

Trauma in Young Children: A Huge Problem Hiding in Plain Sight And How You Can Help

If you work in a child care facility, hospital, child welfare agency, homeless shelter, community center, mental health agency, or other organization that provides services or supports to babies, toddlers, or preschoolers, this brochure is for you – it may give you new insights into how to make a difference in the lives of children living with extreme stress.



- ◆ Six weeks ago, 18-month-old Darryl, now living in a domestic violence shelter with his mother, was in the room when his father beat his mother. At his child care center Darryl hits other children and throws blocks at the teachers. Staff say that to protect the other children, they keep Darryl in his stroller.
- ◆ “I wish you had never been born!” screams Cynthia’s mother, reacting to one of her toddler’s frequent tantrums. When Cynthia fusses in the subway, her mother threatens, “Wait until you get home, you brat. I’ll give you something to cry about.”
- ◆ Four-year-old Jose is being cared for in a foster home. Located in a neighborhood marked by violence and high crimes rates, the home is Jose’s second foster care placement. Usually Jose is withdrawn and hardly talks. But passing a cemetery, he asks his foster mother, “How did those dead people get there? Were they shot or were they stabbed?”

Darryl, Cynthia, Jose, and thousands of other New York babies, toddlers, and preschoolers are suffering from trauma.

What is Trauma?

An event becomes a trauma when a child experiences or sees one or a series of events or interactions that involve, or feel like they involve, actual or threatened death or serious injury to the physical or psychological integrity of the child and/or another person.ⁱ Young children who have been traumatized may be overly aroused, on constant alert for danger. Many shut down or withdraw, sometimes appearing stubborn or uncooperative. Very often trauma can overwhelm a child’s capacity to cope.

Trauma in children younger than 5 is a special cause for concern because at these ages, children’s experiences can actually affect how their brains develop. Early childhood trauma has been associated with:

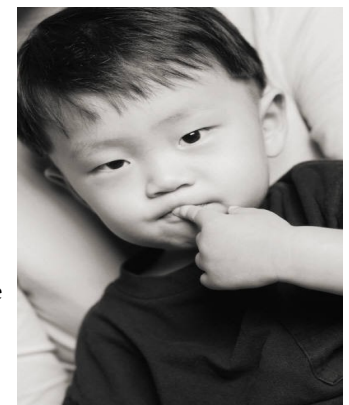
- ◆ reduced size of the part of the brain known as the cerebral cortex – a condition that can compromise intelligence, thinking, reasoning, and social judgment, and
- ◆ health and mental health problems, which can be caused by the child’s exposure to *toxic stress*. Unlike moderate, short-lived responses to stresses that are a normal part of life, toxic stress is prolonged, strong, and frequent. This extreme form of stress can affect the brain and lead to lifelong vulnerability to disorders that include depression, alcoholism, and drug abuse as well as cardiovascular disease, diabetes, and stroke.ⁱⁱ

Trauma Can Be Difficult to Recognize

The symptoms of trauma in very young children vary enormously from child to child, and many symptoms also appear in children whose problems are less severe. For instance, some behaviors associated with trauma resemble the symptoms of Attention Deficit Hyperactivity Disorder (ADHD). Furthermore, babies – and often toddlers and preschoolers -- cannot tell adults what is wrong.

When a child has been subjected to a catastrophe – for example, *a child witnesses a mother’s death or is badly injured in a fire* – most people who work with young children will know to be on the lookout for trauma.

However, trauma can be missed if it is a result of something less dramatic such as harsh behavior or words that erode a child’s sense of safety and self. For some children like Darryl, who saw his father beat his mother, the injury is a one-time event. Often, however, it happens repeatedly. And *the impacts of repeated traumas are cumulative*. The more often children are exposed to or experience traumas, the more likely they will experience social-emotional, academic, and health problems, even into adulthood.



ⁱ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised Edition (DC 0-3R), 2005. Washington, DC: Zero to Three Press, p. 15-17.

ⁱⁱ National Scientific Council on the Developing Child, June, 2009. *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3*. Cambridge, MA: Harvard University Center on the Developing Child, p. 1.



What You Can Do

- ◆ **Try to look beneath the surface of problematic behavior.** Think about what a child has experienced and what his/her inner life might be like. Then consider whether trauma is causing or contributing to the behavioral difficulties. Ask yourself (and your colleagues) if what look like symptoms of another condition like ADHD are being caused or worsened by trauma.
- ◆ **If the child is involved with the child welfare system, be especially watchful for trauma.** Experiencing family violence, removal from home, and being moved from one foster placement to another – experiences that happen to many children touched by the child welfare system – can themselves cause trauma.
- ◆ **If you suspect trauma, don't be satisfied with managing behavior.** Of course, when a child suffering from trauma is extremely oppositional, inattentive, or aggressive, you must try to get the symptoms under control. However, if the plans for managing behavior (for instance, keeping a baby strapped into a stroller) run the risk of intensifying the child's stress, try to come up with other solutions (for instance, finding a way to have someone play separately with the baby for part of the day).
- ◆ **Do as much as you can to make the child feel cared for and safe.** Again, that might mean looking hard for ways to contain difficult behavior without adding to the child's feelings of insecurity. All children benefit from predictable routines and schedules, and this is especially true for traumatized children, whose lives may be very unstable. Consistent and nurturing relationships, including those with caregivers like you, are critical to young children and can make a difference in how they cope with toxic stress.
- ◆ **Keep in mind that even as early as infancy, the relationships that young children have with family members and caregivers are key to their social-emotional development.** Understand that the child loves his/her family despite the circumstances, and work with parents and other caregivers, whenever possible, to improve their interactions with the child.
- ◆ **If you suspect trauma and are not yourself a mental health professional, get guidance from, or refer children to, pediatricians and professionals with expertise in early childhood mental health and development.** These professionals can make sure that children are assessed for social-emotional and developmental difficulties and receive the needed services or support.
- ◆ **Learn more.** Talk to colleagues, including supervisors and peers, about trauma. Organize staff meetings and trainings focused on trauma. And consult these resources:



- ◆ **Harvard Center for the Developing Child** www.developingchild.harvard.edu
Summaries of the latest information from the fields of neuroscience, human development, and social policy on children and toxic stress.
- ◆ **National Child Traumatic Stress Network** www.NCTSN.org Provides helpful information on childhood trauma and links to additional resources.
- ◆ **Safe Start Center** <http://www.safestartcenter.org/resources/tip-sheets.php>
Provides Trauma Informed Care Tip Sheets – tools to help identify, assess, work with, and plan for traumatized children within specific service systems.
- ◆ **Zero to Three** www.zerotothree.org Includes useful resources on infants and toddlers for both service providers and parents.
- ◆ **To download free copies of this brochure go to** www.nyzerotothree.org

Please share this brochure with everyone at your workplace and beyond!

Thank you for your own commitment to young children and for your willingness to raise the profile of early childhood trauma in your organization.

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