Minnesota Early Childhood Funders Network

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of Minnesota's children and their families

Impact of Trauma on Children's Development

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Trauma is an inevitable part of human experience: hard things happen to many children. Trauma is defined as an outside event or experience, "rendering the young person temporarily helpless and breaking past ordinary coping and defensive operations"(Terr, 1991).

When children are surprised by trauma, the body's alarm system activates a surge of stress hormones; the body freezes in fear and then reacts with *fight/flight* instincts to cope with the perceived danger. Helplessness is a hallmark of childhood traumas, because children do not have sufficient coping resources to manage without serious cost to their development.

Several conditions influence the impact of a traumatic event on a child:

- the persistence of real danger,
- the intensity and longevity of fear and arousal,
- the frequency of trauma exposure, and
- the availability and effectiveness of adult support.

The feeling of trauma persists when the child is unable to recover adequate coping, and helplessness and fear dominate, and restrict, other emotions after the event.

Trauma mediation

For young children, trauma always happens within a relational context, because their ordinary coping mechanisms include turning to adult caregivers for help. Adults try to protect children by making traumas recede, but that wish is often impossible. Instead, the caregiver must address the child's feelings of fear and helplessness.

We can appreciate the effects of trauma by considering how, in most situations, adults intuitively provide help:

- **By bracketing the traumatic event.** Traumas are intruding events into everyday life. Bracketing contains the experience in time and space. The event has a beginning and end, and occurs in one space rather than everywhere.
- **By quieting trauma arousal.** Trauma always triggers arousal. Adults have more capacity to control stress arousal. They reassure children—they help children calm and regain internal equilibrium after the event.
- **By helping children find a safe place.** Fear makes every place seem dangerous. Children need to find safety. This can mean a physical space, but it can also be a mental space, a way to get away from the feelings of imminent danger.
- **By helping the child to take action.** Action becomes an antidote to helplessness. Doing something (drawing, talking, moving about) does not have to relate directly to the trauma event but restores children's sense that they can act and regain some control.
- **By making sense of the experience.** Traumas can be unfathomable. The only logic may be that trauma happened and won't immediately happen again. Making sense of the event locates the trauma as an outside event, and not something that the child could cause.

Trauma effects

With adequate adult company, a child learns that traumas happen, but are manageable. But for many children, the trauma is not managed—or manageable—because trauma arousal remains overwhelming or because adult help is lacking or compromised. Even though "trauma begins with events outside of the child, once these events take place, a number of internal changes occur in the child. These changes [can] last." (Terr, 1991). These changes include:

- Altered perception of danger, or anticipation of danger as likely
- Uninterrupted heightened arousal; continual fight or flight activation
- Confusion and cognitive distortions
- Body memory of physical agitation and distress
- Reactivity that perpetuates hypervigilance, anxiety, and memory intrusions
- Disruption of the child's developmental capacities
- Changed attitudes and expectations about myself, about my world
- Relational alterations: increased neediness or increased isolation

Repeated trauma exposure can result in post traumatic stress disorder (PTSD). PTSD happens when the stress system fails to turn off, keeping the brain and body chronically activated or on high alert. "The biology of PTSD is not the biology of stress but of failure to adapt and re-organize to stressful memories. . . . The person cannot inhibit past reactions, so cannot regain the habit of safety." (Yehuda, 2004). Because safety is a necessary prerequisite for development, children who lose this sense of safety cannot easily go forward.

There is good news: most children exposed to trauma do not develop post trauma symptoms of this magnitude. But some do: those with histories of anxiety, repeated traumas, or family adversity are more vulnerable to PTSD (Copeland, et al. 2007).

Complex trauma

Complex trauma has been described by the National Child Traumatic Stress Network (2003) as a combination of environmental assaults and interpersonal harm that induces traumatic responses. Most children identified with complex trauma have been hurt, or have been inadequately protected, by their caregivers. For many, this hurt or neglect occurs as early as the attachment experience in infancy, when the parent is unable or unwilling to be the protecting partner for the very vulnerable child. Chronic maltreatment becomes complex trauma when outside dangers intensify this failure to protect.

Complex trauma creates an accumulation of risk factors that further exacerbates children's perception of the world as a dangerous and unreliable place. Without reliable caregivers, they cannot regain that *habit of safety.* Their perception of themselves, and their environment, is altered. So are their emotional responses to new situations and new relationships. Their learning and developmental progress is often impeded by chronic fear and agitation. New traumas cascade onto old injuries.

For many at-risk children, complex trauma becomes a fixture in their lives. They demonstrate a "sickening anticipation" (Terr, 1991) for the next time. Over time this passive anticipation turns into more active reactivity. Because of the imperative to adapt, to find mastery and not remain helpless, their energies shift from fear to reactive aggression. Instead of a habit of safety, many children construct a habit of fighting back—and then of just fighting. Fear arousal merges with anger, so they can feel powerful and protected. They become our most vulnerable—and dangerous—children. Even at a very young age, they already show how trauma can alter developmental course, taking them away from helplessness and adult help to aggression and social isolation.

Trauma repair

Trauma repair must include a community response. Children have to know that they are safe with their families, but also within the larger social world. When children have been traumatized, they no longer assume safety, and react *appropriately*—as if they cannot *rely on us* to keep them safe. We must correct this. The community must have ways to clearly communicate that while hard things happen—and sometimes we cannot prevent these events—we will provide company and understanding so children do not have to suffer alone.