



Trauma Informed Care: Perspectives and Resources

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Understanding the Impact of Trauma

Trauma has a powerful capacity to shape a child's physical, emotional, and intellectual development, especially when the trauma is experienced early in life. Trauma can profoundly alter an individual's life course and diminish innate resilience. Continual exposure to threatening situations can make a child's brain prisoner to its "fight, flight, or freeze" response. In turn, it becomes difficult for an individual to build meaningful relationships and may even make it difficult to reach out for help. Proper screening for and assessment of trauma's impact are important because children who have experienced trauma are often misunderstood and treated as oppositional or depressed. Screening and assessment are also crucial because they afford the opportunity to intervene and change the trajectory of a child's life. This opportunity is especially significant when considering that maladaptive behaviors resulting from trauma and even an outlook on life are often passed down to future generations.

What Is Trauma?

- **Trauma** refers to an event that threatens the life or integrity of the individual or a loved one, such as physical abuse, death of a parent, witnessing domestic violence, abandonment, natural disasters, war, community violence, or medical issues.
- **Traumatic stress** is the physical, mental, or emotional impact of that event, which can have serious effects on physical and mental health. Traumatic events can be acute, that is, short lived, or chronic.
- **Chronic trauma** is a recurring event over a prolonged period.
- **Complex trauma** refers to both the chronic traumatic events and the resulting emotional and physical effects.
- **Complex trauma** is potentially most harmful because it impairs the individual's ability to develop and maintain relationships, and because it is trauma at the hands of someone whose job is to love and protect rather than cause harm. Complex trauma also includes the combination of different types of traumatic events, for example, witnessing domestic violence, personal experience of physical and emotional abuse, or witnessing community violence.
- **Toxic stress** is the result of repeated exposure to traumatic events, such as child abuse, that activate the body's stress response system.

Trauma is a significant concern from a public health perspective because it has been linked to chronic health problems such as heart disease, liver disease, and early death, as well as mental, emotional, and behavioral disorders. No less profound is the toll persistent exposure to trauma exacts on individual lives. The body's natural, healthy response to trauma is to increase heart rate, blood pressure, and stress hormones. However, if a child's stress response is persistent, the development of brain architecture and other organ systems can be disrupted, resulting in disease and cognitive impairment that extend into adulthood. Children who experience toxic stress can come to view almost any situation as a threat—an outlook that distorts their worldview, makes building trusting relationships difficult, and impedes cognitive and social functioning.

The groundbreaking Adverse Childhood Experiences (ACE) study¹ was one of the first and largest studies to demonstrate the relationship between childhood trauma and health outcomes later in life. The study is considered one of the most important public health studies today because it showed for the first time that more than half the population experiences childhood trauma and that this exposure has long-term consequences. The study was conducted by the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego; the study involved more than 17,000 Kaiser patients providing detailed information about their childhood experiences. Most respondents were middle class, white adults with health insurance. Respondents were asked 10 questions about their exposure to neglect, abuse (psychological, physical, or sexual maltreatment by an adult or person at least 5 years older than the participant), and household dysfunction (substance abuse, mental illness, violent treatment of mother/stepmother, and criminal behavior) during childhood, known as ACEs. The findings revealed that ACEs are not only common but that many individuals experience two or more ACEs. Most important, the study showed that individuals who have multiple exposures to abuse, neglect, and household dysfunction are at higher risk of developing health problems and dying earlier than their peers who have experienced one adverse experience or none. Further study results also indicate, if individuals have six or more ACEs, their life expectancy decreased by 19 years.² The findings of this study have been replicated many times nationally and internationally, and they shape the way policymakers, advocates, and providers think about and treat trauma.

Effects of Trauma on the Brain

Trauma affects brain development, causing structural and hormonal changes that manifest in adverse physical and mental outcomes. Neuroscientists studying the brain have learned how fear and trauma influence a child's developing brain.³ The brains of children are very malleable because they are still building the internal connections that will help maturing children acquire new skills and adapt to changing environments. The young brain's malleability is a strength; it can help children deal with novel, even traumatic situations.

By contrast, if exposure to stress and trauma is unrelenting, the brain adapts in ways that can make learning and socialization difficult. For example, when confronted with a dangerous situation, the brain initiates the fight, flight, or freeze response. Although this response is helpful in getting through brief, stressful situations, persistent exposure to toxic stress during childhood can have serious developmental consequences that may last well past the time of stress exposure.⁴ Constant exposure to stress can induce the following in children:

- A persistent fear response that “wears out” neural pathways
- Hyperarousal that causes children to overreact to nonthreatening triggers
- Dissociation from the traumatic event in which the child shuts down emotionally
- Disruptions in emotional attachment, which can be detrimental to learning⁵

These findings highlight the need to reexamine how we address the needs of traumatized children with an eye on both the impact of trauma on the developing brain and the influence of trauma on an individual’s history and environment.

Intergenerational and Historical Trauma

Intergenerational trauma results when disturbing experiences are not addressed and their emotional and behavioral legacy is passed down from parents to their children. Parents who experienced persistent trauma in childhood may lack the emotional ability to express empathy and compassion and the cognitive ability to regulate their behavior. Unresolved trauma may make it difficult for parents to build trusting relationships and healthy attachments with their children. These maladaptive mechanisms are then transmitted to future generations. Identifying trauma through screening and assessment is critical because it allows “us” to break this cycle of trauma begetting trauma.

Historical trauma is a type of intergenerational trauma—the psychological injury among a community or group of people caused by historical, systematic abuse and injustice. Many groups have experienced historical trauma (e.g., American Indians and Alaska Natives, African Americans, immigrants, families experiencing intergenerational poverty).⁶ Although interpersonal trauma affects the victim’s sense of self, one of the harrowing effects of historical trauma is that it can make individuals feel shame in their culture and identity. In a report published in the *Journal of Health Disparities Research and Practice*, the legacy of historical trauma among the Dakota Nation is described as an “indescribable terror and the legacy of terror that remains after 140 years, as evidenced by repression, dissociation, denial, alcoholism, depression, doubt, helplessness and devaluation of self and culture.”⁷ Similarly, African Americans have experienced generations of slavery, segregation, and oppression, resulting in physical, psychological, and spiritual trauma. Dr. Joy De Gruy has named the trauma specific to these events “post-traumatic slave syndrome.”⁸

The Importance of Culture

Culture is critically important in thinking about the impact of trauma. Culture is central to our identity, and it determines how individuals react to trauma and make sense of their experiences. Similarly, culture plays an important role in determining how individuals respond to treatments and what strategies may be used to help them recover from and deal with traumatic stress. Thus, serving children from any culture requires an understanding of their heritage that is vital to keep them connected to their culture and values. This understanding may entail special staffing considerations for making relevant adaptations to evidence-based treatments or developing culture-specific interventions. The Family Wellness Warriors Initiative⁹ in Alaska, which addresses the impact of domestic violence, neglect, and abuse in Alaska Native communities, is an example of a culture-specific intervention. Initiatives that make use of culturally relevant strategies such as collective mourning, community storytelling, and participation in tribal traditions can help individuals heal, connect to the culture of their community, and begin the process of building resilience.

Screening and Assessment

Screening and assessment are distinct, sequential processes. Screening is a brief process to determine whether a person has experienced or is reacting to a traumatic event; assessment is an in-depth ongoing process to determine the severity and impact of the traumatic event on the individual. Screening is critical because it can identify children and youth who have experienced trauma and can assist in determining whether a more comprehensive assessment is necessary. Assessment is important because it helps gauge the impact of trauma on children and youth and direct treatment planning efforts.

A trauma screen can be conducted by an individual on the front line with children and families (e.g., teachers, child welfare workers) or by a qualified mental health professional. If it is determined from the screening that a child is experiencing symptoms from a traumatic event, it is important to refer the child for a more comprehensive trauma assessment by a qualified mental health professional. The assessment goes more in depth to analyze trauma-related symptoms and functional impairment.¹⁰ The trauma assessment is performed by mental health providers (e.g., psychologists, clinical social workers) to help create a treatment plan to address the impacts of the traumatic event. The trauma assessment usually takes two or three sessions and includes information from the screening, behavioral observations of the child, and contacts with family and caseworkers.⁸ Table 1 lists examples of common screening tools and assessment measures for use with children. In some instances, a tool that is useful for a screening may also be useful to integrate into the assessment process.

Table 1: Common Screening Tools and Assessment Measures for Use with Children

Common Trauma Screening Tools	Common Trauma Assessment Measures
Posttraumatic Symptom Inventory for Children (PT-SIC)	Child PTSD Symptom Scale
PTSD Symptoms in Preschool Aged Children (PTSD-PAC)	Children’s Impact of Traumatic Events Scale—Revised
Traumatic Events Screening Inventory—Parent Report Revised (TESI-PRR)	Trauma Symptom Checklist for Children (TSC-C)
Violence Exposure Scale for Children—Preschool Version	Trauma Symptom Checklist for Young Children (TSCYC)
Violence Exposure Scale for Children—Revised Parent Report	UCLA PTSD Reaction Index
Self-Report for Childhood Anxiety Related Disorders (SCARED)—Short	Child and Adolescent Needs and Strengths (CANS)—Trauma Version
Child PTSD Symptom Scale	The Posttraumatic Stress Disorder Semi-Structured Interview

Trauma screening and assessment play a critical role in guiding individuals working with children and youth as they help children, parents, and families begin to repair the damage that results from the traumatic event. Clinicians and child-serving system workers use a wide variety of measures to screen for and assess the impact of trauma.

Conclusion

Child trauma has an impact on the course of human development and life outcomes. The malleable brain allows a child to adapt to persistent trauma, and those adaptations can manifest in depression, personality disorders, alcoholism, and other behavioral health disorders if trauma is unaddressed. Unaddressed trauma, whether it be to an individual or to a cultural group, can present itself in future generations, creating intergenerational trauma that is difficult to interrupt. Identifying trauma is only the first step. To end the cycle of child trauma, child-serving systems and providers must not only understand the impact of trauma, but also use that understanding to inform every aspect of their practice with children and families.

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