CHILD TRAUMA: CONNECTING THE DOTS

1 in 6 children between the ages of 2 and 5 receive a psychiatric diagnosis.³

26% Young children exposed to 5+ significant adverse experience in the first 3 years of childhood are 76% more likely to have at least one delay in their language, emotional, or brain development.²

The majority of youth in detention—3/4 of females and 2/3 of males—meet criteria for at least one psychiatric disorder.⁴

26% of children in the United States will witness or experience a traumatic event before they turn four.¹

6+ Over half of youth in detention have experienced at least 6 trauma incidents prior to arrest.⁵

As the number of childhood traumatic events increases, the risk for the following health problems in adulthood increases: depression; alcoholism; drug abuse; suicide attempts; heart and liver diseases; pregnancy problems; high stress; uncontrollable anger; and family, financial, and job problems.⁶,⁷

RESILIENCE is a child’s ability to bounce back following difficult times. There are conditions or attributes of an individual, family, or community that can buffer the impact of trauma, helping to lower risk and promote resilience. These are called protective factors.⁸ Some protective factors include:

**Individual**
- Healthy and strong peer relationships
- High self-esteem
- Emotional self-regulation
- Positive coping skills

**Family**
- Reliable support from caregivers and extended family
- Clear values and expectations for behavior

**Community**
- Presence of mentors
- School engagement with families
- Positive norms
- Opportunities for community involvement

¹National Center for Mental Health Promotion and Youth Violence Prevention, 2012; ²Barth et al., 2008; ³Duke Early Childhood Study: Egger, 2016; ⁴Teplin et al, 2002; ⁵Abram et al., 2004; ⁶Felitti et al., 1998; ⁷Anda et al., 2004; ⁸O’Connell, Boat, & Warner, 2009.