



Impact of Trauma on Children Prenatal to Five

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Trauma: Does it really matter in infancy and early childhood?

- ☛ Infants' and young children's central nervous systems are developing more rapidly than they ever will again
- ☛ Children's experiences shape the ways in which their brains and stress response systems develop
- ☛ Trauma affects all of the basis for mental health in infancy

Infant mental health

☞ Attachment

- Relationships that protect the baby from threat

☞ Regulation

- Physiology
- Emotional experience and expression

☞ Cognition

- Explore the world and process increasingly complex information

Infant mental health

Every developmental accomplishment that an infant must attain in order to be mentally healthy is accomplished in a relationship: a relationship with a primary caregiver or a close network of caregivers (e.g., an extended family)

Attachment: What babies need

Continuing relationships

- Contingently responsive
- Quickly enough
- Consistently enough...

To allow the baby to form a trusting relationship

Attachment: what assumptions develop

- ☛ The self is worthy of love
- ☛ The self is an effective agent
- ☛ The world is a benign place in which one's needs will be met

Regulation

Physiology

- Body temperature
- Heart rate
- Cycles
 - Sleeping/waking
 - Hunger/satiation

Regulation

Emotions

- Imitation
- Identification and naming
- Modulation of experience and expression

Cognition

- ☞ Staying alert to take in information from the surrounding environment
- ☞ Link bits of information into patterns
- ☞ Begin to predict what will happen next based on prior patterns
- ☞ Cause and effect
- ☞ Language
- ☞ Abstract reasoning

Linking attachment, regulation, and cognition

- ☛ Attachment is the basis of all three
- ☛ Relationships make regulation possible
- ☛ Trusting relationships make the growing child sufficiently secure to explore and learn



Regulation

- ☞ “Good enough” caregivers are significant aids to self regulation
 - Presence of mothers buffers infants from physiological response to stress
- ☞ Frightening caregivers present a child’s most significant challenge to self-regulation

Gunnar, Broderson, Krueger & Rigatuso, 1996



Traumatic Stress in Early Childhood

☛ Traumatic stressor involves:

- Actual or threatened death or injury to the child or others
- Threat to the physical or psychological integrity of the child or others

(DC:0-3R, 2005)

A cumulative risk model of developmental outcomes

- ☛ Risk factors co-exist
- ☛ Traumatic stressors generate secondary stresses
- ☛ There is a synergistic interaction among risk factors
- ☛ Risk of psychiatric disorder increases significantly among children as adverse life events accumulate

(Rutter, 1999; Pynoos et al., 1999; Sameroff, 1993)

Impact of Witnessing Violence: Attachment

- ☛ Children rely on attachment figures to protect them from danger
- ☛ The younger the child, the more completely the child relies on the attachment figure
- ☛ In moments of trauma, children's attachment figures fail them
- ☛ Children with secure attachments are at risk for the most profound disappointments from failure – but secure attachments may serve as a buffer
- ☛ Failure is particularly critical when the attachment figure is the source of the fear

Impact of Witnessing Violence: Self-regulation

- ☛ Central nervous system irritability can lead to
 - Difficulty concentrating
 - Aggression with peers and adults
 - Clinging behaviors
 - Selective attention to cues of danger
- ☛ Critical when the child's current developmental task involves learning to modulate affect

Impact of Witnessing Violence: Readiness to Learn

- ☞ Clinginess leads to decreased exploration of environment
- ☞ Selective attention to danger cues means that other relevant information is missed
- ☞ Inability to concentrate and focus attention decreases persistence with new tasks

Impact of Trauma on Caregivers

- ☞ Loss of felt sense of security
- ☞ Changes view of self/other
 - Victim
 - Persecutor
 - Non-helpful bystander
- ☞ Traumatic reminders
- ☞ Traumatic expectations

Changes in Parent-Child Relationship after Trauma

- Impaired affect regulation
- Either partner may develop new negative attributions based on trauma experience
 - Changes to mental representations
 - Traumatic expectations
- Parent and child may serve as traumatic reminders for one another

Traumatic Reminders

- External cues
- Affective states
- Persistent reminders generate new reminders
- Broad networks of reminders create chronic arousal

Family Violence in Infancy and Early Childhood

- ☛ Shattering of developmental expectation of protection from the attachment figure
- ☛ The protector becomes the source of danger
- ☛ “Unresolvable fear”: Nowhere to turn for help
- ☛ Contradictory feelings towards the parent and in relationships more generally

(Pynoos, 1993; Main & Hesse, 1990; Lieberman & Van Horn, 1998)

Traumatic Stress Disorder in Early Childhood

- ☛ Re-experiencing trauma: post-traumatic play, distress at reminders
- ☛ Numbing of affect: social withdrawal, affective constriction, developmental losses
- ☛ Increased arousal: heightened startle response, decrease in concentration, hypervigilance

(DC:0-3R, 2005)



Sequelae of Exposure to Violence for Young Children

- Increased aggression and externalizing problems
- Increased levels of depression and poor self-esteem/self-concept
- Impaired social interactions and peer relationships
- Delayed cognitive development and poor academic functioning

(Margolin & Gordis, 2000)

Predicting Stability of Early Behavior Problems

- ☛ Initial Severity of Child's Problem
- ☛ Maternal mental status
- ☛ Ineffective parenting
- ☛ Marital discord



What about resilience?

- Not all children are negatively affected
- 63% of children exposed to domestic violence show worse outcomes than children not exposed
- 37% do not differ from comparison groups

(Kitzman, 2003)



Interpreting resilience findings

- ☛ Not all children suffer clinical levels of distress
Grych, Jouriles, et al., 2000; Hughes & Luke, 1998
- ☛ Studies emphasizing variability of outcome do not include very young children
- ☛ Even sub-clinical levels of distress may place children at greater risk for psychological or interpersonal problems as they develop



Child Predictors of Resilience

Children who were resilient had:

- Above average cognitive abilities
- High self esteem
- Internal locus of control
- External attribution of blame
- Presence of spirituality
- Ego flexibility
- High ego control
- Good relationships with consistent caregivers

(Heller et al., 1999)



Role of Caregivers

A consistent, caring relationship with an adult promotes resilience by

- decreasing child symptomatology
- enhancing school performance
- promoting social skills with peers and adults

(Egeland et al., 1993; Heller et al., 1999; Herrenkohl, et al, 1994;
Spaccarelli & Kim, 1995)

Interventions that Work

- ☛ Encouraging parental motivation
- ☛ Intervenor-parent working alliance
- ☛ Focus on parent-child relationship
- ☛ Developmental guidance
- ☛ Emotional support
- ☛ Relevant parental experiences
- ☛ Home visits: accessible but not intrusive

(Olds, 1997; 1999; Heinicke et al. 2003, in press; Lieberman, 1991; van den Boom, 1994)