

CHAPTER 1



Introduction

Trauma through the Eyes of a Young Child

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Despite much evidence to the contrary, many continue to believe that very young children are not significantly impacted by exposure to trauma. Although people believe that early adversity has a deleterious effect on children, a common misunderstanding continues that if they are affected, they will “grow out of” the behavioral and emotional problems that may result from traumatic exposure (Osofsky, 2004; Shonkoff & Phillips, 2000). In the field of mental health, infancy is often not included as part of the regular curriculum, and the result is a lack of understanding about infant development—and how it can be derailed. For those who want to help young children impacted by trauma, relatively few are familiar with ways to evaluate, intervene, and treat these young children. We try to redress that imbalance by offering a comprehensive picture of how to understand the effect of exposure to trauma on infants and toddlers, and exploring the many exciting new interventions that have been researched and developed to help these vulnerable children get back on track.

A critical first step in supporting children exposed to trauma is understanding developmental issues. Emotional and behavioral reactions to trauma vary tremendously, of course, depending on the child’s capacity to comprehend and internalize his or her experiences, both of which depend on

cognitive and emotional development. Given their innate and adaptive desire to maintain control over their world, young children often feel responsible for the traumatic event, as if they caused the “badness” to occur, believing that they did something, either through their actual behavior or even simply through their thoughts. It is important to recognize that young children are exquisitely sensitive to the adults in their environment, and that their reactions and behaviors resonate with those of their caregivers. Therefore, to help support young children exposed to trauma, it is imperative also to attend to adults in their caregiving environment, which is one of the major reasons all treatments need to address the relationship between the parent or caregiver and child.

WHAT ARE THE EFFECTS OF TRAUMA ON YOUNG CHILDREN?

Young children suffer trauma from many different sources, and in different ways. The statistics related to abuse and neglect speak for themselves: approximately one million cases of child abuse and neglect substantiated in the United States each year (U.S. Department of Health and Human Services, Administration of Children, Youth, and Families, 2005, *www.acf.hhs.gov*). The Centers for Disease Control and Prevention (CDC; 2008) estimates that 1 of 7 children between 2 and 17 years is a victim of maltreatment. However, it is likely that the actual rate of abuse and neglect is considerably higher (Theodore et al., 2005). In 2006, more than 100,000 children under the age of 3 entered the child welfare system in the United States (State of Child Welfare in America: 2010, 2009), and infants under the age of 1 were the largest cohort. In the United States in 2006, 1 of 43 infants less than 1 year of age suffered abuse and neglect. Furthermore, young children are more likely to be abused or neglected and to remain in care longer (Wulczyn, Hislop, & Harden, 2002). Children under the age of 4 are more vulnerable; 79% of child fatalities occur in this age range, with children under age 1 accounting for 44% (U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2005, *www.acf.hhs.gov*). Solid evidence points to the negative effect of abuse and neglect on children’s physical, intellectual and cognitive, and social and emotional development, as well as their brain development (Center for the Developing Child at Harvard, 2007, *developingchild.harvard.edu*). Developmental delays are four to five times greater for abused than for nonabused children, and abused children have a much higher incidence of behavioral problems and risk for mental health problems (Dore, 2005; Leslie et al., 2005). There is strong evidence that the social and educational consequences of maltreatment start early in childhood and continue into later development (Anda

et al., 2006; Edwards, Dube, Felitti, & Anda, 2007). Substance abuse and mental illness among parents contributes substantially to abuse and neglect (Boris, 2009). Multiple traumatization related to concurrent exposure to domestic and/or community violence substantially increases the risk and vulnerability for young children (Osofsky, 2004; Putnam, 2006).

Different life events can also result in traumatization of young children. For example, deployment of parents in the military, while not typically thought of as a traumatic event, has been shown to have a significant effect on development because of the suddenness of the event, uncertainty created for often newly married or young parents not knowing how long their loved one will be away and whether he or she will be safe, and often limited support for the home-front parents. For military families, it is important to recognize that over half (52.3%) of Active Duty enlisted personnel are 25 years old or younger and married (Department of Defense, 2008). Furthermore, the age of the largest group of children in the military is between birth and 5 years. Therefore, young children are frequently exposed to and impacted by deployment, and sometimes multiple deployments. They are also exposed to resultant combat-related injuries of a parent, as well as the impact of such injuries and the effects of the recovery process on family function. Relatively little attention has been paid to the potentially traumatizing effects of such experiences on the young child and the family. Only recently have interventions and treatments been developed for young children in military families, and several new and innovative models are included in this book.

Disasters of all types also profoundly affect young children. These events—including hurricanes, earthquakes, floods, terrorist attacks, and other major disruptions—are characterized by the fact that they seemingly come out of the blue. Since disasters by their very nature are often unpredictable, families and communities are rarely well enough prepared, which can leave children exposed to situations in which the parents may be unable to protect them. In some cases, during or following disasters, if parents are able to protect their children from direct traumatic exposure, keep some type of routines, and avoid separations, the children are frequently less effected. Again, young children who are particularly vulnerable will be more significantly impacted if they are separated from parents, or if their parents or caregivers are themselves traumatized during and in the aftermath of disasters.

THE IMPORTANCE OF CREATING TRAUMA-INFORMED SYSTEMS

Many agencies and service systems in a range of areas—such as health, mental health, education, child welfare, law enforcement, and juvenile justice—are responsible for providing a safe and secure environment for everyone;

however, children are especially vulnerable if they have been traumatized. Each one of these systems has different levels of training and awareness, knowledge, and skills in dealing with trauma. The challenge is in creating a system of care both to maintain children's safety and to be able to provide the nurture and support that are so important for children exposed to trauma. The National Child Traumatic Stress Network (NCTSN, 2007) emphasizes the need to create trauma-informed systems, acknowledging the critical importance of the role of trauma in the development of emotional, behavioral, educational, and physical difficulties in the lives of children and adults. A trauma-informed system recognizes and avoids inflicting secondary trauma or retraumatizing young children through uninformed policies and procedures. Within all of the different systems of care, it is important that professionals learn more about policies and procedures in systems that serve children but continue to retraumatize them—and also be shown new ways to intervene to decrease this risk. Developing trauma-informed systems begins with educating professionals in the system about the impact of trauma on infants and toddlers, and showing them how to recognize the signs and symptoms in children of different ages. In addition, critically important is showing how long- and short-term decisions can have the unintended effect of retraumatizing children. An example of a potentially retraumatizing situation for young children is separation from primary caregivers, and its potentially damaging effects. Even in cases in which a caregiver has been abusive or neglectful, separation can nonetheless still be traumatic and stressful because this may be the only primary caregiver an infant or toddler has known, with the child attached to and seeking love from that individual. Another common decision made daily in the child welfare and judicial systems that is often retraumatizing to children relates to foster care or other placements, or changing placements. Even if these placements are made for good reason, the net effect can traumatize the child even further. Visitations can also retraumatize, depending on the consistency of the meetings, as well as the level and type of support given to the child when visitations occur.

THE IMPORTANCE OF SENSITIVITY TO CULTURE

All systems personnel who interact with young children need to recognize the importance of culture. Interventions and services for young children and families are most effective if they take into account cultural competence, within both individuals and systems. Cultural competence relates both to individual recognition and sensitivity to cultural differences among racial and ethnic groups, and to understanding the need for cultural sensitivity about systems that impact vulnerable young children. Thus, there needs to be cultural competence within the judicial, legal, and child welfare systems

that impact abused and neglected children, the military system that impacts on families when service members are deployed or injured, the health care system that may be the first to identify trauma in a young child, the mental health system that provides evaluations and services for young children, and the substance abuse system that recognizes vulnerabilities for young children and their caregivers.

PREVENTION, INTERVENTIONS, AND TREATMENT FOR YOUNG CHILDREN EXPOSED TO TRAUMA

Work with young children exposed to trauma is crucial for many reasons. The Adverse Childhood Experiences Study (Dube et al., 2003) has shown clearly that childhood adversity is cumulative, with increases in mental health symptoms as a child develops related to the amount of exposure to childhood adversities. Adversities may begin with family dysfunction, such as abuse and neglect, mental health problems, substance abuse, and domestic violence. These problems can lead to neurobiological effects in the infant and young child (brain abnormalities, stress hormone dysregulation), psychosocial effects (poor attachment, socialization, and self-esteem), and health risk behaviors (smoking, substance abuse, risky sexual behaviors) (www.acestudy.org). Evidence is compelling that the effects of such adversities on the brain, without early intervention, can result in serious cognitive and learning problems, as well as social and emotional difficulties (Center for the Developing Child at Harvard, 2007). The problems have been referred to as a developmental cascade of transgenerational child maltreatment risk (Trickett, Noll, & Putnam, in press).

A very important area for prevention and intervention is within the family system, where support is crucial for parents and caregivers who may also be traumatized by events similar to those impacting on the child, for example, domestic violence, separation from a military spouse, or exposure to disasters. When a young child is traumatized, it is likely the parent or caregiver is also traumatized, and less able to be sensitive and emotionally available to the child. Even under typical circumstances, parenting is a complex and challenging process. The added stress related to supporting a child who is traumatized, while coping with issues such as domestic violence, separation from and worry about a spouse who has been deployed, or coping with loss of property and family–community support following a disaster, can affect the parent’s relationship with the child and the child’s capacity to form a healthy attachment relationship. Such stresses can lead to additional problems such as depression, substance use, or other behaviors that can result in the parent being less physically and emotionally available to the child. Exposure to trauma of any of these types can also interfere with

normal developmental transitions for both the child and parent. With exposure to trauma, a young child may lose trust in the safety of the environment (Erikson, 1950). Therefore, supports outside the family may be very important. Furthermore, it is necessary for parents to cope with their own traumatization before they can effectively support their children.

In young children, reactions to a traumatic event or experience may be difficult to predict. Changes in behaviors and emotions may occur right after the event, days, or even weeks later. Young children are much more vulnerable and dependent on the reactions, responses, and availability of consistent, nurturant caregivers. As discussed earlier, one level of intervention for young children is through parents, extended family, and other caregivers. When the traumatization goes beyond the support, care, and nurturance that a parent or caregiver can provide, professional intervention and treatment are important to help the child before the unaddressed traumatization leads to more serious and difficult problems. Because, in general, young children communicate through play rather than language, behavioral observations and interventions during play and parent-child interactions provide an important way to understand the young child's conflicts and what he or she may be experiencing internally. The work of relationship-based psychotherapy is to uncover, discover, and support strengths in the relationship; recognize and work with weaknesses; and build a stronger, more positive relationship. An important part of the work involves learning more about the child's internal world through observation, and helping the caregiver and child understand that behaviors have meaning. A number of different approaches to intervention and treatment are presented in this book.

In summary, recognizing the needs of young traumatized children and understanding that interventions and treatment can make a difference lead to more effective programs and practice. This book presents "state-of-the-art" information on ways to understand and help young children exposed to trauma and their families across systems and disciplines. The hope is that researchers, clinicians, educators, and policymakers will become better informed, in order to influence and implement the important changes needed to help the most vulnerable young children.

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