

Supporting children and young people who have experienced adversity and trauma

Many children and young people who have experienced adversity or trauma, or who don't have secure attachment to their caregivers, have speech, language and communication needs.

What are speech, language and communication needs

Speech, language and communication needs are considered to be a hidden disability, because they are often not immediately obvious. A person with speech, language and communication needs may have difficulties understanding and remembering what is said to them; explaining and expressing themselves; or following the 'rules' of social interaction.

The size of the issue

- ▶ **31%** of young people report trauma exposure and 8% experience post-traumatic stress disorder (PTSD) by the age of 18 years.¹
- ▶ **80%** of the children in need in England (defined as all those children receiving statutory support from local authority social care) had experienced at least one adverse childhood experience, with over half (54.4%) experiencing abuse or neglect.²

What do we mean by adversity and trauma?

Adverse childhood experiences (ACEs) are usually understood as a set of 10 potentially traumatic events that occur before the age of 18.³ Research over the last 20 years has consistently shown a cumulative relationship between the number of ACEs and negative outcomes related to health, wellbeing, behaviours and opportunities; the greater the number of ACEs experienced before the age of 18, the greater the chance of poor adult outcomes.⁴



Systemic adversity can also impact on children and young people's outcomes; for example those who experience economic disadvantage, racism or other forms of discrimination.⁵

The term 'trauma'* can be used to describe the psychological response to a one-off, prolonged and/or repeated exposure to one or more distressing or life-threatening events.⁶ This can begin when a mother is severely stressed during pregnancy.⁷

Trauma can result from early, repeated abuse, neglect or separation; or experience of substance misuse or mental ill health happening within a child's important relationships. Other children who may have experienced trauma include those with conditions necessitating long or repeated hospitalisations, or who experience life-threatening illness.

* For more information on trauma and relevant terminology see the links below:
<https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/complex/>
<https://www.acamh.org/blog/developmental-trauma-useful-framework/>
<https://www.acamh.org/topic/trauma/>

Trauma exposure is higher than average among certain groups, including children with developmental disabilities⁸ and those from Black, Asian and ethnic minority communities.⁹ It should be noted that those caring for traumatised individuals are also at risk of secondary trauma.¹⁰

More research is needed to understand the role of pre-existing vulnerabilities and contextual factors in the consequences, and causes, of childhood adversities.¹¹

How adversity, trauma and communication skills influence each other

- Children who have experienced abuse and neglect are more likely to have poor language and social communication skills.^{12,13}
- Flashbacks and chronic stress can shut down language areas in the brain,¹⁴ and language skills may be diminished or lost in the longer term.¹⁵
- Children with Reactive Attachment Disorder, which happens in response to severe neglect, can have social communication difficulties similar to autistic children.¹⁶
- The pervasive effects of developmental trauma shape the brain during critical periods of development.¹⁷ Children and young people who have had very negative early experiences often find it difficult to interact positively with others, so they miss out on opportunities to learn positive language and interaction skills.¹⁸
- Limited language skills play a role in the links between deprivation and mental health issues.¹⁹

The impact of adversity and trauma in early life can continue into adulthood. However, it is important to recognise that the number of ACEs a child has experienced is not as important as their degree of social connectedness – the experience of feeling close and connected to others. This is something that speech and language therapists can support.²⁰

Baj's story

Baj is 10 years old. For many years Baj's unconventional behaviour was considered to be due to her early traumatic experiences before she came into foster care. Her teacher referred her to speech and language therapy because she seemed to be having difficulty understanding complex instructions, and although she could read she didn't seem to understand what she read. A speech and language therapy assessment showed that she had a language disorder as well as social communication difficulties indicative of autism. Her foster carer also suspected autism and used the speech and language therapy report as evidence to ask for an autism assessment. Baj got an autism diagnosis which changed how she was understood and taught. Her psychotherapist also altered her approach in response to Baj's autism and associated language disorder. Baj then began to make more progress in all areas of development.



What is attachment?

Babies can't look after themselves. They need a responsive adult to meet their needs. If a responsive adult consistently comforts them, meets their needs and helps calm them when they are stressed or upset, a secure attachment forms. Through this process the parent/carer and child tune in to each other's feelings and intentions. This initially happens non-verbally and then with words – for example "I will come back soon".

Sometimes these responsive interactions are not easy and an insecure attachment develops. An insecure attachment is not necessarily a problem, but can be a risk factor for mental health issues.²¹

How attachment and communication skills influence each other

- Securely attached children:
 - have better language skills²²
 - learn words for thoughts and feelings, and how to manage emotions (insecurely attached children often have gaps in these skills)²³
 - are able to tell longer and more coherent stories²⁴
- Speech, language and communication needs are common in children adopted from abroad and attachment is a possible risk factor.^{25,26}
- Having a child with a cleft palate can impact on developing a secure attachment with them.²⁷

However, it's important not to assume that a child's early experiences explain all the difficulties they experience; one study found that looked-after children had more developmental difficulties such as ADHD and fewer attachment disorders than expected.²⁸



Jem's story

Jem's mum has mental health problems which mean she struggles to provide Jem with the care she needs. Despite concerns about Jem's speech and language development since she was two, Jem was repeatedly not taken to speech and language therapy appointments. By age 7 Jem's behaviour was resulting in weekly exclusions from school. Jem saw a speech and language therapist specialising in social, emotional and mental health, and she was diagnosed with Developmental Language Disorder (DLD). Jem is now accessing specialist speech and language therapy services and making small steps of progress. School exclusions are reducing in frequency and Jem's teacher reports that other pupils are beginning to play with Jem now that her outbursts are less frequent.

How speech and language therapy can support children and young people who have had challenging early experiences

Speech and language therapists can:

- Identify communication and interaction needs and contribute to differential diagnoses. This should happen as early as possible to enable early intervention and reduce negative consequences.
- Help children and young people develop language and communication skills which enable their voice to be heard, allowing them to express their aspirations and challenges and form positive relationships.
- Provide appropriate speech and language therapy to those children and young people who need it.
- Support fostered and adopted children.²⁹

Speech and language therapists work with other professionals as part of a multidisciplinary team, including in education, social care and mental health settings, to:

- Increase awareness of speech, language and communication needs and how to support them.³⁰
- Promote inclusive communication by developing communication-friendly environments that remove barriers to communication.
- Support professionals to consider a child's language skills when they are assessing attachment, using language-based assessments and interventions.³¹
- Identify interventions which are accessible, or help make existing resources accessible.
- Develop responses to behaviour which focus on developing positive communication, language for emotions and avoid exacerbating trauma.³²
- Provide training to parents and carers, helping them access the language used in parenting and other interventions, and the skills needed to help children develop their language and communication.

Speech and language therapists have a potential role in the early identification of abuse and neglect, since language development and attachment are both dependent on sensitive interactions.³³

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- ▶ For more information on some of the subjects in this factsheet, please also see our factsheets on:
 - Understanding the links between communication and behaviour
 - Safeguarding children and young people

<https://www.rcslt.org/policy/uk-wide/fact-sheets-on-speech-and-language-therapy/>

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