# Trauma Experiences of Children with Special Healthcare Needs: A Scoping Review of the Literature

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**Objective:**
The experiences of trauma significantly impact children with special healthcare needs (CSHCN); they are nearly four times more likely to endure three or more Adverse Childhood Experiences (ACEs) than their peers without SHCN (Zeng & Hu, 2018). However, existing research has not used standardized terminology when describing the experience of trauma in the SCHN population; thus, their trauma prevalence may likely be underreported. Most prior work has only focused on the trauma of adults with disabilities (McNally et al., 2020). Substance Abuse and Mental Health Services Administration (SAMHSA; 2019) defines trauma as almost exclusively individual-level events. This definition neglects community-level trauma, which Pinderhughes (2015) identified as adverse community experiences such as socio-cultural, physical/built, and economic environments. Therefore, we conducted a scoping review of trauma among CSHCN and captured both individual- and community-level trauma. The study was guided by the following research questions: *What is the prevalence of individual trauma and community trauma in CSHCNs? What are the risk factors associated with trauma in CSHCNs?*

**Method:**
The Preferred Reporting Items for Systematic Reviews and Meta-analysis Protocols Extension for Scoping Reviews (PRISMA-ScR) guidelines and checklist guided this review in determining critical criteria (Tricco et al., 2018). The first author interviewed librarians, social work and public health scholars, local community service advocates, and special educators to inform this review. Additionally, we used Covidence to conduct the screening process and data extraction. The systematic search included articles from January 2010 to December 2021 in the following electronic databases: ERIC, Education Source, and PubMed. The inclusion criteria were: youth between the ages of 3 and 21, investigations of trauma, peer-reviewed, in the U.S., and written in English. A grey literature search was conducted using Google to ensure the review addressed applied social work practice needs. The keywords included special healthcare needs, autism, developmental disabilities, intellectual disability, neurodivergent, trauma, adverse childhood experiences, and poverty. Measures used for coding included individual-level trauma (e.g., bullying, poverty, and ACEs) and community-level trauma (e.g., adverse community environments).

**Results/Conclusions:**
The systematic keyword search found 3002 articles; 81 met the inclusion criteria for data extraction. Findings indicated no evidence of a standard definition of trauma. The top three most described trauma experiences were bullying (58.0% of articles), poverty (23.5%), and all

ACEs (17.3%). Although bullying was not a search term, it was most frequent, while ACEs were less frequent than expected. Nearly all articles had researched trauma in isolation rather than as interconnected experiences. Of the 81 articles, community-level trauma (8.6%) was rare; 10.81 to 21.4% of CSHCN experienced neighborhood violence. Interestingly, systemic racism (2.5%) was discovered only in the grey literature. In articles reporting systemic racism, 6.6% of CSHCN experienced racism.

This review contributes to the study of trauma in CSHCN because it identified gaps where prevention and intervention could support CSHCN. Individual-level trauma is a significant public health issue (Braveman et al., 2018) that disproportionately impacts CSHCN, which may be further affected by their environments. Additionally, bullying significantly affects the well-being of CSHCN and implies a need to foster improved peer relationships (Eisenberg et al., 2015). CSHCN who belong to marginalized racial and ethnic groups may experience more trauma but are overlooked using individual-level trauma. Future research should examine how racism and adverse community experiences multiply marginalize and traumatize. Service systems guided by an individual-level trauma context inadvertently miss the traumas of these children, which further marginalizes them. Ultimately, we need to amplify the voices of CSHCN to advance healthy relationship-building to end violence for holistic well-being and equity (Moody, 2016; Lanier, 2020).