Child Traumatic Stress: A Primer for Resource Parents

What is Traumatic Stress?

By the time most children enter the foster care system they have already been exposed to a wide range of painful and distressing experiences. Although all of these experiences are stressful, experiences are considered traumatic when they threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent, grandparent, or sibling). Traumatic events lead to intense physical and emotional reactions, including:

- An overwhelming sense of terror, helplessness, and horror
- Automatic physical responses such as rapid heart rate, trembling, dizziness, or loss of bladder or bowel control

Types of Traumatic Stress: Acute Trauma

A single traumatic event that lasts for a limited period of time is called an acute trauma. A natural disaster, dog bite, or motor vehicle accident are all examples of acute traumas. Over the course of even a brief traumatic event, a child may go through a variety of complicated sensations, thoughts, feelings, and physical responses that change from moment to moment as the child appraises the danger faced and the prospects of safety. As the event unfolds, the child’s pounding heart, out-of-control emotions, loss of bladder control, and other physical reactions are frightening in themselves and contribute to his or her sense of being overwhelmed.

Types of Traumatic Stress: Chronic Trauma

Chronic trauma occurs when a child experiences many traumatic events, often over a long period of time. Chronic trauma may refer to multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or recurrent events of the same kind, such as physical or sexual abuse.

Even in cases of chronic trauma, there are often particular events or moments within those events that stand out as particularly horrifying. For example, one little boy reported “I keep thinking about the night Mommy was so drunk I was sure she was going to kill my sister.”

Chronic trauma may result in any or all of the symptoms of acute trauma, but these problems may be more severe and more long lasting. The effects of trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact. A child exposed to a series of traumas may become more overwhelmed by each subsequent event and more convinced that the world is not a safe place. Over time, a child who has felt overwhelmed over and over again may become more sensitive and less able to tolerate ordinary everyday stress.
What about neglect?

Neglect is defined as the failure to provide for a child’s basic physical, medical, educational, and emotional needs. Since neglect results from “omissions” in care, rather than “acts of commission” (such as physical and sexual abuse), it might seem less traumatic. However for an infant or very young child who is completely dependent on adults for care, being left alone in a crib, in a wet, dirty diaper, suffering from the pain of hunger and exhausted from hours of crying, neglect feels like a very real threat to survival.

For older children, not having proper care, attention, and supervision often opens the door to other traumatic events, such as accidents, sexual abuse, and community violence. Neglect can make children feel abandoned and worthless, and reduce their ability to recover from traumatic events.

How Do Children Respond to Trauma?

Every child reacts to trauma differently. What is distressing for one child may be less so for another. A child’s response to a traumatic event will vary depending on factors such as:

- The child’s age and developmental stage
- The child’s perception of the danger faced
- Whether the child was the victim or a witness
- The child’s relationship to the victim or perpetrator
- The child’s past experience with trauma
- The adversities the child faces in the aftermath of the trauma
- The presence/availability of adults who can offer help and protection

Children who have been through trauma may show a range of traumatic stress reactions. These are grouped into three categories.

- **Hyperarousal**: The child is jumpy, nervous, easily startled.
- **Reexperiencing**: Images, sensations, or memories of the traumatic event come uncontrollably into the child’s mind. At its most extreme, reexperiencing many make a child feel back in the trauma.
- **Avoidance and withdrawal**: The child feels numb, frozen, shut down, or cut off from normal life and other people. The child may withdraw from friends and formerly pleasurable activities. Some children, usually those who have been abused, disconnect or withdraw internally during a traumatic event. They feel detached and separate from their bodies, and may even lose track of time and space. Children who have learned to dissociate to protect themselves may then dissociate during any stressful or emotional event.
Traumatic stress reactions can lead to a range of troubling, confusing, and sometimes alarming behaviors and emotional responses in children. They may have:

- Trouble learning, concentrating, or taking in new information
- Problems going to sleep, staying asleep, or nightmares
- Emotional instability; being moody one minute and cheerful the next, or suddenly becoming angry or aggressive

**When Trauma is Caused by Loved Ones: Complex Trauma**

Some trauma experts use the term **complex trauma** to describe a specific kind of chronic trauma and its effects on children. Complex trauma refers to multiple traumatic events that begin at a very early age and are caused by the actions – or inactions – of adults who should have been caring for and protecting the child. When trauma begins early and is caused by the very people whom the child relies on for love and protection, it can have profound effects on a child’s healthy physical and psychological development. Children who have experienced complex trauma have had to cope with chronically overwhelming and unmanageable stresses almost entirely on their own. As a result, these children often:

- Have difficulty regulating their feelings and emotions
- Find it hard to feel safe
- Have difficulty forming trusting relationships
- Find it hard to navigate and adjust to life’s changes
- Display extreme emotional and physical response to stress

**Transcending Trauma: Resilience and the Role of Resource Parents**

The ability to recover from traumatic events is called resilience. In general, children who feel safe, capable, and lovable are better able to “bounce back” from traumatic events.

There are many factors in a child’s life that can promote resilience and help a child see the world as manageable, understandable, and meaningful. Some of the factors that can increase resilience include:

- A strong, supportive relationship with a competent and caring adult
- A connection with a positive role model or mentor
- Recognition and nurturance of their strengths and abilities
- Some sense of control over their own lives
- Membership in a community larger than themselves, whether their neighborhood, faith-based group, scout troop, extended family, or a social cause

Regardless of the child’s age or the types of trauma experienced, healing is possible. With nurture and support, children who have been through trauma can regain trust, confidence, and hope. Resource parents are critical in helping children in their care to build resilience and overcome the emotional and behavioral effects of child traumatic stress. By creating a structured, predictable environment, listening
to the child’s story at the child’s pace, and working with professionals trained in trauma and its treat-
ment, resource parents can make all the difference.


For more information on the impact on children, visit the National Child Traumatic Stress Network (NCTSN) at www.NCTSN.org