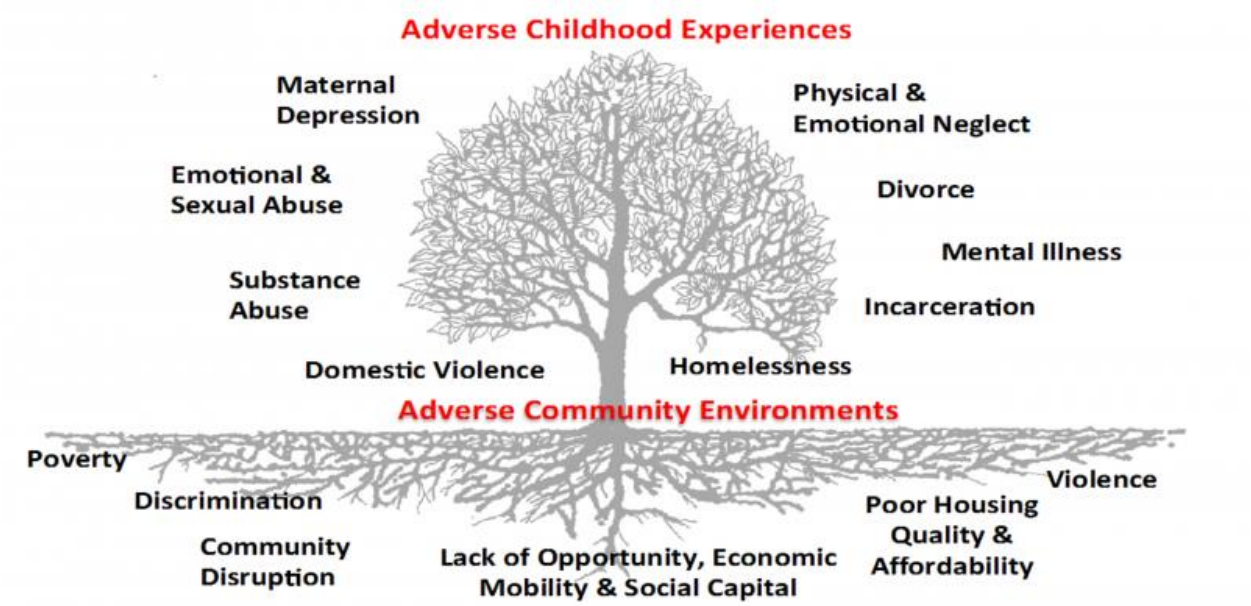
Childhood Trauma and Adversity

THE EXPERIENCE OF SERIOUS AND/OR CONTINUED STRESS THAT MAY BE TRAUMATIC TO THE AFFECTED CHILD

Why It's Important

Children's health and well-being are significantly impacted by experiencing continued, severe adversity. Childhood adversity is a general term that refers to situations and events that threaten a child's physical or psychological well-being.[1] Examples of childhood adversity include child abuse and neglect, bullying, poverty, community violence, and serious accidents, illnesses, or injuries. Trauma is a possible outcome of experiencing adversity. Trauma occurs when the child perceives an experience as threatening to their emotional and/or physical safety and the symptoms of trauma can continue long after the initial event. The effects of experiencing childhood adversity and trauma are biologically imprinted during important periods of child development and can lead to lifelong physical and mental health problems.[1] The long-term health effects of experiencing trauma include an increased risk of developing chronic diseases, cancer, and early death.[1]

Figure 1. The Pair of ACEs



Source: Ellis, W., Dietz, W. (2017)[2]

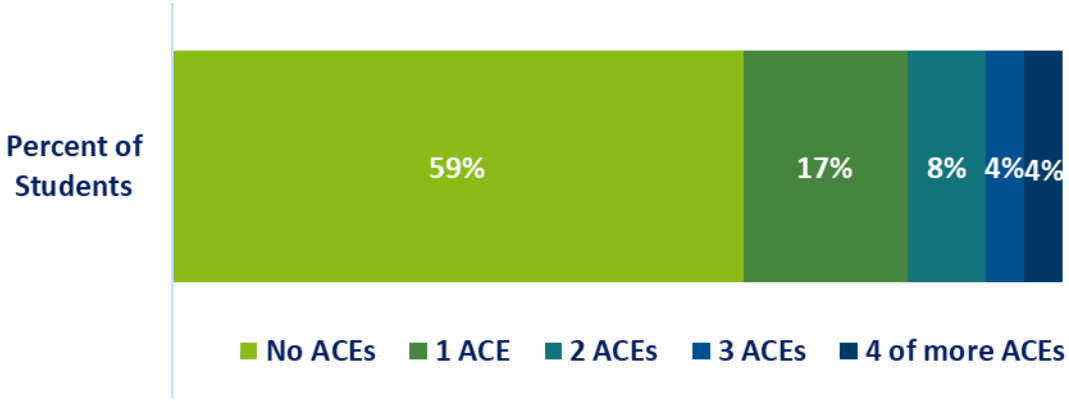
When discussing trauma and adversity, it is important to acknowledge that adverse experiences do not just happen in the home. Community environments also affect exposure to adversity. Figure 1 is an illustration of the relationship between adversity within the context of family and adversity within a community. When children grow up in environments with systemic inequities (the elements seen at the root of the tree in Figure 1), it compounds the stresses felt at the individual-level by families and parents, potentially creating negative cycles of worsening conditions and outcomes (the experiences seen around the tree in Figure 1).

In Minnesota, 59 percent of 8th, 9th and 11th graders report that they have not experienced an adverse childhood experience (ACE), a commonly used to measure for childhood exposure to trauma. Unfortunately 4 percent report having experienced three ACEs, and 4 percent report having experienced four or more (Figure 2).

The good news is that trauma and adversity early in life do not guarantee that children will have poor outcomes. Many factors influence a child's ability to manage and cope with a traumatic experience. Protective factors, especially the presence of a caring adult, can bolster resilience and help children heal and go on to live long, healthy lives.

> *"Supports to prevent and ameliorate the root cause of challenges--childhood trauma. This includes ensuring, no matter what, that every family receives the supports necessary to keep their children safely at home and that we protect primary attachments as sacred." – Discovery Survey Respondent*

Figure 2. Percent of 8th, 9th, & 11th Graders Reporting ACEs in Minnesota, 2016



Source: Minnesota Student Survey, 2016

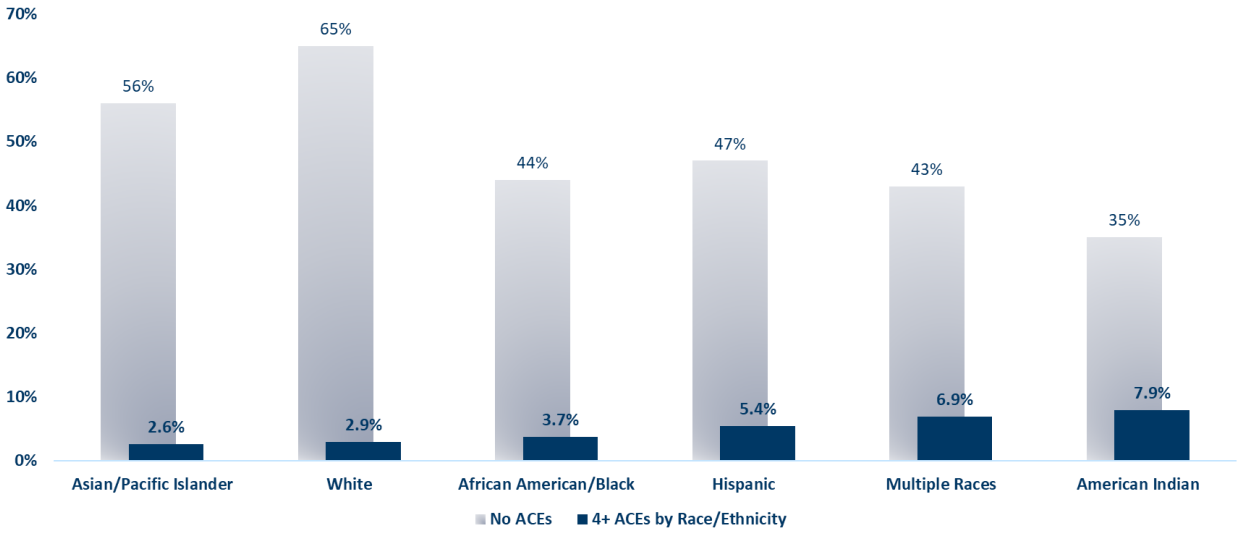
Focus on Health Equity

As shown with the tree diagram above, different sets of circumstances impact exposure to and experience of adversity and trauma in childhood, with some children being at a distinct disadvantage beginning at birth. This is due to no fault of the child or their parents - simply being born in a certain zip code can affect their opportunities, even their life expectancy.[3]

Race/Ethnicity

In Minnesota, public school students who identify by different race/ethnicities report experiencing ACEs at different rates. Figure 3 shows the number of students reporting either none or four or more ACEs by race/ethnicity - American Indian youth report the highest rate of four or more ACEs followed by youth of multiple races. While Asian/Pacific Islander youth report the lowest rate of experiencing four or more ACEs, they are less likely than white students to have experienced no ACEs. White students by far have the highest rate of no exposure to ACEs.

Figure 3. Percent of Minnesota 8th, 9th and 11th Graders Reporting No and 4+ ACEs by Race/Ethnicity, 2016



Source: Minnesota Student Survey, 2016

Children & Youth with Special Health Needs

Children and Youth with Special Health Needs (CYSHN) living with intellectual and developmental disabilities (IDD) experience trauma exposures at higher rates than their non-disabled peers. Children and youth with IDD are specifically at increased risk for physical abuse, physical restraint, isolation, sexual abuse, and emotional neglect.[4] Medical trauma is also more commonly experienced among this population as kids may have chronic medical problems requiring multiple surgeries, hospitalizations, and invasive procedures.[4] People with IDD are more likely to experience PTSD than those in the general population, with one estimate stating as many as 90 percent of people with IDD have some level of traumatic stress.[5] In Minnesota, 36 percent of 8th, 9th, and 11th grade students with an individualized education program (IEP) reported experiencing 1 to 3 ACEs and 5 percent reported 4 or more ACEs, compared to students without an IEP reporting only 29 percent 1 to 3 ACEs and only 3 percent with four or more ACEs.

LGBTQ+ Youth

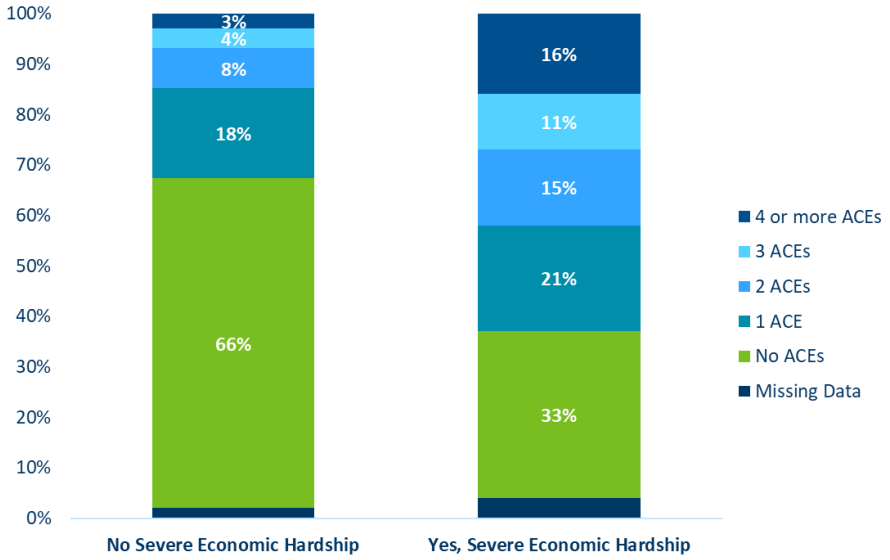
Lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) youth experience trauma at higher rates than their straight classmates and peers.[4] They commonly experience bullying, harassment, traumatic loss, intimate partner violence, physical and sexual abuse, and societal stigma, bias and rejection. Minnesota Student Survey data shows us that students who identify as LGBTQ+ are significantly more likely to report higher ACE scores than their straight/cisgender peers. Forty-one percent of LGBTQ youth reported having 1-3 ACEs, compared to only 28 percent of non-LGBTQ+ youth. When looking at the percent of students reporting four or more ACEs, over 9 percent of LGBTQ+ youth reported 4+ ACEs compared to less than 3 percent of straight/cisgender survey respondents.

Economic Stress

Financial insecurity can lead to feeling less safe, a ‘shorter fuse’ (inability to remain calm), impact relationships with others, and cause people to lose hope that things will get better.[4] Children pick up on the worry of their caregivers, and when economic stress is impacting parents and guardians, children

feel that stress as well. Economic stress is also associated with food insecurity and housing instability which are adverse experiences themselves. The Minnesota Department of Health collects information on severe economic hardship through the Minnesota Student Survey. The definition of severe economic hardship is answering 'yes' to having had to skip a meal in the last 30 days because the students family didn't have enough money to buy food and/or having to live in a shelter or with someone else/another family in the last 12 months because they didn't have anywhere else to stay (with or without a parent or adult). Students who experience severe economic hardship are much more likely to experience a higher number of ACEs (Figure 4).

Figure 4. Number of ACEs by Experience of Severe Economic Hardship



Source: Minnesota Student Survey, 2016

Homeless Youth

When youth become homeless they often lose not just their home but their community, friends, and routines. Many homeless youth are the victims of violence and other traumas while living in a place with less stability and safety.[4] Research shows the many youth experiencing homelessness are survivors or early childhood trauma and those trauma histories often result in significant mental health problems, PTSD, suicidal ideation, attachment issues, and substance use disorders. Once they become homeless, many youth are re-traumatized where they are attempting to survive in hostile environments and avoid potentially life-threatening situations like being trafficked and exposure to environmental hazards.

Refugee and Immigrant Children and Youth

Experiencing persecution or war-related trauma can affect a child's mental and physical health long after they have emigrated from their home.[6] Trauma for these children might occur in their country of origin, but can continue in the environment they are displaced to (e.g. a refugee camp), and even into resettlement in the United States.[6] When assessing trauma and mental health in refugee and immigrant children, it is especially important for providers to be mindful of cultural considerations and competency when engaging the child and their family.[6] It is also critical to note that children are very resilient and may cope with trauma and adversity in healthy ways, some may not even display symptoms and may not require intervention. However, some children can experience profound and lasting negative impacts from their trauma experiences and may require intensive support and culturally-honoring services.

Additional Considerations

'ACEs' are not the same as 'Childhood Trauma' and the Distinction is Important

Adverse childhood experiences (ACEs) are a subset of childhood trauma that happen to kids before the age of 18. Researchers know that the higher a person's 'ACE score', the worse their physical and mental health status is likely to be as an adult.

As the number of ACEs increases, so does the risk for:[1]

- addiction
- chronic obstructive pulmonary disease
- depression
- fetal death
- health-related poor quality of life
- heart disease
- liver disease
- poor work performance
- financial stress
- risk for intimate partner violence
- multiple sexual partners, and early initiation of sexual activity
- sexually-transmitted infections
- smoking and early initiation of smoking
- suicide attempts
- unintended pregnancies, and pregnancy during adolescence
- risk for sexual violence
- poor academic achievement

ACEs include many events and experiences, from physical and emotional abuse and neglect to mental illness and incarceration, but **do not include all types of childhood trauma and adversity**. We reference ACEs often in this brief because the Minnesota Student Survey collects data related to ACEs, but acknowledge that there are other experiences of adversity and trauma that are **not** represented by ACEs and our data collection tools.

Toxic Stress

Learning how to cope with adversity is a critical part of healthy child development. Employing coping skills in the company of a caring adult, allowing a child's stress levels to return back to baseline is beneficial.[6] However, when the stress response is extreme and prolonged and buffering relationships aren't present, the result can be devastating. Toxic stress occurs when a child experiences trauma and adversity that is severe and long-lasting (such as chronic neglect, repeated physical abuse, and extreme poverty) without adequate support from a caring adult.[1] Toxic stress results from over-activation of the body's stress response system and causes serious damage to child development, health and well-being and can have lifelong consequences.

Screening & Diagnosis

In order to provide the best supports, screening for trauma is incredibly important. Opportunities for screening could include schools and well visits/pediatrician visits. It is also important to note that certain types of adversity in childhood are more likely to result in trauma than others. These include the sudden loss of a family member, natural disasters, serious accidents, and school shootings.[1] Other adverse

experiences, like divorce, may or may not be experienced as a trauma and are associated with more varying response depending on the child and their existing supports.[1]

Important Note on Equity and Intersectionality

The Minnesota Department of Health's Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person's ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation– which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

1. Bartlett, J. and Sacks, V. Child Trends. Adverse Childhood Experiences are Different than Child Trauma, and It's Critical to Understand Why. April 24, 2019. The Chronicles of Social Change. Retrieved from https://chronicleofsocialchange.org/child-trauma-2/adverse-childhood-experiences-are-different-than-child-trauma-and-its-critical-to-understand-why/34543.
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4. The National Child Traumatic Stress Network. *Early Childhood Trauma*. Retrieved from https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma.
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