

42nd Annual InterCourt Conference



Session 4B:
Developmental Trauma:
The Hidden Epidemic

March 13, 2026
Hilton Columbus at
Easton Town Center
Columbus, OH

FACULTY BIOGRAPHIES

DAVID PAXTON, LISW-S, has served since 2000 as the Regional Director, Southeast Region, of the Village Network, a Multi-staffed community based Residential Treatment Center including the Knox, Newark, Mansfield, and Delaware Treatment Foster Care Networks. Dave is the chair of the OACCA Learning Community to for Creating Violence Free and Coercion- Free Mental Health Treatment Facilities. From 1997 to 2000, he was the Program Director of Streamwood Behavioral Health, Streamwood, Illinois, where he designed and implemented new residential treatment programs and worked to assure Medicaid and JACHO compliance. He also served in a variety of capacities at Maryville Academy in Illinois.

Mr. Paxton is a graduate of DePaul University in Chicago and received an MA in Social Work from the University of Chicago.

Developmental Trauma: The Hidden Epidemic

Dave Paxton

Chief Learning Officer

The Village Network Corrections Insitute





Developmental
Trauma:
The Hidden Epidemic

2026 InterCourt
Conference

David Paxton, Executive Vice-President of Learning



The notion that early childhood adverse experiences lead to substantial developmental disruptions is more clinical intuition than a research-based fact. There is no known evidence of developmental disruptions that were preceded in time in a causal fashion by any type of trauma syndrome.

- From the American Psychiatric Association's rejection of Developmental Trauma Disorder diagnosis, May 2011



The impact of early trauma is so profound because it occurs during those critical periods when the brain is most rapidly developing and organizing. Because the experiences of early life determine the organization and function of the mature brain, going through adverse events in childhood can have a tremendously negative impact on early brain development, including social and emotional development.

Dobson, Christine & Perry, Bruce. From *Working with Children to Heal Interpersonal Trauma: The Power of Play*. Edited by Eliana Gil with Foreword by Lenore C. Terr. Copyright 2010 by The Guilford Press. All rights reserved.



What Is Child Traumatic Stress?

- Child traumatic stress refers to the *physical and emotional responses* of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling).

Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal.

Types of Traumatic Stress

Acute trauma is a single traumatic event that is limited in time.

During an acute event, children go through a variety of feelings, thoughts, and physical reactions that are frightening in and of themselves and contribute to a sense of being overwhelmed.



Types of Traumatic Stress

- **Chronic trauma** refers to the experience of multiple traumatic events.
- These may be multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or longstanding trauma such as physical abuse, neglect, or war.
- The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.



Types of Traumatic Stress

- **Complex trauma** describes both exposure to chronic trauma—usually caused by adults entrusted with the child’s care—and the impact of such exposure on the child.
- Children who experienced complex trauma have endured multiple *interpersonal* traumatic events from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child’s development and functioning.



Predictable disruptors of CRN functioning resulting in ‘cascade’ of vulnerability for global (pervasive) health problems

1. **Intrauterine insults**
 1. EtOH, methamphetamine, malnutrition, maternal distress
2. **Bonding & attachment disruptions**
 1. Domestic violence
 2. Maternal isolation, Post-partum depression
 3. Maternal history of attachment/bonding issues
3. **Sensitizing pattern of stress response activation**
 1. Chaos, unpredictability, ‘splinter’ neglect
 2. “Out-group” experience – e.g., racism, gender, identity
 3. Exposure to violence, physical, sexual abuse
 4. Emotional humiliation, shaming,

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WHAT IS TRAUMA?

The same event can be experienced, adapted to, and carried forward in different ways by different children.

So, it is the response (the 'experience') of the individual to the event that alters the stress response systems and makes something "traumatic" – not simply the event itself.

SAMHSA suggests thinking about the 3 E's.....

Three E Framework

"Traumatic" Event (*the nature, timing and pattern*)

"Traumatic" Experience (*individual's response & perception*)

Effects of "Trauma" (*the long-term impact on the individual*)



**“What happened to you?
is so important in understanding
what’s going on with you now.”**

Dr. Bruce Perry, *What Happened to You?*

“What attention,
nurturing touch,
reassurance –
what love ***didn't*** you get?”

Neglect is as toxic as trauma.”

-Dr. Bruce Perry, *What Happened to You?*

Children Charged as Adults in Justice System Have Overwhelming Histories of Trauma

94% percent of children sentenced to adult time
experienced multiple traumas in their early years.
Eighty percent of girls survived sexual abuse, a large
percentage overall are commercially trafficked.

Yet in all but 10% of cases, this childhood trauma was
not even considered in court when minors were tried
for crimes.

-The Childhood Trauma-to-Prison Pipeline

November 2025



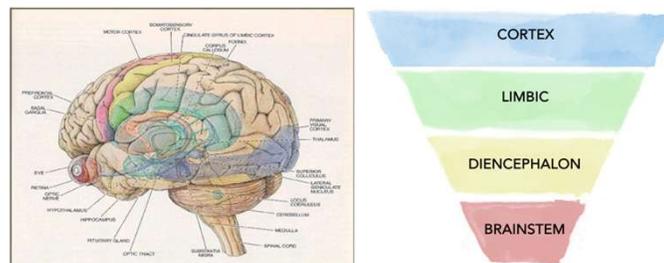
On average, kids who come into contact with the justice system have experienced four traumatic life events, and according to a 2021 study, 23% of detained girls and 9% of detained boys meet diagnostic criteria for PTSD, or post-traumatic stress disorder. (The respective rates in the general population are just 8% and 2%.)

Fordham Now, 2/29/25



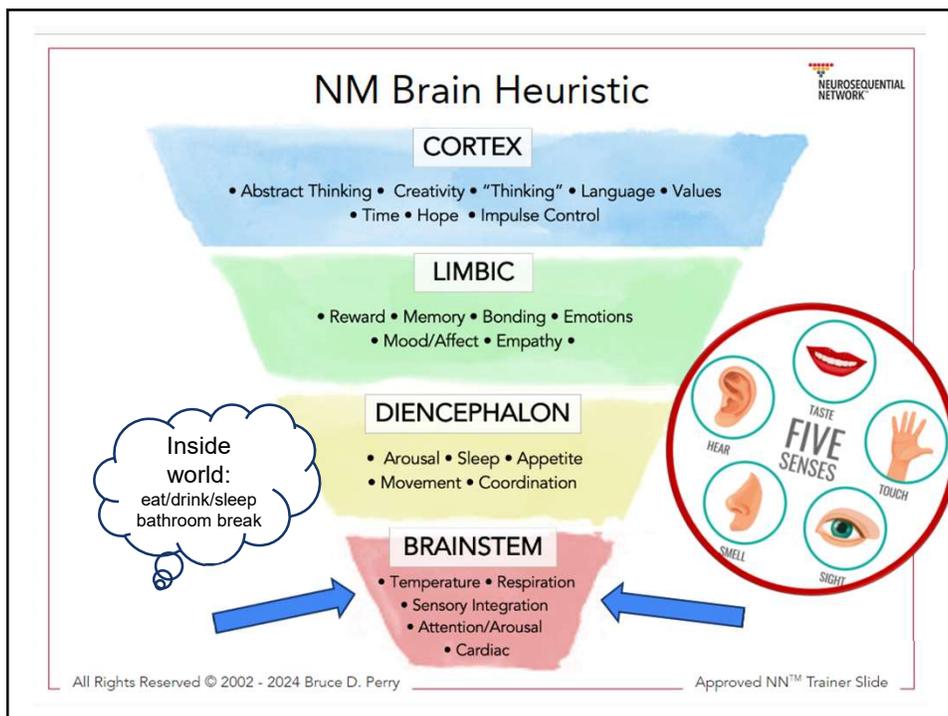
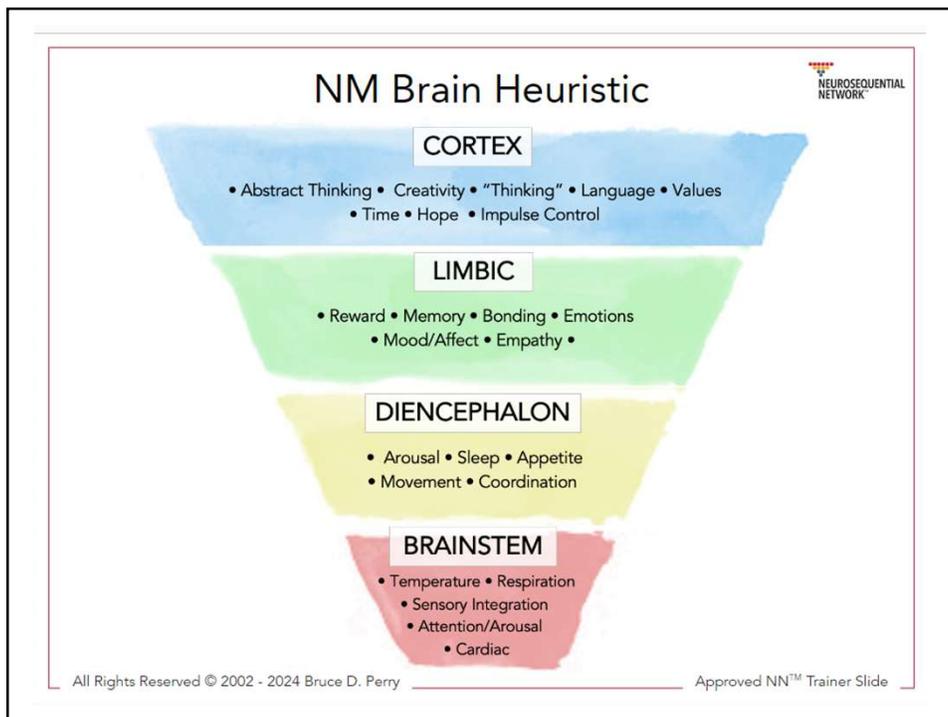
Heuristics of the Brain

INSTITUTE OF NEUROSEQUENTIAL NETWORK



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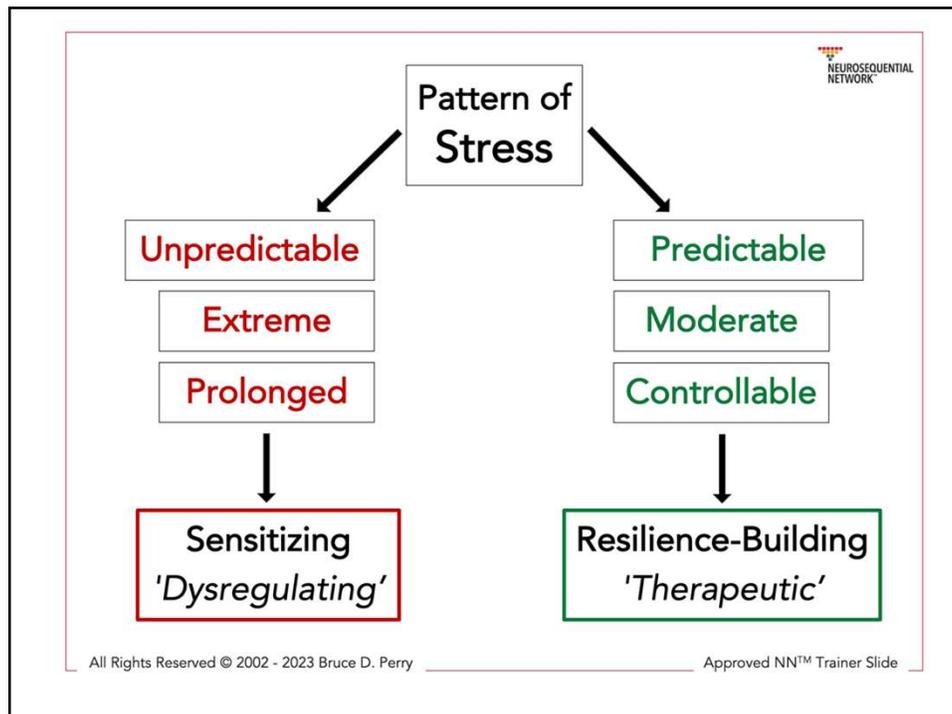
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Humans are social creatures

The neural networks mediating our stress responses, reward, social interaction, communication, empathy and the capacity to bond with others are intertwined – and all are shaped by the nature, quantity and timing of early life experiences (especially relationally-mediated experiences).

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But, what is a “moderate” dose of stress?

The Right “Dose” of Stress

A resilience-building, “moderate” and predictable dose will vary by developmental age and by the reactivity and sensitivity of the individual’s stress response systems

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Experiences – both good and bad

- Timing
- Duration
- Frequency

Sensitized Stress Response

Multiple interactive stress-response networks:

- 1) hyperarousal (Flock, Freeze, Flight, Fight) and
- 2) dissociative (Avoid, Comply, Dissociate) response continuum.

Work together in complex ways to
provide optimal responses

NMN Phase I Training Manual, Pg. 7

Dissociation

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- Disengaging from the “external” world cues
- Attending to elements of the “inner” world
- Daydreaming, mind wandering, reflective cognition

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So What? Why does this matter?

Both the STRESS RESPONSE and the REWARD networks in the brain are shaped by relationships in early childhood – in healthy and unhealthy ways.

Relationships have a key role in the global health, creativity and productivity of a group

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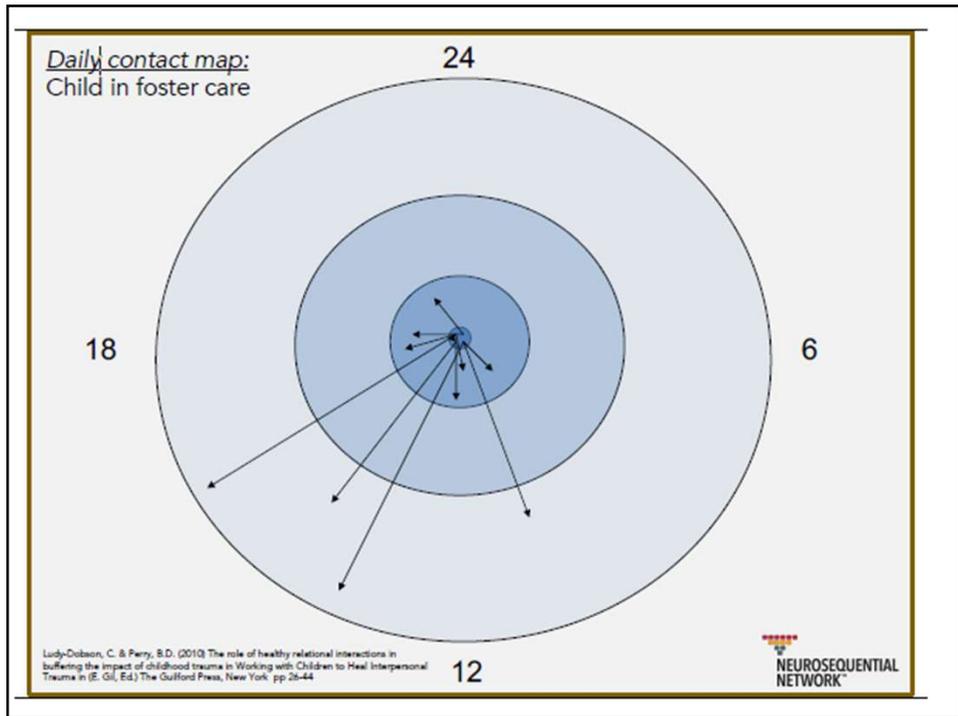
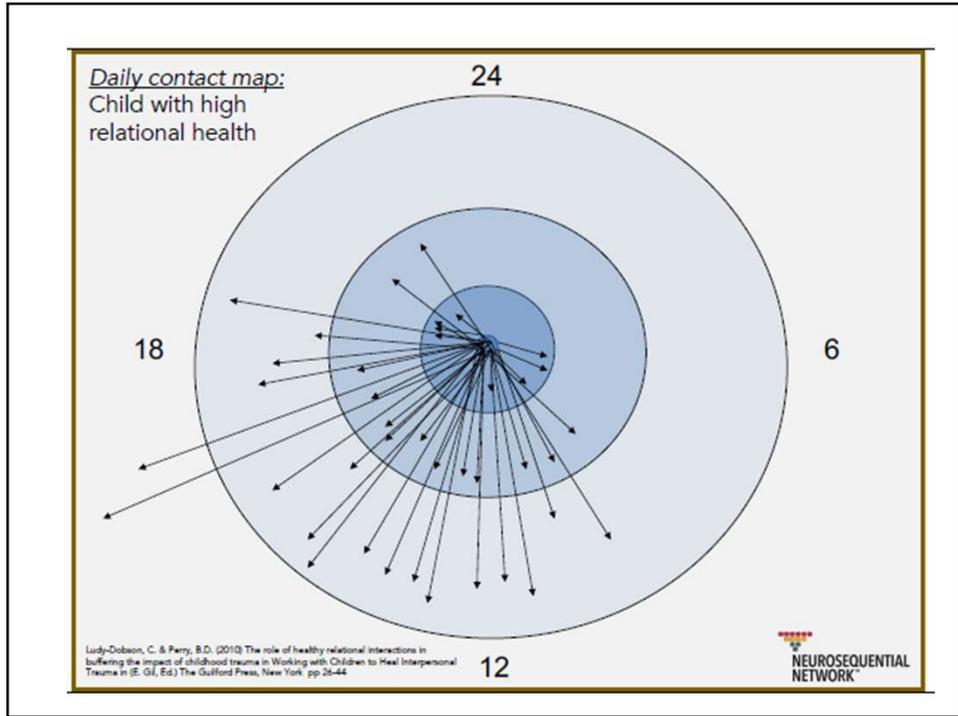


People not programs change people!

The effective agents of change in any successful program, project or system are human beings.

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State-dependence

All functioning of the brain is state dependent.

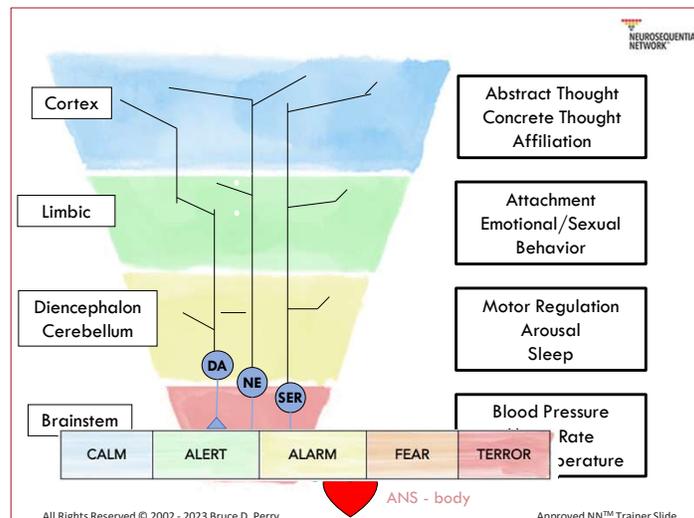
The dynamic activity of all networks in the brain shifts with various diurnal (and other) patterns, and in response to internal and external stimuli.

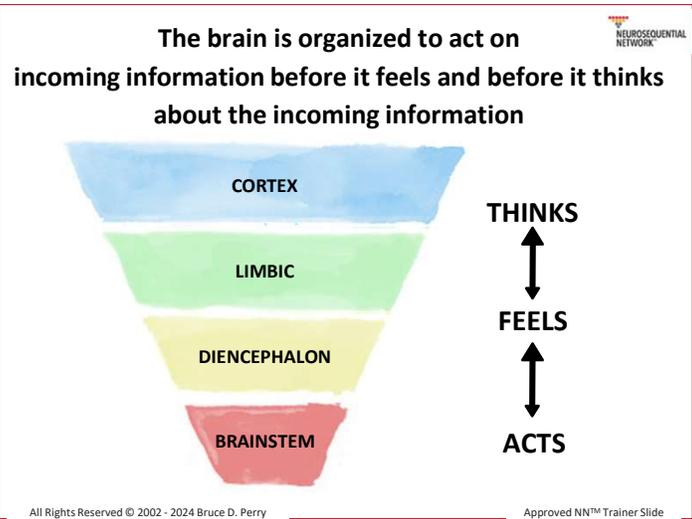
Therefore the "capability" of a person in any given moment is fluid; your cognitive, emotional, social, motor, and regulatory capabilities shift – with your internal state.

Fear mobilizes some networks and capabilities, while shutting down others (e.g., abstract cognition).

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State Dependence
Adaptive "Option" Arousal & Dissociation

"STATE"	CALM	ALERT	ALARM	FEAR	TERROR
Dominant Brain Areas	Cortex (DMN)	Cortex (Limbic)	Limbic (Diencephalon)	Diencephalon (Brainstem)	Brainstem
Adaptive "Option" Arousal	Relect (Create)	Flock (Hypervigilance)	Freeze (Resistance)	Flight (Defiance)	Fight
Adaptive "Option" Dissociation	Reflect (Daydream)	Avoid	Comply	Dissociate (Paralysis/Catatonia)	Faint (Collapse)

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State Dependent Cognition

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State	Calm	Alert	Alarm	Fear	Terror
Cognition	Abstract	Concrete	Emotional	Reactive	Reflexive
Fidelity with which information is processed and stored	80%	60%	40%	30%	10%

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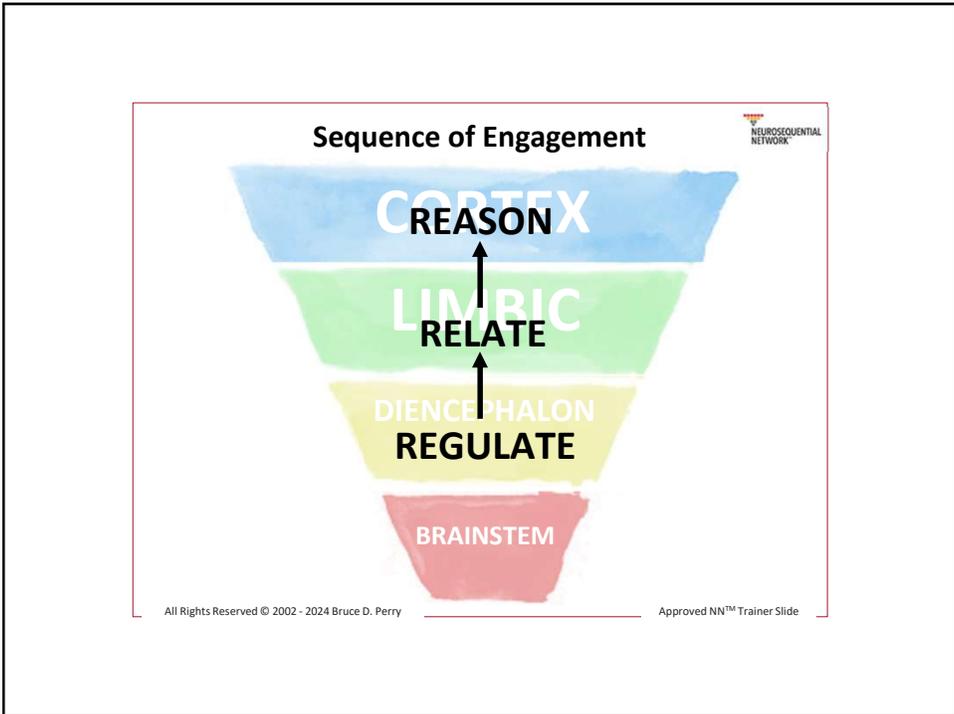
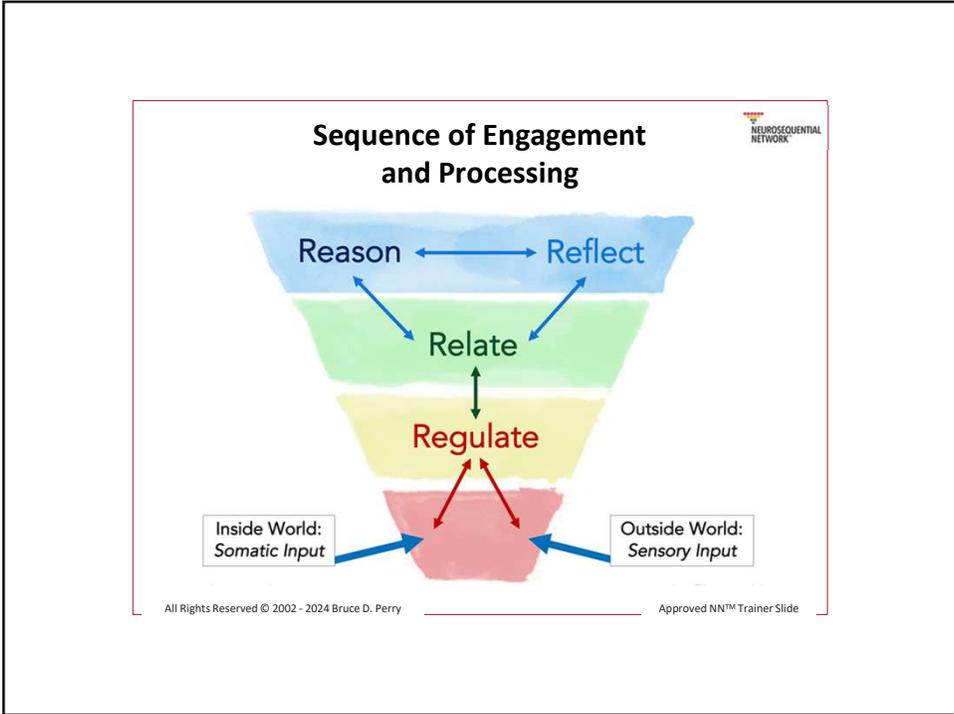
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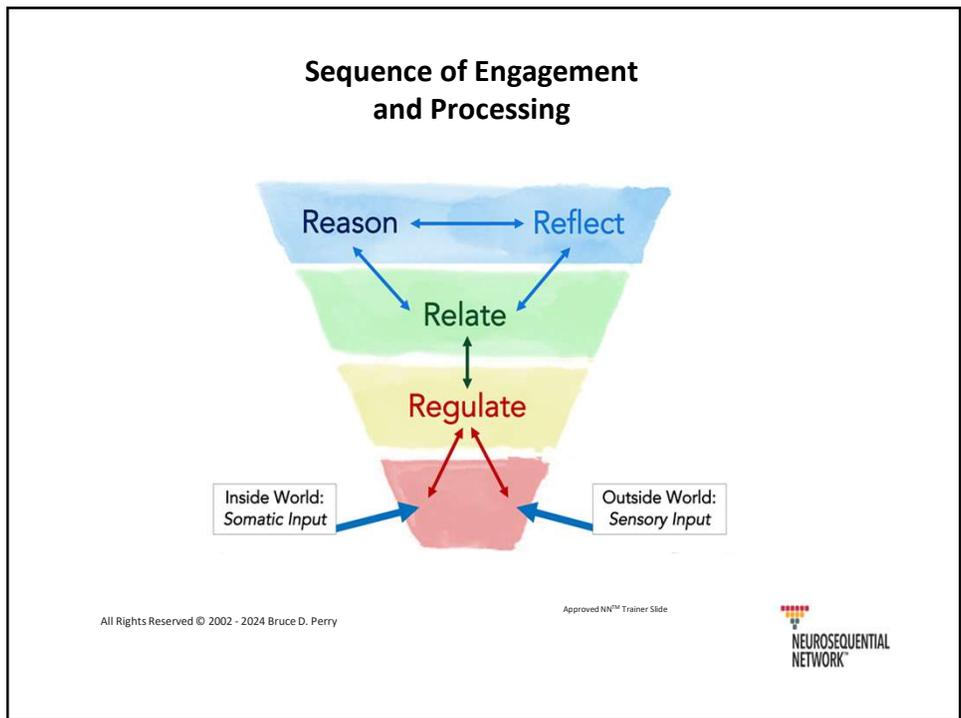
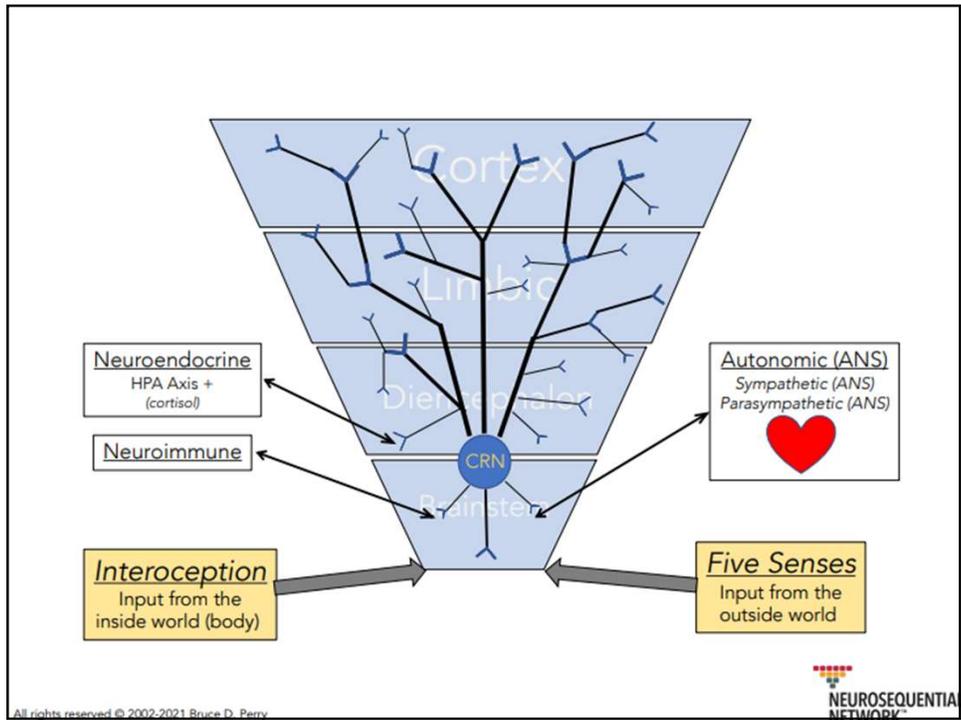
“When people have a hard time cognitively acting on an instruction they will default to a practiced behavior.”

– Dr. Bruce D. Perry

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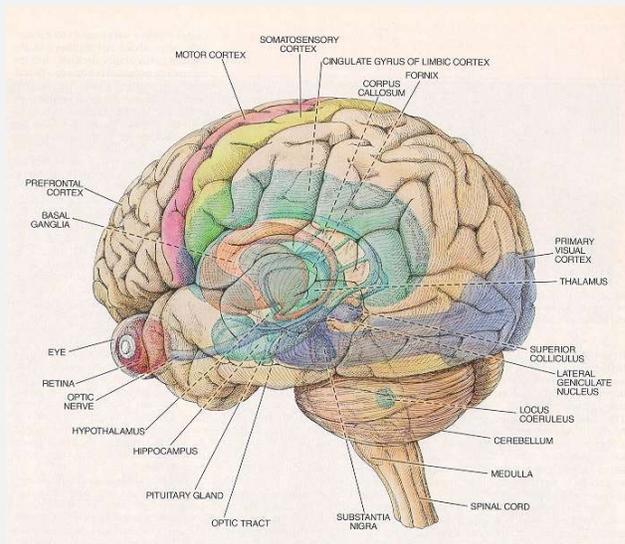
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The human brain is not 'designed' for the modern world.

For thousands of generations we lived in small, multi-generational groups, with dramatically higher ratios of caregiver to young child.



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The Relational Landscape is Changing

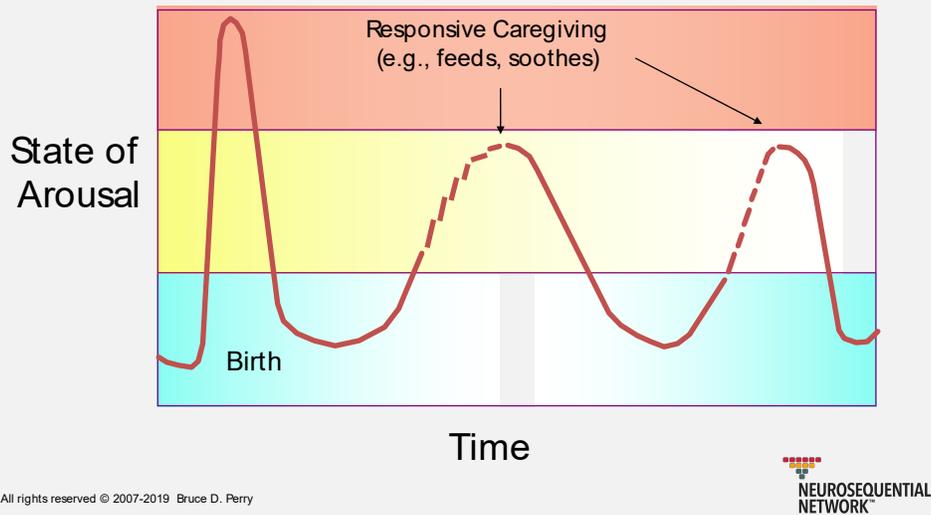
Children have fewer emotional, social and cognitive interactions with fewer people.

The impact of “modern” life on the developing child has yet to be fully understood.

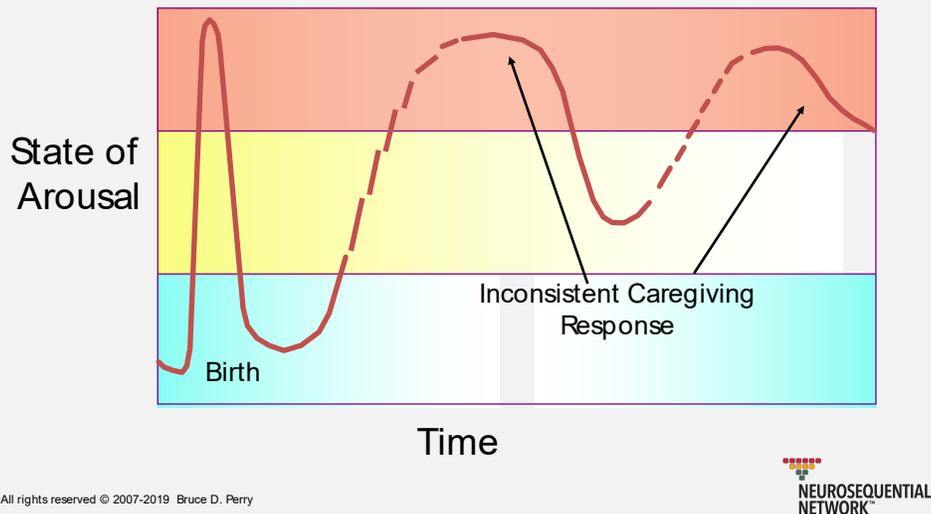
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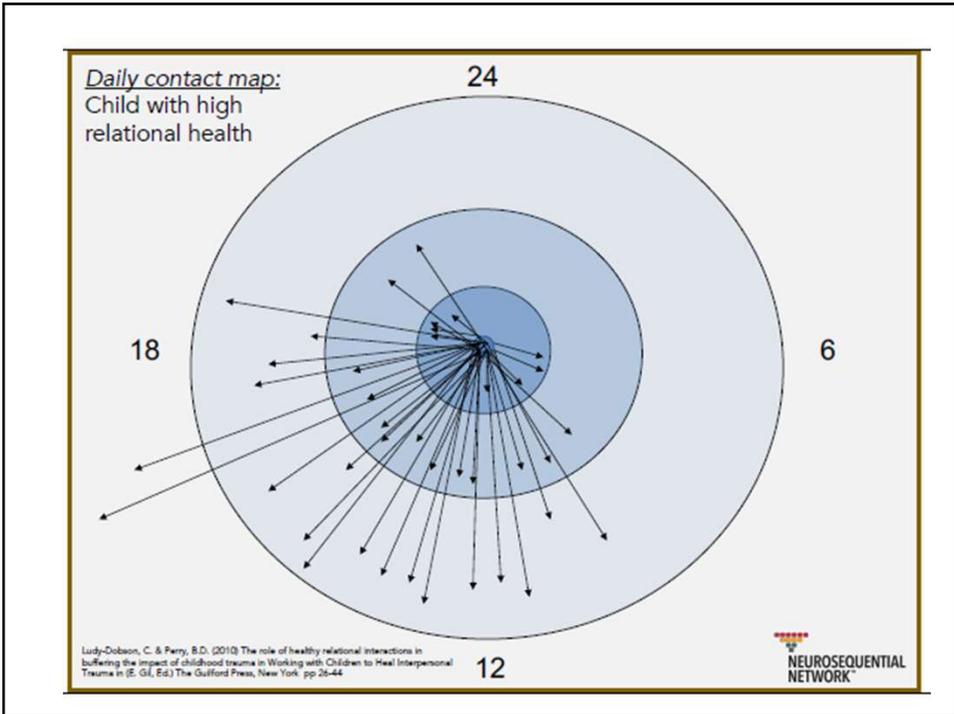
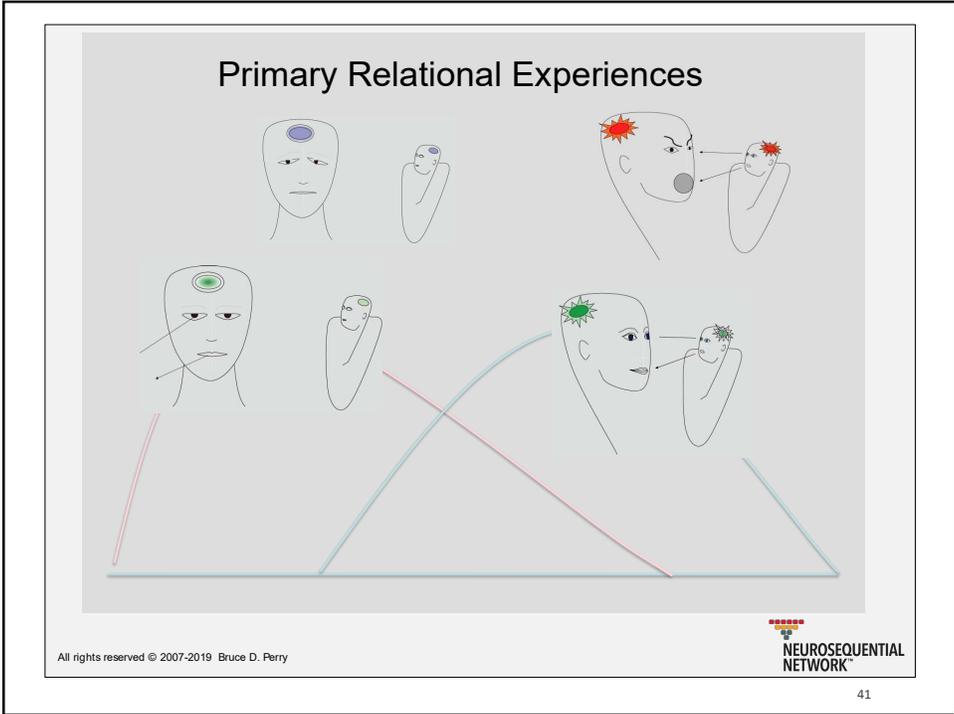
NEUROSEQUENTIAL NETWORK™

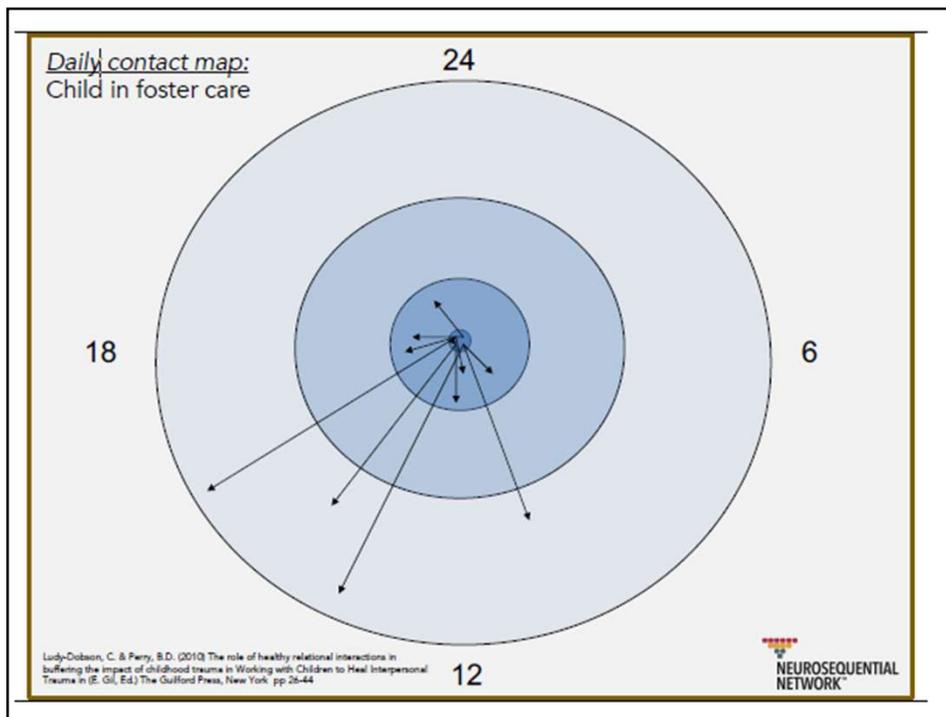
Caregiver as External Stress Regulator *Present, Attentive, Attuned & Responsive*



Caregiver as a Disorganized Stress Regulator *Absent, Overwhelmed, Disengaged, Anxious, Angry*







So What? Why does this matter?

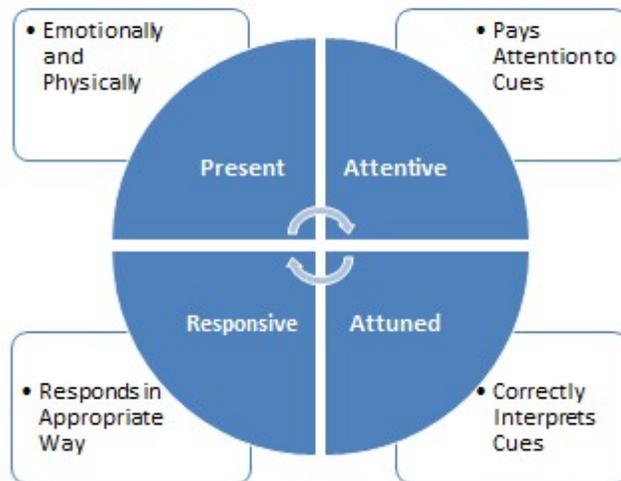
Both the **STRESS RESPONSE** and the **REWARD** networks in the brain are shaped by relationships in early childhood – in healthy and unhealthy ways.

Relationships have a key role in global health, creativity and productivity of a group

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Characteristics of a Good Caregiver



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Eva's Story

Adopted internationally

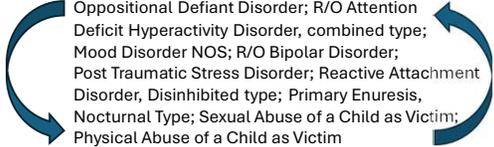
Behaviors – runaway, self harm, promiscuity, school issues, defiance, peer conflict

Family counselor recommendations

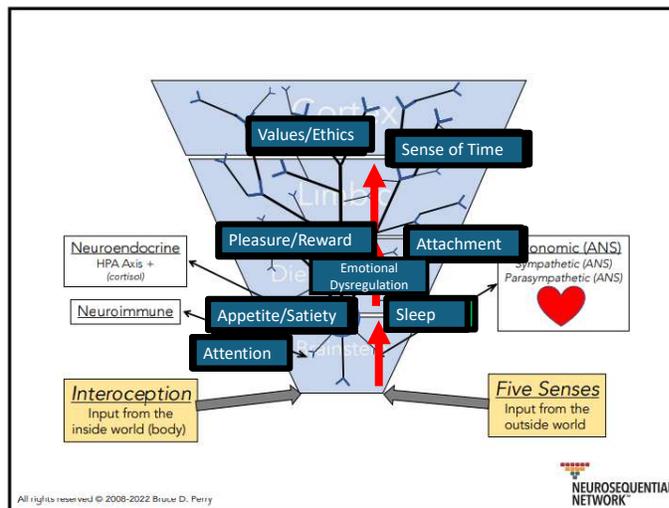
- take away all possessions
- take off bedroom door
- leave at home on family vacations
- show her the Christmas/birthday gifts but don't give them to her

Developmental Trauma is The Great Imposter

DIAGNOSTIC IMPRESSIONS:

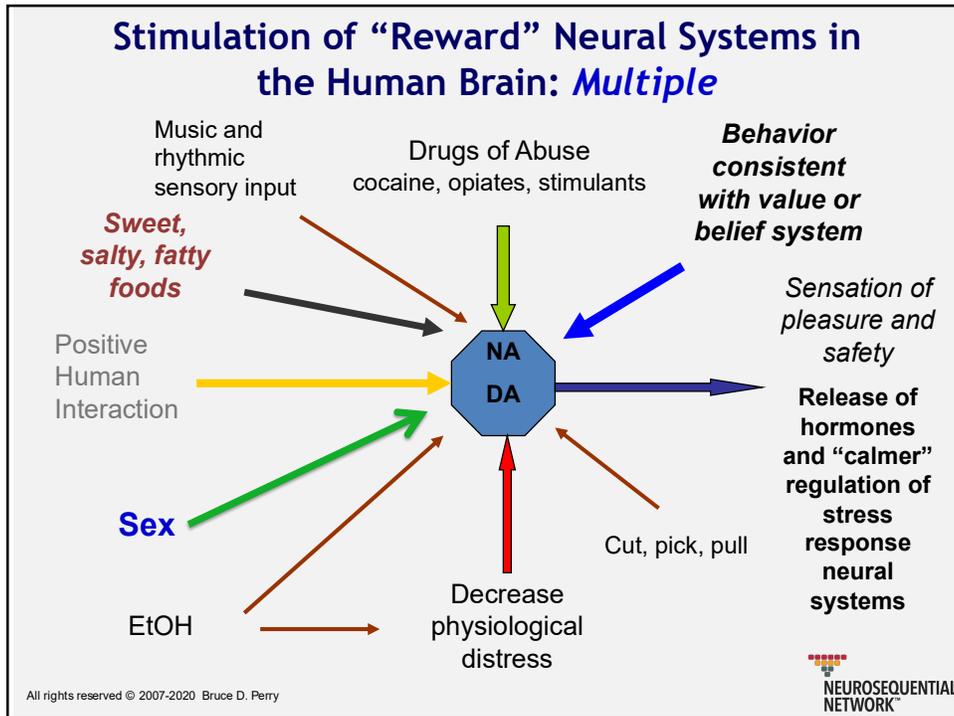
AXIS I :  Oppositional Defiant Disorder; R/O Attention Deficit Hyperactivity Disorder, combined type; Mood Disorder NOS; R/O Bipolar Disorder; Post Traumatic Stress Disorder; Reactive Attachment Disorder, Disinhibited type; Primary Enuresis, Nocturnal Type; Sexual Abuse of a Child as Victim; Physical Abuse of a Child as Victim

AXIS II: Deferred
AXIS III: Primary Enuresis
AXIS IV: Severe
AXIS V : 40



Prescribed:

Concerta -ADHD
Effexor -
 Depression
Risperdal - ASD
Zoloft -
 Anxiety/PTSD
Vistaril - allergies
Omeprazole -
 GERD
Melatonin - PRN for
 sleep



Connectedness is the key.

Your history of connectedness is a better predictor of your health than your history of adversity.

Be with each other. Celebrate diversity. Listen and learn from others. Share time, food, work.

The ‘super-power’ of humankind is our capacity to connect; it is regulating, rewarding and the major “route” by which we can teach, coach, parent, heal and learn.

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The Neurosequential Model Network

Neurosequential.com

BDPerry.com

[Handouts](#)

www.bdperry.com/handouts

[Overview of the Neurosequential Model](#)

<https://youtu.be/910LNopJrHM>



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