NCTSN The National Child Traumatic Stress Network

Understanding Child Trauma

What is Child Trauma and Child Traumatic Stress?

Child traumatic stress occurs when children and adolescents are exposed to traumatic events and this exposure overwhelms their ability to cope with what they have experienced.

Prior to age 16, two-thirds of children in the U.S. are exposed to a traumatic event[1], such as:

- physical, sexual, or psychological abuse and neglect (including family violence)
- natural and technological disasters
- community violence, trafficking, or terrorism
- sudden or violent loss of a loved one
- substance use disorder (personal or familial)
- refugee and war experiences (including torture)
- serious accidents or life-threatening illness
- military family-related stressors (e.g., deployment, parental loss or injury)

What are the Consequences of Child Trauma?

Children who are exposed to traumatic events may experience a wide variety of consequences that can include intense and ongoing emotional distress and behavioral problems, difficulties with attention, academic failure, problems with sleep, or illness. For some children, these reactions interfere with daily life and their ability to function and interact with others. These reactions sometimes develop into serious mental illnesses or serious emotional disturbance, including posttraumatic stress disorder (PTSD), anxiety, and depression. Exposure to traumatic experiences can also worsen preexisting mental health problems and disrupt children's ability to form positive relationships and handle emotions and behavior.

The cost of child trauma is felt in human terms across the lifespan, and also in dollars and cents. As an example, the Centers for Disease Control and Prevention recently reported that the total lifetime estimated cost associated with just one year of child maltreatment alone is approximately $124 billion.

Without treatment, repeated childhood exposure to traumatic events can affect the brain and nervous system and increase health-risk behaviors (e.g., smoking, eating disorders, substance use, and high-risk activities). Research shows that child trauma survivors can be more likely to have long-term health problems (e.g., diabetes and heart disease) or to die at an earlier age. Traumatic stress can also lead to increased use of health and mental health services and increased involvement with the child welfare and juvenile justice systems. Adult survivors of traumatic events may also have difficulty in establishing fulfilling relationships and maintaining employment.

Untreated child traumatic stress can also be part of many of the most pressing problems that individuals, families, and communities face, including poverty, crime, low academic achievement, addiction, mental health problems, and poor health outcomes. The cost of child trauma is felt in human terms across the lifespan, and also in dollars and cents. As an example, the Centers for Disease Control and Prevention recently reported that the total lifetime estimated cost associated with just one year of confirmed cases of child maltreatment alone is approximately $124 billion.[2]

What Can Be Done To Address the Problem?

Fortunately, there are evidence-based treatments and services that are highly effective for child traumatic stress. However, many children and families face barriers in receiving appropriate mental health care. Improving access to effective evidence-based treatments for children who experience traumatic stress can reduce suffering and decrease the costs of health care. As the leading federal initiative focused on child trauma in the U.S., the National Child Traumatic Stress Network (NCTSN) has a long history of raising the standard of care for children and families. (See page 2 for more details).

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The National Child Traumatic Stress Network

The National Child Traumatic Stress Network (NCTSN) was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This unique network of frontline providers, family members, researchers, and national partners is committed to changing the course of children's lives by improving their care and moving scientific gains quickly into practice across the U.S. The NCTSN is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS).

The NCTSN has grown from 17 funded centers in 2001 to 116 currently funded centers and nearly 170 affiliate (formerly funded) centers and individuals in 2020, working in hospitals, universities, and community-based programs in 43 states and the District of Columbia. To accomplish the NCTSN mission, grantees and affiliates work to:

- provide clinical services
- develop and disseminate new interventions and resource materials
- offer education and training programs
- collaborate with established systems of care
- engage in data collection and evaluation
- inform public policy and awareness efforts

The national impact of the NCTSN is well documented. In recent years, estimates from the NCTSN Collaborative Change Project (CoCap) Report have indicated that each quarter about 35,000 individuals – children, adolescents and their families – directly benefited from services through the NCTSN. Since its inception, the NCTSN has trained more than 2 million professionals in trauma-informed interventions. Hundreds of thousands more are benefitting from the other community services, website resources, webinars, educational products, community programs, and more. Over 10,000 local and state partnerships have been established by NCTSN members in their work to integrate trauma-informed services into all child-serving systems, such as: child protective services, health and mental health programs, child welfare, education, residential care, juvenile justice, courts, and programs serving military and veteran families, refugee and immigrant families, and families impacted by substance use disorder.

As part of its mission, the NCTSN immediately mobilizes in the aftermath of national crises, including the terrorist attacks on September 11, 2001; Hurricanes Katrina, Harvey, and Sandy; and school shootings such as those at Majory Stoneman Douglas High School and Sandy Hook Elementary School. In this role, the NCTSN deploys staff, provides direct services and training where needed, and disseminates resources locally and throughout the country, supporting the coordinated interagency federal response.

Additionally, in FY 2019, the US Congress provided $8 million to the NCTSN designated for mental health services for: unaccompanied alien children, children and families affected by Hurricane Maria in Puerto Rico, and American Indian/Alaska Native populations.

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The continued work of the NCTSN supports the further development and dissemination of treatment and services to prevent mental health problems among children and families who have experienced trauma and reduces its impact on adult health and productivity. Sustained support for the NCTSN would allow millions of additional children and families to benefit from the improvements in evidence-based treatment, the expansion of educational opportunities, the development of community and national collaborative partnerships, and the widespread dissemination of public awareness resources.

The NCTSN website provides a range of resources for professionals, policymakers, the media, and the public about child traumatic stress, including treatment guidelines, fact sheets, training materials and opportunities, and access to the latest research information. For more information about child traumatic stress and the NCTSN, visit www.nctsn.org or https://learn.nctsn.org, or contact the NCTSN Policy Program at policy@nctsn.org.

[1] Copeland, W.E., Keeler, G., Angold, A., & Costello, E.J. (2007). Traumatic events and posttraumatic stress in childhood. Archives of General Psychiatry, 64, 577-584.
[2] Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. Child Abuse and Neglect, 2, 156-65.