Childhood Trauma: The Dirty Secrets No One Likes to Talk About

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A renowned psychiatrist, Dr. Bruce Perry, wrote in his book *The Boy Who Was Raised as a Dog,* "The most traumatic aspects of all disasters involve the shattering of human connections. And this is especially true for children. Being harmed by the people who are supposed to love you, being abandoned by them, being robbed of one on one relationships that allow you to feel safe and valued and to become humane—these are profoundly destructive experiences. Because humans are inescapably social beings, the world catastrophes that can befall us inevitably involve relational loss. As a result, recovery from trauma and neglect is also all about relationships—rebuilding trust, regaining confidence, returning to a sense of security and reconnecting to love" (Perry, 2017, p 259). In other words, the greatest trauma occurs when someone that is loved and trusted physically, mentally, or emotionally hurts another person and shatters the trust in positive relationships.

In her text *Reaching and Teaching Children Exposed to Trauma,* Barbara Sorrels (2018) relates two types of trauma. Acute trauma occurs with a single exposure to a traumatic event, such as witnessing a car accident or even dealing with the current coronavirus pandemic. Complex trauma occurs when a child is exposed to "multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature…and early life exposure" (Sorrels, 2018). Physical abuse, neglect, sexual abuse, emotional abuse, domestic violence, and abandonment fall into this category. Healing from trauma involves the concept of restructuring the notion of relationship and typically occurs across the lifespan, as it is a long term process. Overall, we have found that enduring trauma during childhood or adolescence has adverse effects on physical, mental, emotional, and spiritual health across the lifespan. The human services and counseling sectors must continuously develop treatment plans that focus on preventing and healing those who have endured trauma.

In recent years, there has been a focus placed on the physical effects of trauma endured during childhood across the lifespan. Specifically, there has been a strong link found between experiencing trauma in childhood and chronic inflammation. When stress occurs, it causes an "activation of the amygdala and consequently of the sympathetic nervous system, which in turn triggers activation of immune cells and the inflammatory response" (Danese, 2017). This inflammation puts trauma

survivors at risk for health problems across the lifespan. For example, Danese and Lewis (2017) write that " because the development of the immune system is not completed at birth, but rather continues throughout childhood, environmental stimulation in childhood years can have profound effects on the immune system." In other words, traumatic experiences can lower one's ability to ward off illness and disease, which means that survivors are at risk of other illnesses. Cardiovascular disease, type two diabetes, and various mental health issues are just some of the physical effects that survivors of childhood trauma often experience (Danese, 2017).

Danese and Lewis also write about how igniting the inflammatory response in childhood can cause cognitive impairments throughout life. They argue "systemic immune activation" can be "linked to inflammation or infections can cause significant brain damage" (Danese and Lewis, 2017). Because there are several pathways in the brain that are linked to the peripheral immune system (which is damaged by chronic high levels of inflammation), even early trauma can cause significant cognitive impairments, such as learning disabilities and problems with memory. A child can experience trauma in his or her first year of life, not even really remember it, but still suffer from memory issues and developmental delays his or her entire life because it occurred when the brain was at its most vulnerable point of development. As a nation, there must be a plan for this. Suggestions for a plan to address this will be explored later.

In Dr. Bruce Perry's (2017) work *The Boy Who Was Raised as a Dog*, he introduces readers to a young girl, Laura, who struggled with stunted growth. When Dr. Perry met her, she weighed just twenty-six pounds at four years old and was unable to gain weight, even with a high-calorie diet administered via a tube through her nose. Laura's mother, "Virginia," was only twenty-two, and she was thoroughly frustrated at her inability to help Laura reach a healthy weight. Readers would soon discover that Laura's health was directly tied to Virginia's experiences in the foster care system. When Virginia was in foster care, it was common for child services to move children around to new families every six months or so. Virginia struggled to form attachments to any of these caregivers. She was finally placed with a kind, but very strict family, where she stayed until she aged out of the system. At that time, it was also common for children who aged out of the system to be cut off completely from the former foster family. If the family wanted to remain eligible to foster children, they were to have no contact with former charges like Virginia.

Virginia knew the basics of parenting. She fed Laura, bathed her, made sure she was clean, took her to checkups, etc. However, she had no idea how to form an attachment to Laura and connect with her emotionally. Laura's growth was

completely stalled from a lack of attachment. Virginia and Laura were sent to a special foster family who modeled how to use physical contact and emotional bonding in their relationship (hugs, cuddling, conversations, etc.). Laura thrived and began to put on weight. This is a unique case, but its implications are important. Neglect, even unintentional, of a child's emotional health, can have very real physical effects on growth and development across the lifespan.

In the introduction of her book, *The Deepest Well: Healing the Long Term Effects of Childhood Adversity*, Nadine Burke (2018) opens with the story of "Evan," a man in his forties who is in great health. Quickly, readers are informed that Evan has experienced a stroke that likely will leave him with at least some paralysis. As medical workers treat him, they question if he has certain risk factors for stroke. It is revealed that his primary risk factor for such an event occurring is that he is a survivor of childhood trauma. Burke declares that childhood trauma can "tip a child's developmental trajectory and affect physiology. It can trigger chronic inflammation and hormonal changes that can last a lifetime. It can alter the way DNA is read and how cells replicate, and it can dramatically increase the risk for heart disease, stroke, cancer, diabetes—even Alzheimer's" (Burke, 2018). Survivors of childhood trauma are prone to serious physical ailments across the lifespan. The positive news is that treatment aimed at minimizing the activation of the inflammatory response can help reduce the risks associated with high levels of inflammation, which will be discussed later.

Burke (2018) also explores how ADHD (attention deficit hyperactivity disorder) is often misdiagnosed. A patient, "Trinity," entered her office on a referral for ADHD. After a workup on Trinity, it was discovered that her ACE (adverse childhood event) score was six. Burke informs readers that individuals with an ACE score of four or higher are thirty-two times more likely to have learning or behavior issues (Burke, 2018, p 61). The trauma that "Trinity" had endured had her fight or flight reflex in a state of constant activation, and a side effect of that reflex being in a state of constant activation is ADHD like symptoms. Her real issue was underlying trauma that needed to be dealt with, not a simple prescription for ADHD medication. Sorrels (2018) confirms this in her research, stating that "children who experience abuse in the early years of life are often diagnosed with ADD/ADHD because they live in a chronic state of alarm, hypervigilant to any possibility of threat."

There are also severe mental effects that can flare across the lifespan when trauma occurs in childhood. Experiencing a high number of adverse childhood events has been shown to "explain 50-78% of the variance in population risk for adult depression, substance abuse, and suicide attempts" (McDonnell and Valentino,

2016). Survivors are not only more likely to be afflicted with these issues but also decidedly more likely to struggle significantly with managing them. Interestingly enough, there appears to be a strong link between maternal mental health, the number of ACEs endured during childhood, and the health of her offspring. For example, mothers that experienced three or more ACEs are significantly more likely to experience postpartum depression (Perry et al., 2020). Childhood abuse and a higher number of adverse childhood events (three or more) result in an increased risk of depressive episodes across the lifespan. In their research regarding childhood trauma, perinatal depressive symptoms, and infant outcomes, McDonnell and Valentino argue that "mothers with abuse and neglect histories are more likely to have infants who evince socioemotional risk across a variety of indices, including insecure attachment" (McDonnell and Valentino, 2016). In other words, mothers with a history of childhood trauma are more likely to give birth to children that are predisposed to behavior issues. This is partially due to a genetic predisposition, but also partly environmental. The environments these children are raised in are often chaotic, which contributes to repeating the cycle the mother endured during her childhood.

Childhood trauma also increases one's risk for anxiety across the lifespan and for post-traumatic stress disorder (PTSD). PTSD develops "after a person experiences a terrifying ordeal that involves some sort of severe threat or injury. The experience is so profound that it results in chemical changes in the brain" (Sorrels, 2018, p 27). It is often referred to as the language of fear. Going back to what was previously discussed regarding fight or flight reflex, individuals with post-traumatic stress disorder live in a constant state of having their fight or flight response activated. Burke affirms this, stating, "The problem with PTSD is that it becomes entrenched; the stress response is caught in the past, stuck on repeat" (Burke, 2018).

In Dr. Perry's (2017) research throughout his career, he encountered a young girl, "Amber." When he was called in to assist with her case, she was comatose in a hospital. Doctors assumed she had tried to commit suicide, but there was no trace of drugs in her system, nor anything else that would lead to that conclusion. Upon investigating and conversing with Amber's mother, Perry discovered Amber had been sexually victimized by her mother's partner. During these attacks, Amber would disassociate. During disassociation, the individual will "move into a dreamlike consciousness where nothing seems real and they feel little emotional or physical pain" (Perry, 2017, p 203). During this time, high levels of opioids (natural substances in the brain that kill pain and have a calming effect on the body) are released. Heart rate slows down significantly. The body is essentially preparing for high levels of physical or emotional pain.

Amber had actually managed to overdose on the opioids in her own body. With the help of a drug called naltrexone, doctors were able to bring her out of her dissociative state. Dr. Perry spent many months counseling her on healthy ways to manage anxiety, as Amber was a self-cutter and would go to a dissociative state when she would cut herself as well. The trauma of sexual abuse was devastating to her mental health and proved to be an issue she would struggle with throughout her life.

Children that have endured violent acts of trauma are also significantly more likely to experiment with illegal drugs and alcohol by the time they reach adolescence. Carliner et al. (2016) completed a study regarding illicit substance abuse by adolescents and adults who had endured childhood trauma. They surveyed over 10,000 English speaking teens (thirteen to eighteen years of age). The results of the survey were disturbing, to say the least. Witnessing or being a survivor of interpersonal violence increased the risk for marijuana, cocaine, and other drug abuse. In homes where one or more parents struggled with substance abuse, the risk was even higher. Often, children will engage in the behaviors modeled for them, which puts many at risk for engaging in unsafe health practices.

Wang et al. (2020) conducted a study with 1500 male subjects in China that experienced a major earthquake in the city of Tangshan, resulting in emotional trauma. These subjects had also experienced other forms of abuse (physical, emotional, sexual, etc.). It was found that the earthquake itself did not appear to leave lasting effects that contributed to alcohol misuse, but that experiencing emotional abuse or physical abuse did show a "statistically higher prevalence of lifetime alcohol use disorders" (Wang et al., 2020). This study found that only 0.3% of the sample developed a new alcohol disorder that wasn't an issue before the trauma (in this case, earthquake) (Wang et al., 2020). Therefore, we can conclude that enduring abuse as a child is much more statistically significant for putting people at risk of developing alcohol dependency as an adult. This finding sheds new light on where our focus should be light of the current coronavirus pandemic. In otherwise healthy individuals, effects may be minimal. However, in those who have experienced abuse, neglect, or other forms of maltreatment, the effects could lead to undesirable behavior later in the lifespan.

Implications for Human Service Professionals: What Now?

As a nation, what do we do to help minimize the harmful effects of childhood trauma across the lifespan? We can take care to address the physical issues of those who have experienced trauma, such as addressing inflammation. Danese (2017)

addresses this in her research, stating that using anti-inflammatory drugs could hold benefits for depression caused by high levels of inflammation. Other interventions include, but are not limited to, "broad interventions targeting unhealthy behaviors, including overeating, lack of physical activity, substance abuse, and poor sleep" (Danese, 2017).

Schools must also consider how to reach children that have been affected by trauma. Early intervention is key to helping minimize the effects of trauma later in the lifespan. In Barbara Sorrels' (2018) work, *Reaching and Teaching Children Exposed to Trauma,* she outlines implications for educators working with trauma survivors in their classrooms. Sorrels is a major proponent of a play-based curriculum. She argues, "A healing environment is a play-based environment" (Sorrels, 2018). Furthermore, the absence of play in childhood is a strong predictor of future criminal activity. The healing benefits of using play in working with trauma survivors are plentiful. Play decimates fear.

Children have some elements of control in making their choices, which in turn increases their self-confidence. Play teaches important purposeful behavior. For example, when children play "house," they are exploring roles within the family and practicing important life skills, like planning and compromising. Play also helps survivors regain their "voice." In this case, "voice" is referring to a child's "needs, desires, wishes, interests, and abilities" (Sorrels, 2018). A child that has been neglected has had little success getting his or her needs met. Over time, they likely stopped voicing those needs because they have internalized the notion that their needs do not matter. Play gives the child an avenue to explore the voicing of his or her needs again.

Additionally, play helps children shed feelings of shame and regain feelings of competence (Sorrels, 2018). These children are often ashamed of their conditions and internalize them to think that something must be wrong with the child, rather than the dysfunctional families in which they live. Play helps these children master skills that they most likely do not have opportunities for at home due to their needs and experiences taking a backseat to those of the dysfunctional adults in their lives. Sorrels (2018) also argues that "play gives children an avenue for self-expression." Play originates in the brain stem and continues throughout the limbic brain and cortex, making it crucial in brain development. Trauma survivors often have underdeveloped portions of the brain, so anything that educators or care team members can do to boost brain development is beneficial.

As a nation, we must focus on removing barriers that would prevent trauma survivors from getting the therapy they so desperately need. Counseling and types of therapy for young children (e.g., play therapy) should be available to all, not only those who can afford it. These young families are often financially disadvantaged already. Healing often takes an extended period of time; there is no quick fix. Starting in childhood is essential if we want to raise healthy high functioning adults. Proverbs 22:6 states, "Start children off on the way that they should go, and even when they are old they will not turn from it." It is crucial to teach healthy coping skills, while individuals are still young and impressionable.

Trauma-informed care is the subject of much research currently. Those who work with youth who have experienced trauma need to be equipped with the skills to handle their unique needs. In Schmid et al.'s research, he defined trauma-informed care as "grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control, self-efficacy and empowerment" (Schmid et al., 2020).

A study explored the link between trauma-informed care and the stress hormone cortisol in youth welfare staff, as well as incidents of physical aggression of clients the staff was working with. Some youth welfare staff members implemented new programs over three years that focused on "new strategies for the supervision of challenging interactions between clients and staff, psycho-educational sessions, and so-called resilience hours in a one on one situation. The focus is on good, joy-filled interactions and includes some training on emotion regulation, mindfulness, mentalization and social problem-solving skills" (Schmid et al., 2020). Cortisol was analyzed using a hair sample obtained from staff at four points throughout the study. It was found that programs that implemented trauma-informed care had reduced stress on the part of the staff members working with trauma survivors and decreased incidents of physical aggression from clients (survivors). This finding reiterates the importance of placing at-risk youth with professionals trained on how to handle the unique set of needs that survivors have.

In her research, Sorrels (2018) articulates that "a trauma-informed classroom recognizes that children from hard places have many unresolved emotions that bubble up at unexpected times. It is a place where children know they are safe and can express their emotions without adults coming unglued or getting angry." This is true of trauma-informed care, regardless of the setting. Human service professionals who work with trauma survivors must create a welcoming environment where

survivors feel safe to express emotions and develop the skills needed to promote healing.

About the Author: Brandy Browne is an early childhood educator, family coach, and blogger (see www.unstucks.com for more details) focused on breaking the cycle of generational trauma and building resilient families. Her graduate education was focused on parenting and childhood/adolescent development. She resides in Oklahoma with her husband and three children.

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