Infant/Toddler Trauma-Informed Care: ITTI Care Project

Why is Trauma-Informed Care Important in Early Childhood?

Duke SANFORD CENTER *for* CHILD & FAMILY POLICY

What is trauma?

"Trauma is not an event itself, but rather a response to a stressful experience in which a person's ability to cope is dramatically undermined."[i] Many adverse childhood experiences (ACEs) have the potential to be traumatic for a child—things like abuse, neglect, domestic violence, discrimination, racism, poverty, family members with mental illness or substance use disorders, homelessness, serious illness, etc. The actual experience of trauma will depend on many factors, including the child's supportive relationships, temperament, and family access to resources.

What is resilience?

Though we certainly want to reduce experiences of extreme stress, we also want to build resilience for children and adults alike. A *resilient* person is able to cope and "bounce back" when faced with stress, change, or negative experiences. That doesn't mean that the stress is okay, or that it won't affect the person—but the greater a person's resilience, the more likely that person is to be able to recover and move forward successfully. Promoting resilience involves reducing risk factors and strengthening protective factors within the environment, the family, and the individual.

Do young children experience events that might cause trauma?

- By parent report, **26%** of children experience or witness a potentially traumatic event **before the age of 4.** For children living in poverty, the number increases to **49%**. Two-thirds of these events involve interpersonal violence.[ii]
- More than **25%** of confirmed child abuse & neglect involve children **under age 3.**[iii]
- Of children who witness domestic violence, **60%** are **under age 6** at the time of exposure.[iv]

What impact might stress and adversity have on young children?

Even in their sleep, infants and toddlers from high-conflict homes show a reaction to angry voices: their brains trigger a stress response.[v] When we experience threat or danger, our bodies release chemicals that put us into a survival mode commonly called "fight, flight, or freeze." We are filled with strong emotions (e.g., anxiety, aggression) and energy (e.g., tensed muscles, faster heart rate). This reaction is to help us stay safe by fighting off the danger or running away from it. If we can't fight or run, we will "freeze" like a deer in the headlights, hoping for the danger to pass us by. Once the danger passes, these stress chemicals should fade and we should return to normal. But what if the danger keeps coming back, or is ongoing?

- When stress chemicals flood our bodies over a long period of time, particularly in early childhood, the way the brain develops and functions can change. The thinking, problem-solving parts of the brain grow weaker, while the instinctive, survival parts of the brain grow stronger.
- For a young child, this intense or ongoing stress can result in long-term problems with:
    - memory
    - language
    - attention
    - emotion regulation
    - behavior (e.g., aggression, hyperactivity, or withdrawal)
    - academics

In fact, of children who enter foster care before the age of six, 80% have developmental or emotional challenges, and 50% have both.[vi]

So what can we do?

Children's brains are changing and growing every day! We have an enormous opportunity to change the story. There are two key ways to protect young children from the negative effects of trauma.

1. Provide staff and communities with supports and resources for their **OWN** wellness, to help them in preventing or minimizing childhood exposure to stress and adversity.
2. Provide young children with nurturing relationships, safe and stable environments, and social-emotional skill building to buffer them from the impacts of stress.

This is where trauma-informed care comes in.

What is trauma-informed care in the context of early childhood?

Trauma-informed care is about providing optimal relationships and environments for ALL young children. It takes the universal precaution approach, because any child may be exposed to adversity and experience trauma. What can we do to support their wellness and resilience?

- Trauma-informed care starts with focusing on the **well-being of ADULTS**. Parents, families, early childhood educators and care providers—the more we can reduce stress and support wellness for these important caregivers, the more we can support wellness for young children. And after all, the adults also deserve to be well!!
- Trauma-informed care centers on **relationships**. We want to support strong, positive, responsive relationships between adults and children, as well as between the important adults in a child's life.
- Trauma-informed care promotes **consistent, predictable, safe, and structured environments** at home, in the classroom, and in the community.
- Trauma-informed care strengthens adult capacity to teach children **social-emotional skills**, like recognizing their feelings, seeking adult support in calming down, and forming positive relationships.
- Trauma-informed care seeks to build a **community** around a child, so that all of the adults and systems that care for the child can work together to support positive child development.

How does a commitment to equity connect to trauma-informed care in early childhood?

- to be successful at implementing trauma-informed practices, we must also be effective at ensuring
    - equitable access to resources and opportunity,
    - equitable experiences within systems, and
    - outcomes that are not predicted by demographic characteristics.
- The explicit goal must be equity. [vii]

The ITTI Care Project is committed to partnering with early childhood systems across the state of North Carolina to build a strong early care & education workforce and connected communities so that all children can benefit from trauma-informed care.

[i] Cole, O'Brien, Gadd, Ristuccia, Wallace, & Gregory. (2005). *Helping Traumatized Children Learn* . Boston, MA: Massachusetts Advocates for Children, pp. 18.

[ii] Briggs-Gowan, Ford, Fraleigh, McCarthy, & Carter. (2010). Prevalence of exposure to potentially traumatic events in a health birth cohort of very young children in the northeastern United States. *Journal of Traumatic Stress, 23*(6), 725-733.

[iii] U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). Child Maltreatment 2015. Available from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

[iv] Fantuzzo & Fusco. (2007). Children's direct exposure to types of domestic violence crime: A population-based investigation. *Journal of Family Violence, 22*(7), 543-552.

[v] Graham, Fisher, & Pfeiffer. (2013). What sleeping babies hear: A functional MRI study of interparental conflict and infants' emotion processing. *Psychological Science, 24*(5), 782-789.

[vi] Klee, Kronstadt, & Zlotnick. (1997). Foster care's youngest: A preliminary report. *American Journal of Orthopsychiatry, 67*(2), 290-299.
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[vii] Meek, S., Iruka, I. U., Allen, R., Yazzie, D. A., Fernandez, V., Catherine, E., McIntosh, K., Gordon, L., Gilliam, W., Hemmeter, M. L., Blevins, D., & Powell, T. (2020). Fourteen priorities to dismantle systemic racism in early care and education. Children's Equity Project.