

Introduction: Children and Trauma

WHAT IS TRAUMA?

Many different things may be called “traumatic.” *Trauma* refers to experiences that are overwhelming and may leave a person feeling helpless, vulnerable, or very frightened.

Trauma may include specific types of events, such as being in an accident or experiencing a natural disaster like a hurricane or an earthquake. Trauma may also include *ongoing stressors*, such as physical or sexual abuse.

For children, trauma is often about more than physical harm. For instance, separation from a caregiver, emotional neglect, and lack of a stable home (such as living in many different foster homes) are often very traumatic.

HOW DOES TRAUMA IMPACT CHILDREN?

Children who have experienced ongoing trauma may have many different reactions. Children may:

- Develop an expectation that bad things will happen to them.

When children have many bad things happen, they may come to expect them. They may overestimate times when they are in danger, or be fearful or withdrawn even in situations that feel safe to other people.

- Have a hard time forming relationships with other people.

Trauma often involves children being hurt by others and/or not being protected by others. When early relationships are not consistently safe, children may develop a sense of mistrust in relationships.

- Have difficulty managing or regulating feelings and behavior.

Traumatic stress is overwhelming, and children are flooded by strong emotions and high levels of arousal. Children may feel like they are unable to rely on others to help them with these feelings—for instance, they may believe no one is safe; they may worry that other people will think they are bad; and so on.

Without tools, children may try to overcontrol or shut down their emotional experience; may try to manage feelings and arousal through behaviors (such as being silly or getting in fights); or may rely on more dangerous overt methods (such as substance abuse or self-injury).

- Have difficulty developing a positive sense of themselves.

Children who experience trauma may feel damaged, powerless, ashamed, and/or unlovable. It is often easier for children to blame themselves for bad things happening, than to blame others. Over time, children may develop a belief that there is something wrong with them.

Understanding Triggers

THE BODY'S ALARM SYSTEM

We all have a built-in alarm system that signals when we might be in danger. Evolution has helped human beings to survive by creating efficient systems in our brain that recognize danger signals and prepare us to respond. We become particularly efficient at recognizing signals that have been associated with past danger experiences. In the human brain, this system is known as the *limbic* system.

NORMATIVE DANGER RESPONSE

When our brain recognizes danger, it prepares our body to deal with it. There are three primary ways that we can respond to something dangerous: We can FIGHT it, we can get away from it (FLIGHT), or we can FREEZE.

What we choose to do often depends on the type of danger. So, for example:

- A large dog begins attacking your dog. You are bigger than the threat and motivated to help your dog. Response? FIGHT
- You are standing in the street and hear the squeal of brakes. You realize a car is speeding toward you. Response? FLIGHT
- You are a small child being hit by your father. You are not big enough to fight him, and not fast enough to run away. Response? FREEZE

Note: The “freeze” response is often the least understood and/or talked about, but may be the response most accessible to young children. It is a survival response that is used when someone cannot fight the danger and cannot physically escape it (and, in fact, doing either one might increase the danger). The only option, then, is to become very still, try not to be seen, and at times, to mentally escape.

THE DANGER RESPONSE AND AROUSAL

When the brain labels something in the environment as dangerous, it must rapidly mobilize the body. The brain initiates the release of chemicals that provide our body with the energy needed to cope with danger (for example, to run from the car, or to fight the attacking dog). The brain is remarkably efficient—within milliseconds of perceiving danger, the body's arousal level goes up, sensory perception shifts, and “nonessential functions” (such as digestion) shut down. Interestingly, higher cognitive processes—such as logic, planning, and impulse control—are considered *nonessential* in the face of danger. (Think about it—if a car is speeding toward you, do you want to be *thinking*, or do you want to be *running*?)

It is important to understand that this sequence will be initiated, whether the danger is *real* or simply *perceived*.

(cont.)

From Margaret E. Blaustein and Kristine M. Kinniburgh (2010). Copyright by The Guilford Press. Permission to photocopy this form is granted to purchasers of this book for personal use only (see copyright page for details).

THE OVERACTIVE ALARM

Typically, when the danger signal first goes off, the “thinking” part of our brain evaluates the immediate environment. If there is no apparent danger (for example, it’s a “false alarm”), the alarm system is shut off, and we continue with previous activities. For example: You are walking up a busy street and hear a car backfire. Within moments of your initial startle response, your brain will activate the sensory systems that scan your environment, assess the cause of the noise, and label it as nonthreatening. Almost immediately, you are able to continue on your way.

For some people, however, the brain’s danger signal goes off too often. This generally occurs when there has been repeated danger in the past (remember, the more our brain engages in any activity, the more efficient it becomes at that particular activity). Children who have experienced repeated or chronic trauma often have *overactive alarms*—they may perceive danger more quickly and/or may label many nonthreatening things as potentially dangerous.

Consider again the example used above—you are walking down the street and a car backfires. Now imagine, however, that you have been in combat or have lived in an area that has frequent gunfire. As soon as the noise occurs, your body immediately prepares for danger. In this scenario, your “thinking brain” is less likely to get involved—or to take the time to assess whether the danger is real or not. This is because in the past, waiting would have put you at risk for being shot. In order to keep you safe, then, the “thinking brain” stays out of the way and lets the action brain take over. This overactive alarm is therefore adaptive—in times of actual danger, it kept you alive, but in the present, it may cause you to react too strongly to things that may really be safe.

WHAT TRIGGERS THE ALARM?

False alarms can happen when we hear, see, or feel something that reminds us of dangerous or frightening things that happened in the past. Those reminders are called “TRIGGERS.” Our brain has learned to recognize those reminders because in the past when they were around, dangerous things happened, and we had to respond quickly.

Different children have different reminders. For instance, for a child who has witnessed domestic violence, hearing people yell or watching adults argue might activate the alarm. For children who have not received enough attention, feeling alone or scared might turn on the alarm.

Often, these reminders, or triggers, are subtle. For example, trauma is often associated with unpredictability, chaos, or sudden change. As a result, even subtle changes in expected routine may activate a child’s danger response.

Common triggers for traumatized children include:

- Unpredictability or sudden change
- Transition from one setting/activity to another
- Loss of control
- Feelings of vulnerability or rejection

(cont.)

Understanding Triggers (page 3 of 3)

- Confrontation, authority, or limit setting
- Loneliness
- Sensory overload (too much stimulation from the environment)

Triggers may not always seem to make sense. For instance, some children may be triggered by positive experiences, such as praise, intimacy, or feelings of peace. There are many possible reasons for this. For example:

- A child who has experienced previous losses, rejection, or abandonment may be frightened or mistrustful of positive relationships.
- A child who has received praise or bribery while being sexually abused may fear ulterior motives.
- A child who has experienced consistent chaos may find calmness or routine unsettling.

It is important that children learn to tolerate these positive experiences, but it is also important for caregivers to be aware of the potential for distress.

HOW DO YOU KNOW YOUR CHILD HAS BEEN TRIGGERED?

The primary function of the triggered response is to help the child achieve safety in the face of perceived danger. Remember, there are three primary danger responses available to human beings:

FIGHT FLIGHT FREEZE

What do these look like in children?

FIGHT may look like:

- Hyperactivity, verbal aggression, oppositional behavior, limit testing, physical aggression, “bouncing off the walls”

FLIGHT may look like:

- Withdrawal, escaping, running away, self-isolation, avoidance

FREEZE may look like:

- Stilling, watchfulness, looking dazed, daydreaming, forgetfulness, shutting down emotionally

Emotionally, children may appear fearful, angry, or shut down. Their *bodies* may show evidence of increased arousal: trembling, shaking, or curling up.

Look for moments when the intensity of the child’s response does not match the intensity of the stressor, or when a child’s behaviors seem inexplicable or confusing. Consider—might your child’s alarm system have gone off?