

Childhood trauma and its impact

School resources

Trauma results from an event, series of events, or circumstances that are physically or emotionally harmful, or life threatening. In childhood, these experiences can impact a child's functioning and mental, physical, social or emotional wellbeing¹. There are several types of potentially traumatic events in childhood. Sometimes referred to as Adverse Childhood Experiences (ACEs), these events include child physical, sexual and emotional abuse, neglect and maltreatment, and household adversity, such as parent mental illness, family violence, substance abuse, incarceration, and separation and divorce². Other events described as potentially traumatic are motor vehicle accidents, disasters such as floods, bushfires and earthquakes, bullying and community violence, and trauma from illness or exposure to war³.

How prevalent is childhood trauma?

It is estimated in the United States that more than two-thirds of children experience at least one potentially traumatic event by 16 years of age⁴. In Australia, 8.9% of children experience physical abuse, 8.6% sexual abuse, 8.7% emotional abuse and 2.4% neglect⁵. New Zealand has one of the worst records of child abuse in the developed world. The most recent national survey in New Zealand identified that 14% of adolescents reported being physically harmed on purpose by an adult in their home, while 20% of girls and 9% of boys reported sexual abuse⁶. In 2020, 7% of children had a recognised family violence notification⁷.

Exposure to one type of trauma increases a child's risk of exposure to another type of trauma. For example, children who experience physical or sexual abuse by a parent or caregiver are more likely to experience neglect in the home⁸. Children exposed to ongoing and multiple traumatic experiences are more vulnerable to the impact of subsequent trauma⁹. It is important to note that trauma is defined differently across the literature which means that it is difficult to gauge the nature and extent of these experiences in the community.

What are the implications of childhood trauma?

Trauma may impact the child immediately and also as they grow and mature into adults. Research has concluded that exposure to adverse circumstances affects the developing brain in ways that increase risk for a myriad of problems¹⁰. Early adversity increases risk for maladaptive outcomes such as memory problems, learning difficulties and cognitive delays. It also increases the risk of academic difficulties and school adjustment, attention and behaviour regulation, and emotional issues such as difficulties with stress management, sensitivity to reward, and emotional and behavioural regulation¹¹. Early adversity also leads to an increased risk of mental illness, interpersonal problems and dysfunctional behaviours¹².

Later in life, higher engagement in health risk behaviours, such as smoking and substance abuse, as well as higher stress among this group increases risk of chronic health conditions including obesity, cancer, stroke and heart disease¹³. Children and young people who experience adversity or trauma are also at higher risk of psychiatric disorders, high-risk antisocial activities¹⁴, non-suicidal self-injury¹⁵, and suicidality and suicide¹⁶. The more adversity a child experiences, the more likely they are to experience negative psychological and physical health later in life¹⁷. Not all children experience negative physical

and psychological health outcomes after trauma, but there is clear evidence that childhood trauma increases the risk of these and other outcomes across the lifespan.

Debunking myths about trauma

There are a number of common and potentially harmful myths about trauma and its impact. It is important for those working with children and young people who may have experienced trauma to consciously reject these myths.

Trauma is something that children will just grow out of: Research is clear that exposure to trauma early in life can result in neurological, psychological, physical, social and learning challenges across the lifespan¹⁸. The degree of impact that trauma may have on a child varies greatly based on a number of factors and the impacts for children may last for weeks, months or years. The impacts may be relatively small, such as short-term avoidance of things that remind them of the traumatic experience, or large, such as the development of psychological conditions like post-traumatic stress disorder (PTSD).

If children were more resilient, they would be able to cope better with adversity: There is no single factor to predict whether a child exposed to trauma will develop resilience and/or experience negative health and behaviour impacts. The research on resilience and post-traumatic stress disorder has highlighted several risk and protective factors that will either help or hinder a child's wellbeing after trauma. Some examples of risk factors that may predict coping after trauma include exposure to earlier traumatic events and a history of mental illness¹⁹. Examples of protective factors that may help a child to be more resilient following trauma include development of coping skills and support from family and other caregivers (such as teachers)²⁰.

Family and domestic violence is only traumatic if it is targeted towards the child: Research shows that children who see their mother or stepmother²¹ being hurt experience trauma that can have long lasting consequences²². Exposure to family violence in childhood, whether or not they are the targets of the violence, increases children's risk of mental health problems²³, social-emotional challenges²⁴, learning and cognitive delays²⁵, and the likelihood that they will experience violence in their own intimate relationships in adulthood²⁶.

A child must be physically or sexually hurt by a family member to experience trauma: Trauma comes in all shapes and sizes and there is evidence showing that an experience that might be traumatic for some is not traumatic for others. For example, emerging evidence has demonstrated that people with autism spectrum disorder may be more vulnerable to trauma and PTSD compared to people without autism²⁷.

Trauma definitions and related terms

Numerous terms have been used to define trauma and related terms. Some of the most common terms and definitions are below:

Trauma: A response to an event, series of events, or circumstances that are physically or emotionally harmful, or life threatening, and which impact functioning and mental, physical, social or emotional wellbeing²⁸.

Potentially traumatic event (PTE): An event which may be life-threatening or pose a danger to a person's physical or psychological wellbeing, and which may have little impact on one person but cause significant distress for another person²⁹.

Post-traumatic stress disorder (PTSD): A psychiatric disorder characterised by clinically significant distress or impairment in functioning that occurs following an event causing actual or threatened death, serious injury or harm³⁰.

Complex post-traumatic stress disorder (CPTSD): A disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (such as torture, slavery, genocide campaigns, prolonged domestic violence, or repeated childhood sexual or physical abuse)³¹.

Adverse childhood experience (ACE): Potentially traumatic events that occur in childhood (0-17 years)³².

Complex trauma: Exposure to multiple ACEs that cause wide-ranging, long-term effects from this exposure³³. Complex trauma is different to single incident trauma which refers to a child's experience of one type of trauma (such as a natural disaster).

Developmental trauma: A term used to describe exposure to multiple, chronic and prolonged PTEs and is used interchangeably with the term 'complex trauma'³⁴.

Toxic stress: Exposure to multiple ACEs and prolonged activation of the stress response systems disrupting the developing brain and other organ systems³⁵.

Post-traumatic growth: A transformation that occurs for some people in which people learn more about themselves, their capabilities, the people who support them, and the world after trauma³⁶.

Trauma-informed practice/care: 'A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes signs and symptoms in clients, families, staff, others involved with system; responds by fully integrating knowledge about into policies, procedures, practices; seeks to actively resist re-traumatization'³⁷.

Trauma-focused therapies: Trauma-focused therapies are interventions delivered by qualified mental health professionals with the specific aim of treating psychiatric concerns after trauma, such as PTSD³⁸.

References & recommended further reading

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Endnotes

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Karen's passion is to assist with improving the mental and physical health of vulnerable and disadvantaged populations. Over the past 20 years, Karen has undertaken research within schools, prisons and community settings in diverse health fields including trauma and adversity, psychological and post-traumatic distress, and domestic violence. With a team of passionate researchers Karen generated the International Trauma-Informed Practice Principles for Schools (ITIPPS) and created the Thoughtful Schools Program, which is being pilot tested in Western Australia. By sharing knowledge and experience in assisting schools to become trauma-informed using research evidence, Karen aims to ensure that future school environments are places where young people feel supported, cared for and safe.