

HOPE BIG SISTER TRAINING

Additional Trauma Information

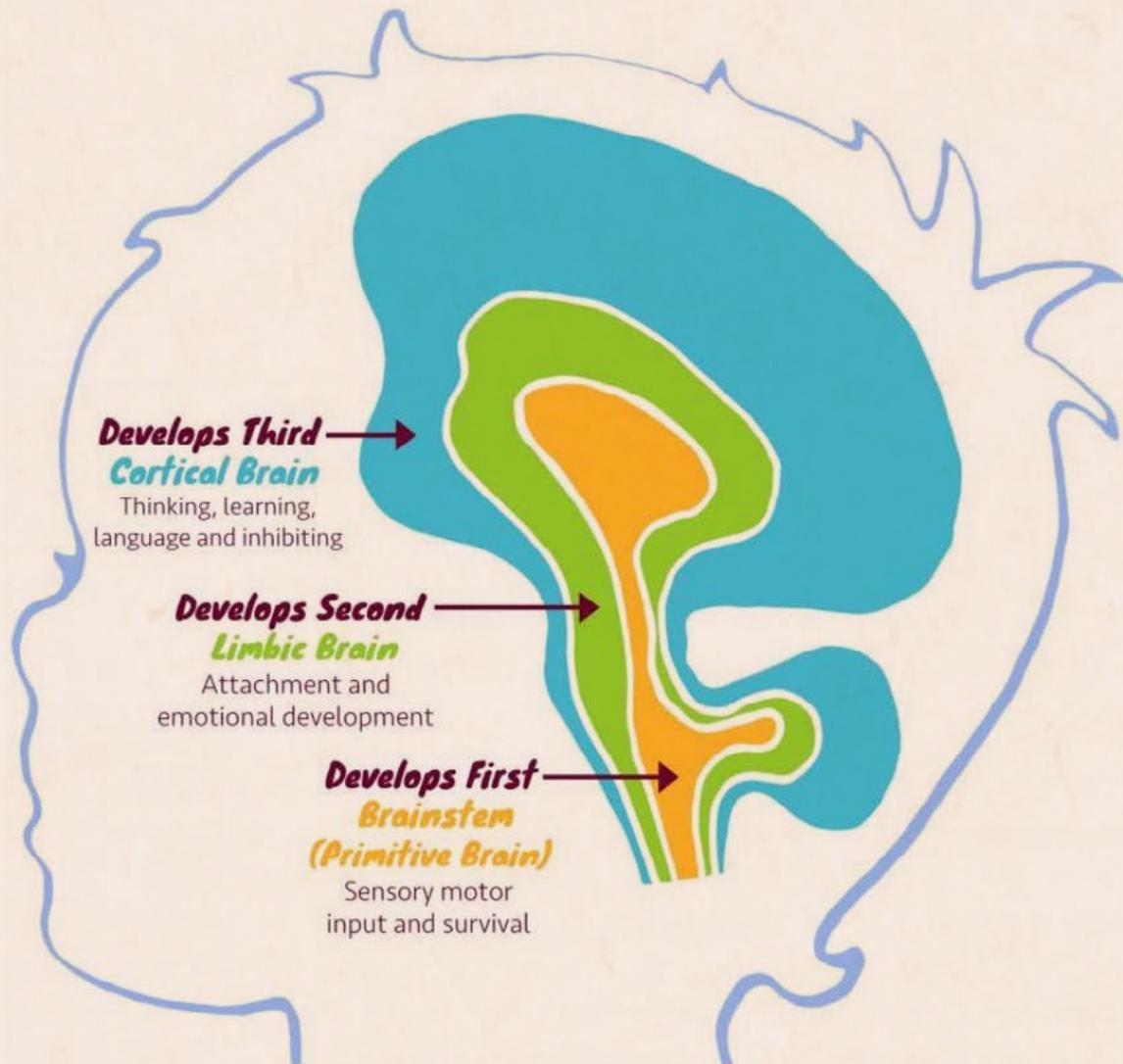
Trauma can be defined as any single, ongoing or cumulative experience which:

- Is a response to a perceived threat
- Overwhelms our capacity to cope
- Feels or is outside of our control
- Evokes a physiological and psychological set of responses based on fear or avoidance

Trauma occurs when an event is so frightening that it causes a prolonged alarm reaction in our brain. This leads to our brain and body being flooded with chemicals and we can't calm down straight away. This creates an altered neurological state.

HOPE

HOW DOES OUR BRAIN WORK?



↑ Children's brains develop from the bottom up. ↑

© www.beaconhouse.org.uk

WHY IS THIS IMPORTANT FOR THE HOPE PROGRAM?

Pioneering research has shown us neuro-scientific evidence that unborn babies can suffer trauma to their developing mind and body when they are in the womb.

Research has shown us that a history of severe trauma in the parents can even change the unborn baby's genetic makeup; and trauma during pregnancy means that the baby is born hardwired to be over-sensitive to life's stresses.

Experiences that happen during pregnancy or within the first four years cannot be explicitly remembered by the individual, however, research is very clear that it these very experiences shape our later development and well-being. The body remembers, even when the mind cannot.

Early trauma can arise from things happening that shouldn't have happened (e.g. abuse, separation, medical interventions), and from things that didn't happen that should have happened (emotional and physical neglect). Neglect is often invisible, because children whose parents are emotionally unavailable and cold for example, do not know any different and have no 'incidents' to disclose to adults.

Research has shown us that the experience of early loss and trauma does not dictate a child's future, in isolation from other important factors. There are other very influential experiences which can buffer the impact of early adversity. In particular, the presence of

safe and available adults at the time of the trauma.

The age of the child when the trauma(s) occurred also influences the impact on their later well-being. Adversity, stress and loss in the first 8 weeks of a baby's life has the most influence on their later well-being. More influential for the child than their early trauma, is the quality and quantity of their safe relationships. This is a very hopeful message from the research.

Early trauma creates an 'assault' on the child's development over time. Not only do traumatised children develop a range of unhealthy coping strategies which is how they adapted to threat, they also do not develop the essential daily living skills that children need, such as being able to manage impulses, solve problems or learn new information.

The bottom line is: a child who does not feel safe primarily 'lives' in their fight/flight/freeze responses in order to survive the real or perceived danger they face.

When children transition into a safe environment, the survival responses do not turn off. The child is continually in survival mode, and even small, everyday things (like moving from one classroom to the next or a slightly raised voice) signal 'life or death danger'. The traumatised child is developmentally stuck in their primitive brain,

and very little information can get passed up to the higher parts of their brain where rationalising happens. All their resources are 'used up' on staying alive physically and staying in the minds of their adults. This means there is little left over for the development of

'luxuries' such as processing and retaining new information; reasoning; sharing with siblings or peers; empathy or a sense of the intentions of adults as being positive or even neutral.

EMOTIONAL REGULATION

'Emotional regulation' is a skill that children learn in their early childhood. It means that by the time they are around ten years old they know how to:

- notice they are having an emotional reaction
- know what emotion it is
- express it in a healthy and clear way
- manage the emotion well so that they start to feel calm

Babies and toddlers cannot regulate their emotions, they rely on their parent/carer to 'co-regulate'. The way the parent/carer responds to the child's emotions regulates the emotions for them which trains their brain how to respond to emotions in the future. Through this co-regulation, babies learn 'my feelings are okay; my feelings are manageable; my feelings won't kill me, my feelings don't push others away'.

However, a baby or toddler whose crying is repeatedly met with being hit, ignored, mocked or by panic in the parent. Instead of being soothed, they learn 'my feelings are dangerous, they hurt others, they hurt me'. This then becomes their "rule for emotions" which they may well carry through life.

In children who move frequently between carers or who have harmful parents, the part of the brain that is responsible for emotional

regulation does not develop as it should do – it gets stuck in the toddler phase of emotional regulation where they can't do it alone and they need adults to coregulate for them. In children with Developmental Trauma - be they 7, or 9 or 15 years old, at times their brain's ability to regulate their emotions is quite literally the same as a 3-year-old's. The child cries, shouts, sulks, stomps their feet, slams doors, bites, hits, runs away, explodes with no warning, over-reacts to small things and more!

This helps us to see why these children are often described as 'naughty' or 'attention seeking', because to others all that can be seen is the toddler-like behaviour. The emotional need is hidden. If parents/carers can respond to the child's emotional age (not their actual age) then the child can be co-regulated and learn the skill over time that they missed out on.

Children who have poor emotional regulation often turn to unhealthy regulation coping strategies, which will wax and wane as they grow into adolescence. These might include thumb sucking, head banging, skin picking, self-harming, drug and alcohol misuse and sexual encounters. These 'challenging behaviours' function to either 'wake them up' out of feeling dead inside, or 'bring them down' from high levels of anxiety. These attempts to regulate their feelings might also lead them into situations of risk, such as making them vulnerable to exploitation by others.

Developmental Trauma

Brain Area:
Brainstem (Primitive Brain)

Developmental Trauma:
1. Somatic/Sensory

Examples:

- Sensory processing difficulties
- High or low arousal (fight/flight/freeze/submit)
- Impulsivity and pervasive anxiety
- Impaired sleep patterns
- Poor muscle tone and co-ordination
- Taste and texture preferences
- Heart rate difficulties
- Abnormal breathing
- Unexplained medical symptoms
- Body flashbacks to states of fear

Moves up to

Brain Area:
Limbic Brain

Developmental Trauma:
2. Attachment
3. Emotional regulation
4. Behavioural regulation

Examples:

- Clinging
- Oppositional
- Rejecting
- Distrustful
- Overly compliant
- Loss of expectancy of protection by others
- Loss of trust in social agencies
- Heightened emotions: anger, rage, fear, sadness, excitement, joy
- Deadened emotions: numbness, emptiness, low mood
- Re-creating traumatic situations
- Self-harming
- Aggression
- Running
- Hiding

Attachment

Emotional Regulation

Behavioural Regulation

Moves up to

Brain Area:
Cortical Brain

Developmental Trauma:
5. Self esteem
6. Dissociation
7. Cognitive problems

Examples:

- Information processing impairments
- Executive dysfunction (problems in planning, organising and executing)
- Inadequate problem solving
- Remembering and recalling information
- Identity confusion
- Flashbacks
- Disorientation
- Memory lapses
- Self hate
- Self blame
- Self loathing
- Self doubt
- Worthlessness
- Helplessness

Cognitive problems

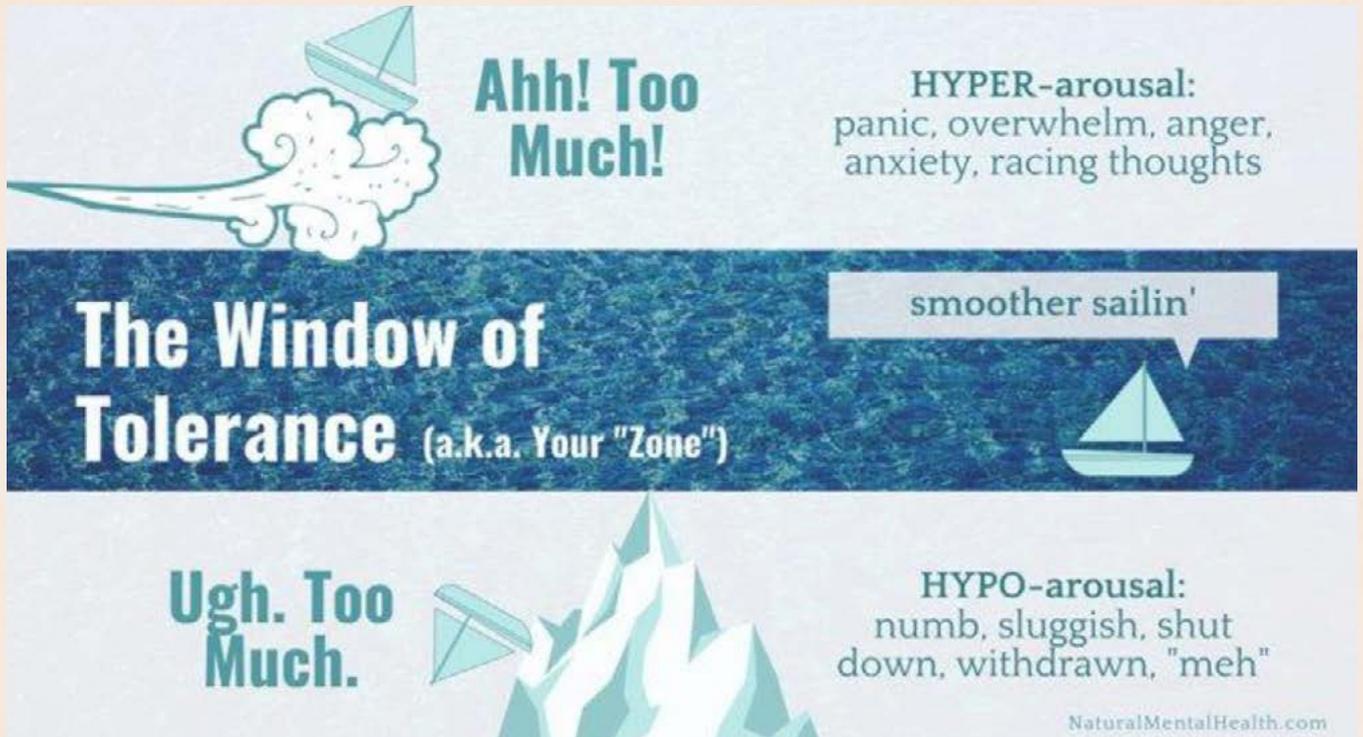
Dissociation

Self esteem



Bessel Van Der Kolk
 © www.beaconhouse.org.uk

THE WINDOW OF TOLERANCE



Every individual has what is known as a 'window of tolerance'. This means that there is a state of physical and emotional arousal that is tolerable and bearable, and when a child is within his or her window of tolerance, she or he can think, learn, love and relax.

For traumatised children, small 'every day' things (like a parental request to brush their teeth, or a change of one classroom to the next) spirals them out of their window of tolerance. Traumatized children then swing into being hyper-aroused (overly aroused) or hypo-aroused (under aroused).

You can expect traumatised children to be over or under aroused for most of the time and, in either state, their behaviour is out of their hands; they simply cannot control it no matter how hard they try. Their brain is not wired in the same way as their peers and they do not have the ability to switch off behaviour. They are in automatic survival mode and they cannot think, reason or rationalise when feeling under threat.

FLIGHT, FIGHT & FREEZE RESPONSES

Children who are overly-aroused are in fight/flight/freeze. They run, hit, scream, shout, bite, spit, say hurtful words, avoid, squirm and disrupt. If they are in freeze, they might appear overly-compliant or very quiet. The brain says, "I'm in danger" and their body responds. Under-aroused children experience 'system shut down' (known as 'collapse'). They go numb, dead inside, feel nothing, zone out, feel empty, cannot connect and cannot think. They are like an empty shell. For children who are over-aroused – their heart rate is going as fast as a soldier in battle; their appetite is reduced; they sweat and shake and their muscles are primed to run or remain invisibly still. For children who are under-aroused, their heart rate drops and their breathing slows right down. It's as if their body 'feigns death' in the hope that the danger will pass them by.

It can be helpful to remember that at the core of a trauma experience, is a loss of control. Traumatized children become experts at regaining the very control that they lost. Controlling behaviours often cause big challenges for adults.

Chronically traumatized children often struggle with under-developed cognitive skills, which means the child's ability to do things like plan ahead, problem solve, organise themselves and learn from mistakes is compromised.

This is because they are often 'stuck' in their brainstem or limbic brain and use up all their resources trying to stay safe and work out whether adults can be trusted or not. This leaves little resources for the 'higher brain' skills which are needed for good cognitive functioning.

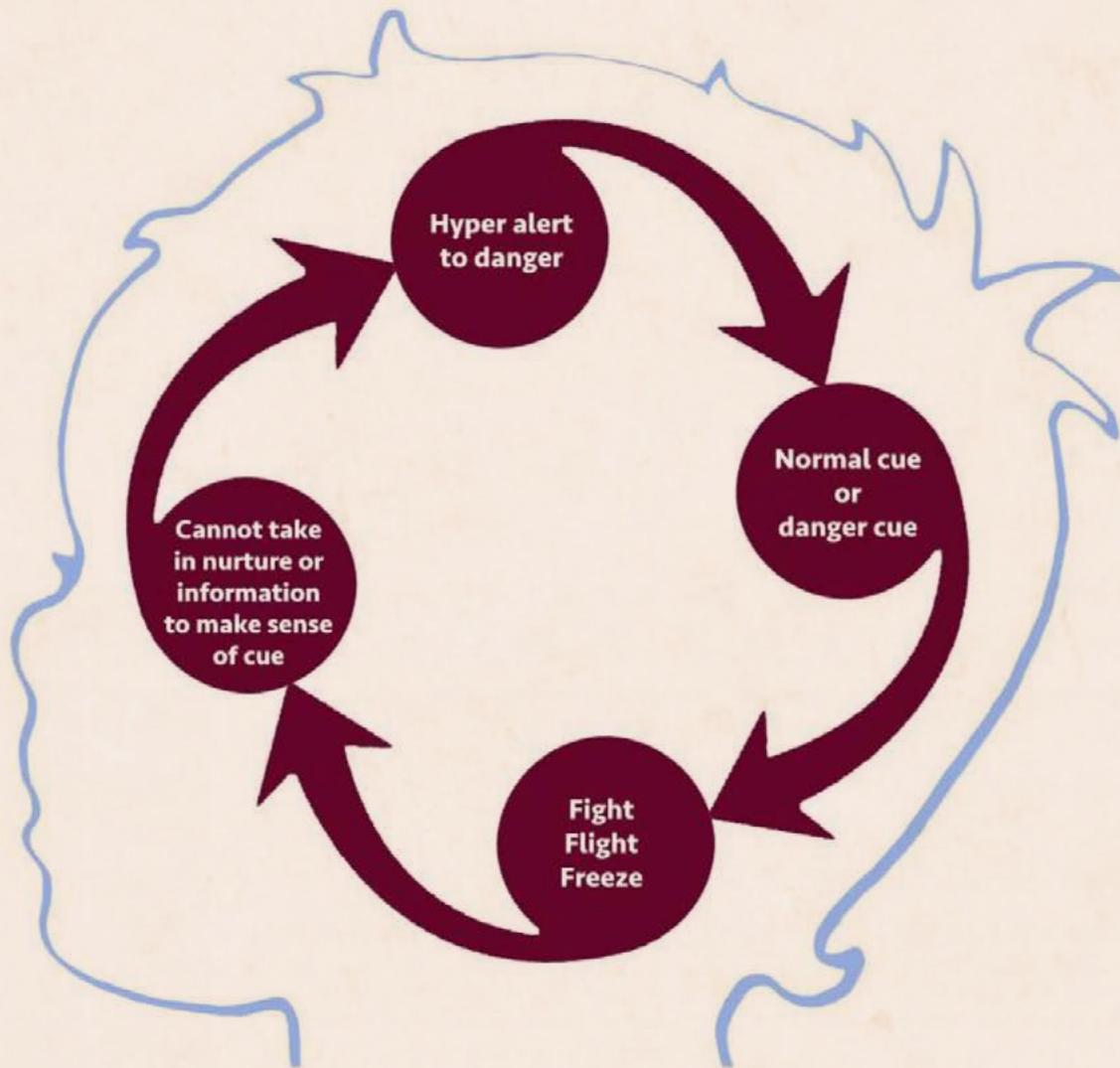
Many children who have suffered early trauma appear to not fit this picture. In other words – they are bright, focused and achieve well academically. Often these children are actually pre-occupied with success and achievement because they feel that being loved is dependent on it; and yet what they do struggle with is emotional intimacy and emotional literacy. Being able to articulate emotions and make decisions that are good for them is tough, even though they are academically successful. Recent research has shown us that for children who experienced early trauma – the gap in learning and well-being between them and their peers widens over time. In other words, a child may seem 'fine' in early childhood but as they reach key developmental milestones (such as transitioning school) they struggle in a number of profound ways. This is because the skills needed to master the developmental milestones are built on fragile and missing neurological foundations.



Beacon House

Therapeutic Services and Trauma Team

Survival Loop



© www.beaconhouse.org.uk

IMPACTS OF TRAUMA

Memory

Traumatised children may lose the ability to make sense of their experience or build narrative about their life that draws meaning and understanding – Narrative memory

Traumatised children may not remember events that may have occurred during the week or who they were with and what they have learned - Episodic memory

Traumatised children may have an impaired working memory – short-term memory. This impacts a system that is required to carry out complex cognitive tasks such as learning, reasoning, remembering instructions and comprehension.

More specifically, children and young people who experience neglect where their needs are ignored or inconsistently met, develop memory templates that are unpredictable. These children do not have a basis or guidelines to know what is coming or how to respond to it. Therefore, they are often reactive and struggle to find relationships safe.

Children and young people who experience abuse or violation are hurt and then blamed. These children experience their internal stress reactions being amplified for those who are supposed to care for them, establishing distorted memory templates. They will view relationships often as unable to be trusted to meet their needs of being reassured or soothed when they are aroused.

Emotions

Traumatised children may experience inconsistent and frequently mis-attuned responses to the way they feel and behave. In unpredictable relationships, parents or carers may sometimes respond safely and supportively, then without warning, they may react negatively or aggressively. Instead of validating and acknowledging a child's feelings, an abusive parent or carer may escalate the child's confusion or fear by responding aggressively or blaming the child for their behaviour. There may also be confusion due to a parent or carer's response differing due to substance use, mental health issues and their own trauma response patterns. In this context, there is no predictability. The child's emotional world remains disorganised.

Such complex developmental trauma significantly shapes the emotional storage and processing facilities of the brain-body systems of children and young people. Traumatised children and young people don't practice integrating their feelings with words that help them know and communicate their internal sensations. This can lead to:

- Poor Emotional Literacy of themselves and others
- Diminished capacity for joy
- Hyper-sensitive to trauma and sadness in others which means they often gravitate towards others like them

- Struggle with empathy and seeing the consequences of their own behavior on others
- Avoidance of emotions due to the pain and uncertainty they cause

Emotions are also an important way of children learning how others are feeling and how to connect to others. Through disconnecting from their own feelings, trauma also disconnects children from others. They then often feel different to others. Traumatized children and young people will experience difficulties with being able to read and interpret social cues of others including:

- They are more likely to perceive many facial gestures as negative, critical or threatening
- Social exchanges become experiences which add to their level of stress
- Relationships are often experienced as disjointed and confusing
- They have trouble reading social cues and then struggle to fit in
- Connections are made with other young people with similar experiences

Relationships

Children who have experienced trauma are likely to have been exposed to inconsistent, hostile and rejecting models of connection to their parents/carers. For them, experiences of safety and security are rare. Consequently, they find it difficult to trust those around them. Traumatized young people carry these models of poor connection with them into other relationships, making it difficult for them to feel settled and engaged.

Behaviour

Trauma-based behaviour, in general, serves important adaptive functions. It often makes sense in the context in which it first emerged however it can become counter-productive if it continues after the need for it has ceased.

Trauma-based behaviours can usually be identified as patterns or repetitive routines that play themselves out in the relationships and environments that children and young people are engaged in.

- It can be a response to traumatic memory traces that are triggered externally by events or exchanges with others
- It can be familiar strategies used to manage their internal states
- It can be driven by change or unpredictability
- It can be influenced by increasing levels of stress
- It is very much influenced by the negative self-identity which children and young people believe to be true about themselves

Learning

The capacity of traumatised children and young people to learn is significantly compromised. Children and young people who have experienced trauma find the demands of the school environment extremely challenging to navigate and benefit from.

Shame

Shame is a part of healthy human development however the experience of it within the context of trauma and abuse is very different. The sense of shame that develops from experiences of complex trauma quickly becomes core to a young person's identity. Many experiences of overwhelming shame leads to shame becoming part of the child's core identity.

Feelings of shame lead to chronic anger and controlling behaviours. The child can feel isolated and alone, alienated and defeated, and never good enough. They are trapped in shame, the shame has become toxic. This state leads to the children experiencing difficulties with regulating their emotions and disorganised thinking.

Traumatised children and young people can do things to avoid the feeling of shame and develop a shield of shame. This can manifest in behaviours such as acting tough, lying, making excuses, minimising their behaviour, expressing rage.