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RESEARCH-TO-PRACTICE SUMMARY

Addressing Trauma in a Diverse Head Start Sample: Relevance for Practitioners

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This study investigated the prevalence and types of traumatic events experienced by an ethnically diverse sample of Head Start preschoolers (ages 3-5), as rated by their parents and caregivers (N=66). The study also examined how experiencing trauma varies by ethnicity. Traumatic impact as influenced by the child's age when the event happened, number of different events experienced (polyvictimization), and frequency of experiencing events is discussed. Eighty-five percent of children had experienced trauma. There were no ethnic differences in trauma prevalence. Caregivers rated traumatic impact as more severe for children who had experienced multiple types of events and for those who experienced traumatic events more frequently. The importance of addressing trauma exposure within the Head Start classroom setting is discussed.

Keywords: trauma, trauma prevalence, Head Start, traumatic stress, trauma intervention

Research shows that young children are the least able to defend themselves from the effects of trauma, yet they experience traumatic events at a much higher rate than the general population. One third of child victims of maltreatment are under the age of four (United States Department of Health and Human Services [HHS], 2009). The present study investigated the prevalence, nature, and degree of impact of traumatic events in Head Start preschoolers' lives.

Two studies have measured the prevalence of exposure to trauma in Head Start. Graham-Bermann and Seng (2005) found that 65% (N=160) of children had been exposed to at least one incident of community violence, and 47% had been exposed to at least one incident of family violence. In another study of 500 ethnically diverse Head Start families in Miami Dade County, parents reported that 30% of children had witnessed community violence, and over 60% of children had experienced at least one traumatic event during their lives (Beeber et al., 2007). Children who live in poverty and belong to an ethnic minority are even more likely to experience a potentially traumatic event (Briggs-Gowan et al., 2010).

Trauma is not an event per se, but rather the nervous system's response to an event (Levine, 1997). This means that an event may be perceived as traumatic by one child but not by another child. The effects of an event on a child may differ according to how often that event happens and what kind of event it is. Acute single traumatic episodes such as exposure to natural disasters, severe car accidents or violent assaults may affect a child differently than an event that

happens repeatedly, such as neglect or witnessing domestic violence. Research shows that the worst symptoms occur when children repeatedly experience multiple forms of a variety of distinct traumatic experiences (known as *polyvictimization*). In a large sample of children ages 2-18, Finkelhor, Ormrod and Turner (2007) found that of the 70% of children who had been victimized during the present year, 64% had experienced at least one additional, different kind of victimization during the same year.

Although scientists traditionally believed that young children were too unaware to be affected by trauma, current research shows that this is not true. Traumatic experiences may affect children across different areas of their lives. Children who have experienced trauma may have difficulty trusting caregivers and develop normal coping skills, and can lead to overly self-protective behaviors such as avoidance, withdrawal, and anger (Lieberman & Knorr, 2007). Childhood trauma also physically affects brain development and neurotransmission (Cook, Ciorciari, Varker & Devilly, 2009). Experiencing trauma at a young age can put children at risk for negative academic outcomes. Children who have experienced trauma have lower scores on standardized reading, math and science measures when compared with their peers who have not experienced trauma. Exposure to trauma also increases the odds that a child will receive special education services through an Individualized Education Program (IEP; Goodman, Miller, & West-Olatunji, 2012). Further, experiencing trauma puts children at risk for experiencing both internalizing and externalizing symptoms at a higher rate than their peers (Ford, Gagnon, Connor, & Pearson, 2011).

OUR STUDY

The purpose of this study is to bring to light the importance of the primary caregiver's interpretation of the impact of traumatic experiences on their children. In order to provide mental health services to children who have experienced trauma, it is important to first understand the prevalence of trauma cases within this population as well as the types of traumatic events experienced and the impact of those events on children. This study did this by interviewing caregivers to better understand prevalence, nature and frequency of events that children have experienced.

Sixty six parents or primary caregivers of children aged 3-5 years enrolled in Head Start in a four- county region in Michigan participated in the study. The researcher interviewed primary caregivers using the Traumatic Events Screening Inventory- Parent Report Revised (TESI-PRR; Ghosh-Ippen et al., 2002) either at their child's Head Start site, over the phone, or through a take-home survey. The scale contains 24 items that focus on the child's direct exposure to or witnessing of, severe accidents, illness or disaster, family or community conflict or violence, and sexual molestation and the child's reaction to each event. Caregivers were asked if the child had experienced these 24 events and then asked to rate the impact of these events on the child.

IMPORTANT CONCLUSIONS/ RELEVANCE TO PRACTICE

- In this study, 85% of children had experienced one or more potentially traumatic event according to their primary caregiver's report. Seventy percent of children in

this study had experienced more than one potentially traumatic event. This suggests that many children in Head Start classrooms are the victims of multiple and ongoing traumatic events.

- The most frequently reported events were, (a) having a serious medical procedure, being very sick, being seen in the emergency room, or staying in the hospital overnight, (b) being away from the primary caregiver for an extended period of time or during a stressful time, (c) having a person close to the child who was very sick or injured, and (d) seeing, hearing, or hearing about people in the child's family physically fighting.
- Children belonging to the ethnic majority group (Caucasian) were just as likely as children in the ethnic minority group (all other ethnicities) to experience potentially traumatic events. This may be due to the fact that previous studies have not separated race from socioeconomic status when claiming that racial minority children were more likely to experience trauma. This study only involved children from similar socio-economic backgrounds, controlling for the effects of socioeconomic status.
- Results of this study suggest that two factors, the *frequency* of experiencing events and what *type* of traumatic event that child experiences, influence how caregivers rate the severity of impact of events on their children. Caregivers of children who had experienced multiple events rated each of the events as more traumatic for the child than those who had experienced fewer events. Caregivers of children who had experienced two types of events, both interpersonal (events such as abuse or being separated for a long time from the child's caregiver) and non-interpersonal (events such as being in a car accident, or experiencing a natural disaster) events, rated the impact of each event as more severe compared with those who had only experienced one type of event. Taken together, these findings support the fact that *cumulative* or *complex* trauma leads to the most severe trauma reactions. Children who experience different types of traumatic events repeatedly are at the greatest risk for negative outcomes.

IMPLICATIONS FOR PRACTICE

Consider traumatic exposure as a "systems-level" issue. The high number of children in this study who have experienced trauma (85%) suggests that the majority of children in Head Start classrooms are dealing with traumatic stress on a daily basis. Infusing Head Start agencies with knowledge regarding the effects of trauma on all children and adults within the system is likely to be an effective intervention.

Teach Head Start staff how to recognize traumatic stress in children. The results of this study show that a high percentage of children in Head Start classrooms have experienced trauma. Making sure staff can identify the signs of traumatic stress will help ensure that children get the treatment they need in order to prevent social/emotional and academic difficulties in preschool and later in life. Further, providing information regarding the effects of trauma on children available to all Head Start staff and families will help confirm that all caregivers are aware of trauma-informed practices and can respond appropriately to children who have experienced trauma.

Teach Head Start preschoolers skills for dealing with trauma and stress, as they are likely to experience traumatic events during their lives. Schools are quickly becoming places to receive mental health interventions (Adelman & Taylor, 2012). Head Start centers should consider various ways to teach staff and children ways to cope with traumatic stress, including implementing class-wide curricula, running therapeutic group sessions, and working with families.

Provide caregivers and families with education regarding the effects of trauma. This study showed that caregivers are not always aware of the negative effects of trauma on their children. It is therefore necessary to make information regarding children's response to traumatic stress available to families.

SUMMARY AND CONCLUSION

Exposure to traumatic events affects many Head Start preschoolers. Infusing Head Start agencies with knowledge regarding trauma exposure in young children will help trauma-informed practices reach the children and families that are affected by traumatic exposure. Teaching all members of Head Start programs (i.e. teachers, staff) to recognize traumatic stress in children is the first step in providing necessary services to children. Teaching children coping skills, and providing families with support and education regarding the effects of trauma are also important considerations for Head Start programs.

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