Childhood Trauma:
What it Is. What it Does.
& Why it Matters

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What is Trauma?

According to SAMHSA[2]

Individual trauma results from an

1) **Event**, series of events or set of circumstances that is . . .
2) **Experienced** by an individual as physically or emotionally harmful or threatening and that has lasting adverse. . .
3) **Effects** on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.

Another expert on the manner-in-which childhood adversities may negate coping capacities, has defined trauma as:

"Trauma is the result of overwhelming situations that exceed our ability to cope or process the emotions they generate."

Agata Vitale – Bath Spa University

[1] A brief bio of Martin may be fount at end of this document.
[2] Substance Abuse and Mental Health Services Administration, U.S. Dept. of Health and Human Services. SAMHSA leads public health efforts to advance behavioral health of the US.

What life experiences may be Traumatic?

Each of us has varied levels of resiliency, mental health, and emotional support. So, it is not surprising that an event that is not problematic for some may be very traumatizing for a different individual. That said, in this piece we will list those childhood events which are likely to be harmful to most of us.

In 1998, a major research study[3] compared the current health status of over 17,000 adults to Adverse Childhood Experiences (ACEs) which occurred decades previously. The study rocked medical, psychological and health care professionals, who have come to recognize just how powerfully ACEs can negatively impact the adult wellbeing of individuals.

Robert W. Bock, past president of the American Academy of Pediatrics, characterized the *significance* of ACEs in this manner:

> ***"Children's exposure to Adverse Childhood Experiences is the greatest unaddressed public health threat of our time."***

What *specific* childhood experiences are known to be ACEs?

The ACE Study originally identified ten adverse childhood experiences:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Physical neglect
5. Emotional neglect
6. Mental illness in family
7. Incarcerated relative
8. Mother violently treated
9. Substance Use Disorder
10. Divorce in family

Since the original ACE Study, additional ACEs have been identified:

11. Medical trauma (COVID, illness, serious injury)
12. Immigration-related trauma
13. Armed conflict-related trauma

[3] "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Cause of Death in Adults: the Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine*, 1998; 14 (4).

14. Out-of-family physical assault
15. Discrimination due to race, or religious belief
16. Significant betrayal by parent or significant other
17. Given up for adoption
18. Being held hostage.
19. Bullying within or external to family
20. Natural disaster (earthquake, tornado, hurricane
21. Community violence, acts of terrorism, or being held as hostage
22. Fear of the affect of climate change.
23. Diagnosed with a potentially terminal disease
24. Several moves from one home to another

What does childhood trauma (ACEs) do?

One of the most significant effects of ACEs is the creation of distress or stress. Most of us are familiar with the impact on soldiers who have experienced active duty in a war zone. Military personnel who endured intense battle, or saw friends seriously wounded or killed, have been diagnosed with post-traumatic stress disorder, often referred to as PTSD. *It is important not to lose track of the S in PTSD.* When children – or adults – are subjected to traumatic events, as listed above, one of the most common results is what we refer to as "traumatic stress".

For decades we have become increasingly aware of the diverse effects of unresolved stress on physical, psychological, and relational wellbeing. With the evidence from the ACE Study, we are now moving to a far greater understanding of the *pervasive* impact of traumatic events and the stress they create. Among these negative outcomes are the following:

1. Substance use, abuse, and addiction
2. Behavioral addictions (e.g., gambling, sexual addictions, pornography, spending, etc.)
3. Major control or oppositional issues
4. Difficulties with trust or with forming healthy relationships
5. Learning difficulties (inability to focus; ADHD mimicking symptoms)
6. STDs
7. Self-harming behaviors (e.g., cutting)
8. Abusive behaviors (DV, child physical, sexual or emotional abuse)
9. Suicide attempts
10. Negative beliefs about self
11. Homelessness

12. Inability to sustain employment
13. Difficulties parenting
14. Difficulty managing anger or rage.
15. Disrupted neurological development
16. Depression
17. Hallucinations
18. Anxiety
19. PTSD
20. Headaches (migraines, stress headaches [tension-type headaches, TTH])
21. Dissociation
22. Isolation
23. Obesity and other eating disorders
24. Diabetes
25. Cancer
26. Heart disease
27. Stroke
28. COPD, and other lung diseases (asthma, emphysema)
29. Broken bones

Why does childhood trauma (ACEs) and what it does to those who are hurt matter?

In my work in child welfare, I see the outcomes of ACEs every day!

In 1982 when I began my work with adult women who had been sexually abused as children, the label "ACES" had not been created. But, while ACEs, and the notion of "trauma-informed" was not yet a "thing", my work with these adult survivors gave me an opportunity to begin learning some of the issues that my clients reported. So, in a way, before I became "officially" trauma informed, I became "informed about the effects of childhood sexual trauma."

I was aware of many of the effects reported in the ACE Study years before it was published. In my interactions with clients and by virtue of their reported difficulties, I began gathering a list of "issues" related to child sexual abuse. Among them were most of the above-listed negative outcomes of ACEs.

Years prior to the ACE study, these problems were commonly encountered among my clients. So, it was no surprise to me when the ACE study was published, that these and other outcomes were included in those of the study.

So, I guess we could infer that I was discovering "ACEs" *before there were any*. What I can state with certainty: I understood why adult survivors were obese, negative about themselves, wracked with anxiety, had major control issues, and found it almost impossible to trust others, especially men.

Because of my clinical experience, I was able to assist my clients and their significant others understand why they presented with these challenges. It also gave me context in which to encourage these survivors' significant others to respond in ways that would support their relationships and not provoke greater conflict. These significant others were eventually able to realize that the behaviors directed them were not usually about *them*. Rather, they were often directed, by the survivor, at people close to them.

My work in child welfare consistently brings me into frequent contact with those who have been victims of childhood trauma. In child welfare we remove children who we observe to have been abused, neglected, etc., to intervene in the patterns of ACE behaviors. When these young people are found to be involved with substance abuse or addiction, it comes as no surprise that these kids found something that would help "medicate" the traumatic stress with which they were suffering. When we find them to be oppositional when they are told what to do, we can appreciate they are trying to regain the power they were robbed of in their own childhoods.

Sometimes we see the outcomes of ACEs in the kids we remove, and we respond with empathy, compassion and understanding. That is what we *should do.* Shaming them for their behaviors or attempting to force them to respond in the way *we think is correct,* will rarely lead to positive outcomes.

In some cases, child welfare workers are quick to protect and be empathetic, etc., toward the children, while they may turn against the parents who are the "perpetrators" of the abuses and neglect that led to their children being removed. This they do at the risk of increasing the time children are in care, or of preventing reunification at all.

A few years ago, the former director of DCFS, Diane Moore, visited workers and managers in Provo and spoke of the progress we are making in the trauma-informed work we do with the children who come into care.

As she concluded her remarks she added as an aside:

"Wouldn't it be great if we could be as trauma-informed with the parents of our kids in care as we are with their children!"

Of course! While she said the words as a way, perhaps, of expressing wishful thinking, I was seeing the profound wisdom of her statement. Later that day I met with our Region Director and said, "If you will support me, I want to spend the balance of my career providing, trauma-informed support and encouragement to parents whose children have been taken into custody. I want to 'cheer them on' to do what they need, to have their children returned to their care as soon as possible."

In nearly *all* cases, these parents were, themselves abused or neglected as children. Later as adults they often treated their children as they had been. Because of their childhood traumas, they need the same support, compassion, empathy, and benefit of the doubt that we try to give their children.

Our responses to the dysfunctional behaviors we encounter in the cases we work may assist or oppose the efforts of our client families to become safe and supportive places for children. If our preconceived biases blur our perceptions of them, we may well become obstacles in their paths to wellness.

Thus, it is true that a "trauma-informed perspective" will be crucial in our efforts to help families heal.

The quotes and thoughts that follow reflect perspectives that we would be well advised to carefully consider and make a part of our thinking in child welfare:

TRAUMA IS NOT WHAT HAPPENS TO YOU.
TRAUMA IS WHAT HAPPENS *INSIDE YOU* AS A RESULT OF WHAT HAPPENS TO YOU.

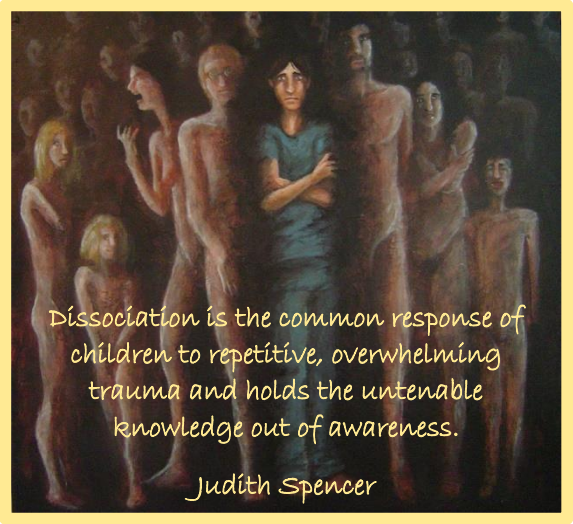
Dr. Gabor Mate

~ ~ ~

The greater a child's terror, and the earlier it is experienced, the harder it becomes to develop a strong and healthy sense of self.

Nathaniel Branden

~ ~ ~



~ ~ ~

Addictions *always* originate in pain, whether felt openly or hidden in the unconscious. They are emotional anesthetics. Heroin and cocaine, both powerful physical painkillers, also ease psychological discomfort.

Dr. Gabor Mate

~ ~ ~

"Much of what we call personality is not a fixed set of traits, only coping mechanisms a person acquired in childhood."

Dr. Gabor Mate

~ ~ ~

"What attention, nurturing touch, reassurance, or love didn't you get? Neglect is as toxic as trauma."

Bruce Perry

~ ~ ~

Childhood trauma can lead to an adulthood spent in survival mode, afraid to plant roots, to plan for your future, to trust, to let joy in. It is a blessing to shift from surviving to thriving. It is not simple but there is *more* than survival.

Thema Bryant-Davis

~ ~ ~

"Addictions are *always* an attempt to escape from stress. The More stressed people are, the more addictively they are going to behave."

Dr. Gabor Mate

~ ~ ~

Post-Traumatic Stress Disorder (PTSD):
What it Is & What it Isn't

PTSD is a natural response to trauma, just as bleeding is a normal response to being stabbed.

So often we feel like we are going crazy and some feel a sense of shame for developing PTSD. Would you feel that same sense of shame for bleeding, or breaking a leg? All these are a result of your experiences. PTSD says nothing about you as a person, only that you are a survivor.

~ ~ ~

Empathy underlies virtually everything that makes society work – like trust, altruism, collaboration, love, charity. Failure to empathize is a key part of most social problems – crime, violence, war, racism, child abuse, and inequality, to name just a few.

Bruce D. Perry

Brief Biological Sketch

Martin Roundy

- I am a survivor of multiple Adverse Childhood Experiences (ACEs)[4]:
  1) My older sister, Paula, died when I was an infant;
  2) During my childhood, I frequently observed my parents fighting verbally, including my father yelling at my mother;
  3) I was sexually abused by an older female cousin when I was nine years old;
  4) Twice before I graduated high school, I broke my right arm, the first time it was an intended injury by older kids in elementary school, and the second time I was hospitalized and underwent an operation to repair the compound fracture of both bones in my wrist;
  5) And I was bullied by a classmate in junior high school.
- During the completion of my master's degree, I worker on an internship with the Division of Family Services[5] (DFS). My internship consisted of serving as the director of a fledgling, informal group counseling program assisting families where child sexual abuse had occurred.
- At the conclusion of my internship, the Region Director of DFS (in Provo) invited me to develop and submit a proposal to DFS, after which I created the *first* child sexual abuse treatment program south of SLC, which I remained director of for eight years.
- After leaving UT, I moved to Massachusetts, where I engaged in a private therapy practice with adult survivors of child sexual abuse, offenders and spouses or partners of offenders. I continued in that work for fifteen years.
- In 2005, I returned to Utah to join DCFS as a state trainer for about 18 months, when I transferred to Western Region as training manager.

[4] See p. 2 for an explanation of ACEs.
[5] This State of Utah Division of Family Services was later re-named the Division of Child and Family Services.

- From that time until now (2021) I have been a region resource for cases involving child sexual abuse, and passionate advocate for a trauma-informed approach in the work with our clients.
- My current primary task is providing Trauma-Informed Parental Encouragement and Support for parents whose children have been removed by DCFS.