

## UNDERSTANDING THE IMPACT OF TRAUMA ON CHILDREN

Trauma is a sudden, unexpected, overwhelming physical (or emotional) event, perceived as life-threatening, in which the victim feels utterly helpless. A family caught in a tornado experiences a single trauma, a soldier in a battle zone for 12 months suffers more extended trauma. However children in care have typically been exposed to repeated, often daily, trauma for a much longer period of time-often years. They also experience many types of trauma, including: prenatal drug exposure, lack of attachment due to early neglect, chronic physical and emotional neglect, physical, mental and sexual abuse, separation and loss, multiple moves and caregivers.

These traumas have typically occurred during early childhood, a critical time for physical, neurological, cognitive and emotional development. Ninety percent of a child's brain development occurs in the first four years of life. Therefore the impact of trauma during this critical period of development is much more profound than if it occurred in adulthood. Their minds and bodies have been programmed to react defensively to any stimulus in order to insure survival. They are too busy being hypervigilant to focus on anything else, including a parent's directions or schoolwork. They have difficulty identifying their own emotions or regulating their behavior. Trauma can also interfere with their ability to attach – at least until they can learn to trust an adult. In addition, these children often have significant developmental delays. All of these factors result in emotional and behavioral issues that parents mistakenly attribute to the child just wanting their own way-instead of seeing that they lack the skills to handle any type of stress.

Trauma programs the brain (and body) to react with fear to any perceived danger, regardless of whether or not there is a real threat. Traumatized children cannot control this automatic response – when they feel threatened they are faced with three choices:

- Flee-avoidance is a common response from children who can't deal with stress
- Fight-tantrums, anger, aggressive behavior are spontaneous reactions to threats
- Freeze-many children simply shut down to protect themselves ("playing dead")

Some children explode if they are simply told “no” or if anything goes wrong. However underlying their anger is fear and frustration – they do not know what else to do. Parents who can remain calm and reassuring in these situations will have the best chance of eventually altering the child's response (discipline, such as having consequences, are only effective after the child feels safe and has learned to control his emotions and behavior).

Traumatized children don't know why they react the way they do, they are often impulsive and don't think before they act. They have difficulty controlling their emotions or their behavior. It is hard for them to “read” others or to communicate effectively. It is the parents' responsibility (along with a therapist when possible) to identify the feelings and needs underlying to the children's behavior, interpret these emotions for the children and help to process them. Parents need to observe children, assess their developmental level (they are often at least two years behind emotionally) and what skills they are lacking. It is also critical to identify what stressors "trigger" their overreaction so that

these can be avoided or at least minimized. Often these children get over stimulated in environments with too much noise, people, or other distractions. They might lack the social skills to get along with other children. They are easily stressed by any demands placed on them. It is difficult for them to follow more than one direction at a time and even that might require helping them step by step.

How individual children respond to trauma depends on a number of factors, including genetic predisposition, natural resiliency, developmental phase, severity of the trauma, prior history of trauma and the amount of social support available. Prolonged trauma can lead to the behaviors cited below. Parents must understand that these reactions are involuntary and unconscious on the part of the children. They are not aware of why they are doing them. They are not simply testing, manipulating or trying to “push someone’s buttons”. They are in "survival mode", an instinctive reaction to perceived threats. Parents need to understand this and remain calm so that they can assist the child to develop flexibility, frustration tolerance and problem solving skills. They also need to resist the tendency to take the children’s words and actions personally. This only serves to drive a wedge between the parent and child.

It is helpful to remember the emotions and limited coping skills underlying behaviors:

ANGER- often a cover for more painful emotions such as fear or sadness.

AGGRESSION- child has poor impulse control, sees others’ actions as threats.

DESTRUCTIVE- frustrated, tense, confused, angry, can’t express feelings.

HYPERACTIVE- child typically stressed out, tense, anxious, over-vigilant.

DISOBEYS- inattentive, avoidant, feeling threatened, sometimes trying to control.

WHINY- anxious, insecure, sad, helpless, desperately needs attention.

TUNES OUT- Low coping skills, feels overwhelmed, doesn’t understand what to do.

INATTENTIVE- impulsive, poor memory, poor judgment, sensory overload.

INTROVERTED- poor social skills, lack of self-esteem, easily overstimulated.

WETTING/DEFECATING- anxiety, fear of being in trouble, disconnected to body.

LYING- fearful of rejection, being in trouble, parents being angry or disappointed.

STEALING- compulsive act or to help soothe self.

MASTURBATION- self-soothing, especially when anxious.

SEXUAL ACTING OUT- re-creating own abuse OR as a soothing mechanism.

Traumatized children respond much better to positive reinforcement (praise, privileges) than to punishment. Parents in their frustration often resort to scolding (making children more fearful), isolating children with time outs (making them feel rejected and increasing their fear) and other methods that are often counterproductive. This prevents them from "connecting" with the child and increases the likelihood of a disrupted placement.

Such methods as “time in” are much more effective, especially with younger children.

That is: keep the child close to you for a specific time (sitting on lap, having them help you with whatever you are doing) helps child learn to regulate his behavior. This is done in a gentle, matter of fact manner instead of a punishment. Time in also helps to create a positive feedback loop that reinforces good feelings between the parent and the child.