Helping Young Children Who Have Experienced Trauma: Policies and Strategies for Early Care and Education

Executive Summary

Many young children are exposed to traumatic life events.[1,2] Almost half of children in the United States—approximately 35 million—have experienced one or more types of trauma,[3] and young children are at especially high risk compared to older children. Over one quarter of all children with confirmed cases of child abuse and neglect are under age 3, and victimization is most common for children under 12 months old.[4] Unintentional injuries, such as drowning, falls, burns, choking, and poisoning, also occur most frequently among children ages 5 years and younger.[5] In addition, children who experience domestic violence are disproportionately young, with 60 percent under age 6 at the time of exposure.[6]

Early childhood trauma occurs when a young child experiences an event that causes actual harm or poses a serious threat to the child's emotional and physical well-being. These events range from experiencing abuse and neglect to having a parent with substance abuse issues or being separated from a parent.[7] Trauma is different from regular life stressors because it causes a sense of intense fear, terror, and helplessness that is beyond the normal range for typical experiences.[8]

Trauma has been shown to negatively impact early brain development, cognitive development, learning, social-emotional development, the ability to develop secure attachments to others, and physical health.[9] However, each child's reaction to trauma is unique and depends on the nature of the trauma, characteristics of the child and family, and the overall balance of risk and protective factors in the child's life. While almost all children experience distress immediately after a traumatic event, most return to their typical functioning over time with supports from parents and other caregivers.[10] Generally, trauma that begins early in life, takes multiple forms, is severe and pervasive, and involves harmful behavior by primary caregivers has been linked to the most serious symptoms of posttraumatic stress and negative child outcomes.[11]

Despite trauma being widespread and detrimental to the well-being of infants, toddlers, and preschoolers, few early care and education (ECE) programs and state systems are prepared to offer care that is *trauma-informed*—with all adults able to recognize and respond to the impact of trauma on young children, and to infuse trauma awareness, knowledge, and skills into program culture, practices, and policies.

In this report, we describe early childhood trauma and its effects, offer promising strategies for ECE programs and systems to help young children who have experienced trauma, and present recommendations for state policymakers and other stakeholders looking to support trauma-informed ECE for this vulnerable group.

Promising strategies for trauma-informed care in early care and education

To address the needs of young children who have been exposed to trauma, ECE programs and systems can provide *trauma-informed care* (TIC). TIC supports children's recovery and resilience using approaches that have been shown, through evaluation, to work—that is, TIC uses *evidence-based* approaches.[12]

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Although TIC is a relatively new approach, several promising approaches to TIC have emerged:

- integrating trauma-informed strategies into existing ECE programs to support children in those programs who have experienced trauma,
- building partnerships and connections between ECE and community service providers to facilitate screenings of and service provision to children and families,
- implementing professional standards and training for infant and early childhood mental health consultants that emphasize TIC, and
- supporting the professional development and training of the ECE workforce in working with and supporting young children who have experienced trauma.

Recommendations

Policies can play an important role in developing and supporting the programs and professionals in the lives of young children who have experienced trauma. The following recommendations would increase the availability of and access to high-quality, trauma-informed ECE and related supports for young children's healthy development. These recommendations have direct relevance to state-level policymakers, but also apply to program directors, community, state, and federal leaders in the field of early childhood, as well as advocates for other aspects of high-quality ECE programming (e.g., Quality Rating and Improvement Systems,[a] infant and early childhood mental health consultation[b]).

1. **Strengthen the early care and education workforce by increasing early care and education professionals' capacity to provide trauma-informed care.**

    a. Incorporate strategies that benefit children who have experienced trauma into ECE professional development.

    b. Increase the capacity of infant and early childhood mental health consultants to incorporate trauma-informed approaches.

    c. Increase support to ECE professionals who experience high levels of stress at work as a result of working with children who exhibit challenging behaviors related to trauma.

2. **Expand initiatives that help early care and education programs connect families with community services.**

    a. Invest in initiatives that help ECE programs connect families with children who have experienced trauma to screening and services that can address their needs.

3. **Provide children who have experienced trauma with high-quality, stable early care and education and strong early learning supports.**

    a. Establish policies for ECE programs that promote continuity of care and participation in ECE for children who have experienced trauma.

    b. Establish policies that promote the placement of young children who have experienced trauma in high-quality ECE programs.

    c. Develop policies that severely limit or prohibit the suspension and expulsion of young children, and require appropriate interventions for children who have experienced trauma and have social-emotional or behavioral difficulties.

    d. Establish screening and educational support policies that respond to both the social-emotional and early learning needs of children who have experienced trauma.

Historically, society has overlooked the impact of early childhood trauma, perhaps due to misconceptions that very young children do not fully perceive traumatic events, or that they will always "bounce back" from them. In reality, the first few years of life constitute a period during which children are highly sensitive to trauma—more so than during any other time of life.

[a] The U.S. Department of Health & Human Services' Office of Child Care defines QRIS as "a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Similar to rating systems for restaurants and hotels, QRIS award quality ratings to early and school-age care and education programs that meet a set of defined program standards." See https://qrisguide.acf.hhs.gov/index.cfm?do=qrisabout.

[b] The Substance Abuse and Mental Health Services Administration defines IECMHC as "an evidence-based approach that pairs mental health professionals with people who work with young children and their families." See https://www.samhsa.gov/iecmhc.

Endnotes

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