

understanding traumatic stress *in* Children

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THE NATIONAL CENTER ON
Family Homelessness

for every child, a chance

Introduction

The unexpected loss of a loved one, a car accident, or exposure to a violent experience is familiar to many of us. Everyone reacts to such events, but the responses vary widely, ranging from numbness and withdrawal, to crying, nervousness, and agitation.

There is no "right" way to respond to or recover from a traumatic event. Over time, some people are able to integrate these experiences and begin to heal. For others, this is considerably more difficult. Some responses to trauma are prolonged, intense, and interfere with a person's ability to function.

Because traumatic events are prevalent, cause profound suffering, and may lead to life altering responses, it is imperative that caregivers have the knowledge and understanding to respond skillfully and compassionately to children who have been exposed to traumatic stress.

The National Center on Family Homelessness has compiled this booklet as a resource for caregivers working with children who have experienced traumatic stress. The booklet opens by defining trauma, then looks more closely at acute traumatic stress and complex trauma. For each aspect of trauma, we describe the most common developmental effects on children and ways for caregivers to respond to help children heal. To support caregivers, we highlight the importance of self-care and provide a list of resources.

We use the term "caregiver" in this booklet to refer to anyone who cares for children. This may include teachers, child care providers, health care professionals, guidance counselors, social workers, parents, neighbors, friends and family. Primary caregivers are considered those assuming a parental role (e.g., mother, father, grandparent, aunt/uncle).

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What is Trauma?

A traumatic event is sudden and unexpected, and perceived as dangerous. It may involve a threat of physical harm or actual physical harm, leading to intense fear. It overwhelms our immediate ability to cope.

Traumatic experiences have several key components:

- Intense feelings of helplessness, terror, and lack of control
- Threat to one's physical or mental well-being through violence or threat of violence
- Catastrophic responses

Traumatic experiences come in many forms, and can leave survivors with overwhelming feelings of loss, danger, and helplessness. They include:

- Unexpected loss of a loved one
- Accidents
- School violence
- Community violence
- Domestic violence
- Neglect
- Physical abuse
- Sexual abuse
- Man-made and natural disasters
- Terrorism

Trauma generally falls into two categories:

Acute traumatic stress typically involves a one-time experience (e.g., natural disaster or car accident).

Complex trauma involves prolonged or multiple traumatic events that typically occur within a caregiving relationship (e.g., neglect, physical or sexual abuse).

Definitions of Trauma

"Overwhelming demands placed upon the physiological system that result in a profound felt sense of vulnerability and/or loss of control."

– Robert D. Macy

"Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning."

– Judith Herman

Effects of Trauma

Traumatic experiences are often shattering and life-altering for children. These experiences may effect all levels of functioning and result in an array of distressing symptoms:

- **Physical:** nervousness, tiredness, headaches, stomach aches, nausea, palpitations, pain, difficulty sleeping, nightmares, worsening of existing medical problems.
- **Emotional:** fear, anxiety, panic, irritability, anger, withdrawal, numbness, depression, confusion, hopelessness, helplessness.
- **Academic:** inability to concentrate or remember, missing school, poor academic performance.
- **Relational:** emotional barriers between caregivers and children, distrust and feelings of betrayal, attachment problems (see Section IV-C).

Nearly all trauma survivors have acute symptoms following a traumatic event, but these generally decrease over time. Various factors can make recovery more difficult:

- ***Previous exposure to trauma:*** This may include neglect, physical abuse, sexual abuse, or abrupt separation from a caregiver.
- ***Duration of exposure to trauma:*** A one-time exposure, such as a car accident, results in very different responses than exposure over several years, such as domestic violence. The longer the exposure, the more difficult the healing process.
- ***Severity of exposure:*** An incident that happens directly to a child or in front of a child will have different impacts than an incident that happened to someone else or one a child was told about later. The more severe the exposure, the more difficult it will be to heal.
- ***Prior emotional and behavioral problems:*** Pre-existing problems with being able to pay attention, being hyperactive, fighting or not following rules, or a prior history of depression or anxiety may complicate a child's response to a traumatic event.
- ***Caregiver's response after the exposure:*** It matters whether a caregiver validates the child's experience or blames the child, or if the caregiver is able to provide comfort and reassurance instead of having difficulty responding to the child. When a caregiver experiences a high level of distress, a child often responds similarly. Caregiver's support is one of the most important factors in a child's recovery from trauma.

Thinking about…
Responses to Trauma

Eva is seven years old. Last month, her school bus was in a bad accident and although she wasn't seriously injured, other students were. Ever since the accident, Eva has been fighting with her classmates and has had trouble listening in school. You've tried to contact her family, but have had no luck. You know that Eva's mother has a history of depression. How would you respond to Eva? What additional information would help you better respond to the situation?

Factors That May Increase The Likelihood Of Children's Recovery From Trauma

Individual Level	• Easy temperament • Feeling of control over one's life • High self-esteem/self-confidence • Sense of humor • Optimism • Sociable • Intelligent
Family Level	• Safe, warm, caring, supportive environment • High expectations for achievement • Good communication • Strong family cohesion • Reasonable structure and limits • Strong relationship with at least one caregiver
School-Based	• Safe place to be • Warm, caring, supportive environment • High expectations for achievement • Significant adult committed to child • Academic achievement • Models from peers of developmentally appropriate behavior • Good relationships with peers • Involvement and participation in school community/activities
Community Level	• Safe community (or safe places to go) • Access to resources and supports (e.g., church, mentor, clubs) • Involved in community activities

Factors That May Interfere With Children's Recovery From Trauma

Individual Level	• Difficult temperament (e.g., fussy, irritable, sensitive) • Sense of a lack of control over life events • Dependency beyond what is age-appropriate • Low self-esteem/self-confidence • Feeling of uncertain or poor future outcomes • Shy/difficulty making friends
Family Level	• Physical or sexual abuse, neglect, domestic violence • High levels of parental distress • Lack of parental support • Expectation that child will fail or act out • Lack of structure, limit-setting • Negative relationships with caregivers
School-Based	• Exposure to school violence • Lack of support from adults at school • Poor academic performance • Difficulty with peer relationships • Lack of participation in school community/activities
Community Level	• Violence in the community • Unable to identify a safe place to go • Unable to identify resources or supports in the community • Disconnected from the community

What is Posttraumatic Stress Disorder (PTSD)?

PTSD is an anxiety disorder that may develop months or even years after experiencing or witnessing a traumatic event. Examples of such events include unexpected loss of a loved one, accidents, interpersonal violence, and military combat. The major symptoms of PTSD include:

- Re-experiencing of the traumatic event (e.g., nightmares or flashbacks)
- Hyperarousal (e.g., difficulty falling or staying asleep, angry outbursts, difficulty concentrating, hypervigilance).
- Avoiding reminders of the event, along with constricted behavior and numbing (e.g., diminished interest or participation in significant activities, feeling detached or estranged from others).

PTSD is also characterized by dissociation. We all dissociate from time to time to cope with stress. For example, many of us have missed our exit on the highway because we were preoccupied and driving automatically. A person with PTSD experiences more persistent dissociation. Behaviors, feelings, physical sensations, and thoughts associated with the traumatic event may be fragmented and walled off from other memories. The dissociated material tends to be highly emotional and not adequately processed. Inevitably, the dissociated parts intrude, creating distress and symptoms such as the ones previously described.

Who Does It Impact?

Not everyone who experiences a traumatic event develops PTSD. Only nine percent of men and 20 percent of women who are exposed to traumatic experiences develop PTSD. Factors such as duration and severity exposure to the traumatic event, and previous traumatic exposure, can make recovery more difficult. Overall, seven to 14 percent of the general population experience PTSD at some point in their lives.

Sources: American Psychiatric Association (2000); Yehuda (2002); Yehuda (2003).

Acute Traumatic Stress

Acute trauma is generally a one-time event, such as a car accident or a natural disaster. Because children's responses to acute trauma vary, awareness of the wide array of possible responses allows caregivers to provide a sense of safety and security, and support healing. This section looks at the effects of acute traumatic stress on children and offers tips for caregivers about how to support children who have experienced an acutely traumatic event.

A. The Body's Response to Acute Trauma

Imagine you are driving on the highway. A car suddenly swerves at full speed into your lane, then veers away barely missing your vehicle. How do you feel? Scared? Jittery? Numb? Frozen? Now imagine you are in that same emotional state and someone asks you for directions to your house. Are you distracted? Can you think or even concentrate? Do you fumble or make mistakes?

We each have an "alarm system" in our brain that signals us when we might be in danger. When our brain perceives danger, it prepares our body to respond. Our response often depends on the nature of the danger, but we are likely to react in one of three ways:

- Fight
- Flight
- Freeze

If a small bug is biting your arm, you might choose to fight by slapping it because you are bigger and stronger than the bug. If a car comes careening at you in the street, you might try to flee because you can't fight the car and, if you stand still, you will be hit. If a large, fierce dog attacks you, you might freeze because you're not strong enough to fight off the dog and you're not fast enough to outrun it. Our responses will also vary according to our perception of the danger. A person terrified of bugs, for example, might freeze or run when being bitten.

Two parts of our brain respond to danger. The "doing brain" signals the need for action, while the "thinking brain" tries to solve the problem and make a plan. When the brain perceives danger, the "thinking brain" makes an assessment. If it's a false alarm because there is no real danger, the "thinking brain" shuts the alarm off and we move on. If there is actual danger, the "doing brain" signals the body to release chemicals, like fuel for a car, to provide energy to respond. When this happens, the "thinking brain" shuts off to allow the "doing brain" to take over.

As a result of this alarm system, people often experience intense emotional responses after a traumatic event. These responses are generally short-lived and most people eventually return to their usual level of functioning after the event. To cope with traumatic exposure, people often need time and support to process the event. During this time, any reminder of the event may lead to a reactivation or increase in their responses.

Some people are unable to recover from acute trauma in a timely way. As a result, they are more likely to develop an Acute Stress Disorder or Posttraumatic Stress Disorder. The type, severity, and duration of exposure to traumatic stress will influence the course of recovery. The situation is compounded for children by their developmental stages.

B. Children's Developmental Stages

As children grow and mature, they are faced with age-specific challenges they must master before moving along to the next stage. At each developmental stage, a child is faced with different tasks that build upon one another: a toddler learns to explore his world; school-aged children are interested in making friends; an adolescent tries to separate and become more independent. When faced with traumatic stress, a child's energy is diverted and she has less capacity to master developmental challenges.

Most children rebound from traumatic experiences and continue to achieve expected developmental milestones. One of the crucial ways children are able to heal is with support from caregivers to make them feel safe, secure, and protected. The level of support a child receives from a caregiver is the most significant factor in how well a child fares after a traumatic event.

Effect of Acute Trauma on Developmental Tasks

The tables below outline primary developmental tasks and how they may be impacted by exposure to an acute traumatic stressor. These tables include developmental tasks from birth to age twelve, and are not inclusive of every developmental task that may occur.

Early Childhood (0 – 5 years)

	Developmental Milestones	Effect of Acute Trauma
Physical	Sit up Crawl Stand Walk/run Talk/write Sleep gradually gets organized into a day-night schedule Potty Training	Sleep disturbances Eating problems Going back to earlier, younger behaviors (e.g., baby talk or bedwetting)
Cognitive	**0 – 1:** Develop knowledge that something continues to exist, even when it is out of sight (Object Permanence) **3 – 6:** Beginning to develop skills to problem solve, work with others, and manage impulses	Cognitive regression (e.g., poor impulse control, problem solving)

continued

Early Childhood (0 – 5 years) *continued*

	Developmental Milestones	Effect of Acute Trauma
Self and Other	**0 – 1:** Develop trust and security when basic needs are met (Attachment); self-soothing; emotional regulation **1 – 3:** Autonomy and independence (e.g., learn to feed and dress themselves); safe exploration of the world	Feelings of helplessness Unusually quiet or agitated General fearfulness (e.g., afraid of being alone, going to sleep)
Behavioral	**1 – 2:** Clinginess, crying, difficulty being soothed by another adult (Separation Anxiety), usually dissipates by age 2 **1 – 5:** Temper tantrums at times; plays side-by-side with other children (Parallel Play); begin to develop the ability to share; initiate play with other children as he/she gets closer to school-age	Separation Anxiety/clinginess returns, often fears parent will not return Increased power struggles Temper tantrums more frequent and extreme

School Age (6 – 12 years)

	Developmental Milestones	Effect of Acute Trauma
Physical	Fewer physical changes – growth spurts begin later in this stage Develops muscle coordination Should get about 10 hours of sleep a night	Sleep disturbances and nightmares Eating problems Somatic complaints – headaches, stomach aches, etc.
Cognitive	Focus on academic skills Continues to develop ability to read and write Understands cause and effect	Poor concentration and learning disturbances Misperception of information
Self and Other	Ability to manage impulses more effectively Self-esteem develops Sense of responsibility develops Spends more time with friends Attaches to adults other than their parents	Feelings of being responsible for the trauma Fears the trauma will happen again Reactions to reminders of the trauma Fears being overwhelmed by feelings Irritability, mood swings
Behavioral	Able to engage in established routines (e.g., bedtime, mealtimes, etc.) with few verbal reminders Children question parents more Expanding curiosity	Altered behavior – aggressive, withdrawn, disorganized Repetitive play of the traumatic event(s) Regression (e.g., bed wetting, thumb sucking)

Thinking about…
Development

Kerri is 2-years old. She and her family recently lost their home in a fire that ravaged their entire apartment building. Kerri's dog was lost in the fire, as well as all of her toys. Her whole family is in a shelter and they don't know how long it will be until they find a new home. Thinking about Kerri's developmental stage, what responses might you expect from her as a result of these traumatic experiences? Kerri also has a 10 year old brother, Louis. How might his response be similar or different?

C. Tips for Caregivers

When caring for a child who has recently experienced an acute traumatic event, it is helpful to think about meeting the child's needs for safety, stabilization and support.

Safety

Acute traumatic experiences challenge children's idea that the world is a safe and predictable place. When scary things happen, children rely on caregivers to keep them safe. Here are some ways to help children feel safe.

- **Identify safe places for children to go when they feel overwhelmed.** At school, a safe place may be the reading corner in a classroom where a child can sit on a warm rug, look at books, or listen to music on headphones until she feels calm again. Safe places may be a guidance counselor's office or an area of the playroom separate from the main activities in which the class is engaged. Talk with the child to help her determine a safe place to go when she feels scared, overwhelmed, or sad. Then, the next time a child shows signs of these emotions (e.g., crying, acting out, withdrawing, etc.), take the child aside and ask her if she would like to go to her safe place until she feels calmer.
- **Identify safe people for children to talk with when they feel overwhelmed.** Ask children who they feel comfortable being with when they're upset.
- **Let children know what to expect throughout the day.** Giving children information about what to expect during the day, and letting them know when the routine will change, helps children feel more secure.
- **Remember that children need to feel safe everywhere they go.** A child may feel safe in the classroom, but may be overwhelmed in other environments. Helping children throughout the day and beyond the classroom may require communicating with other school personnel about how to accomplish this.
- **Be aware of Mandated Reporter laws.** Many caregivers are required to report suspected abuse to child welfare authorities. Be aware of the laws in your state and work with your team to determine when you should file a report to protect a child.

Stabilization

Children who have been traumatized require stabilization to provide a sense of predictability, consistency, and safety—things that are lost when a traumatic event occurs. Stabilization allows children to process their experience and be able to move on.

- **Create a routine.** Structure and predictability help children feel safe and secure.
  - Start and end each day in the same way.
  - Write down a schedule to be posted next to the child's bed, on a classroom bulletin board, or at the child's desk.
- **Mobilize a support system.** When children are supported by the people around them, their feelings of distress often decrease.
  - A support system may include a child's teachers, primary caregivers, other family members, guidance counselor, friends/peers, clergy, pediatrician, and neighbors.
- **Ensure the child's physical needs are met.** Traumatic experiences effect physical health as well as emotional health.
  - Children may experience headaches, stomach aches, and muscle aches. First, find out if there is a medical cause. If not, provide comfort and assurance that these feelings happen to many children after a traumatic event. Be matter-of-fact with the child. Giving non-medical complaints too much attention may increase them.
  - At home, be sure children sleep nine to ten hours a night, eat well, drink plenty of water, and get regular exercise.
  - At school, be sure children drink plenty of water, have a well-balanced lunch, and get exercise during the school day.
- **Create opportunities to play and draw.**
  - ***Young children*** may not have the words to express their fears, but may be able to process their emotions through play and drawing.
  - ***School age children*** may retell or play out the traumatic event repeatedly. Allow the child to talk and act out these reactions. Let them know that many children respond to events like this in similar ways. Encourage positive problem-solving in play or drawings.
- **Be calm.** Children look to their caregivers to provide safety and security. Try not to voice your own fears in front of the child. Remind the child that people are working to keep him safe. Help the child regain confidence that you aren't leaving him and that you can protect him.

Support

Children may need on-going support long after the traumatic experience has occurred.

- **Keep a routine.** Children may need a predictable routine for a long period of time in order to feel safe and secure.
- **Listen empathically.**
  - ***Young children*** may have trouble expressing their feelings. Encourage

them to put feelings into words, such as anger, sadness, and worry about the safety of friends and family. Don't force them to talk, but let them know that they can at any time.

- ***School age children*** may have concerns they were to blame or should have been able to change what happened. They may hesitate to voice these concerns in front of others. Provide a safe place for them to express their fears, anger, sadness, etc. Allow them to cry or be sad. Don't expect them to be brave or tough. Offer reassurance and explain why it wasn't their fault.

■ **Recognize "triggers."** Triggers are events/reminders/cues that cause children to become upset again (e.g., rain or thunder for children who experienced a hurricane). These reminders may seem harmless to other people. Triggers will vary from child to child.

- If a child becomes upset, it may be helpful to explain the difference between the event and reminders of the event.
- Protect children from reminders of the event as much as you can, particularly media coverage.

■ **Give clear and honest answers.** Be sure children understand the words you use. Find out what other explanations children have heard about the event and clarify inaccurate information. If the danger is far away, be sure to tell the child that it is not nearby. Avoid details that will scare the child.

■ **Practice relaxation exercises.** Deep breathing, listening to soothing music, and muscle relaxation will help children relieve some of their stress.

■ **Ensure regular physical exercise.** Children (particularly school-age) who have experienced trauma may be unusually aggressive or restless. Exercise and other recreational activities provide outlets for feelings and frustration.

■ **Encourage children to write or draw.** Suggest to children that they write about or make drawings of their experiences without forcing them to do so.

■ **Engage in positive distracting activities.** These may include sports, games, reading, and hobbies.

■ **Maintain a connection with children's support network.** Teachers and primary caregivers should communicate consistently with each other.

■ **Recognize that children may have trouble sleeping.**

- ***Young children*** may be scared to be away from their caregivers, particularly at bed or nap times. Reassure the child that she is safe. Spend extra quiet time together at bed or nap time. Let the child sleep with a dim light on. Some young children may not understand the difference between dreams and real life, and will need reassurance and help in making this distinction.
- ***School age children*** may have sleeping problems due to bad dreams. Let the child tell you about the bad dreams. Explain that many children have bad dreams after a traumatic event and the dreams will go away.

Self-Care

It is important that caregivers take care of themselves. Dealing with traumatized children may trigger intense and difficult feelings in caregivers, leaving them feeling depleted and exhausted. See Section V for more information.

Complex Trauma

Children experience complex traumatic stress when they have had prolonged exposure to trauma (e.g., physical or sexual abuse), experience multiple traumatic events over time, or when different traumatic events occur at the same time (e.g., separation from a caregiver, followed by physical abuse, neglect, etc.). Complex trauma profoundly impacts children's physical, emotional, behavioral, and cognitive development. It impairs their ability to feel safe in the world and to develop sustaining relationships.

A. The Body's Response to Complex Trauma

Imagine you are back in a car the day after having a severe accident and the same thing happens again. Now imagine that every time you get into a car, you have another accident—and this happens again and again. How would you respond? Would you stop driving? Would you avoid the places you normally go? Would you become watchful and jittery, slamming on your brakes whenever a car is nearby?

Multiple car accidents may lead us to expect that we will be in another car accident. Because we are always preparing for another accident, we may change the way we behave. We might decide to walk instead of drive; we might avoid places where we've had an accident (thus avoiding things we used to enjoy); if we hear a noise that sounds like an accident, we might be startled and start shaking.

Traumatic experiences ***change the way the brain functions***. According to Judith Herman, "Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory. Moreover, traumatic events may sever these normally integrated functions from one another."

As discussed earlier, the brain's alarm system prepares the body to respond to danger. The "thinking brain" assesses the situation to determine if there is danger or not. For children who have experienced multiple traumatic events, such as physical abuse, sexual abuse, or witnessing domestic violence, this danger alarm goes off too often. Faced with repeated alarms, the "thinking brain" gets tired of checking things out, and assumes instead the signal always means real danger. This causes the "thinking brain" to shut down and allows the "doing brain" take over.

False alarms can be set off when children hear, see, or feel something that reminds them of previous traumatic events. These reminders are called "triggers." Their brains have learned to recognize these triggers, because in the past when they heard, saw, or felt that way, it meant they had to react quickly to a dangerous situation. Because these triggers may not seem alarming to others, they don't always seem to make sense. Triggers can range from loud sounds such as sirens or yelling to smells, subtle facial expressions or hand gestures.

Whatever the trigger, it sets off the alarm and the body "fuels" itself to prepare to deal with danger. When the danger is real, this response is helpful. When the body prepares, but there isn't any danger, the child is left with pent up energy and no outlet. As a result, children may feel angry, want to fight, or hide in a corner to get far away from what their body perceives as danger. Often children do not understand why they are acting this way. Triggers vary from child to child and are unique to each child's experience.

Thinking about… Complex Trauma

Michael was just placed in foster care and is new to your third grade class. After talking to your school's social worker, you know he has been physically abused and has moved around a lot, living at times in homeless shelters with his mother. You are not sure what to expect on Michael's first day at school, but you know that he has had some previous problems in school (e.g., doing his work, getting along with other children). What are some ways you can be prepared to work most effectively with Michael?

B. Children's Developmental Stages

As discussed in the section on acute traumatic experiences, children are faced at each life stage with various age-specific tasks they must master to continue with their development. Generally, children rebound from traumatic experiences and continue to master these tasks. ***However, children exposed to complex trauma are likely to experience more severe difficulties and challenges over a longer time.*** Because complex traumatic experiences often occur within the caregiving system, adaptations become increasingly difficult and more deeply ingrained, resulting in greater impact on children's day-to-day functioning.

Effect of Complex Trauma on Developmental Tasks

The tables below outline primary developmental tasks and how they may be impacted by exposure to complex trauma. These tables include developmental tasks from birth to age twelve, and are not inclusive of every developmental task that may occur.

Early Childhood (0 – 5 years)

	Developmental Milestones	Effect of Complex Trauma
Physical	Sit up Crawl Stand Walk/run Talk/write Sleep gradually gets organized into a day-night schedule Potty Training	Slower achievement of developmental milestones or regression that may turn into developmental delays.
Cognitive	**0 – 1:** Develop knowledge that something continues to exist, even when it is out of sight (Object Permanence) **3 – 6:** Beginning to develop skills to problem solve, work with others, and manage impulses	Problems with Object Permanence Difficulties with impulse control

continued

Early Childhood (0 – 5 years) *continued*

	Developmental Milestones	Effect of Complex Trauma
Self and Other	**0 – 1:** Develop trust and security when basic needs are met (Secure Attachment); self-soothing; emotional regulation **1 – 3:** Autonomy and independence (e.g., learn to feed and dress themselves); safe exploration of the world	Difficulty being soothed Hyperalert, easily startled and frightened Distrust of others Simultaneous clinginess and withdrawal from caregivers Show no interest in caregivers Too dependent, leads children not to develop age appropriate skills (e.g., feeding and dressing self)
Behavioral	**1 – 2:** Clinginess, crying, difficulty being soothed by another adult (Separation Anxiety), usually dissipates by age 2 **1 – 5:** Temper tantrums at times; plays side-by-side with other children (Parallel Play); begin to develop the ability to share; initiate play with other children as he/she gets closer to school-age	Power struggles and temper tantrums beyond what is normally expected Severe separation anxiety that continues or occurs after it is developmentally expected Difficulty sharing, rarely initiate play with other children, and continue Parallel Play beyond when developmentally expected.

School Age (6 – 12 years)

	Developmental Milestones	Effect of Complex Trauma
Physical	Fewer physical changes – growth spurts begin later in this stage Develops muscle coordination Should get about 10 hours of sleep a night	Somatic complaints (e.g., headaches, stomach aches, etc.) Increased medical problems Problems with coordination and balance Sleep problems
Cognitive	Focus on academic skills Continues to develop ability to read and write Understanding of cause and effect develops	Impact on language development and verbal processing abilities Learning difficulties Problems focusing on and completing tasks, may be diagnosed with ADD/ADHD Difficulty planning and anticipating
Self and Other	Ability to manage impulses more effectively Self-esteem develops Sense of responsibility develops Spends more time with friends Attaches to adults other than their parents	Problems with boundaries (e.g., at times exhibits sexualized behaviors) Lack of a sense of self Distrust/fearfulness Anxiety Feelings of shame and guilt Dissociation Problems with peer relationships Difficulty understanding how other people feel Problems taking/understanding responsibility
Behavioral	Able to engage in established routines (e.g., bedtime, mealtimes, etc.) with few verbal reminders Children question parents more Expanding curiosity	Aggression Self-destructive behavior (e.g., poor hygiene, self-injurious behavior) Difficulty following rules and limits Poor impulse control Oppositional behavior, commonly diagnosed with Oppositional Defiant Disorder Reenactment of trauma in play School absences Excessive compliance with others

C. Attachment and Complex Trauma

Attachment is the long-enduring, emotional bond between a child and a primary caregiver. The caregiver serves as the child's source of safety, provides for the child's needs, and guides her in understanding herself and others. In turn, the child meets the caregiver's need to provide nourishment and guidance. This is a natural and automatic process that begins from the moment a child is born and a caregiver looks into the infant's eyes.

Healthy attachments provide the building blocks for later relationships and a child's ability to master developmental tasks by:

- **Regulating emotions and self-soothing:** A child learns how to calm down when a caregiver uses soothing techniques such as rocking, holding, and cooing. Over time, the child learns how to calm down by himself.
- **Developing trust in others:** When the caregiver and child are attuned to each other, the caregiver knows how to respond to the child's needs and the child learns that he can depend on others. This leaves the child with a sense the world is predictable and safe.
- **Encouraging children to freely explore their environment:** Because the child has learned that he can rely on others, he feels safe to explore the world knowing that someone will be there if he is in distress or needs help. This exploration is the way children learn.
- **Helping children understand themselves and others:** The caregiver-child relationship provides the child with a model for understanding who she is, who the caregiver is, and how the world works. Because the caregiver responds, the world is seen as a safe place where people can be trusted and depended upon.
- **Helping children understand they can have an impact on their world:** Through interactions with the caregiver, the child learns that he has an impact on others. The child smiles and the caregiver smiles back; the child laughs and the caregiver plays with her; the child cries and the caregiver picks her up.

This natural process of attachment may be eroded by complex trauma in various ways:

- The caregiver may be the source of the trauma.
- The availability, reliability, or predictability of the caregiver may be limited.
- The child may not learn to regulate his emotions or calm himself down when experiencing intense emotions.
- The child's ability to learn by exploring the world may take a back seat to the child's need for protection and safety.
- The child begins to perceive the world as dangerous, leading to a sense of vulnerability and distrust of others.
- As the child has little sense of her impact on others, her lack of control over her life leads to a sense of hopelessness and helplessness.

Attachment and Complex Trauma

- Complex trauma most often occurs within the care giving system, which causes profound disruptions in attachment and relationship development.
- Children with complex trauma often have caregivers who have experienced complex trauma themselves.
- Children and caregivers may require considerable support when complex trauma is present.

D. Tips for Caregivers

Caregivers should be aware that meeting the needs of children who have experienced complex trauma may require assistance from trained professionals. Nevertheless, children will still require sustained support and understanding from caregivers at school, child care, and at home.

Short-Term Strategies

Caregivers can help children cope with complex trauma in the short term. Here are some suggestions:

- **Establish safety.** On-going traumatic experiences leave children feeling the world is dangerous and unpredictable. Children who have experienced complex trauma have had experiences of caregivers being unable to keep them safe. Providing a safe environment can help children begin to recognize that safe places exist and can support the healing process.
  - Identify safe places for children to go when they feel overwhelmed. At school, a safe place may be the reading corner in a classroom, where a child can sit on a warm rug, look at books, or listen to music on headphones until he feels calm again. A guidance counselor's office or an area of the playroom that is removed from the classroom's main activity may also become a safe place.
  - Talk with the child to help her determine a safe place to go when she feels scared, overwhelmed, or sad. When a child shows signs of distress (e.g., crying, acting out, withdrawing), take the child aside and ask her if she would like to go to her safe place until she feels calmer.
  - Remember that children need to feel safe everywhere they go. A child may feel safe in the classroom, but may be overwhelmed in other environments. Helping children outside of school involves communicating with other teachers, social workers, and primary caregivers about what helps the child feel safe.
- **Create and maintain a routine.** Structure and predictability help children feel safe and secure:
  - Start and end the day in the same way.
  - Write down a schedule for the day that can be posted next to the child's bed, on a classroom bulletin board, or at the child's desk.
- **Recognize "triggers."** Triggers are reminders of the traumatic experience and may cause the child to re-experience the emotions associated with a traumatic event. Triggers may include loud voices, hand gestures, fights, etc. Triggers will vary from child to child.
  - Make a plan about how to respond when a child is "triggered."
  - This plan should involve the child as well as the team working with the child to ensure follow through and support.
- **Practice relaxation exercises.** Deep breathing, listening to soothing music, and muscle relaxation will help children relieve some of their stress.
- **Ensure children have a healthy diet and plenty of exercise.** Traumatic experiences effect physical health as well as emotional health.
  - Children who have experienced

Self-Care

Over both the short- and long-term, it is important that caregivers take care of themselves. Dealing with traumatized children may trigger intense and difficult feelings in caregivers, leaving them feeling depleted and exhausted. See Section V for more information.

multiple traumatic events are more likely to get sick and experience other health issues such as asthma, headaches, and stomach problems. Encourage children to eat well and drink water throughout the day.
- Exercise and other recreational activities provide children with outlets for distressing feelings and frustration.

■ **Engage in positive distracting activities.** These may include sports, games, reading, hobbies, etc.

Long-Term Strategies

Children who have experienced complex trauma often have serious emotional needs that cannot be fully met in school, child care, or home settings. Here are some ways caregivers can help:

■ **Refer children to appropriate community agencies.** Find a community agency that has experience working with children who have experienced complex trauma. Guidance counselors and/or school psychologists may help you connect the child to appropriate services.

■ **Use a team approach.** Think of all the people the child interacts with throughout the day – teachers, coaches, extra-curricular activity leaders, etc. If you have concerns about a child, talk to these people to see if they share your concerns and discuss the best course of action.

■ **Help children identify safe people to talk with when they feel overwhelmed.** Ask children who they feel most comfortable with when they are upset.

■ **Be aware of Mandated Reporter laws.** Many caregivers are required to report suspected abuse to child welfare authorities. Be aware of state laws and work with your team to determine when you may have to make a report to protect a child.

■ **Maintain a connection with the child's support network.** This network may include teachers, social workers, case managers (through local child welfare agencies), primary caregivers, and the child's extended family.

■ **Become "trauma-informed."** This means having a basic understanding of how trauma effects people and using this understanding to respond sensitively to those who have been exposed to traumatic events. This will also help you avoid re-traumatizing those who have had traumatic experiences. It is often helpful to develop collaborative relationships with other caregiver systems that have trauma-related expertise. Becoming "trauma-informed" often begins with basic training and technical assistance about traumatic stress and its effects on children.

■ **Be patient.** Children who have experienced complex trauma will likely have behavioral difficulties ranging from hyperactivity to withdrawal to frequent crying. Remember that healing from complex trauma can be a long-term process.

Self-Care

Caregivers of children work tirelessly to ensure the children's needs are met. This can be both rewarding and draining. Tension often exists between feeling inspired by our work and feeling frustrated about the many things we cannot control. It is not unusual to feel stressed and weighed down by working with children who have been traumatized.

To understand self-care, it is helpful to consider what it is not: Self-care is not an "emergency response plan" to be activated when stress becomes overwhelming. Self-care is not about acting selfishly ("It's all about me!"). Self-care is not about doing more or adding more tasks to an already overflowing "to-do" list.

Healthy self-care can renew our spirits and help us to become more resilient. Self-care is most effective when approached proactively, not reactively. Think of self-care as having three basic aspects: awareness, balance, and connection — the "ABC's" of self-care.

AWARENESS: Self-care begins in stillness. By quieting our busy lives and entering into a space of solitude, we can develop an awareness of our own needs, and then act accordingly. This is the contemplative way of the desert, rather than the constant activity of the city. Too often we act first, without true understanding, and then wonder why we feel more burdened rather than relieved.

BALANCE: Self-care is a balancing act. It includes balancing action and mindfulness. Balance guides decisions about embracing or relinquishing certain activities, behaviors, or attitudes. It also informs the degree to which we give attention to the physical, emotional, psychological, spiritual, and social aspects of our being. In other words, how much time we spend working, playing, and resting. Think of this healthy prescription for balanced daily living: eight hours of work, eight hours of play, and eight hours of rest!

CONNECTION: Healthy self-care cannot take place solely within oneself. It involves being connected in meaningful ways with others and to something larger. We are interdependent and social beings. We grow and thrive through connections that occur in friendships, family, social groups, nature, recreational activities, spiritual practices, therapy, and a myriad of other ways.

There is no formula for self-care. Each of our "self-care plans" will be unique and change over time. As we seek renewal in our lives and work, we must listen well to our own bodies, hearts, and minds as well as to trusted friends. Caregivers should rely on other adults and support systems (e.g., church, mental health, etc.) to help meet their own emotional needs so they will have enough energy to support a child who is stressed.

It may be useful for you to reflect on your own self-care. The self-assessment checklist on the next page is a way for you to pay attention to how (and how often) you care for yourself.

Thinking about…
Self-Care

You are a senior teacher who is mentoring three young teachers who are struggling with the demands of their jobs, including managing the behavior of several children in their classrooms, and dealing with their overwhelming feelings about students with extensive trauma histories. They routinely seek you out for advice and support. You are concerned for them and even though you already have many personal and professional demands, you provide them with extensive supervision every week and often make phone calls for them. You are beginning to notice this is having an impact on how you feel at work and at home. What solution(s) best address everyone's needs? Think about this situation in terms of awareness, balance, and connection.

Adapted from: Kraybill, K. Healing Hands, Health Care for the Homeless Clinicians' Network newsletter, Vol. 6, No. 2, February 2002.

Assess Your Self-Care

How often do you do the following? As you read the list below, rate the items using this scale:
5 = Frequently, 4 = Occasionally, 3 = Sometimes, 2 = Never, 1 = It never even occurred to me.

Physical Self Care:
- ❑ Eat regularly (e.g. breakfast & lunch) and healthfully
- ❑ Exercise (go to the gym, lift weights, practice martial arts, etc.)
- ❑ Get medical care when needed and for prevention
- ❑ Take time off when you're sick
- ❑ Do a physical activity that is fun for you
- ❑ Take time to be sexual
- ❑ Get enough sleep
- ❑ Take vacations, day trips, or mini-vacations
- ❑ Get away from stressful technology such as pagers, faxes, telephones, and e-mail

Psychological Self Care:
- ❑ Make time for self-reflection
- ❑ Go to see a psychotherapist or counselor for yourself
- ❑ Read literature unrelated to work (or re-read a favorite book)
- ❑ Do something at which you are a beginner
- ❑ Notice your inner experience — your dreams, thoughts, imagery, feelings
- ❑ Engage your intelligence in a new area — go to an art museum, performance, sports event, etc.
- ❑ Practice receiving from others
- ❑ Say no to extra responsibilities sometimes

Emotional Self Care:
- ❑ Spend time with others whose company you enjoy
- ❑ Stay in contact with important people in your life
- ❑ Treat yourself kindly (supportive inner dialogue or self -talk)
- ❑ Feel proud of yourself
- ❑ Identify and seek out comforting activities, objects, people, places, etc.
- ❑ Allow yourself to cry
- ❑ Find things that make you laugh
- ❑ Express your outrage in a constructive way

Spiritual Self Care:
- ❑ Make time for prayer, meditation, reflection
- ❑ Spend time in nature
- ❑ Participate in a spiritual gathering, community or group
- ❑ Cherish your optimism and hope
- ❑ Be open to mystery, not knowing
- ❑ Identify what is meaningful to you and notice its place in your life
- ❑ Sing and/or listen to music
- ❑ Express gratitude
- ❑ Celebrate milestones with rituals that are meaningful to you
- ❑ Remember and memorialize loved ones who are dead

Workplace Self Care:
- ❑ Take time to eat lunch
- ❑ Take time to chat with co-workers
- ❑ Make time to complete tasks
- ❑ Identify projects or tasks that are exciting, growth-promoting, and rewarding for you
- ❑ Arrange your workspace so it is comfortable and comforting
- ❑ Get regular supervision or consultation
- ❑ Negotiate for your needs (benefits, pay raise)

Now, re-read the list and put a star next to one item in each category that you would like to incorporate into your daily routine. Revisit this list from time to time to help stay focused on caring for yourself.

Adapted from: Kraybill, K. Healing Hands, Health Care for the Homeless Clinicians' Network newsletter, Vol. 6, No. 2, February 2002.

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Resources

The National Center on Family Homelessness (*www.familyhomelessness.org*)
The National Center on Family Homelessness has been devoted to helping homeless children and their families for almost twenty years through applied research and innovative program development.

The National Child Traumatic Stress Network (*www.nctsnet.org*)
The National Child Traumatic Stress Network is a federally funded collaboration of over 54 sites (including the National Center on Family Homelessness) working on issues of trauma and children.

The National Health Care for the Homeless Council (*www.nhchc.org*)
The National Health Care for the Homeless Council is a membership organization whose mission is to help bring about reform of the health care system to best serve the needs of people who are homeless, to work in alliance with others whose broader purpose is to eliminate homelessness, and to provide support to Council members.

The Trauma Center (*www.traumacenter.org*)
The Trauma Center helps individuals, families and communities impacted by trauma and adversity to re-establish a sense of safety and predictability in the world, and to provide them with state-of-the-art therapeutic care as they reclaim, rebuild and renew their lives.

Visit our website to learn more at **www.familyhomelessness.org**




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OUR MISSION

To discover what works | To educate and inspire
To take action to end family homelessness