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THE CRISIS CONTINUES:

RECENT TRENDS IN CHILDHOOD TRAUMA

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In 2005, John Briere, psychologist and author of child, adolescent, and adult trauma assessments, emphasized the necessity for psychological assessments tailored to trauma in children, highlighting the prevalence of maltreatment and exposure to traumatic events. Regrettably, almost two decades later, his assertion holds even truer today. According to the Substance Abuse and Mental Health Service Administration (SAMHSA; 2024), more than two thirds of children report encountering at least one traumatic event by the age of 16 years.

The impact of trauma on children is profound. They endure persistent reactions disrupting daily life long after the traumatic incidents cease (The National Child Traumatic Stress Network, n.d.). These reactions encompass enduring emotional distress, depressive or anxious manifestations, behavioral shifts, self-regulation challenges, impaired social interactions, regression in skills, academic difficulties, nightmares, disrupted sleep and eating patterns, and physical discomfort. Adolescents may resort to substance abuse, risky behaviors, or unhealthy sexual practices as coping mechanisms.

Without intervention, childhood exposure to trauma can detrimentally affect brain development, escalate risky health behaviors (e.g., smoking, eating disorders, substance abuse, and high-risk activities), impair learning (reflected in lower grades and increased suspension/expulsion rates), and lead to long-term health issues such as diabetes and heart disease or premature mortality (The National Child Traumatic Stress Network, n.d.; Center for Substance Abuse Treatment, 2014). Traumatic stress can also elevate reliance on health care and mental health services and involvement with child welfare and juvenile justice systems. Moreover, adult survivors of childhood trauma often struggle to establish fulfilling relationships and maintain employment (The National Child Traumatic Stress Network, n.d.). One of the most disturbing findings is the higher rates of suicide risk—those who experience three or more adverse childhood experiences (ACEs) are at a threefold increased risk of ideating or attempting suicide (Thompson et al., 2018).

National Landscape of Childhood Trauma

Rates of Child Maltreatment

According to Child Maltreatment 2022 (Children's Bureau, 2024), there were 558,899 victims of child abuse and neglect nationally in that year. Out of 1,000 children, 7.7 were found to be victims of abuse or neglect. More than 74% of victims experienced neglect, 17% were physically abused, more than 10% were sexually abused, and nearly 7% were psychologically maltreated. Alarmingly, it is also estimated that approximately two thirds of child abuse cases go unreported (National Center for PTSD, n.d.).

Prevalence of Adverse Childhood Experiences

ACEs are potentially traumatic events that occur in childhood. Examples include:

- Experiencing violence, abuse, or neglect
- Witnessing violence in the home or community
- Having a family member attempt or die by suicide
- Substance use problems
- Mental health problems
- Instability due to parental separation
- Instability due to household members being in jail or prison
- About 64% of adults in the U.S. reported they had experienced at least one type of ACE before age 18 years. Nearly one in six (17.3%) adults reported they had experienced four or more types of ACEs (Centers for Disease Control and Prevention, 2024).

Examining Mental Health Rates Among Children and Adolescents

From March to October 2020, emergency department visits for mental health reasons surged by 24% among children ages 5–11 years and 31% among teens ages 12–17 years (American Academy of Pediatrics, 2021). Annually, approximately 157,000 individuals ages 10–24 years seek emergency medical care for intentional self-inflicted injuries (Asarnow, n.d.).

In October 2021, the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, and the Children's Hospital Association declared a national emergency (American Academy of Pediatrics, 2021). This was the result of the worsening crisis in child and adolescent mental health, which was likely accelerated by COVID-19. More than 140,000 children lost a caregiver during the pandemic, with historically marginalized groups bearing a disproportionate burden (American Academy of Pediatrics, 2021).

Alarmingly, suspected suicide attempts among teen girls rose by nearly 51% in early 2021 compared to 2 years prior. Youth suicide constitutes a significant public health issue, surpassing deaths from any single major medical illness among individuals ages 10–24 years. Though suicide is uncommon in children younger than 10 years, rates escalate notably during adolescence and young adulthood. Even prior to the pandemic, pediatric suicide rates saw a significant rise in the U.S., nearly tripling between 2007 and 2017 among those ages 10–14 years. National surveillance data indicate that around 7%–8% of adolescents attempt suicide annually, with roughly 17%–22% reporting serious suicidal ideation (Asarnow, n.d.; National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 2023). This percentage is highest among females (30%), American Indians/Alaska Natives (27%), and lesbian, gay, or bisexual teens (45%; National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 2023).

Furthermore, data from the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey spanning from 2011 to 2021 underscored concerning trends in the health and well-being of American youth. Particularly noteworthy were the elevated rates of violence, mental health challenges, and suicidal ideation and behaviors among females compared to their male counterparts (National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 2023; American Academy of Pediatrics, 2021).

The COVID-19 pandemic era ushered in a new set of challenges for youth in the U.S., likely accelerating the mental health crisis. But children and teens have been suffering for far longer. And as much hardship as COVID-19 created, the pandemic is far from the only factor contributing to the current crisis. Other factors,

such as biology/earlier onset age of puberty, structural factors like poverty and food insecurity, social media, increase in school violence and bullying, and limited mental health resources especially for those with the greatest needs are likely all playing a significant role in the worsening trends (Abrams, 2023).

Trauma Assessments: Insights Into Trends

The Trauma Symptom Checklist for Children (TSCC; Briere, 1996) was developed to assess children's reactions to unspecified traumatic events across various symptom domains through self-report.

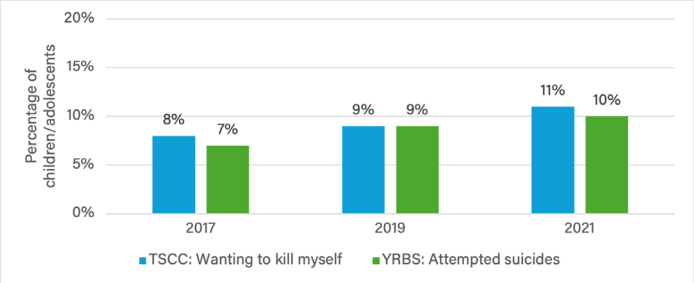
This assessment covers a wide spectrum of trauma-related symptoms in children, encompassing anxiety, depression, posttraumatic stress, and dissociation, offering a comprehensive evaluation of their psychological responses to trauma (Ehlers et al., 2010). The TSCC has undergone thorough validation procedures, demonstrating robust psychometric properties, including strong reliability and validity across diverse populations (Briere, 1996; Briere & Runtz, 1989; Briere et al., 2001). Furthermore, it has been widely used in clinical settings, research, and program evaluations, indicating their practical effectiveness and widespread acceptance within the realm of child trauma assessment and intervention (Briere, 1996; Briere & Runtz, 1989; Briere et al., 2001).

Review of 2017 Through 2023

Data trends from archival TSCC usage from 2017 to 2023 were recently examined for more than 62,000 children and adolescents. Since 2017, there has been a significant increase in use of these trauma assessments among children and adolescents, with more than 10,000 additional assessments conducted in 2023 compared to 2017 and a 56% increase in the number of assessments completed pre- and post-COVID.

Across all self-reports by children and adolescents ages 8–16 years, approximately 10%–13% reported wanting to hurt themselves[1], with the highest rates found among adolescents ages 15–16 years. A slightly lower percentage of children and adolescents (8%–11%) reported wanting to kill themselves[1], with again the highest rates found among 15- to 16-year-olds. These data are very consistent with Youth Risk Behavior Survey data (YRBS; National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 2023; see Figure 1), which indicated roughly 7%–10% of adolescents attempted suicide each year and almost twice as many (16%–22%) seriously considered attempting suicide between 2011 and 2021.

Figure 1.
Comparison of TSCC Critical Item Data and YRBS Self-Report Attempted Suicides Among Children and Adolescents Ages 8–16 Years



Note. TSCC = Trauma Symptom Checklist for Children (Briere, 1996); YRBS = Youth Risk Behavior Survey (National Center for HIV, Viral Hepatitis, STD, and TB Prevention, 2023).

SAMHSA's Center for Behavioral Health Statistics and Quality (2023) reported that, among children receiving mental health treatment services in 2021 with at least one mental health diagnosis, the most common diagnosis was trauma and stressor-related disorders (31.4%, n = 479,622).

These data mirror rates of reported posttraumatic symptoms, including intrusive thoughts, sensations, and memories of painful past events; nightmares; fears; and cognitive avoidance of painful feelings via the TSCC self-report among children and adolescents ages 8–16 years (see Figure 2). Notable again is the significant increase post-COVID (2020 vs. 2021).

2024 and Beyond

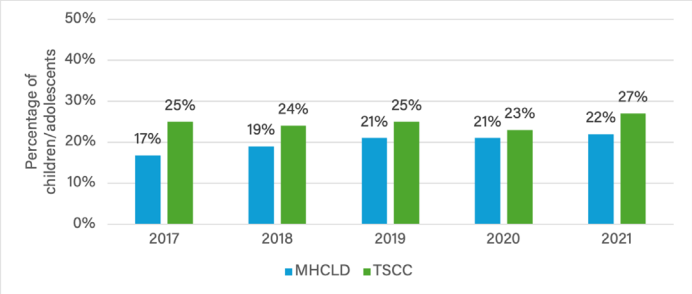
Although there are several useful sources of national data (which have been cited throughout this article), there is a lack of national data available illustrating where we are today—more than 4 years since the COVID

[1]This is defined as endorsing ratings of *Almost All of the Time* or *Lots of Times*.

outbreak in the U.S. and almost 3 years since the U.S. Surgeon General declared a mental health crisis.

Figure 2.

Comparison of the Number of Children Receiving Mental Health Treatment Services With a Diagnosis of Trauma or Stressor-Related Disorder and Those Reporting Subclinical/Clinical Posttraumatic Symptoms on the TSCC



Note. MHCLD = Mental Health Client-Level Data (Center for Behavioral Health Statistics and Quality, 2023); TSCC = Trauma Symptom Checklist for Children (Briere, 1996).

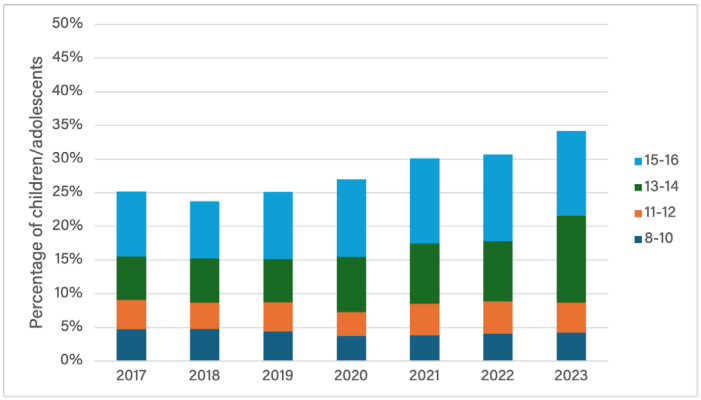
Data retrieved on the TSCC from as recently as 2023 indicate an all-time high in the number of trauma assessments delivered, with more than 16,000 children and adolescents being assessed. For children and adolescents ages 8–16 years, results indicate:

- Subclinical/clinical levels of posttraumatic symptoms for 34% of children and adolescents assessed, with the highest rates among those ages 13–16 years (13%) and slightly lower rates for younger ages (see Figure 3).
- Posttraumatic symptoms occurring almost twice as often among females (19%) compared to males (10%).

It is important to note that the highest incidence (since the availability of assessment data starting in 2017) of

Figure 3.

Percentage of Children and Adolescents Reporting Subclinical/Clinical Posttraumatic Symptoms on the TSCC by Age Group and Year



Domains Measured by the TSCC

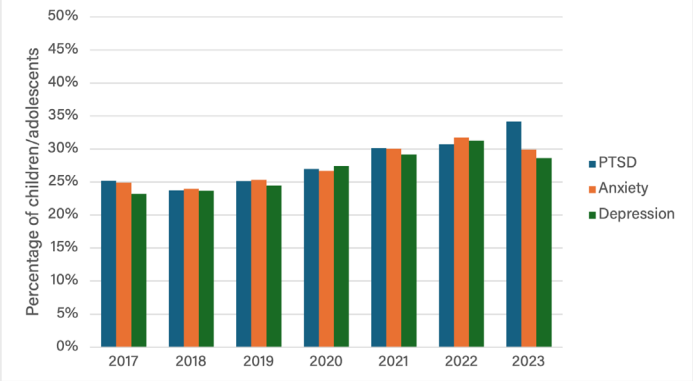
Scale	Description
Anxiety (ANX)	Generalized anxiety, hyperarousal, and worry; specific fears (e.g., of men, women, or both; of the dark; of being killed); episodes of free-floating anxiety; and a sense of impending danger.
Depression (DEP)	Feelings of sadness, unhappiness, and loneliness; episodes of tearfulness; depressive cognitions such as guilt and self-denigration; and self-injuriousness and suicidality.
Anger (ANG)	Angry thoughts, feelings, and behaviors, including feeling mad, feeling mean, and hating others; having difficulty de-escalating anger; wanting to yell at or hurt people; and arguing and fighting.
Posttraumatic Stress (PTS)	Posttraumatic symptoms, including intrusive thoughts, sensations, and memories of painful past events; nightmares; fears; and cognitive avoidance of painful feelings.
Dissociation (DIS)	Dissociative symptomatology, including derealization; one's mind going blank; emotional numbing; pretending to be someone else or somewhere else; daydreaming; memory problems; and dissociative avoidance.
Sexual Concerns (SC)	Sexual thoughts or feelings that are atypical when they occur earlier than expected or with greater than normal frequency; sexual conflicts; negative responses to sexual stimuli; and fear of being sexually exploited.

Adapted from *Trauma Symptom Checklist for Children: Professional Manual*, by J. Briere, 1996, PAR. Copyright 1996 by PAR.

children and adolescents wanting to hurt themselves was reported in 2023 (12%).

Given the etiological overlap among PTSD, depression, and anxiety, it is not surprising that similar rates were found, reflecting steady increases that are not showing any signs of returning to prepandemic levels. Most notable is the almost 9% increase in posttraumatic symptoms (34% of all children and adolescents assessed; see Figure 4) over the 6-year time period.

Figure 4.
Percentage of Children and Adolescents Reporting Subclinical/Clinical Posttraumatic Symptoms, Anxiety, and Depression on the TSCC by Year



The Importance of Early Identification

In light of these distressing statistics, it appears that the mental health crisis among children and adolescents identified in 2021 is not weakening and posttraumatic symptoms are on the rise. This points to a need for better upstream identification to potentially reduce the long-term health consequences that can occur as a result of trauma (Bebinger, 2021). Research shows that early intervention can significantly reduce symptoms, decrease the need for more intensive services, and improve outcomes (Schauer, 2023).

Conclusion

The repercussions of trauma on children are profound and enduring, manifesting in emotional distress, behavioral shifts, and academic difficulties. Without intervention, trauma can impair brain development, escalate risky behaviors, and lead to long-term health issues, including a higher risk of suicide.

National data reveals alarming trends: high rates of child maltreatment, significant prevalence of ACEs, and escalating mental health emergencies among youth. The COVID-19 pandemic exacerbated these challenges, further straining mental health resources and worsening disparities. Recent trauma assessment data trends underscore the growing need for early identification among children and adolescents.

By prioritizing identification while providing accessible mental health services and resources, we can work toward mitigating the devastating consequences of childhood trauma and fostering healthier futures for our youth.

RESOURCES FOR EARLY IDENTIFICATION

PAR offers a range of assessment solutions that can assist with screening and identification of trauma and trauma-related issues. In addition, numerous free webinars covering various topics related to trauma are also available.

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