Article

Trauma-Informed Care and LGBTQ Youth: Considerations for Advancing Practice With Youth With Trauma Experiences

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Abstract

LGBTQ youth are disproportionately impacted by multiple forms of childhood trauma, including physical abuse, sexual abuse, dating violence, sexual assault, and peer violence. The emerging practices of trauma-informed care and trauma-specific interventions have made significant contributions to the manner in which systems respond to the needs of traumatized youth. However, these youth are largely excluded from many trauma-informed conversations. This article seeks to use the *Concepts for Understanding Traumatic Stress Responses in Children and Families*, developed by the National Child Traumatic Stress Network, to address the traumatic experiences and responses of LGBTQ youth.

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Acceptance and affirmation of LGBTQ youth have increased dramatically in recent years. Far more youth self-identity as lesbian, gay, bisexual, transgender, or questioning than at any other point in history, and the "coming out" age has dropped significantly in the past decade (Shilo & Savaya, 2011). During the same period of time that LGBTQ youth have experienced unprecedented gains in societal acceptance, the field of trauma treatment has experienced significant advances in its capacity to understand, recognize, and respond to the needs of youth in sensitive and affirming ways. While the increase in awareness and needs of LGBTQ youth has coincided with the development of a more trauma-informed workforce, LGBTQ youth remain largely excluded from trauma-informed conversations. LGBTQ youth are one of the most vulnerable populations and continue to experience nearly all forms of trauma at rates far higher than straight youth and gender-conforming youth.

The factors that contribute to the increased vulnerability of LGBTQ youth are often unique and complex. Many LGBTQ youth experience physical or sexual abuse shortly after coming out, and the reasons and dynamics that contribute to this abuse are essential for trauma-informed practitioners and policy

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makers to understand (Russell & Fish, 2016). In addition to the physical and sexual abuse that many LGBTQ youth experience, many also experience rejection, discrimination, and marginalization that can make them more vulnerable to other forms of trauma and maltreatment.

The increased vulnerability that many LGBTQ youth experience provide strong evidence of the need for trauma-informed care and trauma-specific interventions that adequately address issues related to sexual orientation and gender identity and expression (SOGIE). Trauma-informed care can best be described as an intervention structure in which practitioners and agencies consider the unique nature and impact of trauma as they strive to assess, understand, and assist trauma-exposed children, families, and communities. This article seeks to assess the unique ways in which LGBTQ youth can be vulnerable to traumatic experiences as well as to provide strategies that explore the ways in which the concepts of trauma-informed care developed by the National Child Traumatic Stress Network (NCTSN) Core Curriculum on Childhood Trauma Task Force (2012; see Appendix for a list of the concepts) can be used to strengthen the response of systems of care to support LGBTQ youth. These systems could then better serve youth such as "Kevin":

> Kevin (15) was referred to a school social worker after a teacher noticed a recent decline in his attendance and performance in class. The teacher also reported that Kevin has presented as being extremely hypervigilant, irritable, and inattentive in recent weeks. Kevin confided in his school social worker that he had run away from his home after his father had punched and shoved him shortly after learning that Kevin was in a romantic relationship with another boy. Kevin stated that he had stayed with friends for the first few weeks after running away from home, but more recently had been given a room in the home of an older gentleman that he had met at a party in exchange for sex.

Kevin's case highlights some of the complexities that often accompany the maltreatment and rejection experiences of LGBTQ youth.

The case also illustrates the manner in which family rejection can make youth more vulnerable to other forms of maltreatment and abuse. In addition, it provides insights into the critical need for practitioners to adequately address both the adverse circumstances that challenge LGBTQ youth and the increased vulnerability to trauma and traumatic stress behaviors that might be a result of factors such as family rejection and recent homelessness.

Increased Vulnerability to Traumatic Stress

Given the high rates of maltreatment and victimization experiences, LGBTQ young people report higher rates of posttraumatic stress disorder (PTSD). In a recent study assessing rates of PTSD in LGBTQ young adults, Roberts et al. (2012b) found that they are 3.9 times more likely to meet criteria for PTSD than the general population. In this same study, just over 9% of LGBTQ men and 20% of LGBTQ women reported a lifetime risk of PTSD, compared to 4% of men and 9% of women in the general population. While the individuals in this study were all adults at the time of the survey, many reported victimization experiences during their childhood. Furthermore, nearly 45% of LGBTQ women and 28% of LGBTQ men reported experiencing some form of violence or abuse at some point during their childhood. The rates of childhood exposure to violence and abuse of sexual minority individuals far exceed the women (21%) and men (20%) in the general population.

In addition to being strongly associated with psychosocial stressors such as poor peer relationships, family rejection, and harassment, childhood gender nonconformity is a strong risk indicator of both childhood abuse and PTSD (Roberts et al., 2012a). This seminal study assessing the relationship between childhood gender nonconformity and victimization suggests that boys who exhibit gender nonconformity before the age of 11 are nearly three times as likely to experience sexual abuse before reaching adulthood than those with high levels of gender conformity.

Nonconforming girls were nearly 60% more likely to experience some form of physical or sexual abuse than gender-conforming girls. Furthermore, those individuals with high childhood rates of gender nonconformity are nearly twice as likely to experience PTSD than gender-conforming youth.

The victimization experiences of LGBTQ youth in schools have been well documented in recent years (Koski, Greytak, Palmer, & Boesen, 2013). Well over half of LGBTQ youth report feeling unsafe in their current school (56%), and 17% of LGBTQ youth report experiences of physical assault on school grounds within the past year. Furthermore, the rate of LGBTQ high school students who report experiences of dating violence (23%) is more than double that of the general population of high school students (9%; Centers for Disease Control and Prevention, 2015).

Given their increased vulnerability to experiencing maltreatment, LGBTQ youth are placed in the child welfare system at a much higher rate than straight or gender-conforming youth (Wilson & Kastanis, 2015). Once in care, the experiences of many LGBTQ youth are often plagued with instability, discrimination, and a lack of acceptance (McCormick, Schmidt, & Terrazas, 2016). On average, LGBTQ youth in foster care experience more placement disruptions than the general population of foster youth (Wilson & Kastanis, 2015).

Risky Behaviors Among LGBTQ Youth

LGBTQ youth and young adults have historically engaged in risky behaviors at much higher rates than straight youth and young adults (Centers for Disease Control and Prevention, 2015; Marshal et al., 2008; Ryan, Huebner, Diaz, & Sanches, 2009). Several decades of research have shown that LGBTQ youth consistently use and abuse risky substances at a rate nearly three times that of straight youth (Marshal et al., 2008). LGBTQ youth are almost twice as likely to report having used alcohol or drugs right before their last sexual encounter (35%) than straight youth (18%).

Risky Sexual Activity

According to a report from the Centers for Disease Control and Prevention (2015) assessing risky sexual behaviors, LGBTQ youth have intercourse before the age of 13 at a rate that is four times higher than straight youth (20% vs. 5%). Similarly, the percentage of LGBTQ youth who have had more than four sexual partners is nearly three times the rate of straight youth (29% vs. 11%). About half as many LGBTQ youth report using a condom during their last sexual encounter (36%) than straight youth (66%).

Research also reports that LGBTQ young people who engage in same-sex sexual activity are more likely to have traded sex than their heterosexual counterparts (Garofalo, Deleon, Osmer, Doll, & Harper, 2006). Societal homophobia, biphobia, and transphobia may have ways of pushing LGBTQ youth toward the sex trade for various reasons. A recent study found that more than half of the transgender women participated in the sex trade as a result of failure to find other forms of employment due to negative responses to their gender identity (Wilson & Widom, 2010). In some cases, LGBTQ young people may experience commercial sex as a way to receive affirmation of their SOGIE and to live their sexuality and gender openly (Lutnick, 2016).

A recent study on the experiences of LGBTQ youth, YMSM (young men who have sex with men) and YWSW (young women who have sex with women) who were engaged in survival sex suggests that most youth who were surveyed were either kicked out of their homes or fled hostile and violent home environments (Dank et al., 2015). This same study suggests that LGBTQ youth who engage in survival sex, including sex for pay, food, and/or residence, frequently find themselves in very unsafe and risky situations. Such a dynamic makes these youth much more vulnerable to physical and sexual violence, exploitation, and human trafficking (Dank et al., 2015).

Advancing a Trauma-Informed Response

The following section will incorporate the *Core Concepts for Understanding Traumatic Stress Responses in Children and Families* developed by the NCTSN to create a framework for better understanding the risky behaviors exhibited by some LGBTQ youth (NCTSN Core Curriculum on Childhood Trauma Task Force, 2012). In addition, this section will use the Core Concepts to explore practice and policy responses that are sensitive to the unique risks and resilience of LGBTQ youth.

Family Rejection as a Predictor of Risky Behaviors and Mental Illness

Researchers and other professionals have historically attributed the high rates of risky behavior among LGBTQ youth to factors such as hostility, rejection, and prejudice. In fact, a seminal study exploring the relationship between family acceptance and health outcomes of LGBTQ young adults found that, when compared to LGBTQ youth with accepting families, those who experienced family rejection were nearly eight times more likely to attempt suicide and six times more likely to experience depression. Similarly, LGBTQ youth with accepting families were 3.5 times less likely to engage in both risky sexual activities and risky substance use (Ryan et al., 2009) than those with rejecting families. Research like this has shown that the risky behaviors and negative health and mental health outcomes of LGBTQ youth are strongly related to their experiences with factors such as rejection and marginalization. Adding to this knowledge base, recent insights with trauma-informed care have the potential to significantly enhance our understanding of the factors that contribute to risky behavior among LGBTQ youth. A trauma-informed response that adequately addresses both the inherent complexity of the traumatic experiences of LGBTQ youth, as well as the systemic and environmental stressors that many LGBTQ encounter, can be instrumental in recognizing the resilience, strengths, and resources that exist in so many LGBTQ youth. At a time when so much of the research on LGBTQ youth aims to assess risk and the factors that contribute to those risks, a trauma-informed response can help researchers and practitioners shift their focus from one of risk and deficits to one of resilience and strengths.

Secondary Adversities and Traumatic Stress

Traumatic experiences are often accompanied by secondary adversities such as family separation, financial hardships, removal from parents, new school placements, social stigma, changes in peer support systems, and many other potential adversities. It is critical that trauma-informed practitioners continually assess the complexity and unique manner in which secondary adversities may impact LGBTQ youth. In many cases, LGBTQ youth who have been removed from their primary home may struggle with whether or not they are physically and emotionally safe to come out to their new caretakers, peers, and teachers. In addition, many LGBTQ youth may be vulnerable to changing stressors, such as harassment, discrimination, and stigma, in their new environments. It is critical that trauma-informed practitioners are knowledgeable of both the benefits and risks of coming out and equipped to prepare youth on how best to proceed with coming out to caretakers, peers, and others. In addition, practitioners must be equipped to process both the positive and negative coming-out experiences of LGBTQ youth to better externalize any rejection or hostility.

In some circumstances, an LGBTQ youth may be placed in an out-of-home care placement that does not provide the affirming and accepting environment needed to cope from the traumatic experiences. In such a circumstance, practitioners will likely need to be prepared to advocate for change within these placement settings or assist in finding a more affirming and accepting environment for LGBTQ youth.

Posttraumatic Adversities and Risky Behaviors

Many professionals and policymakers attribute the risky behaviors that are exhibited by LGBTQ youth to factors such as rejection, stigma, and discrimination. While there is no question that these factors are strong predictors and contributors to such behaviors, professionals must be cautious not to overlook the impact that traumatic stress responses have in contributing to such behaviors. Trauma exposure and its aftermath can adversely impact youth in a variety of ways. The overwhelming emotional and cognitive reactions that youth experience when they experience a traumatic reminder can often lead to behaviors that appear to be impulsive, regressive, and risky. The fact that LGBTQ youth disproportionately experience nearly all forms of trauma and maltreatment should suggest that many of these risky behaviors are likely a result of the overwhelming emotional and cognitive reactions that are often exhibited in traumatic stress responses. Many LGBTQ youth will cope with overwhelming neurobiological and physiological responses by engaging in risky behaviors such as abusing substances, engaging in self-harming behaviors, or engaging in risky sex. Furthermore, an LGBTQ youth who might be experiencing a traumatic stress response may not be able to accurately assess the risks and rewards involved in certain behaviors or relationships. In some cases, a youth may underestimate the amount of risk involved with activities that have the potential to harm or, alternately, overestimate risk and avoid certain people and situations that are not inherently dangerous. A thorough and efficient trauma-informed assessment would likely take into consideration both the environmental factors such as rejection, bullying, and stigma as well as possible traumatic stress responses in explaining the high prevalence of risky behaviors in LGBTQ youth.

Addressing Danger and Fostering Safety

Traumatic experiences frequently threaten a sense of safety and profoundly heighten concerns about issues related to danger and risk (NCTSN Core Curriculum on Childhood Trauma Task Force, 2012). The process of restoring a youth's sense of safety and security requires practitioners to be sensitive to the unique needs of LGBTQ youth as well as the systemic and environmental responses to meeting those needs. While traumatic experiences can impact a youth's capacity to distinguish between safe and unsafe situations, such assessments can be especially challenging for LGBTQ youth (NCTSN Core Curriculum on Childhood Trauma Task Force, 2012). LGBTQ youth often have added assessments to make in determining whether a helping professional will be a source of safety. In many cases, LGBTQ youth are looking for signs, signals, or cues from helping professionals that might shed some light on whether or not they are accepting and affirming of LGBTQ individuals. A trauma-informed approach that seeks to heighten an LGBTQ youth's sense of safety might include displaying signs, banners, books, or other markers that convey to youth that they are safe to discuss issues related to SOGIE. In addition, efforts to use inclusive language and to assess and honor the names and pronouns with which a young person identifies can be critical in fostering a sense of safety and security for LGBTQ youth.

For many LGBTQ youth who are coping with traumatic stress, their environments are saturated with trauma reminders, triggers, and stressors that impact their emotional and behavioral functioning. In many cases, youth either remain in environments that present significant threats to their safety or they are placed in settings that can potentially be even more threatening. Practitioners must be equipped to address and eliminate as many environmental stressors and reminders as possible. For instance, someone who has been removed from their home may be placed in a foster home or group home. For many LGBTQ youth, out-of-home placements can present numerous risks, including rejection, maltreatment, and bullying. A critical step that agencies can take in ensuring safety in service provision is to adopt client and employee

nondiscrimination policies that explicitly include sexual orientation, gender identity, and gender expression. These policies, whenever possible, should cover employees, contractors, and partner organizations. Furthermore, zero-tolerance policies around homophobic, biphobia, and transphobic language and behavior, as well as whistle-blower policies to protect those who speak up against it, are critical to creating an environment of safety for LGBTQ youth.

LGBTQ youth are likely to experience a wide variety of triggers related to their SOGIE. The impact of overt homophobia, biphobia, and transphobia has been documented here already, yet subtler forms of rejection or micro-aggressions are equally pervasive and can be collectively as traumatizing. It is critical that professionals take into consideration the interactions that LGBTQ youth have beyond the scope of the services being provided, in the context of family, school, community, media, and society at large. Through coordinated school and family interventions, practitioners and systems can often mitigate the harmful effects of these repeated rejections.

Environmental Factors and Family Support

A trauma-informed approach places a strong emphasis on efforts to enhance the level of functioning of a youth's support system. The family and support systems of many LGBTQ youth look much different than those of straight and gender-conforming youth. In some cases, parents and caretakers may have some discomfort or displeasure with their child's SOGIE. Despite the fact that societal acceptance of LGBTQ individuals is at an all-time high, family rejection continues to be a source of great shame, sadness, and confusion for many youth. While research has shown that family acceptance is one of the strongest predictors of health and well-being among LGBTQ youth and young adults, many practitioners lack the skills, theoretical knowledge, and experience to work with families to enhance their levels of acceptance of their LGBTQ youth (Ryan et al., 2009).

Efforts aimed at identifying trauma reminders and environmental stressors that often involve a youth's family may be weakened in situations where tension, rejection, and hostility are present. Trauma-informed practitioners must be equipped to adequately assess and address the unique dynamics that often exist in families with LGBTQ youth. Doing so means that such practitioners are likely to be much more effective in creating a sense of physical and emotional safety. A family member's willingness to accept and affirm an LGBTQ youth will often increase significantly when they are made aware of the potential consequences that rejection can have on their loved one. While all families may not fully accept and affirm their LGBTQ loved one at first, perceptions and attitudes will often change over time and practitioners can help facilitate that change.

Social and Academic Support Networks

While efforts to enhance the acceptance and affirmation that LGBTQ youth experience in their homes are critical, it is equally as important for trauma-informed practitioners to be aware of the potential impact that other support networks can have in helping LGBTQ youth to cope with traumatic stress. Support networks in schools, churches, and other community settings can profoundly enhance the experiences of LGBTQ youth. Resources such as gay-straight alliances (GSAs) have proven to be especially effective in helping to create a greater sense of safety and comfort for LGBTQ youth in schools (Kosciw et al., 2013; McCormick, Schmidt, & Clifton, 2015). Furthermore, the process of normalizing thoughts and feelings and externalizing potential rejection or discrimination has proven to have positive effects on the social, academic, and family experiences of LGBTQ youth. Research suggests that LGBTQ youth involved in GSAs have significantly higher GPAs and are much less likely to miss school for fears related to safety (Kosciw et al., 2013).

While academic and community support can serve as protective factors with traumatic stress, schools and other institutions can also

be a source of fear, shame, and rejection. Trauma-informed approaches must account for the systemic and structural injustices that many LGBTQ youth experience. Furthermore, these efforts must seek to confront and challenge any discrimination, bias, or rejection that might exist in the larger environment for LGBTQ youth.

LGBTQ youth come from families of all religious, political, ethnic, and economic backgrounds. Systems of care are made up of organizations of individuals, and these individuals often represent a variety of cultural, religious and political experiences, values, and beliefs. No matter how LGBTQ-friendly a particular practitioner or organization is, social services have a history of contributing to the stigmatization, discrimination, and culturally incompetent treatment of the LGBTQ community. Creating a culturally competent organizational environment requires a commitment to comprehensive organizational change that addresses a measurable commitment and support from leadership as well as a systems approach that considers service provision at all levels.

Even the most open and caring practitioners will have room for continued learning and skills building when it comes to understanding and affirming an LGBTQ client's SOGIE. All service providers should receive thorough, foundational training on LGBTQ competency that includes accurate explanation of terminology, exploration of the concepts of SOGIE and experiences of LGBTQ people, distinction between common myths and facts, and the clear identification of welcoming and nonwelcoming behaviors.

It is recommended that service providers routinely collect information on and discuss SOGIE with their clients in order to appropriately integrate this information into holistic and individualized treatment plans. Furthermore, practitioners should convey the significance of asking questions that might seem intrusive in a sensitive and affirming manner.

Collaboration and Mutuality

The Substance Abuse and Mental Health Services Administration (2014) notes that a trauma-informed organization "recognizes that everyone has a role to play in a trauma-informed approach." Accordingly, such organizations have an opportunity to embody this principle by including representation from LGBTQ youth on program and client advisory boards and committees. LGBTQ community experts can be engaged in organization governance and steering committees as well or leveraged as partners in the institutional commitment to LGBTQ competency through training initiatives and community outreach. Wherever possible, the creation of official LGBTQ advocates and liaisons can serve to gather information about and quickly respond to stakeholder needs and concerns.

Implications for Practice

To truly empower LGBTQ youth, providers must go beyond simply prohibiting discrimination and seek to actively embrace and encourage youth. Many caring adults may feel that LGBTQ youth are "too young to know" they are LGBTQ or that their expressions and identities are "just a phase." Second-guessing a young person's stated or expressed SOGIE can be experienced as a form of rejection, and any attempts to "change" a young person's SOGIE could cause serious harm. Although a growing number of states have been successful in efforts to ban reparative or conversion therapies, agencies must remain vigilant to ensure that LGBTQ youth experience acceptance and affirmation from professionals.

As the collective understanding of SOGIE evolves, so does the language professionals have available to them to describe the myriad experiences and identities of all people. Word choices and language matter a great deal to many LGBTQ people. Some youth may feel they do not want to be labeled by their SOGIE, while for others using a particular name, pronoun, or other identifier is life-changing and empowering. Providers may feel overwhelmed by the evolving language and terminology related to SOGIE and may even feel that, despite their best efforts, that they struggle to convince clients that they are LGBTQ-friendly.

To empower LGBTQ youth, providers must resist pathologizing identities and experiences other than the heterosexual and gender-conforming "norm." LGBTQ identities are not symptoms of trauma or problems to be solved. It is an LGBTQ youth's experiences with discrimination and oppression that are the problems, and interventions must be geared toward identifying, managing, and eliminating those societal inequities and offering LGBTQ youth the opportunity for healing.

LGBTQ youth may have had negative past experiences with service providers, specific to their SOGIE. Service providers may need to compensate for the wrongs of others in the youth's past in order to move forward to a trusting, honest clinical relationship with that young person. The overall physical environment of the treatment space can set a positive tone for this relationship by reflecting inclusion and support of LGBTQ youth. When they walk into the space, what do the young people see there that makes them feel safe? How does the physical space communicate to youth that they are (or are not) welcome and affirmed there? Are there images of young people like them or families like theirs? Are there LGBTQ-affirming symbols and language displayed throughout all service-related communications, including forms, brochures, websites, and social media reflecting the inclusion and support of LGBTQ youth?

Implications for Research

Much of the research on LGBTQ youth has focused primarily upon the negative health outcomes and risky behaviors exhibited. While recent studies have aimed to look at the critical role that family acceptance can play in buffering many of the negative outcomes, no studies to date have focused entirely on the relationship between traumatic experiences and the health and mental health outcomes of LGBTQ youth. In addition, research has not looked at the relationship between the increased vulnerability to maltreatment and trauma experienced by many LGBTQ youth and the risky behaviors that have been well

documented for decades. While the approaches and ideas detailed in this article were developed to work from the assumption that LGBTQ youth are often much more vulnerable to most forms of trauma and traumatic stress, more research is needed to further assess the relationship between vulnerability to trauma and health and mental health outcomes.

Given the added vulnerabilities to trauma and maltreatment of LGBTQ youth, it is no surprise that much of the research has focused on the threats and risks that many LGBTQ encounter. Little research is available that aims at assessing and investigating the resilience and resourcefulness that many LGBTQ youth exhibit in light of and, in some cases, as a direct response to increased adversity. Research that seeks to further identify the resilience and strengths of LGBTQ youth, specifically those youth who have navigated adversity and maltreatment, would help to enhance the existing knowledge base that has historically focused on risks and vulnerabilities and better operationalize the resilience and resourcefulness that LGBTQ youth exhibit.

Conclusion

One of the distinct features of trauma-informed care is the emphasis placed on cultural issues that can influence the manner in which youth and families respond to traumatic events (NCTSN Core Curriculum on Childhood Trauma Task Force, 2012). While cultural factors related to SOGIE have not always been at the forefront of conversations about trauma-informed care, there is no question these factors are critical in the formulation of trauma-informed approaches. In many cases, a youth's SOGIE can make him or her more vulnerable to multiple forms of trauma and maltreatment. A trauma-informed approach that seeks to specifically address the environmental factors that contribute to such disproportionately high rates of traumatic exposure is critical. In the same ways that the trauma experiences of LGBTQ youth might look a little different than those of youth who are

straight or gender-conforming, the needs of LGBTQ youth who are responding to traumatic stress might also be unique. Since LGBTQ youth are more vulnerable to traumatic experiences, it could easily be argued that a youth's SOGIE can make him or her more vulnerable to the adverse effects of traumatic stress. A trauma-informed approach is essential in addressing many of those vulnerabilities by assessing the ways in which SOGIE might adversely impact the intrinsic and extrinsic capacities that are critical in responding to traumatic stress.

The impact that factors such as family rejection, marginalization, and bullying can have on LGBTQ youth can present some challenges for trauma-informed practitioners. In many cases, the responses that a youth might have to such factors look a lot like the stress responses that often occur in the aftermath of a traumatic experience. Risky behaviors exhibited by an LGBTQ youth who is dealing with family or peer rejection, such as substance abuse, truancy, self-harm, and risky sex, are very similar to the regressive and unsafe behaviors that often result from traumatic stress responses. Trauma-informed approaches must seek to better prepare practitioners to make such distinctions and ensure that an LGBTQ youth's experiences with trauma are not being overlooked or deemphasized.

Appendix

Core Concepts for Understanding Traumatic Stress Responses.

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1. Traumatic experiences are inherently complex.
2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.
3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.
4. Children can exhibit a wide range of reactions to trauma and loss.
5. Danger and safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family and broader caregiving systems.
7. Protective and promotive factors can reduce the adverse impact of trauma.
8. Trauma and posttraumatic adversities can strongly influence development.
9. Developmental neurobiology underlies children's reactions to traumatic experiences.
10. Culture is closely interwoven with traumatic experiences, response, and recovery.
11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.

Source: Adapted from NCTSN Core Curriculum on Childhood Trauma Task Force (2012).
Note: The Core Concept definitions can be found here: http://www.nctsn.org/products/12-core-concepts-understanding-traumatic-stress-responses-children-and-families.

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