Trauma and Very Young Children

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KEYWORDS

• Trauma • Early childhood • Best practices • Therapeutic interventions • Screening

KEY POINTS

- Trauma experiences in early childhood are not as rare as once thought and pose significant challenges to healthy development and clinical intervention.
- Evidenced-based screening and treatment practices are emerging for this age range but remain limited, particularly for children younger than the age of 4 years.
- Currently, parent-involved treatments have the most evidence for effectiveness for this population.

It is easier to build strong children than to repair broken adults.

—F. Douglas

INTRODUCTION

Although research on the impact of trauma on children is not new, the attention to the effects of trauma for the very young child was renewed and strengthened by the work of Dr. Jack Shonkoff. Broadly focused on the intersection of early brain and the environment, his work also popularized the use of the words toxic stress in relation to early childhood development.[1,2] What do we mean by the word trauma?

- Trauma is defined in various ways across studies but typically includes exposure to events or conditions such as child abuse and neglect, domestic violence, community violence, war, and so forth. It may also include natural disasters or accidents.
- Trauma can occur as a discrete event, can be repeated, or can be a cumulative experience across multiple forms of violence or negative events.

How Common Is Trauma Exposure?

Children, particularly those living in poverty, have high rates of exposure to trauma. Child maltreatment is among the most common, with neglect being the most common

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form of maltreatment. Nearly 69 out of 1000 infants and about 50 out of 1000 children ages 1 through 5 are investigated or assessed for report of abuse or neglect annually; children younger than the age of 3 years make up 71% of child maltreatment fatalities.[3] Although the exact rate of young children who are also exposed to intimate partner violence (IPV) is less clear, the overlap between these conditions is estimated to be between 30% and 60%.[4,5] Of course, children are also exposed to other forms of violence. Using the parent self-report for the Juvenile Victimization Questionnaire, Finkelhor[6] found rates of victimization for young children ranged from a low of about 50 per 1000 for indirect, to nearly 200 per 1000 for maltreatment, and more than 400 per 1000 for assault. Two-thirds of surveyed parents of children participating in Head Start (ages 3–5) reported that their child or children had witnessed or were victimized by community violence.[7]

How Does Trauma Affect Development?

Both retrospective surveys of cumulative adverse experiences[8] and prospective studies of maltreatment and IPV exposure[9–13] find that children who experience trauma are at risk of poor outcomes across a range of developmental and health domains. This risk accrues both because of direct harm through serious injury,[14] insults to attachment (See Boris NW, Renk K: Beyond Reactive Attachment Disorder: How Might Attachment Research Inform Child Psychiatry Practice?, in this issue), deficits in positive stimulation and modeling critical to early brain development, and repeated taxing of the neurobiological response system related to stress.[2] Being mindful of the direct and indirect nature of the influence of trauma that occurs within the first 2 years of life, before lasting memories of specific events can be formed,[15,16] is particularly important. Just because a child may be too young to recall traumatic events does not mean those experiences are without consequence.

Very young children lack a clear conception of time and cause and effect, they are susceptible to believing that their wishes, fears, and thoughts can become real or make things happen. The development of logical understanding and the ability to see different points of view are only just emerging by kindergarten.[17,18] The normal egocentrism, lack of understanding cause, and magical thinking can result in blaming themselves when trauma occurs. These normative developmental issues also make it impossible to anticipate danger or attempt to secure their personal safety, which leads to an increased vulnerability for physical harm. All of these factors combined may compound the negative effects of trauma on a child's development.[19]

Trauma, particularly persistent trauma, can result in the development of dysfunctional fear-related neurophysiologic patterns affecting emotional, behavioral, cognitive, and social functioning.[20] For example, increased and/or near constant activation of the stress response system (or hypothalamic-pituitary-adrenal [HPA] axis) leads to inappropriate levels of adrenaline and cortisol circulating through the body. Research indicates that this overactivation may lead to physical changes in the structure of the brain, such as in the hippocampus.[21,22] This overactivated stress response may also increase vulnerability to later mental health problems, particularly depression.[22] Interestingly many of these studies indicate that emotional neglect has a similarly powerful affect as other forms of maltreatment. A clear understanding of these effects on the developing brain and potential interaction with genetics is still emerging.[22]

Many readers may have heard about the Adverse Childhood Experiences (ACES) study. As noted in the brief discussion of prevalence and illustrated in **Fig. 1**, there are other contextual risks, such as poverty or having a parent with a mental health disorder, that may co-occur with, or enhance the risk of, experiencing trauma. The