

TRAUMA IN PRACTICE

Understanding Trauma and its Impact on Child Clients

by Eva J. Klain

Stacey finds her new client Kelly withdrawn and difficult to engage. While reviewing her case file, Stacey realizes that Kelly not only spent years shuffling between foster homes as a result of her mother's neglect, but she also faced violence in her neighborhood and often ran away to avoid bullying at school. When Kelly does respond to Stacey, she is often angry and refuses to believe Stacey will actually advocate for her. Stacey is concerned about Kelly's mental health and suspects there may be other events Kelly is not telling her about.

About 46 million children are affected by violence, crime, abuse, or psychological trauma each year.¹ Many of these children will become involved in the child welfare or juvenile justice systems. Children in foster care like Kelly are more likely to have been exposed to multiple forms of trauma, such as physical or sexual abuse, neglect, family and/or community violence, trafficking or commercial sexual exploitation, bullying, or loss of loved ones. In addition to the abuse or neglect that led to their removal, children in care may experience further stresses after entering the system, including separation from family, friends, and community, as well as uncertain futures.

The trauma children in foster care experience is often complex. If left untreated, it can permanently affect their growth and development and have effects decades later. The Attorney General's National Task Force on Children Exposed to Violence recommends all professionals serving children exposed to violence and psychological trauma learn and provide trauma-informed care and trauma-focused services.²

Similarly, a recent ABA policy calls for integrating trauma knowledge into daily legal practice and integrating and sustaining trauma awareness and skills in practice and policies.³ This article will help you understand trauma and its impact on the lives of the children and families you represent, and provide suggestions for integrating that knowledge into your advocacy.

Trauma and its Impact Approach your cases with an understanding of trauma and polyvictimization.

When representing children and families who have experienced trauma, know the following terms and definitions.

Trauma occurs when a child experiences a traumatic event that results in child traumatic stress.

- **A traumatic event** is one that threatens the life or physical integrity of a child or someone important to that child, such as a parent, grandparent, or sibling, according to the National Child Traumatic

Stress Network. Such traumatic events can cause an overwhelming sense of terror or helplessness, and produce intense physical effects such as a pounding heart, rapid breathing, trembling, or dizziness.⁴

- **Child traumatic stress** occurs when a child's inability to cope with overwhelming traumatic situations causes psychological and biological responses.⁵ Traumatic stress elicits mental and physical responses that cause problems when they interfere with the ability to function and engage with others.

Trauma may affect the behavior, development, and reactions of children. Children lacking

(Cont'd on p. 182)

What's Inside:

- 178 CASE LAW UPDATE
- 187 EXPERT EXCHANGE
6 Things Every Kid Should Know about a Parent's Depression
- 188 LEARNING CURVES
School Discipline and Youth in Foster Care
- 190 LEGISLATIVE UPDATE
Federal Act Includes Child Welfare Reforms for Older Youth in Care
- 192 RESEARCH IN BRIEF

(Cont'd from front page)

the ability to adapt and handle traumatic events may display the following symptoms of childhood traumatic stress:⁶

- Intense and ongoing emotional upset
- Depression
- Anxiety
- Behavioral changes
- Difficulties at school
- Problems maintaining relationships
- Difficulty eating and sleeping
- Aches and pains
- Withdrawal
- Substance abuse, dangerous behaviors, or unhealthy sexual activity among older children

Trauma can also be differentiated by type:

- **Acute trauma** is a short-lived experience tied to a particular place or time.⁷ Examples of acute trauma include natural disasters, serious accidents, gang shootings, school violence, or the loss of a loved one.⁸ In response to these traumatic events, children may experience feelings of helplessness and distress.⁹
- **Chronic trauma** is prolonged exposure to traumatic situations over a long period. Examples of chronic trauma involve prolonged physical or sexual abuse, exposure to family violence, or war.¹⁰ Child traumatic stress resulting from this type of exposure may include intense feelings of distrust, fear for personal safety, guilt, and shame.¹¹
- **Complex trauma** involves exposure to multiple or prolonged forms of trauma and describes “both children’s exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure.” The events leading to complex trauma are “severe and pervasive,”

usually beginning early in life. They can disrupt a child’s development and the ability to form a secure attachment bond, since they often occur in the context of the child’s relationship with a caregiver.¹²

Polyvictimization occurs when children experience or witness *six or more* forms of violence or abuse. Research reveals that children exposed to one form of violence are more likely to have had multiple exposures to violence. The 2011 National Survey of Children’s Exposure to Violence (NatSCEV II), the second comprehensive national survey to assess the full spectrum of children’s direct and indirect exposure to violence, focused on the experiences of youth age 17 years and younger.¹³

NatSCEV II found that 57.7% of its total sample reported experiencing or witnessing at least one form of violent exposure.¹⁴ Almost half (48.4%) of the sample had been exposed to more than one form of victimization, while 15.1% experienced six or more forms and 4.9% had exposure to 10 or more.¹⁵ These high levels of exposure, known as polyvictimization, are particularly worrisome.¹⁶

Children experiencing polyvictimization are more distressed than other victims in general, but also display more distress than those victims who experience frequent victimization of a single type. Other characteristics of polyvictimization include: cumulative adversity, complex trauma, greater incidence of serious victimization, and exposure to multiple domains of victimization.¹⁷

Children entering the foster care system are more likely to be victims of complex trauma and polyvictimization. The National Child Traumatic Stress Network (NCTSN) conducted a study of the link between complex trauma and psychosocial outcomes for youth in foster care.¹⁸ Information gathered about children in care who were referred for treatment at NCTSN sites demonstrated the high prevalence

of complex trauma exposure for this group.¹⁹ Over 70% of sampled children reported experiencing at least two traumas constituting complex trauma, while 11.7% reported experiencing all five types researched (i.e., sexual abuse, physical abuse, emotional abuse, neglect, and domestic violence).²⁰

Recognize the effects trauma may have on children and families.

Some trauma effects you may see in your clients include:

Psychosocial effects. Children who experience multiple forms of trauma tend to have more severe and complicated reactions, which affect their emotional, behavioral, and cognitive functioning.²¹ Not all children experience childhood traumatic stress after exposure to trauma; however, children in foster care often have not had the benefit of safe and stable homes that aid in building resiliency. Resiliency, or the child’s capacity to cope with future stress, is a critical part of treating children exposed to trauma.²² Interventions that work towards building healthy relationships between children and caregivers, processing painful memories, and making the child feel safe allow the child to develop strategies and tools for overcoming future trauma.²³

Health and well-being effects. While adults often think children are too young to be harmed by exposure to trauma and stress, the effects of these experiences on a child’s well-being and health can be profound. Starting in 1995 and ongoing today, the Adverse Childhood Experiences (ACE) Study has linked traumatic childhood events, such as abuse and maltreatment, with increased likelihood of risky behavior and disease.²⁴ The ACE Study shows that children exposed to “four or more adverse childhood experiences were four to 12 times more likely to struggle with depression, suicide attempts, alcoholism, and drug abuse” later

Understanding Trauma		
Term	Definition	Characteristics/Symptoms
Trauma	A traumatic event that results in traumatic stress.	
<i>Traumatic event</i>	An event that threatens life or physical integrity of child or someone important to child.	<ul style="list-style-type: none"> • Overwhelming sense of terror or helplessness • Intense physical effects: pounding heart, rapid breathing, trembling, dizziness
<i>Traumatic stress</i>	<ul style="list-style-type: none"> • Occurs when a child’s inability to cope with overwhelming traumatic situations causes psychological and biological responses. • Elicits mental and physical responses that cause problems when they interfere with the ability to function and engage with others. 	<ul style="list-style-type: none"> • Intense and ongoing emotional upset • Depression • Anxiety • Behavioral changes • Difficulties at school • Problems maintaining relationships • Difficulty eating and sleeping • Aches and pains • Withdrawal • Substance abuse, dangerous behaviors, or unhealthy sexual activity among older children
Trauma Types		
<i>Acute trauma</i>	A short-lived experience tied to a certain place or time (e.g. natural disasters, serious accidents, gang shootings, school violence, or loss of a loved one).	<ul style="list-style-type: none"> • Feelings of helplessness and distress
<i>Chronic trauma</i>	Prolonged exposure to traumatic situations over a long period (e.g., prolonged physical or sexual abuse, exposure to family violence or war).	<ul style="list-style-type: none"> • Feelings of distrust • Fear for personal safety • Guilt • Shame
<i>Complex trauma</i>	Exposure to multiple or prolonged forms of trauma, usually in context of child’s relationship with caregiver. Describes exposure to multiple traumatic events, often of an invasive, interpersonal nature, and long-term impact of that exposure.	<ul style="list-style-type: none"> • Disrupted child development • Difficulty forming secure attachments
Understanding Polyvictimization		
Polyvictimization	Occurs when child experiences or witnesses six or more forms of violence or abuse.	<ul style="list-style-type: none"> • Cumulative adversity • Complex trauma • Greater incidence of serious victimization • Exposure to multiple domains of victimization • High distress levels
<p>Sources: The National Child Traumatic Stress Network, www.nctsn.org; Finkelhor, D., H.A. Turner, A. Shattuck, & S.L. Hamby. “Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth: An Update.” <i>JAMA Pediatrics</i>, 2013, 1-8.</p>		

in life.²⁵

Societal costs. Without intervention, children whose behavioral and emotional development are impacted by trauma are more vulnerable to negative outcomes such as dropping out of school, substance abuse, delinquency, and lower job attainment as adults.²⁶ In addition to the physical, mental, and developmental effects of trauma on child well-being and health, trauma also represents a huge financial cost for society. Children suffering from trauma will likely have a loss of productivity over their lifespans; and public systems, such as child welfare, social services, law enforcement, juvenile justice, and education, may also carry the burden of these costs.²⁷

Consider a child's chronological and developmental age.

A child's reaction to trauma may differ depending on her resiliency and age:

Very young children. Preschool-age and young children will likely feel great fear in response to trauma. Young children have not developed the ability to know where they can find security and thus their fear extends past the circumstances of the traumatic event.²⁸ Caregivers may notice a loss of language and a regression in toileting skills, as well as repeated night terrors.²⁹ Beyond these behavioral responses, children who experience trauma during their infant and toddler years are apt to suffer limitations in brain growth.³⁰ Specifically, exposure to child abuse and neglect can negatively affect the

parts of the brain regulating learning and self-control.³¹

School-age children. Brain development of school-age children can also be affected by childhood traumatic stress. For example, research links exposure to domestic violence with lower IQ scores for youth.³² School-age children often become preoccupied with the traumatic experience, and may feel guilt or shame about their role in the event.³³ They may complain about stomachaches or headaches.³⁴ Caregivers may observe a change in behavior such as abrupt development of a new fear, inability to sleep well, signs of aggression, or impulsivity.³⁵

Adolescents. Symptoms of childhood traumatic stress may be most difficult to detect in adolescents, who are often considered an emotionally volatile group regardless of trauma exposure. However, adolescents may experience a preoccupation with the traumatic event and internalize their fear, guilt, or shame.³⁶ Adolescents often worry about being abnormal or weak, and allow the trauma to isolate them from others.³⁷ They may have thoughts of revenge. These symptoms and others, such as sleep disturbance, can be masked by late night studying or staying up with friends.³⁸

Attorneys and Secondary Trauma

Any trauma-informed system of care should include awareness of secondary trauma and provide ways to address its impact on individuals working within the system. Secondary trauma is the cumulative effect on physical, emotional, and psychological health resulting from constant exposure to traumatic stories or events when working with others in a helping capacity. Secondary trauma is also often referred to as vicarious trauma or compassion fatigue. It is important for child-serving professionals to be aware of secondary trauma and develop personal and professional strategies to effectively address it.

Signs of secondary trauma may include disturbed sleep, withdrawal, tension, or intrusive thoughts. Other symptoms may include feelings of hopelessness, an inability to concentrate, anger or cynicism, or chronic exhaustion and other physical ailments. Secondary trauma can impact a person's ability to listen to or engage effectively with clients, or make thoughtful decisions, which can have negative effects on child clients who themselves are coping with the effects of trauma.

Some ways to address secondary trauma in a positive way and engage in self-care include:

- Provide training to all stakeholders on secondary trauma and self-care.
- Interact with co-workers through informal gatherings.
- Establish a peer support group to create ongoing dialogue within the office.
- Maintain a healthy lifestyle, including exercise and good nutrition.
- Establish life-work balance, which may include flextime scheduling or balanced caseloads
- Spend time with family and friends outside the professional setting.
- Consult a mental health professional or Employee Assistance Program (EAP).

Source: National Center for Child Traumatic Stress Secondary Stress Committee. *Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals*. Los Angeles, CA, and Durham, NC: NCTSN, 2011. Available at www.nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf.

Form trauma-informed systems and approaches in your community.

Trauma-informed systems are structured with an understanding of the causes and effects of traumatic experiences, along with practices that support recovery. This approach gives children a sense of control and hope, and requires involvement by those working with the child, including caseworkers, lawyers, judges, providers, birth parents, and caregivers (foster parents and kinship caregivers). It also promotes awareness of secondary trauma among professionals working with traumatized children (also known as vicarious trauma or

compassion fatigue) and helps them develop positive strategies to address its impact (see sidebar on Secondary Trauma and Self Care).

Serving children through a trauma-informed lens requires awareness of trauma and its effects, appropriate trauma screenings and assessments, and trauma-specific treatments. Collaborative efforts require implementing a trauma-informed approach that is not limited to one agency or court. To be effective, all child-serving systems must work together across systems to seamlessly deliver services. A trauma-informed system is more than just treatment. It is a comprehensive approach to engaging and serving children and youth that focuses on their capacity for resilience.

Trauma-focused approaches

Several court and legal practice models incorporate a trauma-focused delivery system. Each successful model recognizes that involving all stakeholders – caseworkers, administrators, service providers, judges, attorneys, parents, and caregivers – in developing and implementing a trauma-informed system results in increased awareness, a greater capacity to overcome obstacles, and a broader range of resources. Specific training on trauma-informed legal practices involving youth, families, and caregivers can help you effectively advocate for the services your clients need. Ultimately, a more effective system allows more children in care to receive the support necessary to overcome the effects of childhood traumatic stress and thrive at home or in their placements.

Stark County Family Court in Ohio is a nationally recognized model of a trauma-informed family and juvenile court. The court, led by Judge Michael Howard, has increased systemwide awareness of trauma and built capacity for trauma-specific services for children and caregivers. National experts were brought in to educate court, child-serving, and mental health staff on child trauma.³⁹ A countywide

Resources on Trauma and Polyvictimization

The **National Child Traumatic Stress Network (NCTSN)** maintains a comprehensive website (www.nctsn.org) with numerous resources to help professionals, parents, and others, including a dedicated section on child welfare practice.

The **ABA Center on Children and the Law**, through a federally funded Office for Victims of Crime Action Partnership for National Membership, Professional Affiliation, and Community Service Organizations Responding to Polyvictimization, is addressing the need for trauma-informed legal advocacy for court-involved children and youth experiencing trauma (www.americanbar.org/groups/child_law/what_we_do/projects/child-and-adolescent-health/polyvictimization.html).

The **Office for Victims of Crime, U.S. Department of Justice**, provides resources on trauma and polyvictimization for multiples audiences (<http://ojp.gov/ovc/pubs/ThroughOurEyes/introduction.html>).

The **National Council of Juvenile and Family Court Judges (NCJFCJ)** maintains a website on trauma-informed court systems (www.ncjfcj.org/our-work/trauma-informed-system-care) and works collaboratively with other organizations to promote trauma awareness in juvenile and dependency courts.

Traumatized Child Task Force was formed to determine a plan for screening, assessing, and providing identified children with services.⁴⁰ Trauma-specific screenings are offered through the juvenile court, and any staff suspecting trauma can refer a child for screening.⁴¹ The importance of trauma awareness is emphasized among all child-serving personnel, as well as families and caregivers.

Legal Services for Children (LSC) – San Francisco helps lawyers understand how trauma sensitivity can inform their daily practice. LSC proposes a model of child representation that integrates trauma awareness into every aspect of legal practice, focusing on relationships, advocacy, and coordination of care. In the first phase of its work, LSC has developed practice recommendations addressing how lawyers can build attorney-client relationships that are sensitive to youth who have experienced trauma and can increase their engagement with their legal case. Moving forward, LSC will incorporate best practices for incorporating trauma knowledge to strengthen legal advocacy. Best practices will enhance lawyers' understandings of their clients' motivations, behaviors, and needs, and promote a collaborative, holistic response to clients in crisis,

including referrals to trauma-specific services and/or participating in multidisciplinary teams.⁴²

Trauma-informed advocacy tools

Tools such as *Identifying Polyvictimization and Trauma Among Court-Involved Children and Youth: A Checklist and Resource Guide for Attorneys and Other Court-Appointed Advocates*⁴³ can also help you incorporate trauma awareness into your practice. These tools help you recognize the impact exposure to violence and trauma has on child development and well-being, respond to child traumatic stress through legal representation that reflects such recognition, and collaborate with other professionals to support the recovery and resiliency of the child and family. The checklist is not intended as a screening instrument but as a tool to help identify different types of traumatic experiences and symptoms of trauma in your child clients, and services to address their needs. For more information see: http://www.safestartcenter.org/pdf/Resource-Guide_Polyvictim.pdf.

Conclusion

Children in foster care are especially vulnerable to the effects of childhood traumatic stress. Your advocacy on behalf of clients should recognize

the impact of trauma, respond in a way that reflects that awareness, and aid children's recovery and ability to draw on their capacity for resiliency to overcome the negative effects of trauma. Such trauma-informed representation improves outcomes for children and their families, a key part of a trauma-informed court system.

This article is based in part on Klain & White. *Implementing Trauma-Informed Practices in Child Welfare*. State Policy Advocacy and Reform Center, 2013. (<http://childwelfareparc.org/wp-content/uploads/2013/11/Implementing-Trauma-Informed-Practices.pdf>). It was produced under a grant from the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this article those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice or ABA.

Eva J. Klain, JD, directs the Child and Adolescent Health Project at the ABA Center on Children and the Law. She directs a project that is addressing the need for trauma-informed legal advocacy and judicial decision making for polyvictimized children through a grant from the Office for Victims of Crime, U.S. Department of Justice.

Endnotes

1. National Task Force on Children Exposed to Violence, U.S. Department of Justice. *Report of the Attorney General's National Task Force on Children Exposed to Violence*, 2012. Available at www.justice.gov/defendingchildhood/cev-rpt-full.pdf.
2. *Ibid.*, 14. "Trauma-informed care" is a form of evidence-based intervention and service delivery that identifies, assesses, and heals people injured by, or exposed to, violence and other traumatic events. "Trauma-focused services" are provided by professionals who (a) realize (understand) the impact that exposure to violence and trauma have on victims' physical, psychological, and psychosocial development and wellbeing, (b) recognize when a specific person who has been exposed to violence and trauma is in need of help to recover from trauma's adverse impacts, and (c) respond by helping in ways that reflect awareness of trauma's adverse impacts and consistently support the person's recovery from them (adapted from the 2012 SAMHSA [Substance Abuse and Mental Health Services Administration] "Working Definition of Trauma and Guidance for a Trauma-Informed Approach").
3. American Bar Association, Policy on Trauma-Informed Advocacy for Children and Youth, adopted Feb. 10, 2014 by the ABA House of Delegates. Available at www.americanbar.org/content/dam/aba/administrative/child_law/ABA%20Policy%20on%20Trauma-Informed%20Advocacy.authcheckdam.pdf.
4. The National Child Traumatic Stress Network. "Defining Trauma and Child Traumatic Stress." Retrieved from: <https://nctsn.net/content/defining-trauma-and-child-traumatic-stress>.
5. Maze, J., R. Van Tassell, C. Marsh & D. L. Fransein. "An Overview of the Special Issue." *Juvenile and Family Court Journal* 59, 2008, 3-5.
6. The National Child Traumatic Stress Network. "Understanding Child Traumatic Stress." Retrieved from: www.nctsn.net/sites/default/files/assets/pdfs/understanding_child_traumatic_stress_brochure_9-29-05.pdf
7. The National Child Traumatic Stress Network. "Defining Trauma and Child Traumatic Stress." Retrieved from: <https://nctsn.net/content/defining-trauma-and-child-traumatic-stress>.
8. *Ibid.*
9. *Ibid.*
10. *Ibid.*
11. *Ibid.*
12. The National Child Traumatic Stress Network. "Complex Trauma." Retrieved from: www.nctsn.net.org/trauma-types/complex-trauma.
13. Finkelhor, D., H.A. Turner, A. Shattuck, & S.L. Hamby. "Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth: An Update." *JAMA Pediatrics*, 2013, 1-8.
14. *Ibid.*
15. *Ibid.*
16. *Ibid.* Rates from the 2011 survey were compared with those from the first NatSCEV in 2008, and researchers found no significant change in exposure rates.
17. Finkelhor, D., H. Turner, R. Ormrod, S. Hamby, & K. Kracke. *Children's Exposure to Violence: A Comprehensive National Survey*. Bulletin. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2009.
18. Greeson, J. K. et al. "Complex Trauma and Mental Health in Children and Adolescents Placed in Foster Care: Findings from the National Child Traumatic Stress Network." *Child Welfare* 90(6), 2011, 91-108.
19. *Ibid.*
20. *Ibid.*
21. Cook, A., et al. "Complex Trauma in Children and Adolescents." *Psychiatric Annals* 35, 2005, 390-398.
22. Schneider, S. J., S. F. Grilli, & J. R. Schneider. "Evidence-Based Treatments for Traumatized Children and Adolescents." *Current Psychiatry Reports* 15(1), 2013, 1-9.
23. *Ibid.*
24. Felitti, V. J., et al. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine* 14(4), 1998, 245-258.
25. *Ibid.*
26. National Task Force on Children Exposed to Violence, 2012.
27. *Ibid.*
28. The National Child Traumatic Stress Network. "Age-Related Reactions to a Traumatic Event." Retrieved from: www.nctsn.net/sites/default/files/assets/pdfs/age_related_reactions_to_a_traumatic_event.pdf.
29. *Ibid.*
30. De Bellis, M. D. "Outcomes of Child Abuse Part II: Brain Development." *Biological Psychiatry* 45(10), 1999, 1271-84.
31. *Ibid.*
32. Koenen, K., T. et al. "Domestic Violence is Associated with Environmental Suppression of IQ in Young Children." *Development and Psychopathology* 15, 2003, 297-311.
33. The National Child Traumatic Stress Network. "Age-Related Reactions to a Traumatic Event."
34. *Ibid.*
35. The National Child Traumatic Stress Network. "Understanding Child Traumatic Stress."
36. *Ibid.*
37. *Ibid.*
38. *Ibid.*
39. Howard, M. L. & R. R. Tener. "Children Who Have Been Traumatized: One Court's Response." *Juvenile and Family Court Journal* 59, 2008, 21-34.
40. *Ibid.*
41. *Ibid.*; Pilnik, L. & J. Kendall. *Victimization and Trauma Experienced by Children and Youth: Implications for Legal Advocates*. Issue Brief #7. Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice, 2012. Available at www.safestartcenter.org.
42. Patten, E. & T. Kraemer. *Practice Recommendations for Trauma-Informed Legal Services*. (Working Draft, 2013).
43. Pilnik, L. & J. Kendall. *Identifying Polyvictimization and Trauma among Court-Involved Children and Youth: A Checklist and Resource Guide for Attorneys and Other Court-Appointed Advocates*. Safe Start Center, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice, 2012. Available at www.safestartcenter.org/pdf/Resource-Guide_Polyvictim.pdf.