

Impact of Stress and Trauma on Children

Introduction

Children and youth who have experienced the trauma of losing a parent to imprisonment tend to grow up experiencing increased stress which can negatively impact how they grow and develop, both emotionally and behaviorally. Each of these children and youth, however, has a singular experience that is unique to their family situation.

In this module, you will relate the information about incarceration from Module 1 to the impact it can have on youth, particularly signs and symptoms of trauma, stress, grief, and loss. As program staff working with these youth, you will need to be able to support them by identifying their needs, strategizing and coaching mentors to work with them most effectively, and assist the youth and their families as falls within your defined boundaries. As you proceed through this content overview, questions are provided to foster reflection on the information you've read. We encourage you to capture your thoughts about the impact of stress and trauma and how this informs your match support.

Learning Objectives

In this module, you will learn:

- Facts about stress, trauma, and grief and the way those might be experienced for children with an incarcerated parent;
- Behaviors and emotions that children that have experienced trauma might exhibit;
- Staff role in supporting a family with a child that has experienced trauma through mentoring match support;
- Ways that staff and mentors could support a child that has experienced trauma;
- Types of support/resources that could be helpful to families with a child impacted by trauma; and,
- How to prepare mentors for their role in working with youth who may exhibit behaviors caused by stress, trauma, and/or grief.

Content Overview

Stress and trauma are both factors that can delay development or interrupt it all together. Children and youth who experience an overwhelming amount of stress may be traumatized and may act out in ways that are considered

"childish" or not at their developmental level. It is important to recognize that children who have experienced the stress and trauma of parental incarceration may also have experienced other forms of stress and trauma that could be impacting their development and behaviors. They may not be able to fully understand and process the experiences that they have been through and may use a variety of coping mechanisms to process their emotions. The Adverse Childhood Experiences, known as the "ACES" study, is widely referenced when discussing the impact of trauma. Tools have been developed based on this research to help providers better understand how they can be informed in their care.

One example is this resource developed by The Crittenton Foundation: The ACES Survey Toolkit For Providers
http://www.nationalcrittenton.org/wp-content/uploads/2015/10/ACES_Toolkit.pdf

Children are exposed to stress at various times of their life, whether that stress occurs at home, at school, with peers, or due to extraneous events. There is evidence that many children of incarcerated parents are first exposed to stress in the form of economic insecurity, household displacement and frequent moves, school changes, loss of peers, and other stressful changes that often occur within this population of children even prior to the arrest and incarceration of a parent. It is unclear, therefore, whether parental incarceration is the cause of family and child stress or a symptom of family problems and societal conditions. In addition, the stress of parental incarceration is not limited to the arrest and removal of the child from the parent but is a longer term issue which includes the unavailability of the parent to the

Impact of Stress and Trauma on Children

child during incarceration and the possible impact of the parent's return to the family after incarceration.¹

What does this mean in practice?

Consider the following questions as you think about children you've known and worked with professionally.

- What stressors and trauma, in addition to parental incarceration, have you seen respond to?
- What additional stressors might a child with an incarcerated parent have going on?
- How can you identify these stressors or trauma reactions? mentees or other youth

How Trauma Can Manifest in Children?

Children and youth who have experienced trauma may exhibit some of the following behaviors and emotions. As you review the list below, think of any mentees who may come to mind and consider how you might begin to formulate a plan to be part of a team that provides help.

- Flashbacks of the event which interrupt daily activity
- Play-acting the event or repeating behavior that reminds them of the trauma
- Incorporating the trauma into story-telling; drawings and stories may show repetitive post-traumatic play in an attempt to master his or her fears of the traumatic event
- Physical symptoms such as headaches and stomach aches
- Enuresis and/or encopresis (involuntary urination and/or defecation due to psychological issues rather than a physical problem)
- Showing increasingly sudden and extreme emotional reactions
- Worry about dying at an early age
- Sleep problems and nightmares
- Exaggerated startle response and panic
- Deliberate avoidance of reminders of the trauma
- Irritability and anger
- Immature or regressed behavior; acting younger than their age (e.g., clingy or whiny behavior, thumb sucking)
- Hyper vigilance; showing increased alertness to the environment
- Lack of interest in activities
- Problems concentrating

Stress and Trauma: Impact on Child Development

When children have their needs met appropriately, they are able to grow and develop in an optimum manner. Of course, children develop at different rates and have individual characteristics that affect how they respond to trauma. Some risks are biological or psychological — for example a serious illness or living with a mentally ill parent. Other risks are environmental, such as family income or the child's experience at school. Some youth seem to suffer permanent developmental disruptions. Others show delayed effects of trauma; they appear to cope well initially but exhibit problems later in development. Still others exhibit resilience and are better able to deal with challenges and trauma than their peers.

In order to deepen your understanding of this concept, refer to Handout 2A: "How Trauma Affects the Brain."

Resiliency in Children

It's important to note that not all children subjected to trauma go on to suffer problems in adolescence and adulthood. While childhood trauma increases the likelihood of developing problems, some children don't experience lasting effect from the event(s), or they do to only a minor degree. Resilient children not only have the ability to rebound from adversity, but also the ability to achieve healthy development and success in any circumstance. Numerous studies of resilient people have identified the presence of the same protective factors — aspects of their personalities, their

¹ Arditti, Joyce A. (2012). Parental Incarceration and the Family: Psychological and Social Effects of Imprisonment on Children, Parents, and Caregivers. New York, NY, USA: NYU Press.

Impact of Stress and Trauma on Children

families, their significant relationships, or their experiences — that help them succeed.

Ages and Stages

Erikson's theory of child development indicates that the following (early) stages of development produce certain results when a child's needs are met consistently. This information also suggests what may occur when there is stress and trauma that interrupts the developmental process.

As you review this information from Erikson, consider the following questions:

- How might stress and trauma experienced present as they age?
- What kind of stress or trauma-related behaviors might you be on the lookout for in mentees?

Impact of Stress and Trauma on Children

Child Development Summary:

Infancy:

- Infants begin to trust in people & their environment when their needs are met consistently, and attachment begins to form with caregivers. Without consistent nurturing from caregivers, infants develop a mistrust of people & their environment. This causes infants to be unable to form secure attachments with caregivers and others.

Toddler:

- Toddlers develop pride in their achievements such as, dressing, feeding, making choices, helping others; toddlers begin to assert their will in the face of failures. Stress and trauma can negatively impact a toddler's development by increasing the child's self-doubt. The toddler may lack confidence in his/her abilities and may not be able to move past failures or develop self-control.

Preschool:

- Preschoolers are better able to initiate activities with their peers and caregivers and they begin to express their feelings about people and situations. Preschoolers enjoy learning and trying new things. Stress and trauma may cause preschoolers to stop trying new activities because of fear of failure, feelings of guilt, and fear of punishment. They may be unable to express emotions appropriately.

School Age:

- School age children are able to acquire more advanced skills in school and begin to diversify hobbies and interests. School age children develop competence in schoolwork and enjoy achievements and seek out others that like similar things. Stress and trauma may lead to feelings of repeated frustration and failure. This can cause the school age child to have feelings of inferiority; they may not want to try new things due to fear of failure.

Adolescence:

- Adolescents begin to form a strong moral identity. They begin to be ready for more intimate relationships and are able to have more complex friendships. An adolescent's peer group is very important. Adolescents who are dealing with stress and trauma may not be able to form positive or lasting relationships, experience school failure, lack of self-esteem, and are unable to see their value in groups, with peers, or in society.

Impact of Stress and Trauma on Children

To wrap up this section on the effects of trauma and stress, review the two scenarios below. Consider the questions posed for each scenario and how this might inform your approach to match support.

These scenarios are also included in the **Mentor Handout 2A: Impact of Stress and Trauma on Children**

Ben is a 10-year-old boy who lately has been having temper tantrums when he does not get his way. For example, he becomes very upset if he loses a game. He will typically throw the game on the floor and stomp out of the room. His grandmother told you that this started after Ben saw his father arrested 3 years ago and has been getting worse. She said that Ben has recently started to act out in other ways, too, like picking on his sister for no reason and sass back when she reminds him of chores he has to do.

- What **stages of development might have been impacted by stress and trauma?**
- What are some ways you might recommend that the mentor work on responding to these behaviors?

Jon is a 13-year-old boy who is failing in his coursework in school. He has been held back twice and is currently in 6th grade. He has very few friends and is very fearful that he will be punished for his failures. He has frequent anxiety attacks and seems unable to focus on the task in front of him. He's expressed that he'll probably end up in jail like his stepfather.

- What **stages of development might have been impacted by stress and trauma** based on the behaviors identified for Jon?
- What are some ways you might recommend that the mentor work on responding to these behaviors?

Reacting to Grief and Loss

Some children who lose or have lost a parent or caregiver may experience grief and feelings of deep personal loss. Young children express grief differently than older children, adolescents, or adults. It is important to be aware of what is considered “normal” childhood responses to grief and loss as well as signs that a child may be having difficulty coping with grief. The way that a child experiences grief depends on the developmental stage of the child. Children and youth who are having serious problems with grief and loss may show one or more of these signs²:

- An extended period of depression in which the child loses interest in daily activities and events
- Inability to sleep, loss of appetite, prolonged fear of being alone
- Acting much younger for an extended period
- Withdrawal from friends
- Sharp drop in school performance or refusal to attend school

Depression

Prolonged grief or sense of personal loss can lead to depression and other disorders. In the box below, we meet a young lady that has raised the concern of her mentor. The mentor has shared this information with you, her match support, and wants to know what she should do.

² American Academy of Child and Adolescent Psychiatry, Facts for Families: Children and Grief No. 8; Updated July 2013. Retrieved on October 5, 2015.

http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_families_Pages/Children_And_Grief_08.aspx

Impact of Stress and Trauma on Children

Kati is 16 years old and has no friends at school. She is immature for her age and seems unable to make or keep friends. Katie struggles with her hygiene and clothing choices. She tends to be more focused on her mother's life in prison than on her own world. Katie indicates she feels as though she does not belong, and sometimes imagines herself no longer here.

- What does Kati seem to be experiencing?
- What would your action steps be?
- How would you advise her mentor?

You can learn more about depression in **Handout 2C: "Child and Adolescent Depression"**.

It is critical that, should you have a mentee who presents any of the behaviors listed above or in Katie's example, that you speak with his/her guardian immediately. You will need to know whether or not the mentee has already been assessed for depression, and if not, provide resources and recommendations for help. It is important that neither you nor the mentor attempt to 'treat' a youth showing signs of depression. The roles of mentor and of match support are very important and should remain clear for the child. A trained professional will have the role of providing treatment for Katie to address her depression or other possible emotional or mental health concerns.

Know your Community Resources

If there is a chance that a child or adolescent is experiencing stress and trauma, it can be helpful to be familiar with the local community resources.

Review the list below and begin to develop an inventory of community resources where families could access the people and professional counselors trained to provide assistance, support, and resources to stabilize individuals impacted by stress and trauma.

- Some agencies provide a one-time assistance to pay a utility or electric bill while others help to reduce payments for these services over a longer timeframe.
- There may be a "walk-in" center available for people experiencing suicidal ideation or a psychotic break—or a mental health team may be able to provide an assessment within the community.
- Short-term counseling and mediation services may be available for free or on a sliding-scale for conflicts needing immediate intervention.
- Shelters or transitional housing programs and case management/victims' services may be available for families being evicted or for victims of domestic violence.
- Churches, colleges, and community organizations may offer free counseling in grief, loss, depression, and for families with an incarcerated member.
- Schools have child study teams, guidance counselors, and psychologists who can often provide or access some services not available outside of schools.

Mandated Reporting

Many children who have experienced trauma are at high risk of victimization. Remember that every state has specific reporting requirements regarding how individuals must respond to reports of child abuse and neglect. You must report any disclosure of abuse or suspicion of child abuse and/or neglect to the proper agency in your community, local/state child protection agency, and/or law enforcement. State by state information on reporting requirements can be found at www.childwelfare.gov/systemwide/laws_policies/state. Remember to review your agency policies as well so that you and the mentors are aware of the process for reporting.

Wrap Up

The impact of trauma and stress can be pervasive, impacting all aspects of a child's life: relationships with peers and family, school performance, and out of school time activities. Normal child development can be stalled or delayed creating additional situations in which the child might feel a sense of "otherness" that can affect their view of themselves and their value. When left unaddressed, these negative impacts continue and develop into circumstances

Impact of Stress and Trauma on Children

that are life threatening. In families already experiencing a high level of stress and trauma, these symptoms can be missed or misunderstood. Mentors, through the caring relationship they develop with a child, will notice behaviors or have conversations with their mentees that concern them -things that might otherwise be missed. Mentors need to feel comfortable to discuss these concerns with the match support staff.

As match support, you are key in this process. You need to have a relationship with the mentor that allows them to feel comfortable in sharing difficult subjects. You need to ask questions during match support contacts that could provide clues to these concerns and to listen carefully in order to hear those clues. You need to have a relationship with the parent/guardian that allows you to share these concerns and explore options to address them. And, most important, the child needs to know that you too are a caring relationship for them and want to help.

Impact of Stress and Trauma on Children

Handout 2A: How Trauma Affects the Brain

Everything that we experience in our lives impacts the way that we perceive ourselves, other people, and the environment in which we live. Each event shapes our viewpoints and reactions. Our bodies are equipped with ways to react to danger — whether a real or perceived threat. When the brain perceives a threat, it triggers the release of stress hormones (adrenaline, cortisol, etc.) that engage the systems of the body needed to immediately deal with the threat (usually the “fight or flight” reaction). The part of the brain that controls this response is sometimes referred to as the “primitive brain.” It controls the most basic functions and reactions needed for survival and it is the part of the brain that is wired to make decisions to protect us from harm. Other parts of the brain — the thinking and reasoning parts — help to analyze what is causing the threat or perceived threat and signal the “primitive brain” to stop releasing the stress hormones, thus returning our bodies back to “normal” shortly after the threat has passed.

Children who have been exposed to severe or chronic trauma have a difficult time stopping the flow of stress hormones. This makes it harder for the brain to think, plan, and work the way it should. These hormones and other related brain chemicals interfere with the child’s ability to think rationally and keep the child in a perpetual state of constant alert for danger. This state of constant arousal disrupts developmental pathways and interrupts or halts the acquisition of important developmental stages and tasks. As stated in a 2006 publication regarding the long term effect of childhood maltreatment, “early life stress such as abuse and related adverse experiences causing enduring brain dysfunction that, in turn, affects health and quality of life through the lifespan.” In other words, experiencing childhood and/or adolescent trauma influences the ability of youth to reach their fullest of potential in a variety of ways: socially, emotionally, physically, and cognitively.

Impact of Stress and Trauma on Children

Types of Trauma

One-Episode Trauma (Type I Post-Traumatic Stress Disorder)

- The result of a single and unexpected event such as witnessing a violent act. Children who experience this type of trauma can have Post-Traumatic Stress Disorder symptoms such as nightmares, heightened startle reflex, and hallucinations or vivid memories of the event that interrupt daily activities and can cause disruptions in school, play, and family life.

Repeated Trauma (Type II Post-Traumatic Stress Disorder)

- Comes from experiencing repeated events such as ongoing physical or sexual abuse. This kind of chronic trauma is common in children growing up in violent neighborhoods and is found in children witnessing repeated violence within the home. Because this trauma is repeated, children may show signs of detachment and disassociation, appear to lack appropriate feelings, and are emotionally numb. Other children may show signs of anger and rage and may have tantrums and violent behavior against peers or younger children. This anger may also lead the child to harm him or herself through suicidal thoughts/actions and self-mutilating behavior.

Impact of Stress and Trauma on Children

Handout 2B: Ages and Stages

As adults support youth in moving on to the next step in their lives, remember that every child is unique.

Regardless of their age, all youth have basic needs that adults and youth development programs should support:

To experience positive self-concept

To experience success in what they attempt to do

To become increasingly independent

To be accepted by people of different ages – peers as well as those in authority

To give and receive affection

To experience adventure

Following are the common characteristics of children and youth by age.

Adapted from series by [Janelle Stewart](#), Michigan State University Extension

Impact of Stress and Trauma on Children

5 – 7 Year Old's

General Characteristics

- Eager to learn, easily fatigued, short periods of interest.
- Learn best when they are active while learning.
- Self-assertive, boastful, less cooperative, more competitive.

Physical Characteristics

- Are very active and need frequent breaks from tasks. They like to do things that are fun and involve use of energy.
- Need rest periods.
- Large muscles are well developed. Activities involving small muscles are difficult (i.e., working on models with small pieces).
- May tend to be accident prone.

Social Characteristics

- Like organized games and are very concerned about following rules.
- Can be very competitive. May cheat at games.
- Are very imaginative and involved in fantasy playing.
- Are self-assertive, aggressive, want to be first, less cooperative than at five, and boastful.
- Learn best through active participation.

Emotional Characteristics

- Are alert to feelings of others, but are unaware of how their own actions affect others.
- Are very sensitive to praise and recognition. Feelings are easily hurt.
- Inconsistent in level of maturity evidenced; regress when tired, often less mature at home than with outsiders.

Mental Characteristics

- Are very eager to learn.
- Like to talk.
- Their idea of fairness becomes a big issue.
- Have difficulty making decisions.

Developmental Tasks

- Sex role identification.
- Early moral development.
- Concrete operations - the child begins to experience the predictability of physical events.

Impact of Stress and Trauma on Children

8 – 10 Year Old's

General Characteristics

- Interested in people, aware of differences, willing to give more to others but expects more.
- Busy, active, full of enthusiasm, may try too much, accident prone, interest in money and its value.
- Sensitive to criticism, recognize failure, capacity for self-evaluation.
- Capable of prolonged interest, may make plans on own.
- Decisive, dependable, reasonable, strong sense of right and wrong.
- Spend a great deal of time in talk and discussion, often outspoken and critical of adults although still dependent on adult approval.

Physical Characteristics

- Are very active and need frequent breaks from tasks to do things that are fun for them and involve use of energy.
- Bone growth is not yet complete.
- Early maturers may be upset with their size.
- May tend to be accident prone.

Social Characteristics

- Can be very competitive.
- Are choosy about their friends.
- Being accepted by friends becomes quite important.
- Team games become popular.
- Worshipping heroes, TV stars, and sports figures is common.

Emotional Characteristics

- Are very sensitive to praise and recognition. Feelings are hurt easily.
- Because friends are so important during this time, there can be conflicts between adults' rules and friend's rules. You can help by your honesty and consistency.

Mental Characteristics

- Their idea of fairness becomes a big issue.
- Are eager to answer questions.
- Are very curious, and are collectors of everything. However, they may jump to other objects of interest after a short time.
- Want more independence, but know they need guidance and support.
- Wide discrepancies in reading ability.

Developmental Tasks

- Social cooperation.
- Self-evaluation/Skill learning
- Team play

Impact of Stress and Trauma on Children

11 – 13 Year Old's

General Characteristics

- Testing limits, "know-it-all attitude."
- Vulnerable, emotionally insecure, fear of rejection, mood swings.
- Identification with admired adult.
- Bodies are going through physical changes that affect personal appearance.

Physical Characteristics

- Small-muscle coordination is good, and interests in art, crafts, models, and music are popular.
- Bone growth is not yet complete.
- Early maturers may be upset with their size.
- Are very concerned with their appearance, and very self-conscious about growth.
- Diet and sleep habits can be bad, which may result in low energy levels.
- Girls may begin menstruation.

Social Characteristics

- Being accepted by friends becomes quite important.
- Cliques start to develop outside of school.
- Team games become popular.
- Crushes on members of the opposite sex are common.
- Friends set the general rule of behavior.
- Feel a real need to conform. They dress and behave alike in order to "belong."
- Are very concerned about what others say and think of them.
- Have a tendency to manipulate others ("Mary's mother says she can go. Why can't I?").
- Interested in earning own money.

Emotional Characteristics

- Are very sensitive to praise and recognition. Feelings are hurt easily.
- Because friends are so important during this time, there can be conflicts between adults' rules and friends' rules.
- Are caught between being a child and being an adult.
- Loud behavior hides their lack of self-confidence.
- Look at the world more objectively, adults subjectively, critical.

Mental Characteristics

- Tend to be perfectionists. If they try to attempt too much, they may feel frustrated and guilty.
- Want more independence, but know they need guidance and support.
- Attention span can be lengthy.

Impact of Stress and Trauma on Children

14 – 16 Year Old's

General Characteristics

- Testing limits, “know-it -all attitude.”
- Vulnerable, emotionally insecure, fear of rejection, mood swings.
- Identification with admired adult.
- Bodies are going through physical changes that affect personal appearance.

Physical Characteristics

- Are very concerned with their appearance and very self-conscious about growth.
- Diet and sleep habits can be bad, which may result in low energy levels.
- Rapid weight gain at beginning of adolescence. Enormous appetite.

Social Characteristics

- Friends set the general rules of behavior.
- Feel a real need to conform. They dress and behave alike in order to “belong.”
- Are very concerned about what others say and think of them.
- Have a tendency to manipulate others (“Mary’s mother says she can go. Why can’t I?”).
- Going to extremes, emotional instability with “know-it-all” attitude.
- Fear of ridicule and of being unpopular.
- Strong identification with an admired adult.
- Girls usually more interested in boys than girls, resulting from earlier maturing of the girls.

Emotional Characteristics

- Are very sensitive to praise and recognition. Feelings are easily hurt.
- Are caught between being a child and being an adult.
- Loud behavior hides their lack of self-confidence.
- Look at the world more objectively, adults subjectively, critical.

Mental Characteristics

- Can better understand moral principles.
- Attention span can be lengthy.

Developmental Tasks

- Physical maturation.
- Formal operations.
- Membership in the peer group.
- Relating to the opposite sex.

Impact of Stress and Trauma on Children

17 – 18 Year Old's

Physical Characteristics

- Their growth has tapered off.
- They are not as preoccupied with body changes.
- They have adult bodies, but are not always prepared entirely for adulthood.

Social Characteristics

- They value committed relationships.
- They're looking for more adult social settings, looking at moving on from "teen" activities.
- They make their own decisions.
- They want support from adults, but only in guidance.
- They are developing community consciousness.

Emotional Characteristics

- Previous activities have lost their appeal.
- They enjoy looking back on their achievements.
- They look for recognition in bigger picture accomplishments.
- They feel as if they have reached the stage of full maturity.
- They expect others to treat them as if they are "fully" grown.

Mental Characteristics

- They're making future plans.
- They're setting long-term goals.
- They make their own schedule, plans, etc.

Impact of Stress and Trauma on Children

18 – 19 Years Old

Physical Characteristics

- Their growth has tapered off.
- They are not as preoccupied with body changes.
- They have adult bodies, but are not always prepared entirely for adulthood.

Social Characteristics

- They value committed relationships.
- They're looking for more adult social settings, looking at moving on from "teen" activities.
- They make their own decisions.
- They want support from adults, but only in guidance.
- They are developing community consciousness.

Emotional Characteristics

- Previous activities have lost their appeal.
- They enjoy looking back on their achievements.
- They look for recognition in bigger picture accomplishments.
- They feel as if they have reached the stage of full maturity.
- They expect others to treat them as if they are "fully" grown.

Mental Characteristics

- They're making future plans.
- They're setting long-term goals.
- They make their own schedule, plans, etc.

Impact of Stress and Trauma on Children

Handout 2C: Child and Adolescent Depression

About 5% of children and adolescents in the general population suffer from depression at any given point in time. There is no single cause. Genetics and the environment, as well as a child's individual personality traits, can play a role in whether some children are more likely/less likely to experience depression. Children with behavioral issues and who experience high levels of anxiety are at a higher risk for depression.

According to the American Academy of Child and Adolescent Psychiatry, common symptoms of depression in children and adolescents include³:

Feeling or appearing depressed, sad, tearful or irritable	Decreased interest in or pleasure from activities, which may lead to withdrawal from friends or after – school activities	Change in appetite, with associated weight
Major changes in sleeping patterns, such as sleeping much more or less than normal	Appealing to be physically sped up or slowed down	Increase in tiredness and fatigue, or decrease in energy
Feeling worthless or guilty	Difficulty thinking or concentrating, which may be correlated to worsening school performance.	Thoughts or expressions of suicide or self -destructive behavior

In children and adolescents, behavioral changes may first signify that something is wrong. Increased irritability or even complaints of boredom may be more noticeable than sadness. Children also may have more physical complaints, such as stomach problems or headaches, particularly if the child does usually talk about how he or she feels. Children and adolescents who are acting out at school or in the home may also be suffering from depression. Diagnosing and treating children for depression requires professional help. Treatment may involve therapy, both individual and family, and/or medication. Talk of suicide or not wanting to be alive can be difficult to interpret, so it must be taken seriously and brought immediately to a doctor's attention.

³ American Academy of Child and Adolescent Psychiatry, Depression Resource Center. Retrieved on October 5, 2015.
http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Depression_Resource_Center/FAQ.aspx#What%20causes%20depressio%20in%20children?