

Basic Facts about Child Trauma

1. Child trauma is more common than you think.

- More than 25% of American youth experience a serious traumatic event by their 16th birthday, and many children suffer multiple and repeated traumas.
- Common sources of trauma include child abuse and neglect; serious accidental injury; disasters and terrorism; experiencing or witnessing violence in neighborhoods, schools and homes; and treatment for life-threatening illness (medical trauma).
- After a crisis or traumatic event, a child is at risk of developing traumatic stress. About 25% of victims and witnesses of violence develop PTSD, depression or anxiety disorders.
- Children are more vulnerable to trauma because of their size, age, and dependence.
- Prior trauma, past mental health problems, or a family history of such problems may increase a child's risk.

2. Child traumatic stress can be identified.

- Signs of traumatic stress include fear, anger, withdrawal, trouble concentrating, digestive problems, and nightmares. Behavior disorders and “acting-out” can also be symptoms of trauma. Academic failure, lower drop-out rates, higher rates of absenteeism, expulsion and suspension are associated with students' exposure to community violence.
- A child's distress may not be obvious or visible. By talking with them you may find discover that they are experiencing traumatic stress: They may be re-experiencing the trauma through images, thoughts and feelings; They may try to avoid people and places that are traumatic reminders. They may seem numb because they are trying to avoid feeling their own feelings.
- Serious, ongoing traumatic stress reactions that include intrusive thoughts and images, strong emotional and physical reactions to reminders of the trauma, avoidance, and a sense of “being on alert” are hallmarks of Traumatic Stress. If symptoms persist after 60 day, an evaluation for Posttraumatic Stress Disorder (PTSD) is recommended.

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3. **Child traumatic stress affects learning.**

- Traumatic stress can interfere with children’s ability to concentrate and learn. Exposure in infancy and early childhood can seriously delay development of their brains and bodies.
- It can change how children view the world and their own futures, and it can change their behavior, interests and relationships with family, friends and teachers.
- It can lead to school refusal, absenteeism, educational failure, acting out, school expulsion and suspension.

4. **Caring adults can help: Listen, Connect, Protect**

- Not all children exposed to traumatic events develop a traumatic stress reaction. Many children, especially those supported by caring adults who allow them to talk about their experiences and help them to cope with everyday problems and fears, can be very resilient.
- Parents and teachers who take care of themselves are able to take better care of their children and students.
- If you think you, your child, or your student may have symptoms of a traumatic stress reaction, don’t ignore the symptoms. Seek help from a school psychologist, school social worker, counselor or community mental health professional who understands child trauma.

5. **Treatments work.**

- Treatment from a mental health professional who has training and experience working with traumatized children can reduce child traumatic stress and minimize physical, emotional, and social problems. **The Cognitive Behavioral Intervention for Trauma in Schools (CBITS)** is one of the only evidenced based interventions created for use in schools by school helping professionals

6. **A new Center is here to help educators: The Trauma Services Adaptation Center for Schools and Communities, a member of the National Child Traumatic Stress Network**

<http://tsaforschools.org> and www.nctsnetwork.org are the web resources on child trauma for educators, parents, healthcare and mental health workers and other professionals.

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