Cutting edge research on trauma and childhood maltreatment.

The Research Round Up series helps to bridge the gap between academic researchers and busy professionals. This publication provides summaries of ten research studies, published between July and December 2022, which provide new evidence with direct practical implications and highlight a range of understudied and clinically relevant issues in the field of trauma and childhood maltreatment.

In this issue

► Four studies highlight the role of caregivers in the aftermath of childhood trauma, including the effectiveness of family-based interventions (Humphreys et al., 2022), parental responses (Afzal et al., 2023), and direct caregiver involvement during trauma-focused psychological treatment (Salloum et al., 2022; Somers et al., 2022).

► Furthermore, a recent theoretical paper also highlights the importance of a child’s social experience after maltreatment exposure, to understand the complex interaction between childhood trauma, brain development and mental health outcomes (McCrorry et al., 2022).

► Moreover, in a genetically-informed study, it was found that heritable mental health vulnerability does not play a significant role in determining mental health outcomes after childhood maltreatment, highlighting the role of environmental and social factors (Baldwin et al., 2022).

► Two studies underscore the role of adaptive coping strategies in shaping mental health outcomes for children who have experienced trauma and abuse (Andersson et al., 2022; Davis et al., 2022).

► Finally, two studies evaluated various factors which influence child maltreatment reporting and outcomes in trauma-based treatments (Rebbe et al., 2022; Skar et al., 2022).

Each summary lists the size, age, ethnicity, and gender of the sample according to the terms given in the source literature. However, we recognise that there is not a clear consensus on how these terms are (or should be) presented in the literature, and that in some cases terminology and categorisation may cause unintended offense or harm. We are continuously discussing how to use language addressing race, ethnicity and gender when writing about research and are open to feedback to how this can be improved in our research communication and dissemination. Please send feedback on language or our approach to uktc@annafreud.org.
Contents

**Interventions**

4. The long-term benefits of foster-care after exposure to severe early adversity and deprivation

5. The influence of income and ethnicity on child maltreatment reporting

6. A new parent-led trauma-focused intervention effectively reduces trauma symptoms in children following trauma exposure

7. Factors influencing trauma-focused treatment outcomes in children and adolescents

8. Evaluating the effectiveness of caregiver involvement in cognitive-behavioural trauma treatment for children

**Impact of trauma**

9. The relationships between parenting responses and child post-traumatic stress symptoms

10. Childhood abuse, difficulties in managing emotions, and trauma symptoms contribute to self-harm in adolescence

11. Understanding the link between adverse childhood experiences, genetic factors, and mental health in children

12. How trauma-related thoughts affect mental health in young people in foster care

13. Childhood trauma, the brain and the social world
In this study, Humphreys and colleagues (2022) examined the long-term effects of foster care as an alternative to institutional care for children who experienced severe early-life adversity and deprivation. The researcher recruited 135 young adults (mean age = 18; female = 47%; ethnicity information was not provided). Ninety-five participants had experienced early institutionalisation (a group of 49 participants were randomly assigned to foster care as children, at around 2 years of age, while a group of 46 received care as usual and remained institutionalised). A third control group was composed of 40 young adults who were never institutionalised as children.

Young adults who had remained institutionalised showed poorer overall cognitive performance (measured with a standard IQ test) than those young adults who were placed in high-quality foster care as young children, with those who were institutionalised for the longest duration having the lowest scores. This group difference was evident in two specific domains, as foster-care placement showed a significant association with enhanced language skills and heightened ability to perform simple mental tasks quickly and accurately. Yet, those who were in foster care still showed poorer scores than community-raised young adults who were never institutionalised.

In sum, family-based interventions have the potential to improve cognitive outcomes for children exposed to severe forms of early adversity and deprivation, but they may not completely undo the long-lasting impact of these experiences.

In this study, Rebbe and colleagues (2022) examined how ethnicity and poverty influence the referral process to child protection agencies in children under three years with maltreatment-related hospitalizations. The study used administrative data for all children born in Washington State from 1999 through 2013, which included birth, hospitalizations, and child protection services records. A total of 3907 children were identified as being hospitalized for child maltreatment-related reasons before the age of three (female = 43%; Non-Hispanic White = 64%; Hispanic = 16%; Asian/Pacific Islander = 8%; Black = 7%; Native American = 5%).

Children from families with low income (as measured by eligibility for public health insurance), independent of ethnic/racial group, were more likely to be reported to child protection services than children from more affluent backgrounds (who had private health insurance). Children from White, Black, Hispanic and Native American backgrounds had a similar likelihood to be referred to child protection services. However, children from low income and Native American backgrounds were more likely to have a more detailed maltreatment-related report. This was indicative of being more closely scrutinised for child maltreatment and was found to contribute towards a child protection referral. In sum, within the context of being hospitalised due to maltreatment-related reasons, the likelihood of young children being referred to child protection agencies varied based on their family’s income and ethnic backgrounds.

In this study, Salloum and colleagues (2022) compared two types of therapies for children who have experienced trauma. Trauma-focused cognitive-behavioural therapy (TF-CBT) is a well-established, evidence-based, therapist-led treatment. Stepped care TF-CBT is a parent-led, therapist-assisted, treatment developed as a potential first-step intervention, followed by therapist-led standard TF-CBT therapy if needed. The study had 183 children (children: age range = 4-12; female = 55%; White = 51%, Black = 31%, mixed race = 17%, Asian = 1%; parents: female = 87%; White = 62%, Black = 36%, American Native = 2%) who were randomly assigned to one of the two therapies. More than half of the participants had experienced multiple traumatic events, with sexual abuse and domestic violence being the most frequently reported types.

The study found that 47% of those who were offered stepped care TF-CBT, and 70% of those who completed treatment, benefitted from the intervention. Moreover, stepped care TF-CBT was just as effective as traditional TF-CBT in reducing post-traumatic stress symptoms and improving daily functioning. Additionally, the cost of stepped care TF-CBT was lower for both the provider and the family. This suggests that it may be possible to provide effective therapy for children who have experienced trauma using a more cost-effective method. In sum, stepped care TF-CBT represents a promising treatment approach for some children who have experienced trauma.

In this study, Skar and colleagues (2022) examined what factors contribute to discontinuing trauma-focused cognitive-behavioural therapy (TF-CBT) or lack of improvement (i.e. symptoms in the severe range) after completing therapy. Children and adolescents (n = 1240; age range = 6-18; Female = 76%; the authors acknowledge the lack of ethnic information as a limitation of the study) received TF-CBT delivered by 382 TF-CBT therapists at 66 clinics. The study found that 24% of children and young people did not improve by the end of treatment and 13% discontinued therapy. Children and young people who experienced more traumatic events were more likely to leave therapy before its completion and not show improvement following treatment. Higher trauma symptoms at the beginning of treatment were also associated with a higher probability of not improving following treatment. Treatment drop-out or lack of improvement was lower for those participants whose therapists received more training on how to deliver TF-CBT. The child’s age, gender, and therapist’s educational background did not have a significant effect on discontinuing treatment or lack of improvement. **In sum, this study shows that factors such as therapist training, the number of traumatic events and initial trauma symptoms play a key role in determining treatment outcomes.**

In this study, Somers and colleagues (2022) examined what factors may influence treatment outcomes in cognitive-behavioural trauma treatment (CBTT), a trauma-focused treatment with caregiver involvement. To do so, the researchers analysed data from 28 published studies (n = 1931, mean age = 11, no gender or ethnicity information was provided).

CBTT was found to be effective in reducing post-traumatic stress disorder, mood and behavioural symptoms, as well as social, cognitive and general difficulties. Higher duration of joint sessions (i.e. sessions with both children and caregivers) and lower number of sessions were related to treatment success. Younger children and boys benefitted more from CBTT than older children and girls. This study also found that this approach was successful for children with single or multiple traumatic events, and the type of trauma did not significantly affect treatment outcomes. In sum, this study identifies some of the factors that contribute to CBTT effectiveness for children experiencing trauma-related symptoms.

Afzal and colleagues (2023) conducted a comprehensive review of previous studies examining how a parent’s response to their child’s trauma can impact the child’s symptoms and overall well-being. The researchers analysed the results from 27 published studies (children: age range = 2–19 years old, male and female children were well represented across studies; parents/caregivers: mean age range = 38–45, most studies included primarily or solely mothers/female caregivers; the authors reported that there was an under-representation of children from minority ethnic background and studies carried out in less industrialised countries).

The researchers found that when parents are overly protective, such as being controlling or emotionally overinvolved, and when they don’t talk to their child about the trauma or encourage avoidance of stressful experiences related to the trauma, the child tends to experience more symptoms. In sum, this study suggests that parental responses to their child’s trauma are related to children’s recovery from traumatic experiences.


* At least one of the authors is a current member of the UK Trauma Council
Impact of trauma

Childhood abuse, difficulties in managing emotions, and trauma symptoms contribute to self-harm in adolescence

In this study, Andersson and colleagues (2022) examined if childhood abuse, trauma-related symptoms and difficulties in managing emotions contribute to an increased risk of non-suicidal self-harm. School-age adolescents participated in this study (n = 3169; age-range = 16–19; female = 56%; born in Sweden = 91%). Current symptoms, emotion regulation difficulties and a history of abuse were measured with questionnaires.

The researchers found that having trauma symptoms, experiencing childhood abuse, and struggling to manage emotions all contributed to a higher risk of engaging in non-suicidal self-harm. Additionally, the findings showed that the difficulties in managing emotions (especially having limited access to emotion regulation strategies) and trauma symptoms (especially depression and post-traumatic stress symptoms) help explain the link between exposure to childhood abuse and subsequent higher risk of non-suicidal self-injury. In sum, this study suggests that trauma-related symptoms and difficulties in managing emotions, resulting from childhood maltreatment, may increase the risk of self-harm in adolescence.

In this study, Baldwin and colleagues (2023) examined how adverse childhood experiences (such as maltreatment, parental mental illness, parental separation, and parental criminality) and genetic vulnerability to mental health problems contribute to the development of mental health difficulties in children. Data were collected as part of two large UK and USA cohort studies (n = 11407; age range: 9–10 years; no information was provided in relation to gender or ethnicity).

Children with a higher genetic vulnerability for mental health difficulties were more likely to experience early adversity in the first place. That is, children who were more genetically predisposed to experience mental health symptoms, were also more likely to experience a range of early traumatic events. Moreover, following exposure to early adversity, the increased risk of mental health difficulties that ensued was in part explained by pre-existing genetic vulnerability. However, certain adverse childhood experiences, such as maltreatment and parental mental illness, predicted mental health difficulties regardless of genetic vulnerability. That is, the experience of these early traumatic events, rather than pre-existing genetic vulnerability, contributed to mental health problems.  

**In sum, genetic factors contribute to the occurrence of early adverse experiences and subsequent mental health difficulties; however, certain types of childhood adversities, such as maltreatment, predict mental health difficulties independently of genetic vulnerability.**


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In this study, Davis and colleagues (2022) explored if the way young people in foster care think about and deal with their traumatic experiences is linked to their overall mental health. Children with experiences of abuse or neglect, living in out-of-home care, took part in this study (n = 120; age range = 10–18; female = 53%; Caucasian = 83%). The researchers used questionnaires to track changes in various mental health symptom domains over time. They also examined beliefs about trauma, coping strategies, and the quality of memories related to the traumatic experiences.

The findings showed that having negative beliefs and thoughts about their traumatic experiences and using maladaptive coping strategies (such as avoiding thoughts about trauma) predicted a range of mental health symptoms in young people in foster care, including anxiety, depression, conduct problems, and hyperactivity. These findings remained even after considering the effects of post-traumatic stress disorder (PTSD) symptoms. In sum, the way young people in foster care make sense of and cope with their traumatic experiences plays a role in their overall self-reported mental well-being.


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This article by McCrory and colleagues (2022) discusses how childhood maltreatment can affect young people’s mental health. They introduce a new theory called the ‘neurocognitive social transactional model’, which suggests that maltreatment can impact the development of the brain, influencing a child’s ability to form and maintain positive social relationships, which in turn affects their mental health.

The article provides an overview of studies showing that people who have experienced early abuse and neglect are more vulnerable to mental health problems due to their increased likelihood of experiencing stressful events in their relationships (called ‘stress generation’) and having fewer and lower-quality relationships over time (called ‘social thinning’). The authors also provide an overview of studies showing that childhood maltreatment is associated with changes in the way the brain processes threat, reward, and autobiographical memory. The authors propose that brain adaptations in these domains can affect how a child interacts with other people, and how people interact with the child in turn. For instance, maltreatment may make it harder for a child to recognise and respond to rewarding social experiences and affect their ability to recall positive social memories. Additionally, a history of maltreatment can lead to an overly reactive threat response system, increasing the likelihood of conflicts or withdrawal during interpersonal situations. In sum, this article suggests that changes in brain development as a result of maltreatment exposure, may contribute to poor mental health by having a negative impact on a child’s social world.


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