

UNDERSTANDING TRAUMA



BOOST
CHILD ABUSE PREVENTION & INTERVENTION

DEFINING TRAUMA

The National Child Traumatic Stress Network^[1] defines trauma as an event or series of events that involve fear or threat.

^[1] www.nctsnet.org

DEFINING TRAUMA

Traumatisation occurs when both internal and external resources are inadequate to cope with external threat.

van der Kolk, 1989



"The Furious Fairy", Age 8

At the moment of trauma, the victim is rendered helpless by overwhelming force... Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning..... The severity of traumatic events cannot be measured on any single dimension; simplistic efforts to quantify trauma ultimately lead to meaningless comparisons of horror... the salient characteristic of the traumatic event is its power to inspire helplessness and terror.

Herman, 1992 & 1997

WHAT CAUSES TRAUMA ?

Traumatic events can include experiencing and/or witnessing of:

- Physical Abuse
- Sexual Abuse or Sexual Assault
- Domestic Violence or a Community Violence
- Emotional Abuse
- Neglect (Emotional or Physical)
- Parental Mental Health Issues (chronic depression, suicides, institutionalized parent(s), incarcerated parent(s), addictions & substance abuse)
- Natural disasters (hurricane, fire, flood)
- Sudden and violent death of a loved one
- Witnessing a War, Genocide

WHAT CAUSES TRAUMA ?

Studies have shown that adverse childhood experiences are vastly more common than acknowledged, and that most of these exposures occur with the child's care giving system:

About 80% of people responsible for child maltreatment are children's own parents.
van der Kolk, 2005

TRAUMA COMPLEXITY

Trauma can happen as:

- A single event,
- A reoccurring/strain trauma,
- Complex trauma,
- Historical/Intergenerational trauma

TRAUMA COMPLEXITY

- Children do not have the option to report, move away, or otherwise protect themselves – they depend on their caregivers for their survival.
- When trauma emanates from within the family, children frequently experience a crisis of loyalty and organize their behaviour to survive within their families.
- Being prevented from articulating what they observe and experience, traumatized children are likely to organize their behaviour around keeping the secret, deal with their helplessness with compliance or defiance, and accommodate in any way they can to entrapment in abusive or neglectful situations.

TRAUMA COMPLEXITY

- A child is faced with an exceptional complexity when the family environment itself is responsible for the victimization and the child-caregiver relationship becomes the source of trauma.
- The very people that a child is being attached to are also the people violating the child, and children are likely to suffer not only a disrupted attachment but a disruption to all of their developmental systems.
- We are physiologically designed to function best as an integrated whole; When many critical developmental competencies are severely disrupted, children become unable to process and/or integrate what is happening.

TRAUMA COMPLEXITY

Trauma always happens
in a **developmental context.**

TRAUMA COMPLEXITY

- Child's experience of different traumatic events will vary on:
 - Age of onset,
 - Severity,
 - Frequency
 - Duration, and
 - Extent of injury

TRAUMA HAPPENS IN A DEVELOPMENTAL CONTEXT

- Each age and stage carries its own critical developmental periods; if missed, can be very difficult to compensate.
- Depending on the age and stage of the onset of trauma, child's brain development, memory, narrative and verbal capacities, will be affected, as well as the child's opportunities for recovery.

TRAUMA HAPPENS IN A DEVELOPMENTAL CONTEXT

- The consequences of traumatic event(s) are highly likely to derail child's healthy biological, emotional, cognitive and social development.
- Infants and toddlers are disproportionately at risk for maltreatment. Because these early years set the stage for all that follows, they hold the greatest danger for long-term damage, as well as great potential for successful intervention.

IMPACT OF TRAUMA ON DEVELOPMENTAL TRENDS

- For those children whose traumatic experience becomes the norm rather than the exception, the responses to trauma will interfere with, and/or override, the processes of healthy development.
- They oftentimes do not have a chance to develop coping skills, a sense of self, or a sense of self in relation to others.

ATTACHMENT

The cradle of early development is in the dyadic relationship of the caregiver and infant, in which early functions of arousal regulation, social engagement, and cognitive development evolve = ATTACHMENT



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ATTACHMENT

- At the biological level = survival
- At the level of mind = creating of “internal maps”, sense of self, self-regulation

The attachment is the building block of the foundation of mental health.

ATTACHMENT

- What happens when things “do not go well”:
“X + Y + Z” = the “going on being” and repair;
in case of trauma, despair.

“Investigations into the physiology of relatedness now tell us that attachment penetrates to the neural core of what it means to be a human being.”

Lewis, Amini and Lannon (2001) A General theory of Love

ATTACHMENT AND TRAUMA

- When trauma occurs in the presence of a supportive, if helpless, caregiver, the child's response will largely mimic that of the parent:
The more disorganised the parent, the more disorganised the child.
- The security of the attachment bond mitigates against trauma-induced terror.

COMMON REACTIONS TO TRAUMA

ANGER

CONFUSION

SADNESS

WORRY

NUMBNESS

HURT

FEAR

BELIEF

SHOCK

DISBELIEF

RAGE!

ANXIETY

MINIMIZATION

DENIAL

REVULSION

GUILT

SHAME

BETRAYAL

WITHDRAWAL

EMBARRASSMENT

JEALOUSY

DESPAIR

SELF-BLAME

PANIC

DOUBT

REVENGE!

COMMON REACTIONS TO TRAUMA

- It is important to remember that every child is unique, and a number of factors will influence the range of reactions the child may or may not experience.

- Children may react to trauma in a number of different ways including the following symptoms, which can be fluctuating in presentation:
 - **NIGHTMARES**
 - **PHYSICAL SYMPTOMS**(difficulty sleeping, eating, headaches, stomach aches; lowered immune system; disrupted toilet training / wetting)
 - **HYPERVIGILANCE** (chronic physical arousal)
 - **DIFFICULTY CONCENTRATING**
 - **DISSOCIATION**

COMMON REACTIONS TO TRAUMA

- **AVOIDANCE** (staying away from places, people, things that remind them of the traumatic event)
- **ISOLATING** oneself from family or friends
- **INTENSE FEAR** and **WORRYING**
- **ANGER**
- **INTENSE SADNESS**
- **REMEMBERING** the traumatic event / **FLASHBACKS** when seeing, hearing, or smelling something that reminds the child or youth about their experience
- **REENCATMENT** expressing fears and elements of trauma through play
- **SILENCE** and/or **LOSS OF ACQUIRED COMMUNICATION SKILLS**

COMMON REACTIONS TO TRAUMA

Sometimes situations of inescapable danger may evoke not only terror and rage but also, paradoxically, a state of detached calm in which terror, rage, and pain dissolve. Events continue to register in awareness, but it is as though these events have been disconnected from their ordinary meanings.

Herman, 1992/1997

Many traumatized children, and adults who were traumatized as children, have noted that when they are under stress they can make themselves 'disappear.' That is, they can watch what is going on from a distance while having the sense that what is occurring is not really happening to them, but to someone else.

van der Kolk, 1996

COMMON REACTIONS TO TRAUMA

- Trauma often leaves its lasting imprint on the body and implicit memory system
- Trauma memories remain un-integrated, and are very powerful;

Unremembered but Unforgotten (Winnicott)

COMMON REACTIONS TO TRAUMA

- All are normal responses to distressing or difficult experiences. These reactions become a concern when they begin to impact the daily functioning of children and youth.

COMPLEX TRAUMA

- The term *complex trauma* describes the problem of children's exposure to multiple or prolonged traumatic events and the impact of this exposure on their development.
- Involves the simultaneous or sequential occurrence of child maltreatment—including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence—that is chronic, begins in early childhood, and occurs within the primary care-giving system.

COMPLEX TRAUMA

- Exposure to these initial traumatic experiences—and the resulting emotional dysregulation and the loss of safety, direction, and the ability to detect or respond to danger cues—often sets off a chain of events leading to subsequent or repeated trauma exposure in adolescence and adulthood.

www.nctsnet.org

COMPLEX TRAUMA WILL AFFECT CHILD' S:

- **ATTACHMENT**
- **BIOLOGY** (arousal system dysregulated, poor sensory-motor coordination)
- **AFFECT REGULATION** (inability to experience, identify, express, modulate emotions)
- **BEHAVIORAL CONTROL** (too much or not enough inhibition)
- **COGNITION** (academic & socio-emotional realm)
- **SELF-CONCEPT** (highly negative, shame, guilt)

COMPLEX TRAUMA

A model that is *informed by* DSM, and, looks into many confluencing factors, such as cumulative, additive and complex trauma pieces.

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COMPLEX TRAUMA

Case Presentation

Case Example:

- Chronic sexual abuse; disclosed at 17 years of age
- No PTSD symptomology;

However:

- Avoidance, inability to sleep, panic attacks, health problems, unexplainable physical pains
- Struggles with trust, relationships, feeling he doesn't belong
- Family history of SA, DV and witnessing PA
- Numerous life transitions (homes, schools)
- History of being bullied, mugged, scary surgical procedure

COMPLEX TRAUMA – COMPLEX PTSD

Complex-PTSD better describes the pervasive negative impact of chronic repetitive trauma than does PTSD alone.

What we see (and what is currently not covered in PTSD definition):

“Clients with 18 diagnosis”: Depression, Anxiety, Borderline, Suicidal “seeking attention”

Too much happened too soon, overwhelm;

Silent language of trauma.

WORKING WITH TRAUMATIZED CHILDREN & FAMILIES

Children and youth come with varied histories, experiences, unique family systems, cultural norms and expectations that will impact their understanding and the meaning they derive from their abuse experience(s).

*All happy families resemble one another;
each unhappy family is unhappy in its own way...* Leo Tolstoy

WORKING WITH TRAUMATIZED CHILDREN & FAMILIES

If (domestic violence calls) are dangerous, emotionally charged, and volatile for police officers, the accused and the victim, they are equally as distressing and frightening – if not more so – for children at the scene.

Benoit & Gibson, 2006

WORKING WITH TRAUMATIZED CHILDREN & FAMILIES

At the center of our work with children who have been abused is helping them create a safe space to look at the traumatic experiences, make sense of their emotional, cognitive and physical reactions, and help them find new ways of coping.

WORKING WITH TRAUMATIZED CHILDREN & FAMILIES

Deepening our understanding of the context of trauma and the complexity of impact that trauma has on children, youth and families can provide us with a powerful platform when addressing the adverse events our clients bring forth.

The therapeutic and child-welfare context oftentimes opens up the first possibility for some secure connection to be experienced.

WORKING WITH TRAUMATIZED CHILDREN & FAMILIES

Respect, positive regard and a strength based approach to understanding the impact of the trauma on the child/youth:

...abuse-focused therapy suggests that the client is not mentally ill or suffering from a defect, but rather is an individual whose life has been shaped, in part, by ongoing adaptation to a toxic environment. Thus the goal of therapy is less the survivor's recovery than his or her continued growth and development – an approach that utilizes the survivor's already existing skills to move beyond his or her current level of adapting functioning.

Briere, 1992

HEALING JOURNEY



“Making this dragon is a good representation of who I am and who I will become” R., age 18

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