GRANDFAMILIES & KINSHIP SUPPORT NETWORK
A National Technical Assistance Center

ZERO TO THREE
Early connections last a lifetime

Seeing the Unseen: Working With Kinship/ Grandfamilies Affected by Trauma

Introduction

Understanding the experiences of family members before they became a grandfamily is essential to addressing their current needs. These experiences often include trauma.

> **Trauma:** Experiences that are shocking, dangerous, life-threatening, or life-altering that emotionally or psychologically impact one's functioning and coping abilities (Dr. Joseph Crumbley, 2026)
>
> **Childhood trauma:** An exceptional experience in which powerful and dangerous stimuli ***overwhelm*** the child's developmental and regulatory capacity (including the capacity to regulate emotions) ***AND*** the child has **insufficient resources to cope** with the event (ZERO TO THREE, 2026)

Children frequently join a family member's household with little warning. They may have witnessed substance abuse, domestic violence, or a parent's death or incarceration. They may have experienced abuse, neglect, or maltreatment, the consequences of which may be felt for years in the form of developmental delays, attachment issues, challenging behaviors, or struggles in school.

Kin caregivers also struggle with the effects of trauma—anger and shame at their relative's inability to take care of their own children, disappointment at having to put their own life plans on indefinite hold, and a sense of being completely overwhelmed and unprepared for being a primary caregiver at their current stage of life.

This resource explores the role of trauma in grandfamilies' experiences and describes how trauma-informed care can provide necessary support and help meet their needs.

Effects of Traumatic Experiences in Childhood

Strong relationships with caregivers and a safe environment help young children learn to trust the world. Early traumatic events can have the opposite effect. Whether it's one big, scary event, like a natural disaster, or prolonged adversity like abuse or neglect, more than 20% of

babies and toddlers will have one or more traumatic experiences in their first three years of life, according to ZERO TO THREE.

Traumatic events that occur before the age of 18 are often described as ACEs, or Adverse Childhood Experiences. These include child abuse and neglect, as well as factors that create household instability such as mental illness, incarceration, domestic violence, substance abuse, and divorce. Most Americans have experienced a least one ACE by the time they reach adulthood.

A landmark 1997 study of 17,000 adults linked the experience of four or more ACEs to long-term health problems such as asthma, diabetes, and heart disease. ACEs can also affect behavior, learning, and mental health. Many experts consider community-level issues such as violence and poverty to be predictors of long-term health problems as well. Repeated exposure to racial discrimination can also have negative health outcomes.

It is possible for trauma to have a multigenerational impact. A caregiver who has experienced trauma (as a child, as a caregiver, or both) may under- or over-react to the stresses of parenting.

Reminders of trauma can show up in unexpected ways. Profound connections can exist between an original, traumatic event and an individual's reaction when facing an anniversary or other reminder—such as sights, sounds, and smells similar to those where a traumatic event took place.

Chronic exposure to trauma during development causes the brain to reorganize itself for survival, which changes brain anatomy. These changes are most pronounced in the regions that control emotion, memory, and learning. Fortunately, the brain has a lifelong ability to rewire itself, a capacity known as neuroplasticity. New, consistent, safe experiences are required for this process to take place.

The Good News

Adverse childhood experiences increase the risk of health problems later in life, but there are protective factors that can lead to better outcomes. When adults consistently care for children and offer support, the children feel safe and secure. They trust their caregivers will lovingly meet their needs. This feeling of security is protective for their brains and bodies. Other positive lifestyle factors include eating healthy food, getting regular exercise, getting a good night's sleep, practicing mindfulness, and getting mental health support when needed. Together, these important factors can help turn the stress response down and reduce the potential negative effects of ACEs.

A 2021 study found that "greater childhood family connection was associated with greater flourishing in US adults across levels of childhood adversity."

In order for healing to begin, it's important for kin caregivers, doctors, child care professionals/early educators, teachers, and social workers to recognize the signs of trauma.

Signs of Traumatic Experiences in Children

Early Childhood (0-2 years)

- Over-/under-reacting to people and environment
- Difficulty being soothed
- Difficulty forming secure, positive relationships with caregivers
- Changes in sleep or eating habits
- Regression to an earlier stage of development, for example, more accidents in a child who was previously "potty trained"
- Delays in meeting developmental milestones

Preschool (2-5 years)

- Hypervigilance
- Losing a previously developed skill
- Changes in behavior patterns
- Sleep challenges
- Reenacting trauma through play
- Increased fearfulness
- Increased separation anxiety

School Age (5-12 years)

- Overwhelming sense of worry
- Experience of guilt and shame / self-blame
- Headaches / stomachaches
- Difficulty concentrating
- Social challenges
- Trouble sleeping

Adolescence (12-18 years)

- Self-conscious about emotions
- Anger / feelings of revenge
- A significant shift in beliefs
- Fear of being vulnerable
- Increased engagement in higher-risk behaviors

Professionals can help caregivers recognize the reasons for concerning behaviors so that they can respond in ways that are positive and supportive. Knowing the "whys" can also help

alleviate caregivers' fears that children are misbehaving deliberately. Some of the behaviors adults may observe in children include:

- An inability to express feelings in words.
- Uncertainty that adults are trustworthy, based on past experiences.
- Hypervigilance, or a heightened or increased sensitivity to stress (even in situations that might not appear to be stressful to others).
- A need to unconsciously "test" the love of caregivers, as if to ask: will this person support me no matter how I behave?
- An oversized response to a trigger from the past experience/trauma.
- Limited self-regulatory skills (including self-calming).
- A developmental delay or disability. Note that there are many reasons for developmental delays. Any missed opportunity to learn and grow can impact a child's development. Parental abuse and neglect can be among the many reasons for such a missed opportunity. (See this resource for information on accessing educational interventions.)
- Effect(s) of parental drug or alcohol abuse before or after birth. (See this resource with observable behaviors to learn more.)

Caregivers might find the following tips helpful in coping with challenging behavior.

- **Match expectations to developmental age, not chronological age.** For example, you might expect a five-year-old to be able to share toys, or an eight-year-old to be able to say they're angry instead of hitting. A child exposed to trauma might have difficulty meeting either of those benchmarks.
- **Focus on underlying needs beneath behavior**—think about what need the child is trying to fulfill, or what the behavior might be communicating.
- **Consider the timing of the behavior**: Is it aligned with a major event in the past (a loss, transition, or traumatic event)? Is it aligned with a new or upcoming transition (new school, new placement, visit with a parent)?
- **Acknowledge the child's feelings; give them language** to say how they feel.
- **Reassure the child** that you will keep them safe. Let them know that your love is strong and you will be there for them, even during their ups and downs.
- **For young children, help them regulate** by staying close and speaking calmly.
- **For older children, model and teach self-regulation strategies** such as mindfulness.

Signs of Traumatic Experiences in Adults

Professionals may also see signs of trauma in kin caregivers. When they meet with a kin caregiver for the first time, they are likely seeing a person under intense pressure.

A professional may be the next person in a long series of agencies kin caregivers have interacted with (lawyer, school personnel, health care provider, mental health provider, child welfare department, church, food bank) or their very first stop.

Kin caregivers may have seen things that no one should have to see—such as the neglect and abuse of a beloved child, or the illness, incarceration, or death of the child's parent.

They may worry that they intervened too early or not soon enough. They may express fear and concern that the children will be taken away by their parents or the child welfare system. They may be angry or defensive, may want to tell their story in detail, or may be barely communicative. They may be afraid that their family is unlike any other—that there's nothing anyone can do to help.

Feelings about their role as a kin caregiver may include the following:

- Painful divided loyalty between their adult child (or other relative) and grandchild (or other child in their care)
- Anger, shame, and disappointment that the child's parent is unable to be a parent
- Fear of losing the child to the child welfare system, the child's parent, or other people in the child's family or life
- Grief at the loss of their role as a "fun grandparent/aunt/uncle/sibling/friend"
- Regret regarding postponed or cancelled retirement plans or other plans for their future
- A sense of being overwhelmed by new responsibilities, systems to navigate, and barriers to getting help and information
- Isolation or loneliness
- Fatigue and fear of being unable to physically provide for the child
- Financial worries
- Concern that this is their fault, that the child in their care is "broken" or beyond their help

Adult trauma may show up as any of the following:

- Re-living the event
- Intrusive thoughts and feelings related to the event

- Intentional avoidance of memories or thoughts about the events or situations that are similar or reminders of the events
- Hyperarousal, hypersensitivity, or overreaction when feeling stressed or tense
- Negative changes in moods and feelings about situations and experiences that were previously enjoyable and satisfying
- Isolation and withdrawal from interpersonal relationships and activities
- Physical complaints, disturbed sleeping patterns
- Feelings of hopelessness, helplessness, guilt, or shame

Providers can help by offering a safe space for kin caregivers to tell their family's story, honoring their strength and resilience, and providing referrals to tangible support and counseling as needed.

Addressing Biases to Fully Support Kinship Families

It's important for staff who support kinship families to consider their own responses to the families they serve. Implicit biases (stereotypes regarding a specific group or situation) or compassion fatigue (burnout from the weight of carrying others' trauma) may come into play as staff interact with families. Here are some questions to consider as you plan for ways to make kin caregivers feel safe and seen:

- **Question 1: Am I blaming the kin caregiver for their family member's incapacity to care for their child?** It is tempting to think that parents are irresponsible or behaving badly because of the way they were raised, but this is an unhelpful frame when working with kin caregivers/grandfamilies.

  Mental illness, drug abuse, all of it can happen whether parents were wonderful or deeply flawed. One kin caregiver recalls the pain of hearing a case manager say, "the apple doesn't fall far from the tree," indicating that they (and, by extension, their child and grandchild) were part of a multigenerational chain of bad choices. It helps to ask kin caregivers to tell their family's stories and suspend judgment: Tell me about your family and what's going well (and what's challenging) right now.

- **Question 2: What judgments am I making about the factors influencing this family's choices?** A provider might wonder why a family has failed to take advantage of available services without recognizing the barriers to doing so—such as a lack of child care or reliable transportation. Or they might wonder why a family well-equipped in terms of financial advantages or self-advocacy skills is overwhelmed—without considering their lack of experience in navigating their family's new circumstances, whether that involves entry into the child welfare system or learning how to find legal

support, health care coverage, financial assistance, educational support, and more, all in the midst or aftermath of a family crisis.

- **Question 3: What help might I need?** Social service workers are often asked to solve urgent problems across many areas of need. Frontline workers need someone with whom to debrief and strategies for managing their own stress. Whether that support comes from colleagues, supervisors (through reflective supervision), or an outside source, it's critical for you to process what *you* are feeling and experiencing in order to maintain a healthy and sustained approach to this challenging work. (You can find resources for launching a mindfulness practice here.)

Characteristics of Trauma-Informed Practice

Trauma-informed practice is often characterized by five core values: safety, trustworthiness, choice, collaboration, and empowerment.

- **Safety:** Staff members ensure a client's physical and emotional safety during service delivery.
- **Trustworthiness:** Staff members maintain clear expectations, boundaries, and transparency with clients.
- **Choice:** Individuals and families have the right to self-determination and autonomy. They have authentic choices about the types and scope of services provided to them.
- **Collaboration:** Power is shared, with the idea of working with, not "doing to" or "doing for." This concept is frequently shared through the phrase "nothing about us without us."
- **Empowerment:** Family strengths and skills are recognized and used to ground a meaningful sense of hope and possibility.

Many organizations include a sixth value in this core list: culture, which acknowledges the role of historical, racial, and systemic trauma and considers family systems through an equity lens.

It may take years for an organization to embed trauma-informed practices in all areas of functioning. But these core principles provide a good starting point for thinking about the design of kinship/grandfamily programs that honor the life experiences of participants and provide authentic and respectful support and services.

Summary

Trauma is often a factor in the complicated histories of grandfamilies, even among children too young to describe their feelings. Recognizing signs of trauma and responding with care is critical in helping families move forward.

Thanks to Dr. Joseph Crumbley and Dr. Mike Sherman for their leadership and assistance in preparing this resource. And, as always, thanks to the families who shared their stories in the interest of making the path easier for those who follow.

Resources

- Association for Training on Trauma and Attachment
- "Childhood Family Connection and Adult Flourishing: Associations Across Levels of Childhood Adversity," published by Robert C. Whitaker, Tracy Dearth-Wesley, and Allison N. Herman in *Academic Pediatrics* 2021 volume 21, issue 8, pages 1380-1387, doi: 10.1016/j.acap.2021.03.002
- How Childhood Trauma Changes the Brain, published by Science Insights (11/25/2025)
- The National Child Traumatic Stress Network
- "Research Update for Practitioners: The ACE Study," published by Mary Sciaraffa of the National Council on Family Relations (8/6/2017)
- "The Role of Trauma in Shaping Early Childhood Developmental Outcomes" published by Deborah Winders Davis of the University of Louisville School of Medicine (4/15/2026)
- "What are ACEs and Why Do They Matter?," published by the Center for Youth Wellness and Healthy Steps / ZERO TO THREE (2018)
- "What is Trauma-Informed Care?," published by the Buffalo Center for Social Research, Institute on Trauma and Trauma-Informed Care
- ZERO TO THREE

The Grandfamilies & Kinship Support Network: A National Technical Assistance Center (Network) helps government agencies and nonprofits in states, Tribes, and territories work across jurisdictional and systemic boundaries to improve supports and services for families in which grandparents, other relatives, or close family friends are raising children whose parents are unable to do so. For more information, please visit www.GKSNetwork.org.

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