in the number of ACES that a person has experienced (i.e. parental separation or divorce, interpersonal violence or household mental illness) impacts their chances of problems such as chronic obstructive pulmonary disease, poor health-related quality of life, poor work performance, financial stress and poor academic achievement. ACEs are not trauma exposures; but can be just as impactful.



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Presently, there has been even more focus on both ACES and **Social Determinates of Health (SDH)**. The World Health Organization defined these as, "Conditions in which people are born, grow, live work and age; and the fundamental drivers of these conditions (Braveman & Gottlieb, 2014)." This work highlights how things such as socioeconomic status, access to education, neighborhood walkability and the impact of things like racism are directly linked with health outcomes. Again, these are not identified as **trauma exposures** but are known to increase the risk of having **trauma exposures** and/or having similar impacts on a person's health. It can take a lot to

understand why Linda may be acting and reacting in various ways, especially if her caregiver does not have all of the information about what she has experienced before starting in her home daycare. This is why research supports the idea of taking a comprehensive approach to creating trauma informed spaces. Meaning, if Linda's home daycare is a trauma informed environment, then not only will Linda benefit but so will her peers. The first step that Linda's caregiver can take, to make her home daycare a great place for Linda to learn, is to understand the complex set of terms used to describe someone who has had a trauma exposure.

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