Symptoms and Behaviors Associated with Exposure to Trauma

Children suffering from traumatic stress symptoms generally have difficulty regulating their behaviors and emotions. They may be clingy and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. They may also have difficulty sleeping, lose recently acquired developmental skills, and show regression in functioning and behavior.

Possible Reactions of Children Aged Zero to Six Exposed to Traumatic Stress		
Behavior Type	**Children aged 0–2**	**Children aged 3–6**
Cognitive		
Demonstrate poor verbal skills	✓	
Exhibit memory problems	✓	
Have difficulties focusing or learning in school		✓
Develop learning disabilities		✓
Show poor skill development		✓
Behavioral		
Display excessive temper	✓	✓
Demand attention through both positive and negative behaviors	✓	✓
Exhibit regressive behaviors	✓	✓
Exhibit aggressive behaviors	✓	✓
Act out in social situations		✓
Imitate the abusive/traumatic event		✓
Are verbally abusive		✓
Scream or cry excessively	✓	
Startle easily	✓	✓
Are unable to trust others or make friends		✓
Believe they are to blame for the traumatic experience		✓
Fear adults who remind them of the traumatic event	✓	✓
Fear being separated from parent/caregiver	✓	✓
Are anxious and fearful and avoidant		✓

Possible Reactions of Children Aged Zero to Six Exposed to Traumatic Stress		
Behavior Type	**Children aged 0–2**	**Children aged 3–6**
Show irritability, sadness, and anxiety	✓	✓
Act withdrawn	✓	✓
Lack self-confidence		✓
Physiological		
Have a poor appetite, low weight, and/or digestive problems	✓	
Experience stomachaches and headaches		✓
Have poor sleep habits	✓	✓
Experience nightmares or sleep difficulties	✓	✓
Wet the bed or self after being toilet trained or exhibit other regressive behaviors		✓
Physiological		
Have a poor appetite, low weight, and/or digestive problems	✓	
Experience stomachaches and headaches		✓
Have poor sleep habits	✓	✓
Experience nightmares or sleep difficulties	✓	✓

MODULE 5
What Is the Influence of Developmental Stage?

The Influence of Developmental Stage

- Child traumatic stress reactions vary by developmental stage.
- Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.
- This may reduce children's capacity to explore the environment and to master age-appropriate developmental tasks.
- The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

Trauma and Development in Young Children

Developmental delays are common (50%, according to the National Survey of Child and Adolescent Well-Being [NSCAW]) among children in the child welfare system. These delays can be in the areas of:

- Cognitive functioning
- Gross and fine motor skills
- Speech and language skills
- Sensory skills
- Emotional/behavioral regulation

Due to the prevalence of developmental delays and the impact of trauma on children's ability to master age-appropriate tasks, developmental screenings are recommended for all young children in the child welfare system. These screenings help to evaluate:

- Emotional well-being
- Gross and fine motor skills
- Coping skills
- Speech and language skills
- Self-help abilities
- Relationship with caregivers

(First & Palfrey, 1994; Reams, 1999; Rosenberg, Zhang, & Robinson, 2008; Stahmer et al., 2005)

The Influence of Developmental Stage: Young Children

Young children who have experienced trauma may:

- Express their distress through strong physiological and sensory reactions (e.g., changes in eating, sleeping, activity level, or responding to touch and transitions).
- Display changes in behavior by:
  - Becoming passive and quiet
  - Becoming negative and engaging in aggressive behaviors
- Engage in post-traumatic play by:
  - Repeatedly playing out the event with toys and with strong emotion, as if the event were occurring in the present
  - Repeatedly playing out the event with toys and with restricted/flat affect
  - Not changing the theme or outcome of the play theme
- Repeatedly discuss the event, if they have the language skills, at socially inappropriate times or with strangers.
- Become clingy and fearful, especially regarding separations and new situations.
- Become fearful of things or situations not related to the traumatic event.
- Experience strong startle reactions, sleep problems, and night terrors.
- Experience confusion in terms of assessing threat and finding protection, especially in cases where a parent or caretaker is the aggressor. These children may find threat in safe situations or assess dangerous situations as safe.
- Regress to age-inappropriate behaviors (e.g., baby talk, bed-wetting, crying).
- Blame themselves due to poor understanding of cause and effect and/or magical thinking.

Trauma and Attachment

- The sensitive period for attachment is the first two years of life.
- All development occurs in the context of attachment, which:
  - Supports affect regulation
  - Builds a foundation for trust and safety
  - Establishes self-worth and competence

The Influence of Developmental Stage: School-Age Children

School-age children with a history of trauma may:

- Experience unwanted and intrusive thoughts and images
- Become preoccupied with frightening moments from the traumatic experience
- Replay the traumatic event in their minds in order to figure out what could have been prevented or how it could have been different
- Develop intense, specific new fears linking back to the original danger

School-age children may also:

- Alternate between shy/withdrawn behavior and unusually aggressive behavior
- Become so fearful of recurrence that they avoid previously enjoyable activities
- Have thoughts of revenge
- Experience sleep disturbances that may interfere with daytime concentration and attention

The Influence of Developmental Stage: Adolescents

In response to trauma, **adolescents** may feel:

- That they are weak, strange, childish, or "going crazy"
- Embarrassed by their bouts of fear or exaggerated physical responses
- That they are unique and alone in their pain and suffering
- Anxiety and depression
- Intense anger
- Low self-esteem and helplessness

These trauma reactions may in turn lead to:

- Aggressive or disruptive behavior
- Sleep disturbances masked by late-night studying, television watching, or partying
- Drug and alcohol use as a coping mechanism to deal with stress
- Self-harm (e.g., cutting)
- Over- or under-estimation of danger
- Expectations of maltreatment or abandonment

- Difficulties with trust
- Increased risk of revictimization, especially if the adolescent has lived with chronic or complex trauma

Adolescents, Trauma, and Substance Abuse

Adolescents who have experienced trauma may use alcohol or drugs in an attempt to avoid overwhelming emotional and physical responses. For these teens:

- Reminders of past trauma may elicit cravings for drugs or alcohol.
- Substance abuse further impairs their ability to cope with distressing and traumatic events.
- Substance abuse increases the risk of engaging in risky activities that could lead to additional trauma.

Child welfare workers must address the links between trauma and substance abuse and consider referrals for relevant treatment(s).

Specific Adolescent Groups

- **Homeless youth** are at greater risk for experiencing trauma than other adolescents:
  - Many have run away to escape recurrent physical, sexual, and/or emotional abuse.
  - Female homeless teens are particularly at risk for sexual trauma.

  (Whitbeck, Hoyt, & Yoder, 1999)
- **Special needs adolescents** are two to 10 times more likely to be abused than their typically developing counterparts (Sullivan & Knutson, 2000).
- **Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) adolescents** contend with violence directed at them in response to suspicion about or declaration of their sexual orientation and gender identity (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012).
- **HIV positive youth** experience high rates of traumatic stress. Research indicates that receiving a positive HIV diagnosis is additionally traumatic for most of them (Radcliffe et al., 2007). This may impact participation in medical care.

Multi-System or *Crossover* Youth

- These youth are involved in both the child welfare system and the juvenile justice system.

- Maltreatment is a risk factor for delinquent behavior.
- The majority of multi-system youth start out in the child welfare system and then enter the juvenile justice system.
- There are a disproportionate number of children of color in the crossover population compared to the general population, the child welfare population, and the juvenile justice population.
- There are a higher number of females in the crossover population compared to the general delinquency population.
- Crossover youth experience prevalent educational (including special education), mental health, and substance abuse problems.
- Many are in foster care for long periods of time.
- Lack of cross-system communication in case planning leads to many crossover youth falling through the cracks.

(Herz et al., 2012)

- Outcomes for crossover youth can include recidivism, adult criminal justice involvement, mental health and substance abuse problems, and need for public assistance (Culhane et al., 2011).

Prevent Child Welfare Youth from Crossing Over by Reducing Risk Factors for Delinquency, Such as:

- Physical abuse (Maas, Herrenkohl, & Sousa, 2008)
- Neglect (Jonson-Reid and Barth, 2000; Smith, Ireland, & Thornberry, 2005)
- Maltreatment starting or lasting into adolescence (Smith, Ireland, & Thornberry, 2005)
- Group home placement (Ryan, Marshall, Herz, & Hernandez, 2008)
- Placement instability (Widom & Maxfield, 2001)

Awareness of the above risk factors can also help link high-risk youth to more intensive services to prevent delinquency.

Protective Factors That Can Prevent Child Welfare Youth from Crossing Over to Delinquency Include:

- Positive attachments to others
- Safe school environments

(Ryan, Testa, & Zhai, 2008; Crooks, Scott, Wolf, Chiodo, & Killip, 2007; Benda & Corwyn, 2002)