

Four Types of Unresponsive Care

	OCCASSIONAL INATTENTION	CHRONIC UNDERS-STIMULATION	SEVERE NEGLECT IN A FAMILY CONTEXT	SEVERE NEGLECT IN AN INSTITUTIONAL SETTING
FEATURES	Intermittent, diminished attention in an otherwise responsive environment	Ongoing, diminished level of child-focused responsiveness and developmental enrichment	Significant, ongoing absence of serve and return interaction, often associated with failure to provide for basic needs	“Warehouse-like” conditions with many children, few caregivers, and no individualized adult-child relationships that are reliably responsive
EFFECTS	Can be growth promoting under caring conditions	Often leads to developmental delays and may be caused by a variety of factors	Wide range of adverse impacts, from significant developmental impairments to immediate threat to health or survival	Basic survival needs may be met, but lack of individualized adult responsiveness can lead to severe impairments in cognitive, physical, and psychosocial development
ACTION	No intervention needed	Interventions that address the needs of caregivers combined with access to high-quality early care and education for children can be effective	Intervention to assure caregiver responsiveness and address the developmental needs of the child required as soon as possible	Intervention and removal to a stable, caring, and social responsive environment required as soon as possible

TYPES OF TRAUMA

Acute Trauma

A single traumatic event that is limited in time is called an **acute trauma**. An earthquake, dog bite, or motor vehicle accident are all examples of acute traumas. Other examples include:

- School shootings
- Gang related incidents
- Terrorist attacks
- Natural disasters
- Serious accidents
- Physical or sexual assault

Over the course of even a brief acute event, a child may go through a variety of complicated sensations, thoughts, feelings, and physical responses that rapidly shift as the child assesses and reassesses the danger faced and the prospects of safety. As the event unfolds, the child's increased heart rate, overwhelming emotions, and other physical reactions can add to his or her fright and sense of being overwhelmed.

Chronic Trauma

Chronic trauma is when a child has experienced multiple, varied and/or long-standing traumatic events such as:

- Exposure to domestic violence
- Involved in a serious car accident
- Victim of community violence
- Physical abuse
- War

The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact. A child exposed to a series of traumas may become more overwhelmed by each subsequent event and more convinced that the world is not a safe place. Over time, a child who has felt overwhelmed over and over again may become more vulnerable to and less able to tolerate ordinary everyday stress.

Complex Trauma

Complex trauma describes both exposure to chronic trauma—usually caused by adults entrusted with the child's care, such as parents or caregivers—and the immediate and long-term impact of such exposure on the child.¹ Children who experience complex trauma have endured multiple interpersonal traumatic events (such as physical or sexual abuse, profound neglect, or community violence) from a very young age (typically younger than age five).

Historical trauma

Historical trauma is a personal or historical event or prolonged experience that continues to have an impact over several generations. It includes collective and cumulative emotional wounding across generations that results from massive cataclysmic events, known as Historically Traumatic Events (HTE).ⁱⁱ The trauma is a psychological injury experienced personally and transmitted over generations. Thus, even family members who have not directly experienced the trauma can feel the effects of the event generations later. Examples include:

- Slavery
- Removal from homelands
- Relocation
- Massacres, Genocide or Ethnocide
- Cultural, Racial, or Immigrant oppression
- Forced placement in boarding schools

Neglect

One prevalent form of chronic trauma is child neglect, which is the failure to provide for a child's basic physical, medical, educational and emotional needs. In spite of neglect being the most common type of maltreatment, much less is known about it than about other types of maltreatment.ⁱⁱⁱ Unlike physical and sexual abuse, where overt acts are committed against a child, neglect is most often the omission of caretaking behavior that a child needs for healthy development.

Neglect can have serious and lifelong consequences. Experiencing neglect can feel acutely threatening, particularly for very young children who are completely dependent on caregivers for sustenance. Neglect often occurs in the context of other maltreatment, such as periods of abandonment and abuse, and is frequently associated with other psychosocial stressors and forms of adversity such as extreme poverty and parental substance abuse.

Child Traumatic Grief (CTG)^{iv}

When someone important to the child dies in a sudden or violent manner that is perceived as traumatic to the child, the child's trauma symptoms interfere with his/her ability to grieve.

Symptoms of CTG include:

- Being overly preoccupied with how the loved one died
- Reliving or re-enacting the traumatic death, which may include play that incorporates themes related to the death
- Showing signs of emotional and/or behavioral distress when reminded of the loss
- Attempting to avoid physical reminders of the traumatic death, such as activities, places, or people related to the death
- Withdrawing from others
- Showing signs of emotional constriction or numbing, lack of purpose and meaning to one's life

Medical Trauma

Medical trauma (related to ongoing or chronic illness or injury) is a special concern for children in foster care due to their higher rates of chronic health conditions:

- 40% of children in foster care have a chronic medical condition
- 10% have two or more chronic health problems^v

Further, medical illness, injury and treatment can be traumatic. Post-traumatic stress has been noted in up to:

- 20% of children and adolescents with asthma^{vi}
- 33% of those with HIV^{vii}
- 53% of those with burns^{viii}
- 48% of violently injured children and adolescents^{ix}

Medical exams can be invasive and may trigger past traumas or uncover conditions requiring painful or prolonged treatment.^x For children who are in foster care, medical trauma may become layered onto previous traumatic experiences. For example, previous trauma not only contributes to health problems but also puts children at risk for additional traumatic stress reactions related to their healthcare experience. The same risk factors for persistent traumatic stress in ill and injured children are particularly relevant for children in foster care:

- Experiencing severe levels of pain during illness or injury
- Exposed to scary sights and sounds in the hospital
- Separated from parents or caregivers during treatment
- Experiencing prior medical trauma or have had previous trauma reactions

REFERENCES

ⁱ Cook et al., 2005

ⁱⁱ Child Welfare Trauma Training Toolkit: Comprehensive Guide—3rd Edition January 2013

ⁱⁱⁱ Mennen, Kim, Sang, & Trickett, 2010

^{iv} The National Child Traumatic Stress Network www.NCTSN.org

^v U.S. Department of Health and Human Services, (2007)The National Child Traumatic Stress Network www.NCTSN.org

^{vi} Kean, Kelsay, Wamboldt, & Wamboldt, 2006

^{vii} Radcliffe et al., 2007

^{viii} Stoddard, Norman, Stroud, & Murphy, 1989

^{ix} Aaron, Zaglul, & Emery, 1999; Fein et al., 2002

^x American Academy of Pediatrics District II, NY State, Task Force on Health Care for Children in Foster Care, 2005