Childhood Exposure to Trauma Ups Physical, Mental Health Risks

By Rick Nauert PhD Senior News Editor
Reviewed by John M. Grohol, Psy.D. on June 9, 2011

A new research study suggests exposure to trauma can increase a child's risk of developing learning and behavioral problems, and raise a child's risk of obesity.
Stanford University School of Medicine researchers said the findings could encourage physicians to consider diagnosing post-traumatic stress disorder rather than attention deficit/hyperactivity disorder, which has similar symptoms to PTSD but very different treatment.
Investigators examined children living in a violent, low-income neighborhood and discovered an unexpectedly strong link between abuse, trauma and neglect and the children's mental and physical health.
Remarkable, researchers discovered that children experiencing trauma were 30 times more likely to have behavior and learning problems than those not exposed to trauma.
"In communities where there is violence, where children are exposed to events such as shootings in their neighborhoods, kids experience a constant environmental threat," said senior author Victor Carrion, M.D.
"Contrary to some people's belief, these children don't get used to trauma. These events remain stressful and impact children's physiology."
The new study is published online in the journal *Child Abuse & Neglect*.
The findings provide compelling evidence that pediatricians should routinely screen children for trauma exposures, said Carrion, a child psychiatrist.
"As simple as it may seem, physicians do not ask about trauma," he said. "And kids get the wrong diagnoses."
The study builds on earlier work that linked declining health in adulthood to the amount or dose of exposure to adverse childhood events.
Events such as various kinds of abuse or neglect; having a household member who abused alcohol or drugs, was incarcerated or was mentally ill; having a mother who was treated violently; and not living in a two-parent household increased the risk of poor health.
Earlier research has found that middle-class men exposed to these events had more chronic diseases in adulthood.
The results of the current study highlight the need for early identification of such adversity-associated health problems, and the necessity of early intervention. Obesity, for example, may act as a mediator to other health problems such as diabetes, cardiac risk and inflammatory illness.
To perform the study, the researchers evaluated medical records from 701 children treated at a primary-care clinic in Bayview-Hunter's Point, a San Francisco neighborhood with high rates of poverty and violence.
About half the children were African-American; the rest came from other ethnic backgrounds. Each child's exposure to adverse events was scored on a scale from 0 to 9, with one point given for each type of adversity. The researchers also evaluated the medical records for evidence of obesity and learning or behavior problems.
Two-thirds of the children in the study had experienced at least one category of adversity, and 12 percent experienced four or more categories. An adversity score of 4 or higher left kids 30 times as likely to show learning and behavior problems and twice as likely to be obese as those with a score of 0. Children with an adversity score of 1 were 10 times as likely to have learning and behavior problems as those not exposed to trauma.

Prior research has shown that about 30 percent of children in violent communities have symptoms of post-traumatic stress disorder, which can include the learning and behavior problems detected in the current study, Carrion noted.

Carrion believes a physician unaware of the fact that a child experienced trauma, and noting the child's physiological hyperarousability and cognitive difficulties, may diagnose ADHD instead of PTSD.

That's a problem because the two disorders have opposite treatments, he said. Kids with PTSD need psychotherapy, not the stimulant medications given for ADHD.

"Children can recover from PTSD with the appropriate treatment, which is one of approach and not avoidance," Carrion said. "By not asking about trauma, we're utilizing avoidance. We're perpetuating PTSD."

As part of their efforts to address the long-term health problems that stem from childhood trauma, Carrion, his collaborators and several San Francisco community partners are working to launch the Center for Youth Wellness, a one-stop health and wellness center for urban children and families in San Francisco.

The Center for Youth Wellness will combine pediatrics with mental health services, educational support, family support, research and best practices in child-abuse response under one roof. With both public and private support, the center will coordinate the services of multiple agencies to give children a safe and accessible place to increase their resilience to adverse life experiences and improve their well-being.

"We need to create trauma-informed systems," Carrion concluded, adding that the Center for Youth Wellness hopes to function as a model for such systems across the nation.

People working for the welfare of children need to be on the lookout for trauma and know how to intervene, and how to work with the family and with schools, he said. "If trauma goes untreated, it's very costly for the individuals involved and for society in general."

Source: Stanford University Medical Center