Adoption 101

Heartland for Children's
Trauma Informed, Relationship Focused Adoption Training

Class Three

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Welcome Back!

- Agenda for class three:
  - How Trauma Effects the Brain
  - Common Trauma Responses & Diagnoses
    - Misdiagnosis
    - Sensory Processing Disorder
  - Developmental Milestones

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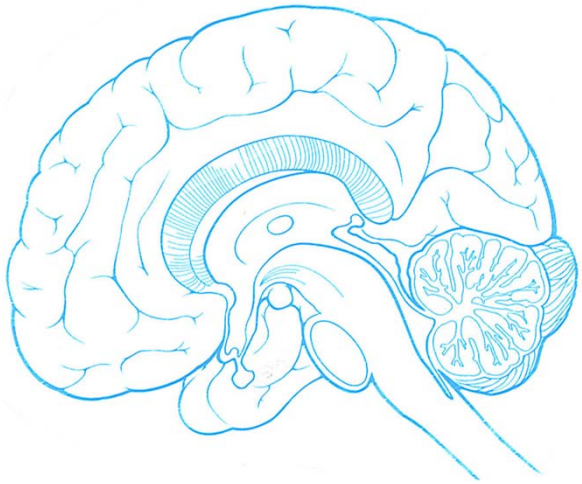
Let's Talk About the Brain



- The Brain is the Boss of Behavior!
- The Brain Develops Sequentially
- Brain Development is Promoted Through Experiences that are Rhythmic, Repetitive, Rewarding, Relevant, and Relational
- Open to Change Throughout the Lifespan
- Not fully developed until our mid-late 20's

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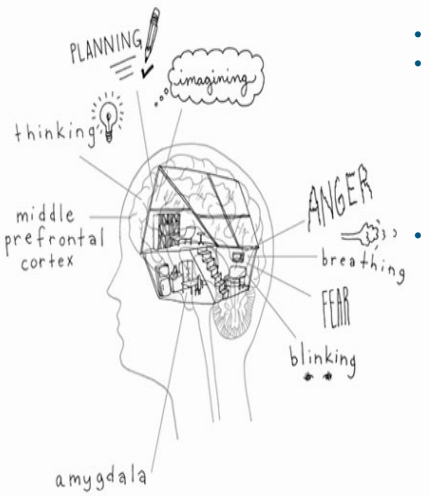
A Child's Brain is like a House under Construction



- The Brain is CHANGING, CHANGEABLE, & COMPLEX
- The "downstairs" brain is made up of the brainstem and the limbic system, also commonly known as the "reptilian brain".
  - Primitive and responsible for our most fundamental neural and mental operations, strong emotions, instincts, basic functioning (breathing, regulating sleep/wake, digestion), & reactivity of Fight, Flight, and Freeze.
- The "Upstairs" Brain is made up of the cerebral cortex, the outermost layer of the brain.
  - More sophisticated and responsible for complex thinking. Unlike the "downstairs" brain, this part of the brain is underdeveloped at birth and begins to grow during infancy and childhood.
  - Responsible for thinking, emotional and relational skills and regulation, insight, adaptability, empathy, morality, decision making and planning

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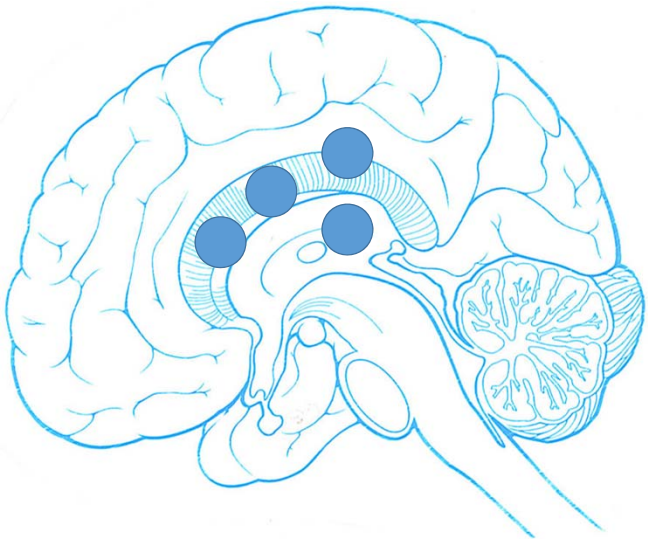
Brain Activity!



How does trauma Affect the brain?

- In Utero Effects
- Amygdala
  - Takes in information through the 5 senses
  - Active before birth
  - If **perceived** threat, initiates Fight, Flight, or Freeze stress response system
- Adrenal Gland
  - When the stress response system is activated, the Adrenal Gland releases Cortisol in an attempt to calm the brain.
- High doses of cortisol, exposure to trauma, and continued activation of the Fight, Flight, or Freeze Stress Response System impacts normal brain growth and development.
- Flip Your Lid!

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How does this information help you as a parent?

- The book, *The Whole-Brain Child* states that "we want to engage the upstairs brain, rather than enraging the downstairs brain."
  - When we understand trauma and the brain, we can now understand why it is necessary to parent in a way that is relationship focused, teaching focused, and that making changes in your parenting/response to your child is key to success.
  - The "learning brain" and the "survival brain" cannot function at the same time!
- Focus on regulation (calm) to keep the brain whole and promote optimal learning and brain development.
- Your viewpoint… it's very important that your fundamental belief regarding your child's emotional, behavioral, and developmental needs is due to trauma, that these are survival behaviors and trauma responses; NOT a willful behavior.

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Symptoms of Trauma

- Children in care are often "stuck" in emotional states of fight, flight, or freeze and hence are dysregulated.
  - Remember this is unconscious – and our children do not have problematic behaviors "on purpose" or to "get back at you"
  - When in that mode, the child will typically react with fight (anger, defiance, threats, combative, etc.), flight (running away, depression, isolation, refusal to talk), or freeze (staring, answering "I don't know")
- Often there are power and control battles which can look like manipulation. Remember, this is often because if they are in control, and feel they are getting what they want, they feel a sense safety.
- These behaviors signify dysregulation and often are just a mask for fear. Behaviors are basically an external display of the internal issues.

When behaviors are difficult, this is often when they need you the most!

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Common Trauma Diagnosis & Trauma Responses

Common Diagnosis	Cognitive Symptoms of Trauma	Behavioral Symptoms of Trauma	Physiological Symptoms of Trauma
• Reactive Attachment Disorder (RAD) • Depression • Bipolar Disorder • Post Traumatic Stress Disorder (PTSD) • Attention Deficit Hyperactivity Disorder (ADHD) • Oppositional Defiant Disorder (ODD) • Conduct Disorder • Sensory Processing Disorder (SPD)	• Poor verbal skills • Memory problems • Difficulty focusing • Learning disabilities • Poor skill development • Attachment difficulties • Poor decision making, impulsivity • Disorganized • Poor abstract thinking • Unable to identify and understand own feelings	• Excessive temper • Regressive behavior • Aggressive behavior • Act out in social situations • Verbally abusive • Startle easily • Unable to trust others or make friends • Believe they are to blame • Fearful & Anxious • Withdrawn • Lack self confidence • Hyperactivity • Lying, stealing, defiant, disrespectful	• Poor appetite, low weight and digestive problems. • Stomachaches and headaches • Poor sleep habits • Nightmares, trouble sleeping. • Wet the bed after being potty training • Food issues: hoarding and gorging

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Common Trauma Responses Continued:

- Trauma induced symptoms and behaviors may be <u>adaptive</u> and <u>protective</u> when in a threatening situation; however, these same symptoms and behaviors are seen as maladaptive when removed from stressors. When not examined in the context of prior trauma, behaviors are <u>*misinterpreted*</u> as pathological and many children are diagnosed with mental health disorders and given psychotropic medications.
  - *Remember, there is always a WHY behind the trauma response.*
- Psychotropic Medications: One can think of medications as serving the same function as a cast does for children with a fracture; helping to stabilize so healing can take place. Not all medications need to be long term. Yet, if it is a biologically based/genetic mental heath disorder, long term medication may be needed. Every child varies in their situation.

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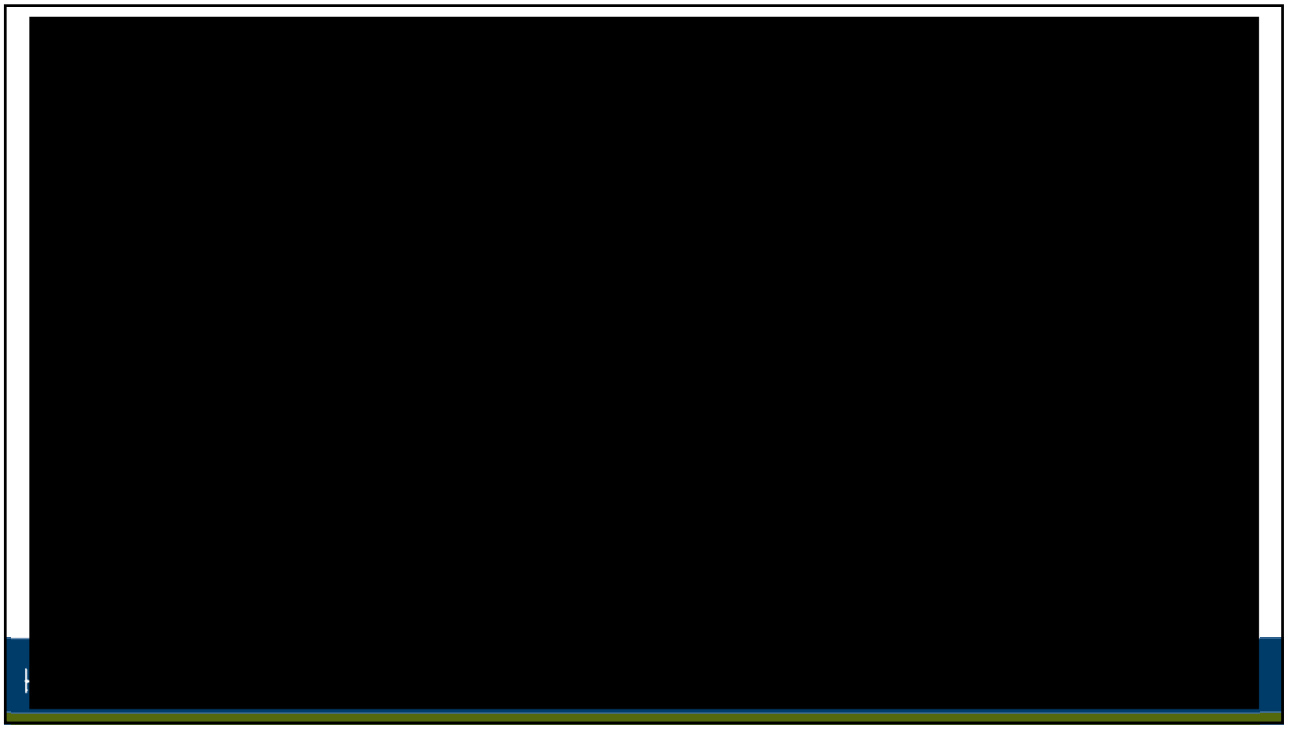
How often do you think children & Youth are misdiagnosed? Misunderstood?

- Remembering Trauma



Discussion

- In small groups, discuss what you have learned so far about the brain and the effects of trauma on the brain.
  - What have you learned?
  - What makes sense to you about the child you are parenting?
- Choose a representative from your group to report back highlights of what was discussed.

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Let's Discuss the Long Term Impact of Trauma….

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NORMAL DEVELOPMENTAL TASKS: Trust, attachment/bonding, building capacity for cause and effect thinking, exploration, independence, influx of new skills: motor, verbal, etc.

SPECIAL ISSUES RELATED TO TRAUMA: Lack confidence to explore/try new things, temper tantrums, hyper arousal/hypervigilance, easily stressed, weakened immune system, regression, lack of boundaries, becoming familiar with adoption story.

PARENTAL TASKS: Calm, structure, routine, open communication about adoption story, support & encourage new skills, set reasonable limits, have realistic expectations

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Infancy/Toddler, Ages 0-3

NORMAL DEVELOPMENTAL TASKS: Balance of independent & dependent, separating into large groups, learning about social roles and good vs. bad, magical thinking

SPECIAL ISSUES RELATED TO TRAUMA: Feeling of guilt/shame, fear of abandonment, increased need for control, begin to see more emotional/behavioral needs, reenact/tell story, regression, sleep complications

PARENTAL TASKS: Validate feelings, verbalize unconditional commitment, remain calm, realistic expectations, adoption and trauma story and sort out any misperceptions on guilt/shame/fear, giving them some control with ability to make choices, increase positive praise

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Preschool, ages 4-5

NORMAL DEVELOPMENTAL TASKS: Development of new relationships (friends, teachers, etc.), increased independence, greater cognitive skills including reasoning and problem solving.

SPECIAL ISSUES RELATED TO TRAUMA: Begin to view history/adoption in new way and may feel sad/angry, etc. Likely see regression, increased hypervigilance, emotional and behavioral needs, sleep disturbances. Likely sensitive/emotional and may have questions.

PARENTAL TASKS: Validate feelings and be sensitive to their processing. Give them ample praise, ability to have an outlet to express themselves, and giving them as much control/making choices as appropriate. Continue talking about their adoption story as appropriate.

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School aged, ages 6-9

NORMAL DEVELOPMENTAL TASKS: Greater ability to use abstract and concrete thinking, puberty, issues of good/bad etc. resurface, peers are important.

SPECIAL ISSUES RELATED TO TRAUMA: Increased feelings of insecurity and awkwardness, intensified feelings of loss/grief as reprocess through trauma, difficulty understanding and expressing feeling, less apt to ask questions, regression, hypervigilance, increased needs.

PARENTAL TASKS: Help child to express feelings in anyway possible (journaling, art, one on one time), ensure they feel valued and apart of the family, avoid control battles and continue giving them opportunities for making decisions and having some responsibility. One on one time & positive praise to boast self esteem.

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Pre-Adolescence, ages 10-12

NORMAL DEVELOPMENTAL TASKS: Independence, building identify, building skills for adulthood, developing firm values and morals, greater capacity for abstract thought and seeing things through the perspective of others.

SPECIAL ISSUES RELATED TO TRAUMA: Increased concern about birth family and how that plays into their identity, increased tension and anxiety, often experiencing anger/sadness over what happened to them, increased limit pushing and risk taking, trouble with relationships.

PARENTAL TASKS: Keep open communication, help them build their identity/morals/values, avoid control battles, be patient, have realistic expectations and consequences, reassure you are comfortable if they have questions about their birth family.

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Adolescence, ages 13-17

Questions? Comments?

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Thank you!

- Remember, if you have any questions, please do not hesitate to let me know!
- Homework:
  - Reading Chapter 1, *The Lost Boy* & questionnaire regarding reading
- Don't forget the psychotropic medication training
- Handouts/Articles:
  - Fight, Flight, or Freeze
  - Loving my Children's Ingredients
  - What Survival Looks Like At Home
  - Beacon House Packet
  - Child Development and Trauma Guide

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CHAPTER ONE OF

The LOST BOY

BY DAVID PELZER

Read this chapter to complete attached homework!

Winter 1970, Daly City, California—*I'm alone. I'm hungry and I'm shivering in the dark. I sit on top of my hands at the bottom of the stairs in the garage. My head is tilted backward. My hands became numb hours ago. My neck and shoulder muscles begin to throb. But that's nothing new—I've learned to turn off the pain.*

I'm Mother's prisoner.

I am nine years old, and I've been living like this for years. Every day it's the same thing. I wake up from sleeping on an old army cot in the garage, perform the morning chores, and if I'm lucky, eat leftover breakfast cereal from my brothers. I run to school, steal food, return to "The House" and am forced to throw up in the toilet bowl to prove that I didn't commit the crime of stealing any food.

I receive beatings or play another one of her "games," perform afternoon chores, then sit at the bottom of the stairs until I'm summoned to complete the evening chores. Then, and only if I have completed all of my chores on time, and if I have not committed any "crimes," I may be fed a morsel of food.

My day ends only when Mother allows me to sleep on the army cot, where my body curls up in my meek effort to retain any body heat. The only pleasure in my life is when I sleep. That's the only time I can escape my life. I love to dream.

Weekends are worse. No school means no food and more time at "The House." All I can do is try to imagine myself away—somewhere, anywhere—from "The House." For years I have been the outcast of "The Family." As long as I can remember I have always been in trouble and have "deserved" to be punished. At first I thought I was a bad boy. Then I thought Mother was sick because she only acted differently when my brothers were not around and my father was away at work. But somehow I always knew Mother and I had a private relationship. I also realized that for some reason I have been Mother's sole target for her unexplained rage and twisted pleasure.

I have no home. I am a member of no one's family. I know deep inside that I do not now, nor will I ever, deserve any love, attention or even recognition as a human being. I am a child called "It."

I'm all alone inside.

Upstairs the battle begins. Since it's after four in the afternoon, I know both of my parents are drunk. The yelling starts. First the name-calling, then the swearing. I count the seconds before the subject turns to me—it always does. The sound of Mother's voice makes my insides turn. "What do you mean?" she shrieks at my father, Stephen. "You think I treat 'The Boy' bad? Do you?" Her voice then turns ice cold. I can imagine her pointing a finger at my father's face. "You . . . listen . . . to . . . me. You . . . have no idea what 'It's' like. If you think I treat 'It' that bad . . . then . . . 'It' can live somewhere else."

I can picture my father—who, after all these years, still tries somewhat to stand up for me—swirling the liquor in his glass, making the ice from his drink rattle. "Now calm down," he begins. "All I'm trying to say is . . . well . . . no child deserves to live like that. My God, Roerva, you treat . . . dogs better than . . . than you do The Boy."

The argument builds to an ear-shattering climax. Mother slams her drink on the kitchen countertop.

Father has crossed the line. No one ever tells Mother what to do. I know I will have to pay the price for her rage. I realize it's only a matter of time before she orders me upstairs. I prepare myself. Ever so slowly I slide my hands out from under my butt, but not too far—for I know sometimes she'll check on me. I know I am never to move a muscle without her permission.

I feel so small inside. I only wish I could somehow . . .

Without warning, Mother opens the door leading to the downstairs garage. "You!" she screams. "Get your ass up here! Now!"

In a flash I bolt up the stairs. I wait a moment for her command before I timidly open the door. Without a sound I approach Mother and await one of her "games."

It's the game of address, in which I have to stand exactly three feet in front of her, my hands glued to my side, my head tilted down at a 45-degree angle and my eyes locked onto her feet. Upon the first command I must look above her bust, but below her eyes. Upon the second command I must look into her eyes, but never, never may I speak, breathe or move a single muscle unless Mother gives me permission to do so. Mother

and I have been playing this game since I was seven years old, so today it's just another routine in my lifeless existence.

Suddenly Mother reaches over and seizes my right ear. By accident, I flinch. With her free hand Mother punishes my movement with a solid slap to my face. Her hand becomes a blur, right up until the moment before it strikes my face. I cannot see very well without my glasses. Since it is not a school day, I am not allowed to wear them. The blow from her hand burns my skin. "Who told you to move?" Mother sneers. I keep my eyes open, fixing them on a spot on the carpet. Mother checks for my reaction before again yanking my ear as she leads me to the front door.

"Turn around!" she yells. "Look at me!" But I cheat. From the corner of my eye I steal a glance at Father. He gulps down another swallow from his drink. His once rigid shoulders are now slumped over. His job as a fireman in San Francisco, his years of drinking and the strained relationship with Mother have taken their toll on him. Once my superhero and known for his courageous efforts in rescuing children from burning buildings, Father is now a beaten man. He takes another swallow before Mother begins. "Your father here thinks I

treat you bad. Well, do I? Do I?"

My lips tremble. For a second I'm unsure whether I am supposed to answer. Mother must know this and probably enjoys "the game" all the more. Either way, I'm doomed. I feel like an insect about to be squashed. My dry mouth opens. I can feel a film of paste separate from my lips. I begin to stutter.

Before I can form a word, Mother again yanks on my right ear. My ear feels as if it were on fire. "Shut that mouth of yours! No one told you to talk! Did they? Well, did they?" Mother bellows.

My eyes seek out Father. Seconds later he must have felt my need. "Roerva," he says, "that's no way to treat The Boy*."*

Again I tense my body and again Mother yanks on my ear, but this time she maintains the pressure, forcing me to stand on my toes. Mother's face turns dark red. "So you think I treat him badly? I . . ." Pointing her index finger at her chest, Mother continues. "I don't need this. Stephen, if you think I'm treating It *badly . . . well,* It *can just get out of my house!"*

I strain my legs, trying to stand a little taller, and begin to tighten my upper body so that when Mother strikes I can be ready. Suddenly she lets go of my ear and opens the front door. "Get out!" she

screeches. "Get out of my house! I don't like you! I don't want you! I never loved you! Get the hell out of my house!"

I freeze. I'm not sure of this game. My brain begins to spin with all the options of what Mother's real intentions may be. To survive, I have to think ahead. Father steps in front of me. "No!" he cries out. "That's enough. Stop it, Roerva. Stop the whole thing. Just let The Boy *be."*

Mother now steps between Father and me. "No?" Mother begins in a sarcastic voice. "How many times have you told me that about The Boy? The Boy *this,* The Boy *that.* The Boy, The Boy, The Boy. *How many times, Stephen?" She reaches out, touching Father's arm as if pleading with him; as if their lives would be so much better if I no longer lived with them—if I no longer existed.*

Inside my head my brain screams, Oh my God! Now I know!

Without thinking, Father cuts her off. "No," he states in a low voice. "This," he says, spreading his hands, "this is wrong." I can tell by his trailing voice that Father has lost his steam. He appears to be on the verge of tears. He looks at me and shakes his head before looking at Mother. "Where will he live? Who's going to take care of . . . ?"

"Stephen, don't you get it? Don't you understand? I don't give a damn what happens to him. I don't give a damn about The Boy*."*

Suddenly, the front door flies open. Mother smiles as she holds the doorknob. "Okay. All right. I'll leave it up to The Boy*." She bends down, just inches in front of my face. Mother's breath reeks of booze. Her eyes are ice cold and full of pure hatred. I wish I could turn away. I wish I were back in the garage. In a slow, raspy voice, Mother says, "If you think I treat you so badly, you can leave."*

I snap out of my protective mold and take a chance by looking at Father. He misses my glance as he sips another drink. My mind begins to tumble. I don't understand the purpose of her new game. Suddenly I realize that this is no game. It takes a few seconds for me to understand that this is my chance—my chance to escape. I've wanted to run away for years, but some invisible fear kept me from doing it. But I tell myself that this is too easy. I so badly want to move my legs, but they remain rigid.

"Well?" Mother screams into my ear. "It's your choice." Time seems to stand still. As I stare down at the carpet, I can hear Mother begin to hiss. "He won't leave. The Boy *will never leave.* It *hasn't the guts to go."*

I can feel the inside of my body begin to shake. For a moment I close my eyes, wishing myself away. In my mind I can see myself walking through the door. I smile inside. I so badly want to leave. The more I envision myself walking through the door, the more I begin to feel a warmth spread through my soul. Suddenly, I can feel my body moving. My eyes pop open. I look down at my worn-out sneakers. My feet are stepping through the front door. Oh my God, *I say to myself,* I can't believe I'm doing this! *Out of fear, I dare not stop.*

*"There," Mother triumphantly states. "*The Boy *did it. It's his decision. I didn't force him. Remember that, Stephen. I want you to know I didn't force him."*

I step through the front door, knowing full well that Mother will reach out and yank me back in. I can feel the hairs on the back of my neck stand up. I quicken my pace. After stepping past the door, I turn right and walk down the red steps. From behind me I can hear the sounds of Mother and Father straining themselves as they lean outside. "Roerva," Father says in a low voice, "this is wrong."

"No!" she replies in a flat voice. "And remember, it was his decision. Besides, he'll be back."

I'm so excited that I nearly trip on my own feet and stumble down the stairs. I grab on to the handrail to stabilize myself. I make it to the walkway, and I fight to control my breathing. I turn right and walk up the street until I'm sure no one can see me past The House, then I break into a run. I make it halfway up the street before stopping, only for a moment, to look back down at The House.

With my hands on my knees I bend down panting. I try to strain my ears for the sounds of Mother's station wagon. Somehow, Mother's letting me go seems all too easy. I know she'll be after me in a few moments. After catching my breath, I again quicken my pace. I reach the top of Crestline Avenue and stare down at the small green house. But there's no station wagon racing out of the garage. No one running after me. No yelling, screaming or hitting. I'm not sitting at the bottom of the stairs in the garage, not being beaten in the back of the knees with a broomstick and not getting locked in the bathroom with another concoction of ammonia and Clorox.

I spin around at the sound of a passing car. I wave.

Even though I'm wearing ragged pants, a torn, thin, long-sleeved shirt and a pair of worn-out

tennis shoes, I feel happy inside. I'm warm. I tell myself I'm never going back. After years of living in fear, surviving torturous beatings and eating out of garbage cans, I now know I will somehow survive.

I have no friends, no place to hide, nothing to turn to. But I know exactly where I'm going—the river. Years ago, when I was a member of The Family, for every summer vacation we would drive up to the Russian River in Guerneville. The best times in my life were the days spent learning to swim at Johnson's Beach, riding down the Super Slide, going on hayrides at sunset and playing with my brothers on the old tree stump by our cabin. Remembering the smell of the giant redwood trees and the beauty of the dark green river makes me smile.

I'm not sure exactly where Guerneville is, but I do know it lies north of the Golden Gate Bridge. I'm sure it will take me a few days to get there, but I don't care. Once I'm there I can survive by stealing loaves of French bread and salami from the local Safeway supermarket, and sleep on Johnson's Beach while listening to the sounds of the cars rumbling across the old evergreen Parker truss bridge that leads into the city. Guerneville was the

only place I ever felt safe. Ever since I was in kindergarten, I knew it was where I wanted to live. And once I make it there, I know I will live in Guerneville for the rest of my life.

I begin walking down Eastgate Avenue when a cold chill whistles through my body. The sun has set and the evening fog begins to roll in from the nearby ocean. I clamp my hands inside my armpits and make my way down the street. My teeth begin to chatter. The thrill of the great escape begins to wear off. I begin to think that maybe, maybe, *Mother was right. As much as she beat me and yelled at me, at least the garage was warmer than out here.* Besides, *I tell myself,* I *do* lie and steal food. Maybe I *do* deserve to be punished. *I stop for a second to rethink my plan. If I turn back now, right now, she'll yell and beat me—but I'm used to that. If I'm lucky, tomorrow she may feed me some leftover scraps from dinner. Then I can steal food from school the next day. Really, all I have to do is go back. I smile to myself. I've survived worse from Mother before.*

I stop midstride. The thought of returning to The House doesn't sound half bad. Besides, *I tell myself,* I could never find the river anyway. *I turn around. She was right.*

I picture myself sitting at the bottom of the stairs, shaking with fear, frightened of every sound I may hear from above. Counting the seconds and being terrified by every set of commercials; then waiting for the sound of the floor to creak upstairs when Mother gets up from the couch, strolls into the kitchen to pour herself a drink and then screeches for me to come upstairs—where she'll beat me until I can no longer stand. I may be unable to crawl away.

I hate commercials.

The sound of a nearby cricket rubbing its wings brings me back to reality. I try to find the insect and stop for a moment when I think I'm close. The chirping stops. I remain perfectly still. If I catch it, maybe I could put the cricket in my pocket and make it my pet. I hear the cricket again. As I bend over to reach out, I hear the rumbling sounds of Mother's car from behind me. I dive beside a nearby car the moment before the headlights spot me. The car creeps down the street. The sound of Mother's squeaky brakes pierces through my ears. She's searching for me. I begin to wheeze. I clamp my eyes closed as her headlights inch their way toward me. I wait for the sound of Mother's car to grind to a halt, followed by her leaping from the

car, then throwing me back into her station wagon. I count the seconds. I open my eyes slowly, turning my head to the left just in time to see the rear brakes light up before the brakes squeal. It's over! She's found me! In a way, I'm relieved. I would have never made it to the river. The anticipation drained me. Come on, come on, *I say to myself.* Just do it. Come on.

The car cruises past me.

I don't believe it! I jump up from behind the car and stare at a shiny two-door sedan tapping its brakes every few seconds. Suddenly I feel lightheaded. My stomach tightens up. A surge of fluid climbs up my throat. I stumble over to someone's grass and try to throw up. After a few seconds of dry heaves because of my empty stomach, I glance up at the stars. I can see patches of clear sky through the foggy mist. Bright silver stars twinkle above me. I try to remember how long it's been since I've been outside like this. I take a few deep breaths.

"No!" *I yell.* "I'm not going back! I'm never going back!" *I turn around and walk back down the street, north toward the Golden Gate Bridge. After a few seconds I walk past the car, which is now parked in someone's driveway. I can see a*

couple standing at the top of the steps being greeted by the host. The sound of laughter and music escape through the open door. I wonder what it would be like to be welcomed in a home. As I make my way past a house, my nose detects the smell of food, and the thought of wolfing down something to eat possesses me. It's Saturday night—that means I haven't eaten anything since Friday morning at school. Food, *I think to myself.* I have to find some food.

Sometime later I make my way to my old church. Years ago, Mother sent my two brothers, Ron and Stan, and me to afternoon catechism classes for a few weeks. I haven't been to the church since I was seven. I gently open the door. Immediately I can feel the heat seep through the holes in my pants and my paper-thin shirt. As quietly as I can, I close the door behind me. I can see the priest picking up books from the pews. I hide beside the door, hoping he won't see me. The priest makes his way to the back pews toward me. I so badly want to stay, but . . . I close my eyes, trying to absorb the heat for a moment, before my hand again reaches for the door.

Once outside I cross the street, where I can see a row of stores. I stop in front of a doughnut shop.

One early morning, years ago, Father stopped to pick up some doughnuts before he drove the family to the Russian River. It was a magical time for me. Now I stare through the glass, then up at the fat, jolly, animated cartoon characters that were painted on the wall and going through the various stages of making doughnuts.

From my left the smell of pizza makes my head turn. I stumble past a few stores until I stop in front of a pizza bar. My mouth waters. Without thinking I open the door and make my way, in a daze, to the back of the room. My eyes take a few minutes to adjust. I can make out a pool table, the sounds of beer mugs clashing together and laughter. I can feel stares from above me, and I stop at the far corner of the bar. My eyes dart around in search of abandoned food. Finding none, I make my way to the pool table, where two men have just finished a game. I find a quarter on the table and slowly cover it with my fingers. I look around before dragging the quarter over the edge of the pool table and into my hand. The coin feels warm. As casually as possible I stroll back to the bar. A voice explodes above me. I try to ignore the sound. From behind, someone grabs my left shoulder. Instantly I tighten my upper body, waiting for a

blow to my face or stomach. "Hey kid, what are you doing?"

I spin around toward the voice, but I refuse to look up.

"I said, what are you doing?" the voice again asks.

I look up at a man wearing a white apron covered with red pizza sauce. He places his hands on his hips, waiting for a reply. I try to answer, but I begin to stutter. "Uhm. Noth . . . nothing . . . sir."

The man places his hand on my shoulder and leads me to the end of the bar. He then stops and bends down. "Hey kid, you need to give me the quarter."

I shake my head no. Before I can tell him a lie, the man says, "Hey, man, I saw you do it. Now give it back. Those guys over there need it to play pool." I clench my fist. That quarter can buy me some food, maybe even a piece of pizza. The man continues to stare at me. Slowly I uncurl my fingers and drop the coin into the man's hand. He flicks the quarter over to a pair of men holding pool sticks. "Thanks, Mark," one of them yells.

"Yeah, man, no problem." I try to turn away, looking for the front door, when Mark grabs me. "What are you doing here? Why'd you steal that quarter?"

I retreat inside my shell and stare at the floor.

"Hey, man," Mark raises his voice, "I asked you a question."

"I didn't steal anything. I . . . I just thought that . . . I mean, I just saw the quarter and . . . I . . ."

"First off, I saw you steal the quarter, and secondly, the guys need it so they can play pool. Besides, man, what were you going to do with a quarter anyway?"

I could feel an eruption of anger surge through me. "Food!" I blurt out. "All I wanted was to buy a piece of pizza! Okay?"

"A piece of pizza?" Mark laughs. "Man, where are you from . . . Mars?"

I try to think of an answer. I can feel myself lock up inside. I empty my lungs of breath and shrug my shoulders.

"Hey, man, calm down. Here, pull up a stool," Mark says in a soft voice. "Jerry, give me a Coke." Mark now looks down at me. I try to pull my arms into my sleeves—to hide my slash marks and bruises. I try to turn away from him. "Hey, kid, are you all right?" Mark asks.

I shake my head from side to side. No! *I say to myself.* I'm not all right. Nothing's right! *I so badly want to tell him, but . . .*

"Here, drink up," Mark says as he slides over the glass of Coke. I grab the red plastic glass with both hands and suck on the paper straw until the soda is gone.

"Hey, kid," Mark asks, "what's your name? You got a home? Where do you live?"

I'm so ashamed. I know I can't answer. I act as if I did not hear him.

Mark nods his head in approval. "Don't move," he states as he grabs my glass. From behind the bar I can see him fill up the glass as he grabs the phone. The phone cord stretches to its limit as Mark strains to give me another Coke. After he hangs up the phone, Mark sits back down. "You want to tell me what's wrong?"

"Mother and I don't get along," I mumble, hoping no one can hear me. "She . . . ah . . . she . . . told me to leave."

"Don't you think she's worried about you?" he asks.

"Right! Are you kidding?" I blurt out. Oops, *I say to myself.* Keep your mouth shut! *I tap my finger on the bar, trying to turn away from Mark. I glance at the two men playing pool and the others beside them—laughing, eating, having a good time.*

I wish I were a real person.

I suddenly feel sick again. As I slide down the stool, I turn back to Mark. "I gotta go."

"Where ya going?"

"Uhm, I just gotta go, sir."

"Did your mother really tell you to leave?"

Without looking at him, I nod my head yes.

Mark smiles. "I bet she's really worried about you. What do you think? I tell you what. You give me her number, and I'll give her a call, okay?"

I can feel my blood race. The door, *I tell myself.* Just get to the door and run. *My head frantically swivels from side to side in search of an exit.*

"Come on now. Besides," Mark says, raising his eyebrows, "you can't leave now. I'm making you a pizza . . . with the works!"

My head snaps up. "Really?" I shout. "But . . . I don't have any . . ."

"Hey, man, don't worry about it. Just wait here." Mark gets up and makes his way to the front. He smiles at me through an opening from the kitchen. My mouth begins to water. I can see myself eating a hot meal—not from a garbage can or a piece of stale bread, but a real meal.

Minutes pass. I sit upright waiting for another glance from Mark.

From the front door a policeman in a dark blue uniform enters the shop. I don't think anything of it until Mark walks toward the officer. The two men talk for a few moments, then Mark nods his head and points toward me. I spin around, searching for a door in the back of the room. Nothing. I turn back toward Mark. He's gone, and so is the police officer. I twist my head from side to side as I strain my eyes, hunting for the two men. They're both gone. False alarm. My heart begins to slow down. I begin to breathe again. I smile.

"Excuse me, young man." I raise my head up to a police officer smiling down at me. "I think you need to come with me."

No! *I say to myself.* I refuse to move! *The tips of my fingers dig into the bottom of the stool. I try to find Mark. I can't believe he called the police. He seemed so cool. He had given me a Coke and promised me some food. Why did he do this? As much as I hate Mark now, I hate myself more. I knew I should have just kept on walking down the street. I should have never, never come into the pizza bar. I knew I should have gotten out of town as soon as I could. How could I have been so stupid!*

I know I've lost. I feel whatever strength I had now drain. I so badly want to find a hole to curl up into and fall asleep. I slide off the bar stool. The

officer walks behind me. "Don't worry," he says. "You're going to be all right." I barely hear what he is saying. All I can think about is that somewhere out there, she *is waiting for me. I'm going back to* The House—*back to* The Mother. *The police officer walks me to the front door. "Thanks for giving us a call," the officer says to Mark.*

I stare down at the floor. I'm so angry. I refuse to look at Mark. I wish I were invisible.

"Hey, kid," Mark smiles as he shoves a thin white box into my hands, "I told you I'd give you a pizza."

My heart sinks. I smile at him. I begin to shake my head no. I know I'm not worthy. I push the box back toward Mark. For a second, nothing else in my world exists. I look into his heart. I know he understands. Without a word, I know what he is telling me. I take the box. I look deeper into his eyes, "Thank you, sir." Mark runs his hand through my hair. I suck in the scent from the box.

"It's the works. And kid . . . hang tough. You'll be fine," Mark says as I make my way out the door, holding my prize. The pizza box warms my hands. Outside a gray swirling fog covers the street where the police car is parked in the middle of the road. I hug the box close to my chest. I can feel the pizza

slide down to the bottom of the box as the officer opens the front door of his car for me. I can hear a faint humming sound from the heat pump of the floorboard. I wiggle my toes to warm myself. I watch the officer as he makes his way to the driver's side. He slides into the car, then picks up a microphone. A soft, female voice answers his call. I turn away, looking back toward the pizza bar. Mark and a group of adults shiver as they stand together outside. As the police car slowly rumbles away, Mark raises his hand, forms a peace sign, then waves good-bye. One by one, the others smile as they join him.

My throat tightens. I can taste the salt as tears run down my face. Somehow I know I'll miss Mark. I stare down at my shoes and wiggle my toes. One of them pops through a hole.

"So," the officer says, "first time in a police car?"

"Yes, sir," I reply. "Am I . . . uhm . . . I mean, am I in trouble, sir?"

The officer smiles. "No. We're just concerned. It's kinda late, and you're a little young to be out here alone. What's your name?"

I glance down at my dirty toe.

"Come on, now. There's no harm in telling me your name."

I clear my throat. I don't want to talk to the officer. I don't want to talk to anybody. I know every time I open my mouth, I'm one step closer to Mother's evil clutches. But, *I tell myself,* what can I do? *I know whatever chances I had of escaping to the river are now gone. I don't care. As long as I don't have to return to her. After a few seconds I answer the officer, "Da . . . Da . . . David, sir," I stutter. "My name is David."*

The officer chuckles. I smile back. He tells me I'm a good-looking boy. "How old are you?"

"Nine, sir."

"Nine? Kinda small, aren't you?"

We begin to talk back and forth. I can't believe how much the officer is interested in me. I feel he actually likes me. He parks the car in front of the police station and leads me downstairs to an empty room with a pool table in the middle. We sit beside the pool table, and the officer says, "Hey, David, let's say we get to that pizza before it gets cold."

My head bounces up and down. I rip open the box. I bend down and suck in the aroma. "So, David," the officer asks, "where did you say you live?"

I freeze. The toppings from my piece of pizza slide off. I turn away. I was hoping he would somehow forget why he picked me up.

"Come on now, David. I'm really concerned about you." His eyes lock onto mine. I can't turn away. I gently replace my piece of pizza in the box. The officer reaches out to touch my hand. By reflex, I flinch. Before the officer tries again, I stare him down. Inside my head I scream, Don't you understand? Mother doesn't want me, doesn't love me, doesn't give a damn about me! All right? So . . . if you can just leave me alone, I can be on my way. Okay?!

The officer backs his chair away from the table before he begins in a soft voice. "David, I'm here to help you. You have to know that, and I'm going to stay here with you as long as it takes." He leans over and lifts my chin with his finger. Tears roll down my eyes. My nose is runny. I know now there is no escape for me. I don't have the guts to look the policeman in the eyes.

"Crestline Avenue, sir," I say in a low voice.

"Crestline Avenue?" the officer asks.

"Yes, sir . . . 40 Crestline Avenue."

"David, you did the right thing. Whatever the problem is, I'm sure we can work it out."

I tell him the phone number and the officer disappears for a few moments. After he returns, he again attacks the pizza.

I pick up the same piece of pizza. It's cold and soggy. I so badly want to eat, but my mind is a million miles away. The policeman reassures me with a smile. "Everything's going to be okay."

Right! *I tell myself.* The only time I ever felt secure, safe and wanted was when I was a tiny child. *I was five that day when The Family waited for me as I raced up the small hill on the last day of kindergarten. I can still see Mommy's face glowing with love as she shouted, "Come on, sweetheart. Come on now, David!" She opened the door for me after giving me a tight hug. Then she shut the door before Father sped away. Destination: the river. That summer Mommy taught me how to float on my back. I was scared, but Mommy stayed with me until I learned to float all by myself. I was so proud as I showed off to her, proving to Mommy I was a big boy, worthy of her attention and praise. That summer was the best time of my life. But now, as I sit in front of the policeman, I know nothing will ever be like it was back then. My good times are now only memories.*

The officer looks up. I turn my shoulders to find my father in one of his red cotton shirts standing behind me. Another police officer nods at the policeman sitting with me. "Mr. Pelzer?" the officer near me asks.

My father nods yes. The two of them disappear into an office. The policeman closes the door. I wish I could hear what they're saying. I'm sure it's about me and how I'm always in trouble with Mother. I'm only relieved that she didn't come, but somehow I know that she would never dare risk exposing herself to anyone of authority. I know she always uses Father for her dirty work. She controls Father—the same as she tries to control everyone. Above all, I know she must hide the secret. No one must ever know about our private relationship. But I know she's slipping. She's losing control. I try to think what this means. To survive, I must think ahead.

Minutes later the door from the office creaks. Father steps out from the room, shaking the policeman's hand. The officer approaches me. He bends down. "David, it was just a small misunderstanding. Your father here tells me that you became upset when your mother wouldn't let you ride your bike. You didn't need to run away for something like that. So, you go home with your father now, and you and your mother work this thing out. Your father here says she's worried sick over you." He then changes the tone of his voice as he points a finger at me. "And don't you ever put your parents through that again. I hope you've learned

your lesson. It can be pretty scary out there, right?" the officer asks, while gesturing to the outside of the building.

I stand in front of the officer in total disbelief. I can't believe what I'm hearing. Ride my bike? I don't even have one! I've never even ridden on one before! I want to spin around to see if he is talking to some other kid. From behind, Father looks down at me. His eyes are blank. I realize this is just one of Mother's cover stories. It figures.

"And David," the officer states, "treat your parents with dignity and respect. You don't know how lucky you are."

My mind becomes foggy. All I can hear inside my head is, " how lucky you are . . . how lucky you are . . . ," over and over and over again. I shudder when Father slams the door from the driver's side of the station wagon. He exhales deeply before leaning over to me. "Jesus H. Christ, David!" he begins as he turns the ignition and pumps the gas pedal. "What in the hell were you thinking? Do you have any idea what you did? Do you know what you put your mother through?"

My head snaps toward Father. Put *her* through? What about me? Doesn't anyone care about me? But . . . *I tell myself,* maybe she broke down.

Maybe she's really concerned about me. Is it possible she knows she went too far? *For a moment I can imagine Mother sobbing in Father's arms, wondering where I am, whether I'm alive. Then I can see my mommy running up to me with tears in her eyes as she wraps me in love, showering me with kisses, tears rolling down her face. I can almost hear my mommy say the three most important words I long to hear. And I'll be ready to say the four most important words: I love you, too!*

"David!" Father grabs my arm. I jump up, striking my head against the top of the car. "Do you have any idea what your mother's been doing? I can't get a moment of peace in that house. For Christ's sake, it's been nothing but hell since you left. Jesus, can't you just stay out of trouble? Can't you just try and make her happy? Just stay out of her way and do whatever she wants. Can you do that? Can you do that for me? Well?" Father yells, raising his voice so loud I can feel my skin crawl.

Slowly I nod my head yes. I don't dare make a sound as I cry deep inside. I know I'm wrong. And, as always, it's all my fault. I turn to Father while shaking my head up and down. He reaches over to pat my head.

"All right," he says in a softer tone, "all right. That's my Tiger. Now let's go home."

As Father drives the car up the same street I walked down hours ago, I sit at the far side of the car, resting the weight of my body on the door. I feel like a trapped animal who wants to claw its way through the glass. The closer we get to The House, the more I can feel myself quiver inside. I need to go to the bathroom. Home, *I say to myself. I stare down at my hands. My fingers tremble from fear. I know in a few moments I'll be back where it all started. In all, nothing's changed, and I know nothing will. I wish I were someone, anyone but who I am. I wish I had a life, a family, a home.*

Father drives into the garage. He turns to me before opening his door. "Well, here we are," he states with a false smile. "We're home."

I look right through him, hoping, praying he can feel my fear, my pain from inside of me. Home? *I say to myself.*

I have no home.

Week 3 Homework – The Lost Boy

One Per Person

NAME: _____

After reading Chapter One of *The Lost Boy*, explain to me what stood out to you the most and why?

In *The Lost Boy*, speak of *at least two* of the seven core adoption clinic issues that you notice he was experiencing (loss, rejection, shame & guilt, identify, control issues, grief, intimacy & relationships).

In your review of *What Survival Looks Like At Home*, what stood out to you the most? In what ways do you feel this information will assist you in being a parent to a child who has experienced trauma?

In your review of *What Survival Looks Like At Home*, do you identify your typical way of responding when under stress? How might this information help you with parenting a child who may likely cause stress and/or "push your buttons?"

Additional Comments, *Optional*

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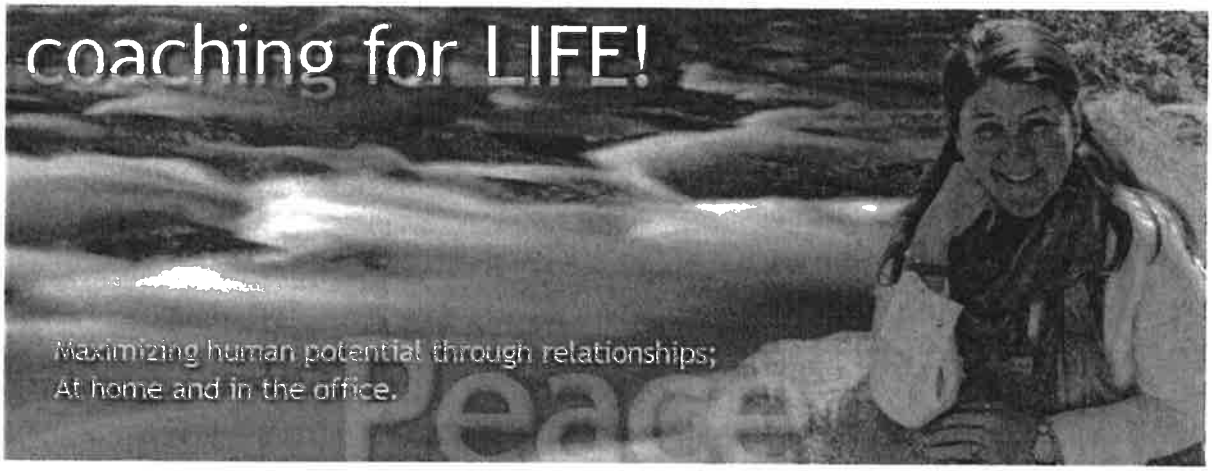

'fight, flight, or freeze'

by Juli Alvarado

The moment that we are startled, we jump, we run, we flinch, we dart, we hide or we prepare to fight.

One second all is well as we are resting on our bed, and with the slamming of a door we immediately switch gears, searching the environment for threat and we get kicked into ***'fight, flight or freeze'*** to protect ourselves. This happens even when there is no real threat, for example, a slamming door. And, this happens when there is a very real danger: such as an abuser entering the room. Our intial repsonse to the percieved threat is an unconscious, protective reaction that stems from deep within the brain designed to protect us from potential threat in the environment.

For those of us who have lived in threatenting situations, our brains can get stuck in this protective mode, quickly promoting the ***'fight, flight, or freeze'*** response at the slightest hint of danger. It makes sense to most of us that children who come from histories of abuse may experience a prolonged need to fight for their survival.

However, the same holds true for children who have been adopted and have experienced the *trauma of separation* from the biological mother, as well as perhaps multiple care givers and or ongoing abuse and neglect. These children quickly enter states of ***"fight, flight or freeze'*** *even when there is no visible threat or demand.* This phenomenon stems from the earliest history of abandonment and broken attachment.

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"Stop yelling at me!!!," he yelled at me as I quietly asked him to calm down.

"You always blame me, you love Sam more than you love me."

"Leave me alone, I just want to be alone."

Bewildered is the best word I can come up to describe my early years as an adoptive and foster parent. The reactions of my children to me as the best parent I knew how to be, bewildered me!

And then I was introduced to the *trauma of adoption* that renders many of 'our' children stuck in ***'fight, flight or freeze.'***

The adoptee comes with a history of *separation trauma* and enters into their new family with an overactive stress response system fearing separation again. The unconscious brain is consumed with the possibility of being abandoned yet again. There is much research and evidence today indicating that the trauma of separation at adoption causes over-development in the areas of fear and anxiety in the human brain.

The brain is user-dependent; the repetition of experiences strengthens the brain's pathways. The earlier the experience the more deeply that experience is laid down in the brain, thus, early experiences have disproportionate impact on how the brain will function for the individual's lifetime. Adopted children will enter states of "***fight, flight or freeze***" easily and often when there is any ***perceived separation*** that feels threatening.

Most adoptive parents are planning for the addition to their family to bring love and joy. Certainly, the furthest thing from their minds is thinking about how their child's brain is going to respond to their caring interactions and their discipline. Yet, in order to bring healing to 'our' children it is vital to become *adoption trauma informed.*

Children adopted from an institutional setting, orphanage care or multiple foster care providers may respond differently to traditional parenting techniques than will a biological child. For example, the adopted child may be happy in his room, may isolate, not interact well or engage with family. Instead, he may seek to *disengage* from the family. **When stressed, his brain wants to go into "flight." Many adopted children, even from birth, will prefer to be alone, not interact with family and may be perceived as defiant when in fact they are doing the best they can to calm themselves.**

Another common reaction from 'our' children is anger or aggression. At a simple question such as; "Where is your notebook?" "Did you eat your sister's candy?" "Why did you take his shirt?" your child begins to escalate, fear takes over and he is kicked into fight mode as he yells at you. In response, we often escalate and fight back only adding fuel to the fire. "I'm talking to you!" "Don't argue with me!" Many parent readers can relate to this scenario. The problem is, your child reacts to simple questions or commands as if they are attacks. A child with an over active stress system becomes hyper vigilant and is prone to ***'fight, flight or freeze'*** the instant they feel threat. The part of the brain that should help them determine whether or not the threat is real, becomes hijacked by the more primitive part of the brain and the child is literally incapable of calming himself down.

This unconscious/involuntary reaction may appear as defiance, anger (instead of fear) or intentional manipulation. 'Our' children are often completely unaware of why he or she responds this way, ***and*** unable to correct the behavior on their own.

As parents working to heal the trauma of adoption, it becomes necessary for us to focus not on the child's behaviors, but instead we learn to focus on the fear, stress and trauma under the behavior, ***and our response to the behavior***.

Consistent Calm evokes Change

Regardless of how escalated our child may be become, calm exchanges are essential to healing the brain and the behaviors of the adopted child. The slightest hint of conflict sends the child deeper into ***'fight, flight or freeze'*** and more negative behaviors occur in these states.

Below I offer some suggestions for making the transition from chaos to calm in your homes, your therapy offices, your classrooms and in life.

TIPS

Trauma Informed Parenting Strategies

There are some simple means for creating a healing environment in which we can mitigate the ***'fight, flight or freeze'*** response. A few of them are:

- **'Your anger will not become my anger'**; as our children's fear of being abandoned again shows up as anger, it may be easy to respond with your own anger. Instead, write this paradigm on a sticky note and hang it around your home or office.
- **I Am Peace**: remind yourself often that your peace can become your child's peace.
- **Slow and Low**: Slow and Low is a strategy that I teach which mandates that for healing to begin, the parent must slow down, lower their tone of voice, slow the rate of speech and provide a calm response. Under these circumstances, the brain can begin to reorganize itself, and the child's system begins to heal.
- **Relevant, Rewarding, and Repetitive Parenting** brings healing:
    - Respond to your child's relevant developmental age, not birth age. Children who are stressed will regress socially, emotionally and behaviorally. Treat them at this age for 30 days and watch them develop through this stage!
    - Reward your child through your relationship 10x more than you discipline them. A child will seek out a rewarding relationship that provides safety and acceptance.
    - Repetitive parenting reminds us that the brain learns through repetition and that our patience will be needed through years of repetition~ keep it up!
- **Stop, Drop and Roll:** when you feel yourself getting escalated, **stop** talking, stop moving, stop arguing, and **drop** into your breathing and back into your spirit; stay in your breath until you can **roll** back into relationship in a calm manner.
- **Sensory experiences** either calm us down or fire us up! Bring as many calming sensory experiences into your home as possible. What our children hear, see, taste, touch and smell can quickly bring '**fight, flight or freeze**' or can quickly bring peace.

You and your child are meant to be together. The lessons you have to offer one another are greater than you can imagine. Learning your child's language of fear will provide the space for your child to learn your language of love. Fear and Love do not coexist. Your calm, constant, trauma informed Love will, over time, cast out your child's fear.
If you need help, an adoption parent coach may help; we can be reached at coaching for LIFE! www.coaching-forlife.com or in our Denver office at 303-431-0604

Beacon House
www.beaconhouse.org.uk

Developmental Trauma
Close Up

UPDATED JANUARY 2020

Authors:
Dr Shoshanah Lyons, Dr Kathryn Whyte, Ruth Stephens and Helen Townsend
www.beaconhouse.org.uk/useful-resources/

Summary

This article has been written for parents, carers, friends and family of children who have experienced early loss, trauma and attachment disruption. It has also been written for professionals who are working hard to support or teach vulnerable children, but who often feel disarmed and at a loss with how to effectively help the profound and complex difficulties they observe. Last but not least, this article is for adults who experienced loss or trauma during their own childhood, and who may find that the information here deeply resonates with their own life story. We will draw on current evidence and thinking to re-frame the 'problems' often seen in these children as 'wise adaptations' to the lessons that life has taught them. We will unpick and explain the spectrum of challenges traumatised children face, known as 'Developmental Trauma', and share ideas for how to help the repair of early trauma.

This article takes a close up look at Developmental Trauma where we explore:

- *Who might experience Developmental Trauma?*
- *What does Developmental Trauma look like?*
- *What can parents/carers and professionals do to help?*

Why is this article important?

Our experience of working with children who have suffered early trauma and loss is that they are often misdiagnosed and misunderstood by professionals, friends and family who have the best interests of the child at heart, but who don't yet know about the impact of early trauma. Labels of being 'naughty', 'autistic', 'ADHD' or 'behavioural problems' often lead to adult responses which, at times, can hold back the child from progressing and developing. This article aims to help adults around the child to understand their behaviour and their hidden needs from a 'trauma-informed' perspective.

Who can suffer developmental trauma?

We hear many parents and carers tell us that their child was too young to remember the traumatic events in their early life; or indeed that their child was removed from their birth mother within days of being born and placed with loving and safe foster carers. We also often see professionals not paying attention to a child's early adversity because there is a common belief that early adversity is not related to current problems, particularly if the problems do not look like typical trauma or the individual does not see themselves as having been through trauma. The child's complex and challenging behaviours as they grow up can then become quite a mystery, and can lead to very high levels of distress within families, hopelessness in professionals and unmet needs in young people that can lead them to be at risk.

The story of ***who suffers trauma*** paints a very different picture. Pioneering research has shown us with robust neuro-scientific evidence ***that unborn babies can suffer trauma to their developing mind and body when they are in the womb***; for example, if their birth mother:

- Was in a violent relationship with a partner, friend or family member
- Used alcohol and substances
- Has a history of trauma herself
- Suffered serious mental health problems or toxic stress

Research has shown us that a history of severe trauma in the parents can even change the unborn baby's genetic makeup[1]; and trauma during pregnancy means that the baby is born hardwired to be over-sensitive to life's stresses[2].

Who can suffer developmental trauma? *(cont)*

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 which 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.

It's not all about what happened

Recent research by Dr Bruce Perry[3] and his team has shown us that the experience of early loss and trauma does not dictate a child's future, in isolation from other important factors. In other words, 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.

What is Developmental Trauma?

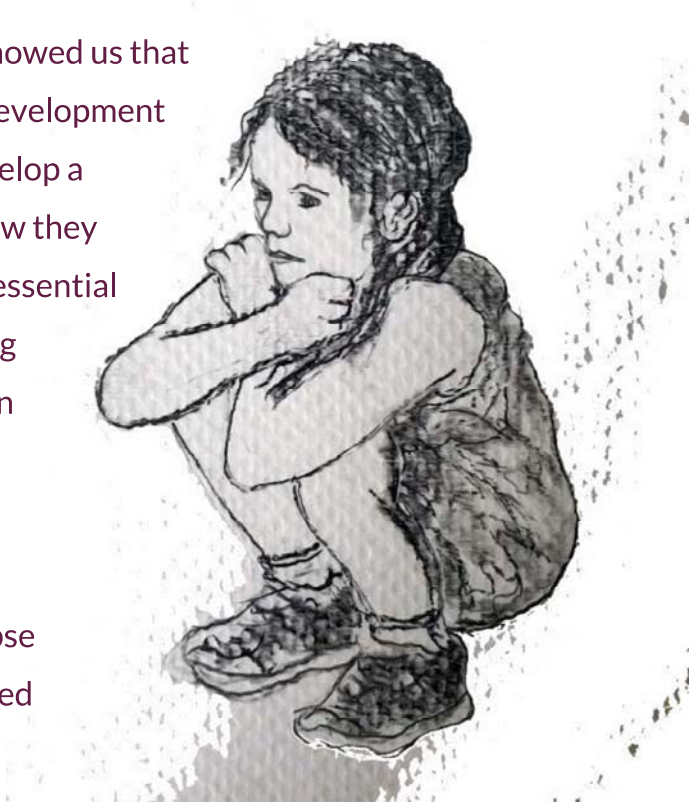
Developmental Trauma is the term used to describe the impact of early, repeated trauma and loss which happens within the child's important relationships, and usually early in life.

Common stories include:

- A baby or child relinquished by birth parents
- A baby or child removed or relinquished from birth parents because they have been physically/sexually/emotionally abused
- A baby or child who has been neglected
- A child who lives between harmful birth parents and safe friends/family over a long period of time
- A child removed at birth and who goes on to experience multiple adverse experiences, such as death of a carer; bullying; physical illness.
- A child living with a safe and loving family, but who suffers sexual abuse from outside the family from a young age
- A baby or child removed from safe foster carers placed into a safe adoptive family
- A child who experienced severe health problems and multiple medical interventions

4 & 5

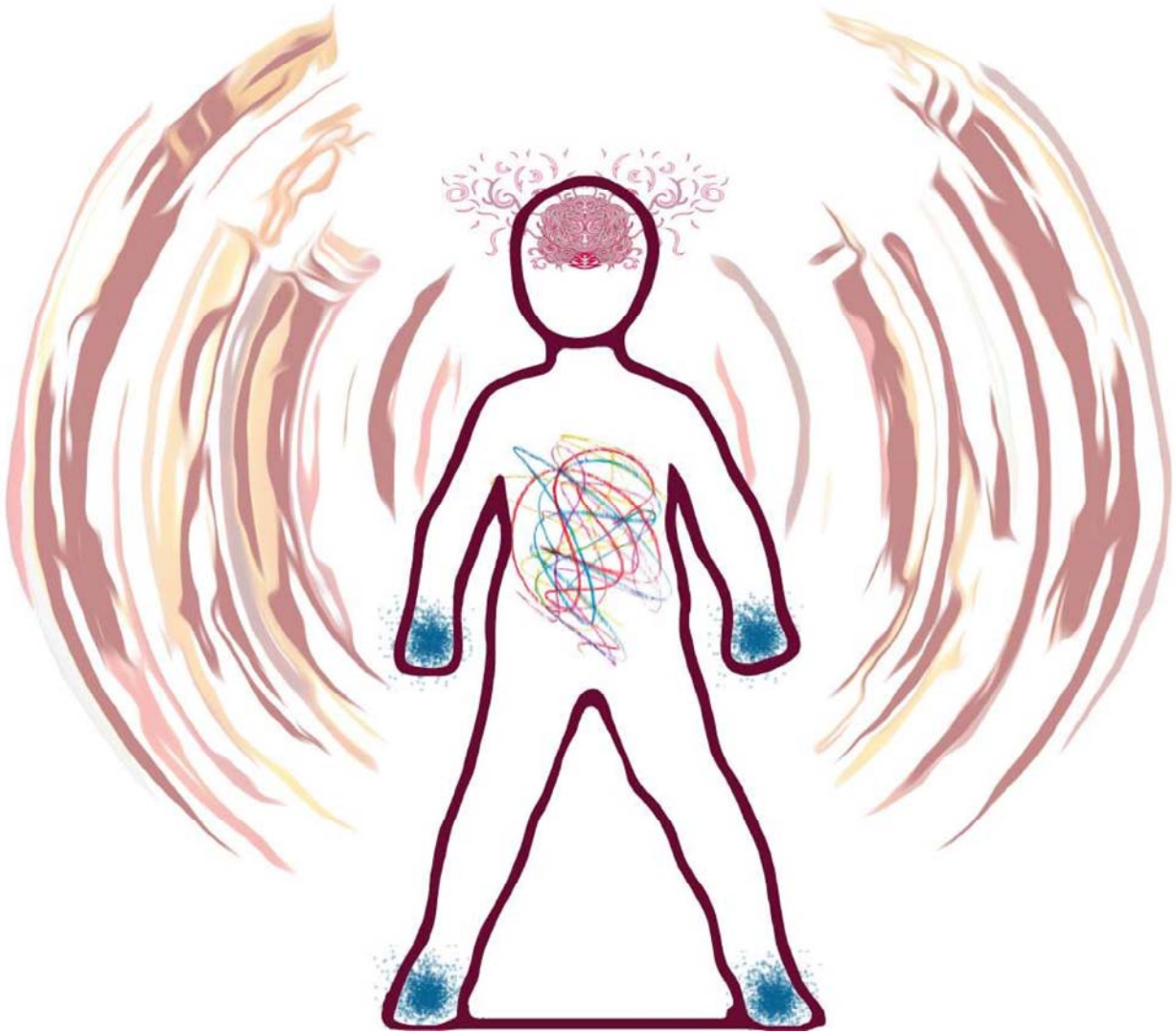
A psychiatrist, Professor Bessel Van der Kolk, showed us that early trauma creates an 'assault' on the child's development over time. Not only do traumatised children develop a range of unhealthy coping strategies which is how they adapted to threat, they also do not develop the essential daily living 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/collapse responses in order to survive the real or perceived danger they face.

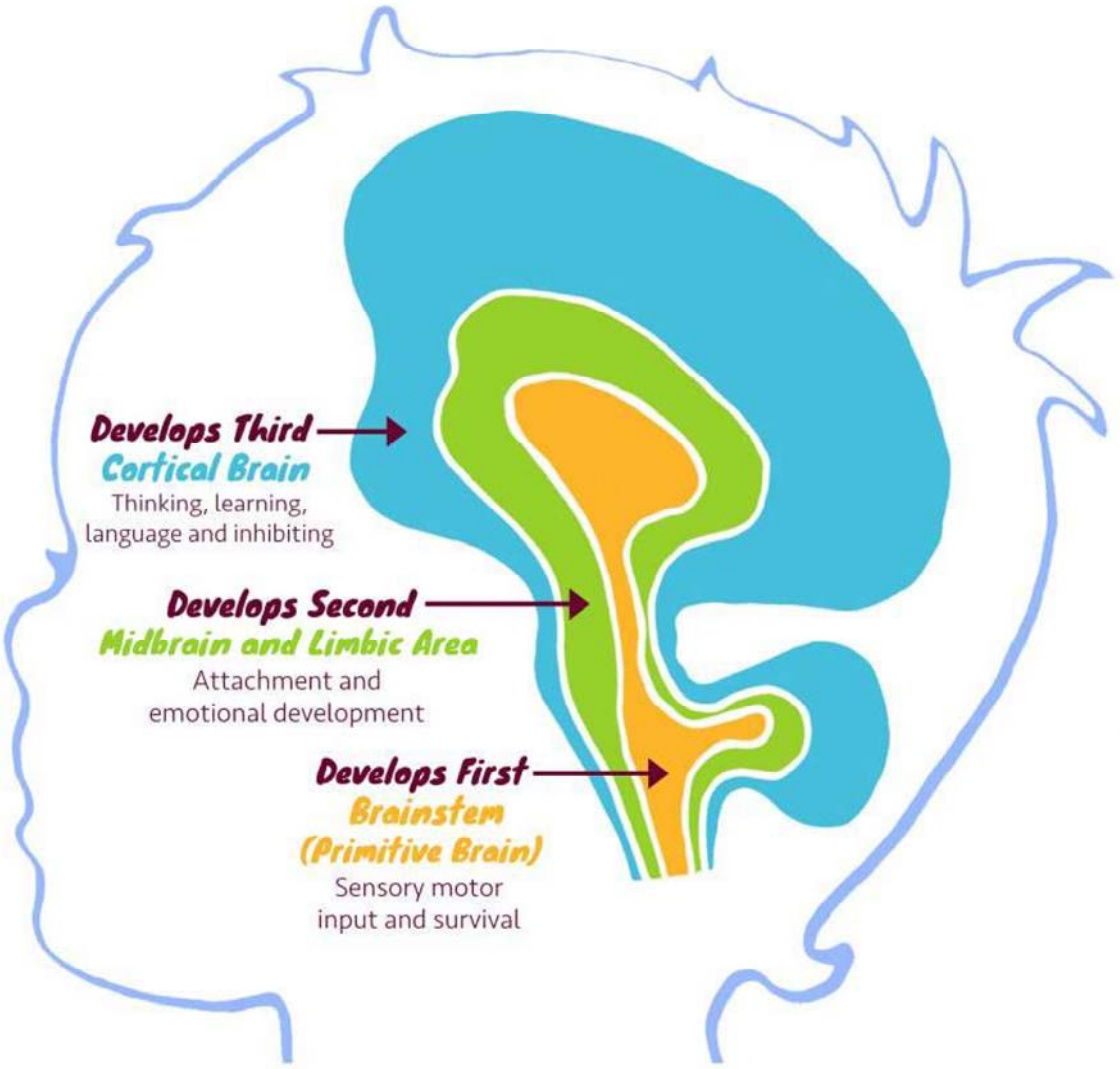
What is Developmental Trauma? *(cont)*

One problem for traumatised children is that when they 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'. As our previous article explained, (*The Repair of Early Trauma: A Bottom Up Approach*) 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.

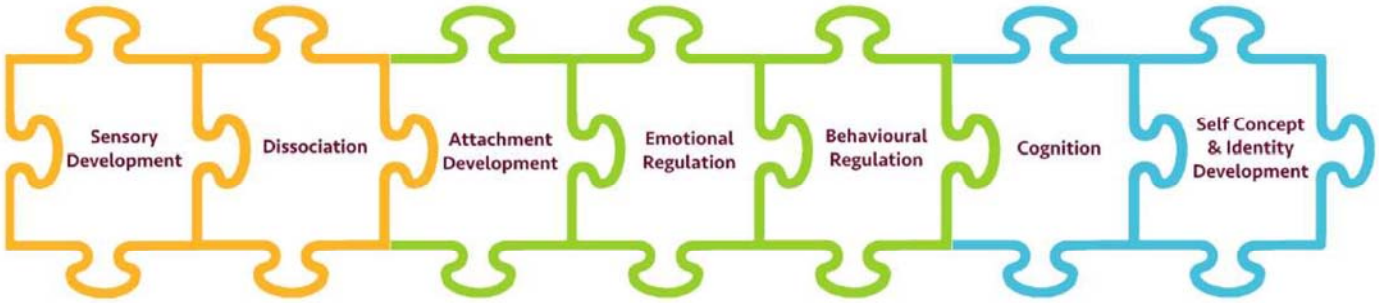


The seven impacts of Developmental Trauma

There are seven areas of impact that we see in children who have experienced Developmental Trauma. These can be mapped on to the order in which the brain develops, in other words, from the bottom of the brain (the brainstem) up to the top (the cortical brain).



The seven pieces of the Developmental Trauma puzzle are:



Dissociation is caused when the three areas of the brain disconnect from each other, which results in the primitive brain shutting down as a way of protecting the self from harm.

1. Sensory Development

Infants and toddlers have not yet developed language to make sense of their experiences. All of their memories are therefore ***sensory memories***; and the baby operates mainly out of their brainstem – the bottom part of the brain which is responsible for basic functions such as heart rate, temperature and behaviours which aim to keep them alive.

Memories before language are known as 'implicit', which means that while the child cannot later recall and talk about them, their body has stored the memories in its sensory systems. Because traumatised children are stuck in 'fear mode' as they grow up, their hyper-vigilance to signs of danger reduces their ability to filter out "irrelevant" sensory experiences such as background sights, sounds and textures. This can mean that the child's sensory system becomes overloaded and overwhelmed, and they feel there is danger imminent, even when they are completely safe.

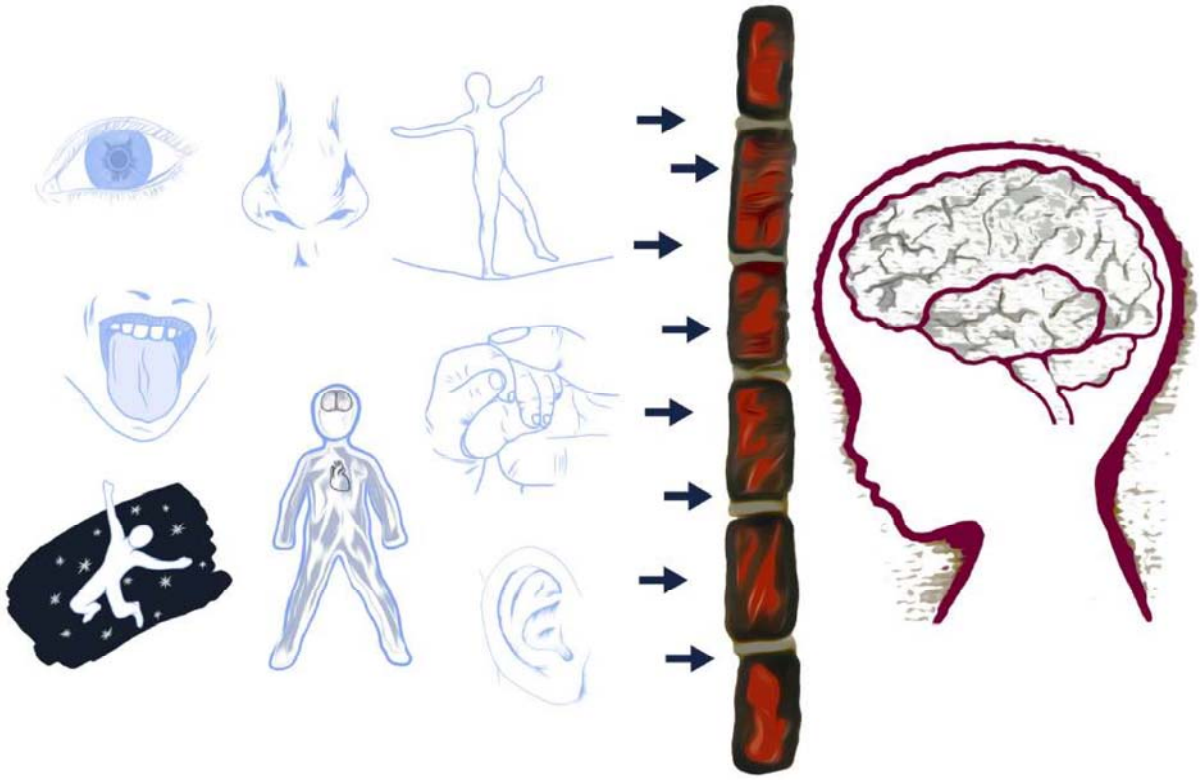
When a traumatised child is feeling stressed, they may have a sensory flashback which means that they re-experience the ***bodily feeling of immediate danger***, with no way to make sense of it or communicating it verbally as the memory has no language 'attached' to it.

Sensory Development *(cont)*

Children will often either over respond or under respond to incoming sensory information because their brain cannot find the 'middle ground' of working out what information is needed, and what information means 'danger'. They may also struggle to know how much force to press on things; find it hard to recognise the nature of textures (e.g. rough, smooth, heavy, light) and they may struggle to find good balance and co-ordination.

In summary, many traumatised children with sensory problems cannot regulate their fear response or their body's reaction to fear; nor can they regulate their primitive bodily functions like heart rate and temperature.

We have written a comprehensive article on the relationship between attachment, trauma and sensory processing difficulties which is available to download at: www.beaconhouse.org.uk/useful-resources/



SIGNS OF SENSORY PROBLEMS AT HOME

- Strong dislike for certain foods & textures
- Strong dislike for touching or overly tactile
- Sucking, biting, chewing to self-sooth
- Avoidance of routines such as tooth brushing
- Jumpy, restless and alert, even when safe
- Difficulty knowing when they are hot/cold; hungry/full or when they need the toilet

SIGNS OF SENSORY PROBLEMS AT SCHOOL

- Difficulty with concentration & attention
- Overwhelmed by noisy busy classrooms
- Difficulty throwing and catching a ball
- Difficulty with co-ordination and balance
- Poor handwriting and pencil grip
- Shutting down/zoning out frequently throughout the day

2. Dissociation

Dissociation is a survival mechanism, and one that is so often overlooked in traumatised children. Imagine a child who is being physically abused by a parent – in that moment of violence they cannot fight back and nor can they physically run away, *but they can escape in their mind*. All humans have a natural ability to mentally 'leave the room' when their trauma is utterly unbearable. Babies and toddlers dissociate when they are in danger or when their experience is intolerable. Dissociation is vital for infants and children who are suffering frightening things, it enables them to keep going in the face of overwhelming fear.

Dissociation is a separation or disconnection between thoughts, feelings and behaviours; and a separation between the mind and body. It is the mind's way of putting unbearable experiences and memories into different compartments. For example – a child may remember a traumatic event but have no feelings attached to the memory; or may show challenging behaviour but have no memory behind the behaviour; or suffer a stomach ache but feel no anxiety underneath it. These different parts of the child's experiences are of course connected, but they learn to survive by becoming unaware of the connections.

In Developmental Trauma, the child often continues to dissociate even when they are no longer in danger. Their brain cannot turn it off. Because memories are fragmented into lots of little pieces by dissociation, children can often have a flashback to a memory, a feeling, a behaviour or a physical pain with no understanding of why or what triggered it. This can feel disorienting and confusing for the child – all they know is that they feel in immediate danger.

The more frightening the child's traumas were, the more likely they are to dissociate; and children in ongoing danger will develop more and more sophisticated ways to dissociate.

Dissociation *(cont)*

Psychologists have found that there are different types of dissociation, and each one gives the child unique experiences. Here are some examples:

Amnesia	• No memory of long periods of time in their childhood • In day to day life, the child may have memory lapses for seconds, minutes or hours of time
Derealisation	• A feeling that everything around them is unreal, like they are in a dream • Feeling as if other people are not real, or that they are like robots.
Depersonalisation	• Having an out of body experience and looking down on themselves from above • Feeling disconnected from their body as if their body belongs to someone else • Feeling as if they are floating away
Identity Confusion	• Speaking in different voices with different ages • Feeling as if they are losing control to 'someone else' inside them • Acting like different people from moment to moment • Feeling as if there are different people inside them

Children are usually not aware that they dissociate or 'zone out', and they cannot put into words what is happening. From their perspective, their experiences are the same as everyone else's. Dissociation leads to a range of behaviours which can often be misunderstood by adults as day-dreamy, being a liar, or problems with concentration. ***In fact, dissociation is the child's brain keeping them safe by momentarily removing them from perceived threat in their day to day life.***

SIGNS OF DISSOCIATION AT HOME

- The child appears as if s/he is not listening to requests from the parent
- Rapid regressions in age-level behaviour, e.g. suddenly acting like a baby.
- Normal punishment and consequences for misbehaviour do not work, as the child cannot learn from their experiences
- Voice hearing
- Relationships are so changeable it is hard to keep up for the adults
- Denying behaviour which adults know they have engaged in

SIGNS OF DISSOCIATION AT SCHOOL

- Frequent 'day dreaming' & lack of focus; leading to under achievement
- Abilities to read, write, learn change drastically from one task to the next
- The child is forgetful or confused about things s/he should know, such as friends' names
- Confusion about day and time
- They get back homework that they have no memory of doing
- Voice hearing
- Sometimes seems very young for their age

3. Attachment Development

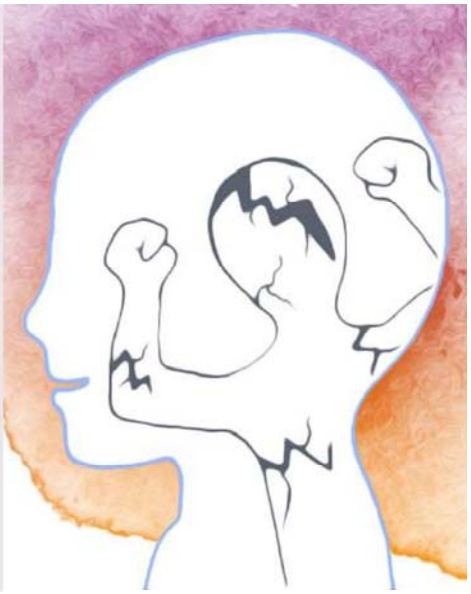
Children who start life in a frightening or neglectful environment, or who are removed at birth, adapt to their environment, and thank goodness they do. Children learn, from as early as a few months old, that certain behaviours (like crying or sleeping) keep danger at bay; and other behaviours increase the chances of danger. They therefore develop a range of ***attachment strategies***. Attachment strategies are there to **(1)** prevent harm and danger but also to **(2)** keep a parent/carer as close as possible even if the parent/carer is also the danger, whilst not allowing them too close.

[6]

A pioneering Clinical Psychologist, Dr Patricia Crittenden, has shown us that all children are very instinctive and wise at organising their behaviour around the danger. Crittenden has taught us that: **Attachment is not the problem. Danger is the problem – attachment is the solution.**

Traumatised children tend to develop one main attachment strategy, which could be either Insecure Avoidant or Insecure Pre-occupied. Here's what these terms mean:

Avoidant children: These children learn early on that showing their feelings and having needs brings on danger or makes their parent/carer withdraw. They learn the mantra "To keep safe and to keep others close, I must hide my emotions and look as if everything is okay". Inside they feel frightened, vulnerable, worthless, grieving and hopeless but on the outside they often seem bright, fine, competent and often even the 'clown of the class'. These children are often not a concern to parents/carers and teachers until later childhood because they do not show 'behavioural problems', until they are triggered by something stressful or a developmental milestone and then they emotionally 'fall apart'.



Pre-occupied children: These children learn early on that showing feelings and 'big behaviours' is the only way to get noticed, and keep parents/carers nearby. They learn the mantra "To keep safe and others close by, I must exaggerate my behaviour and emotions and I must be angry/upset for as long as possible as if I lose my parent/carer I don't know when I will get them back again". Inside these children feel petrified, anxious, worthless and unlovable; on the outside they appear rageful, aggressive, hostile, disruptive and rude. These children bounce from one irresolvable crisis to the next. To have an adult solve the crisis would be too frightening, as it means the adult might disappear. Children who use this strategy are often successful at disarming the adult's angry response by becoming vulnerable or needy.

Attachment Development *(cont)*

Dr Crittenden tells us that there is no such thing as a disorganised attachment - children always organise their behaviours around danger. Some children swing between the Avoidant Strategy and the Pre-occupied Strategy, depending on what works best in that particular environment. Although this can appear disorganised, it is in fact **highly adaptive.**

This can explain why so often the school sees one part of the child and parents/carers see another part, which can be very confusing for both sides.

SIGNS OF ATTACHMENT INSECURITY AT HOME

- Avoidance of emotional intimacy or emotionally over-spilling
- Feeling 'hard to reach', emotions are bottled up and the child is hard to read
- The parent/carer feels exhausted with the unrelenting demands, crises and emotional needs of the child.
- Boundary setting can trigger a big reaction or non-compliance in child
- Episodes of distress or anger last much longer than expected
- Separations trigger anxiety or anger in the child
- The child is controlling of his/her parents and siblings

SIGNS OF ATTACHMENT INSECURITY AT SCHOOL

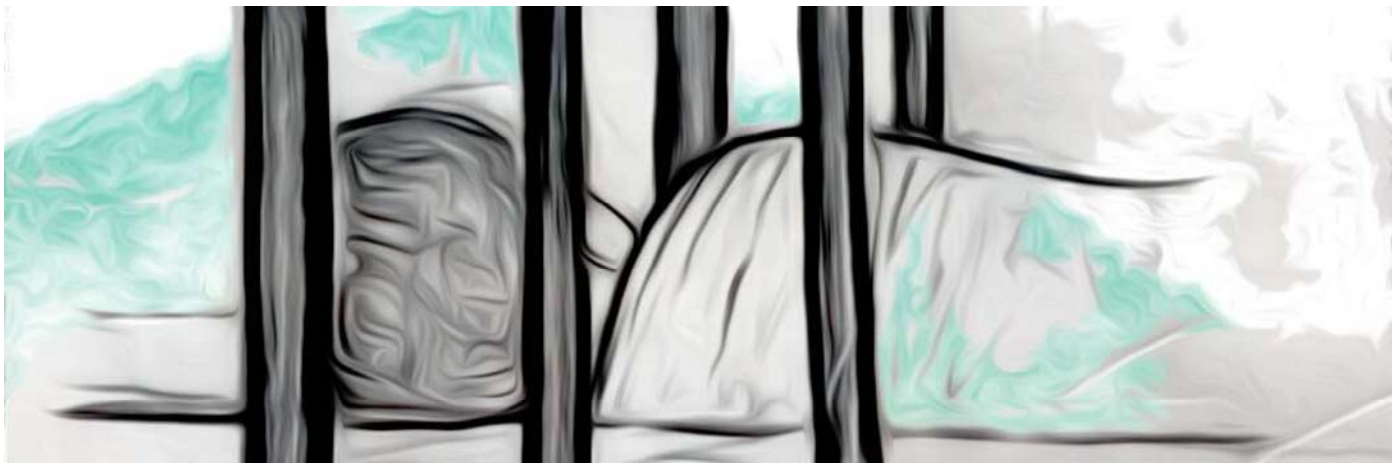
- Difficulties processing new information
- Under performance or over-dependence on academic perfection
- Difficulties planning, organising and completing tasks
- Struggles with transitions, loss and change
- Big reactions or zoning out for reasons not obvious to others
- Difficulties in friendships
- Find it hard to ask for help or the child is always needing help
- Over compliance of disruptive behaviour in class

4. 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 (a) notice they are having an emotional reaction (b) know what emotion it is (c) express it in a healthy and clear way and finally (d) 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'. This means that 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'.

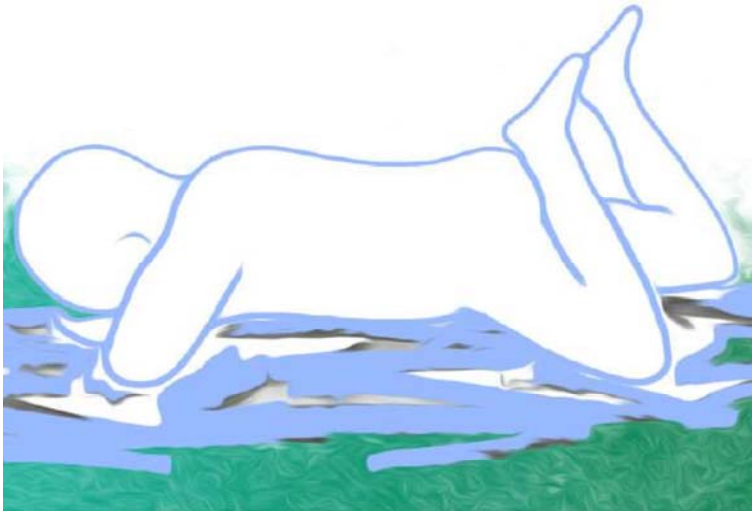
Imagine now, a baby or toddler whose crying is repeatedly met with being hit, ignored, mocked or by panic in the parent. Instead of being soothed, they learn 'my feelings are dangerous, they hurt others, they hurt me'. This then becomes their "rule for emotions" which they may well carry through life.



Emotional Regulation *(cont)*

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 co-regulate 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 teachers and 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.



It may be helpful to think of them as 'attachment seeking' instead of 'attention seeking'.

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.

SIGNS OF EMOTIONAL DYSREGULATION AT HOME

- Prolonged meltdowns over small things
- Lots of arguments as the child cannot see things from their parents' perspective
- Very limited empathy for others
- Frequent child to parent violence
- Tearfulness and clingy behaviours at separation
- Bedtime routine is prolonged and painful
- In teens – self harming, drug use, promiscuity

SIGNS OF EMOTIONAL DYSREGULATION AT SCHOOL

- Outbursts of anger or distress at small events such as a change in activity
- Immaturity in friendships – jealousy, possessiveness, struggles to share
- Too emotional to take on board new learning
- Tearfulness and anxiety at drop off
- Over-dependence on adults
- Rule breaking
- Aggression, running off and hiding

5. Behavioural Regulation

7 & 8

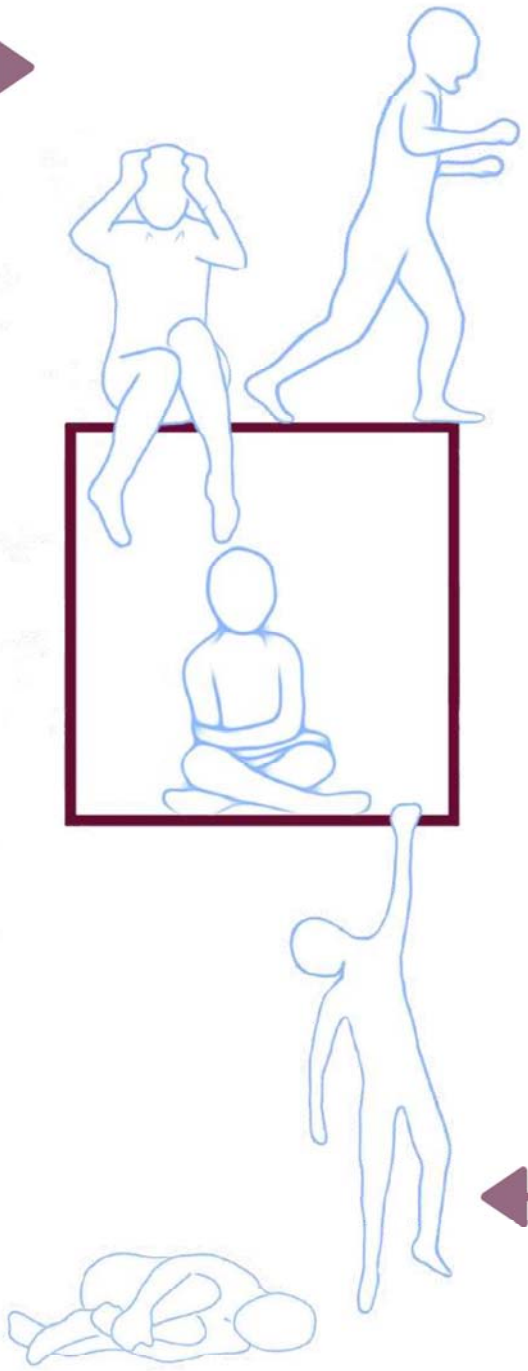
Every individual has what is known as a 'window of tolerance'. This means that there is a state of physical and emotional arousal that is tolerable and bearable, and when a child is within his or her window of tolerance, she or he can think, learn, love and relax.

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. Traumatised children then swing into being hyper-aroused (overly aroused) or hypo-aroused (under aroused).

Hyper-Aroused

Fight/Flight/Freeze

Run
Hit
Scream
Shout
Bite
Spit
Hurtful words
Avoid
Squirm
Disrupt
Fast heart rate
Reduced appetite
Tummy ache
Sweat
Shake
Hyper-vigilant



Hypo-Aroused

Collapse

System shut down
Numb
Dead inside
Feel nothing
Zone out
Feel empty
Cannot connect
Cannot think
Empty shell
Slowed heart rate
Reduced appetite
Tummy ache
Sweat
Shake
Hyper-vigilant

Behavioural Regulation *(cont)*

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.

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. If children could stop their abuse, or the removal from their mother for example, then they would. Traumatised children become experts at regaining the very control that they lost. Controlling behaviours often cause big challenges for adults.

While the child does not know it, they are so often trying to resolve their primal feeling of being helpless in a dangerous world.

SIGNS OF BEHAVIOUR DYSREGULATION AT HOME	SIGNS OF BEHAVIOUR DYSREGULATION AT SCHOOL
• Lying, stealing, hoarding • Over-eating or under-eating • Aggression or lethargy (often seen as laziness) • Unresponsive to day to day requests (often seen as non-compliance)	• Lying, stealing, hoarding • Disruptive in class • Restless, fidgety, moves about the classroom lots • Slowed down, unresponsive

6. Cognition

Chronically traumatised 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, focussed and achieve well academically. Often these children are actually pre-occupied with success and achievement because they feel that being loved is dependant 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 by Hambrick[3] and her team 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 milestone are built on fragile and missing neurological foundations.

Children with chronic trauma often struggle with a range of problems, which can include:

POOR COGNITIVE SKILLS AT HOME	POOR COGNITIVE SKILLS AT SCHOOL
• Unable to learn from mistakes • Cannot organise themselves for the morning and evening routines • Forget complicated instructions • Cannot be reasoned with • Black and white thinking • Ego-centric – can only see the world from their own perspective	• Difficulties problem-solving • Struggles to complete a task • Unable to process information quickly • Cannot remember new information • Cannot put into words what they are thinking • Poor ability to read social cues • Cannot organise their belongings

7. Self Concept & Identity Development

Our self-concept starts forming from the very first messages we received about ourselves from the adults in our lives, and it grows from there. If children get the message that they are not worth keeping safe, that they are disposable or that their crying pushes others away; their self-concept will reflect this.

Children who have suffered early trauma often live with a very deep sense of being 'bad' and 'unwanted', and this becomes their template for how they see themselves, and how they think others see them. No matter how many times they are told that they are wanted and loved, while their head might know this – their heart is stuck in trauma-time. Accepting that they are lovable and worth keeping safe can take a very long time.

Chronically traumatised children often feel confused and lost. They don't feel they belong with anyone or anywhere and are often in search of some validation from others that they are deep down okay.

This can make them very vulnerable to being exploited in relationships or present as 'social butterflies' flitting between friends and groups to try and to fit in. Children with a poor sense of identity struggle to know simple things like what they like, what they enjoy, what they want to do, who they like and dislike, and what they want for the future. Knowing 'what I'm like' is probably something that many of us take for granted, but for traumatised children that sense of 'me' just is often not there.

SIGNS OF POOR SELF CONCEPT & IDENTITY DEVELOPMENT AT HOME

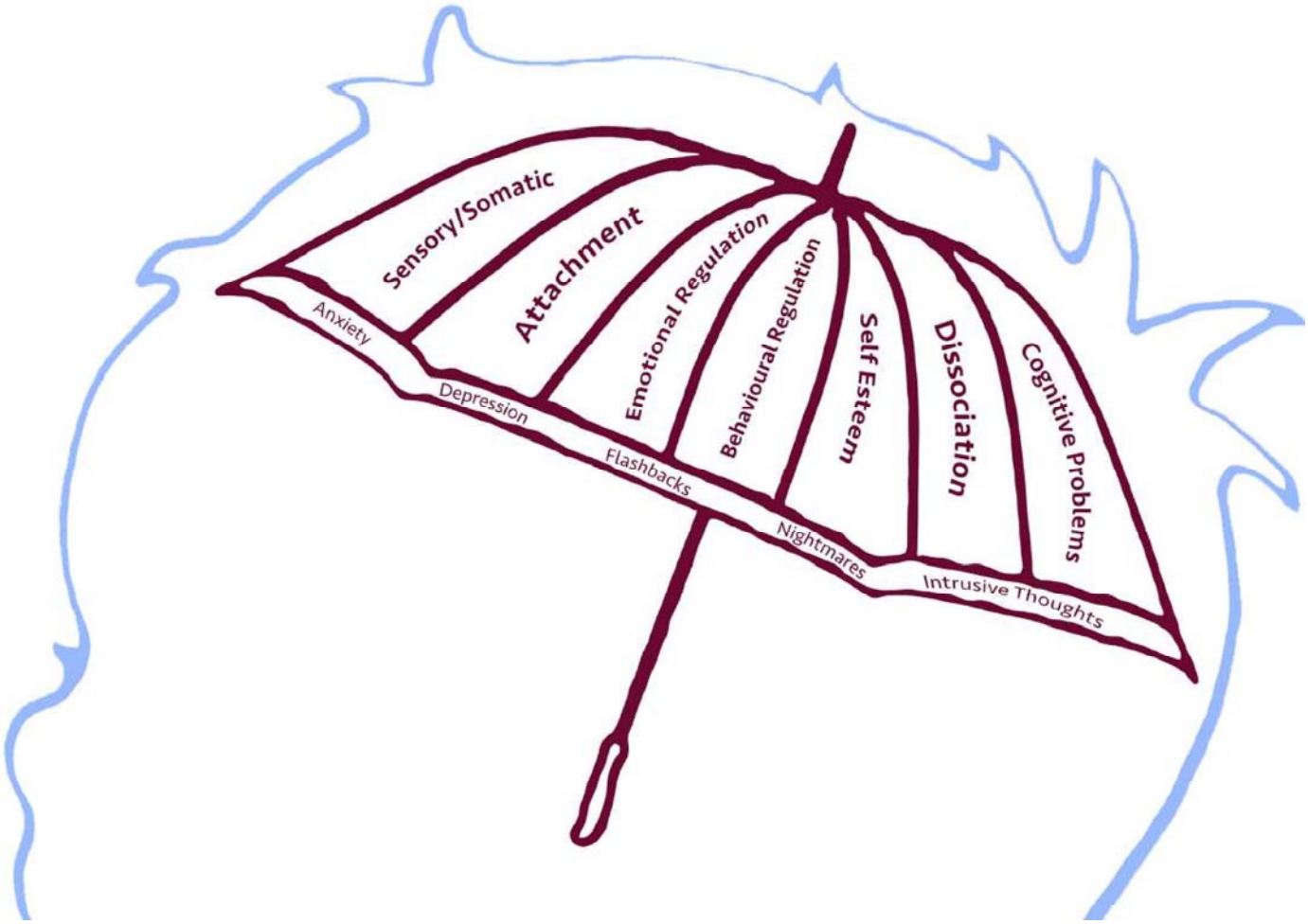
- Not feeling worthy of accepting love and nurture
- Becoming upset at small 'tellings off'
- Becoming jealous when their parent/carer pays others attention
- Saying "I'm stupid" or "everyone hates me"

SIGNS OF POOR SELF CONCEPT & IDENTITY DEVELOPMENT AT SCHOOL

- Being knocked back easily
- Becoming upset at failure
- Self doubt and self criticism
- Not trying for fear of failure

Mental Health

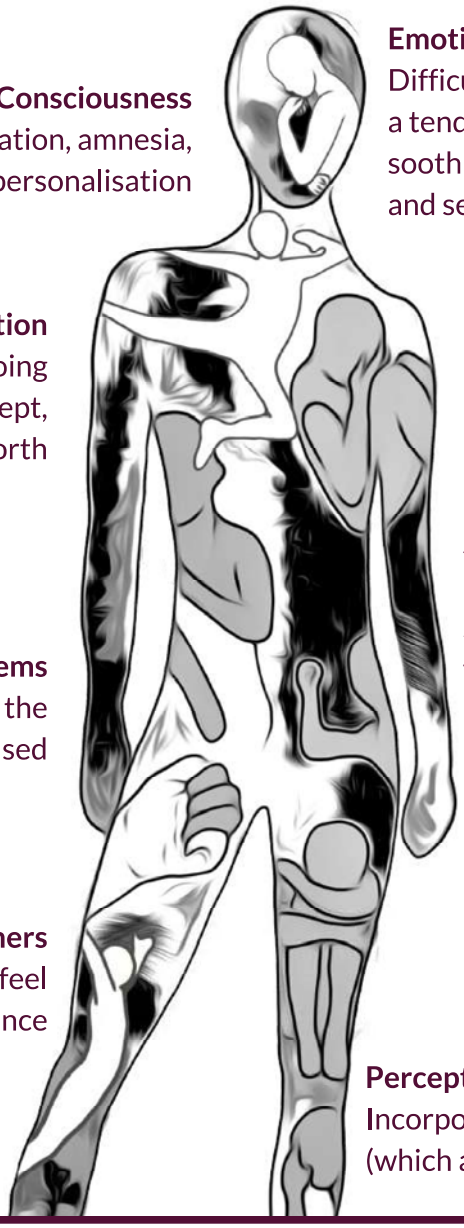
Developmental Trauma is an umbrella term for these 7 areas of impact.



As well as these developmental difficulties the child can also experience discrete mental health difficulties, often connected to episodes of anxiety, depression, and specific traumatic symptoms (e.g. flashbacks, intrusive thoughts, nightmares). So often these symptoms are understood and treated as isolated 'anxiety' or 'depression'; however, for chronically traumatised children this does not tend to be an effective way to address their difficulties. **Seeing mental health difficulties as part of an overall picture of Developmental Trauma is the key.**

When a Traumatised Child Becomes an Adult

The difficulties described here under the umbrella of 'Developmental Trauma' of course do not disappear when the individual becomes a young adult. Adults who have experienced childhood trauma very often continue to struggle with profound difficulties in ways that map onto the 7 areas of impact in Developmental Trauma. The image below shows the ways in which adults can carry the impact of their trauma, which is often described as Complex Post Traumatic Stress Disorder (C-PTSD).



Attention & Consciousness
Dissociation, amnesia, depersonalisation

Emotional Regulation
Difficulties modulating anger; a tendency to self destruct; self-soothing strategies such as addictions and self-harming behaviours

Self-perception
Chronic sense of guilt, ongoing shame, negative self-concept, low self worth

Systems of meaning
Hopelessness about finding someone to understand them or thier suffering

Somatization/Medical Problems
Either specifically related to the abuse or more diffused

Relationship to others
Inability to trust; inability to feel intimate; approach/avoidance

Perceptions of the Perpetrator
Incorporation of his or her belief system (which allows for repeated abuse)

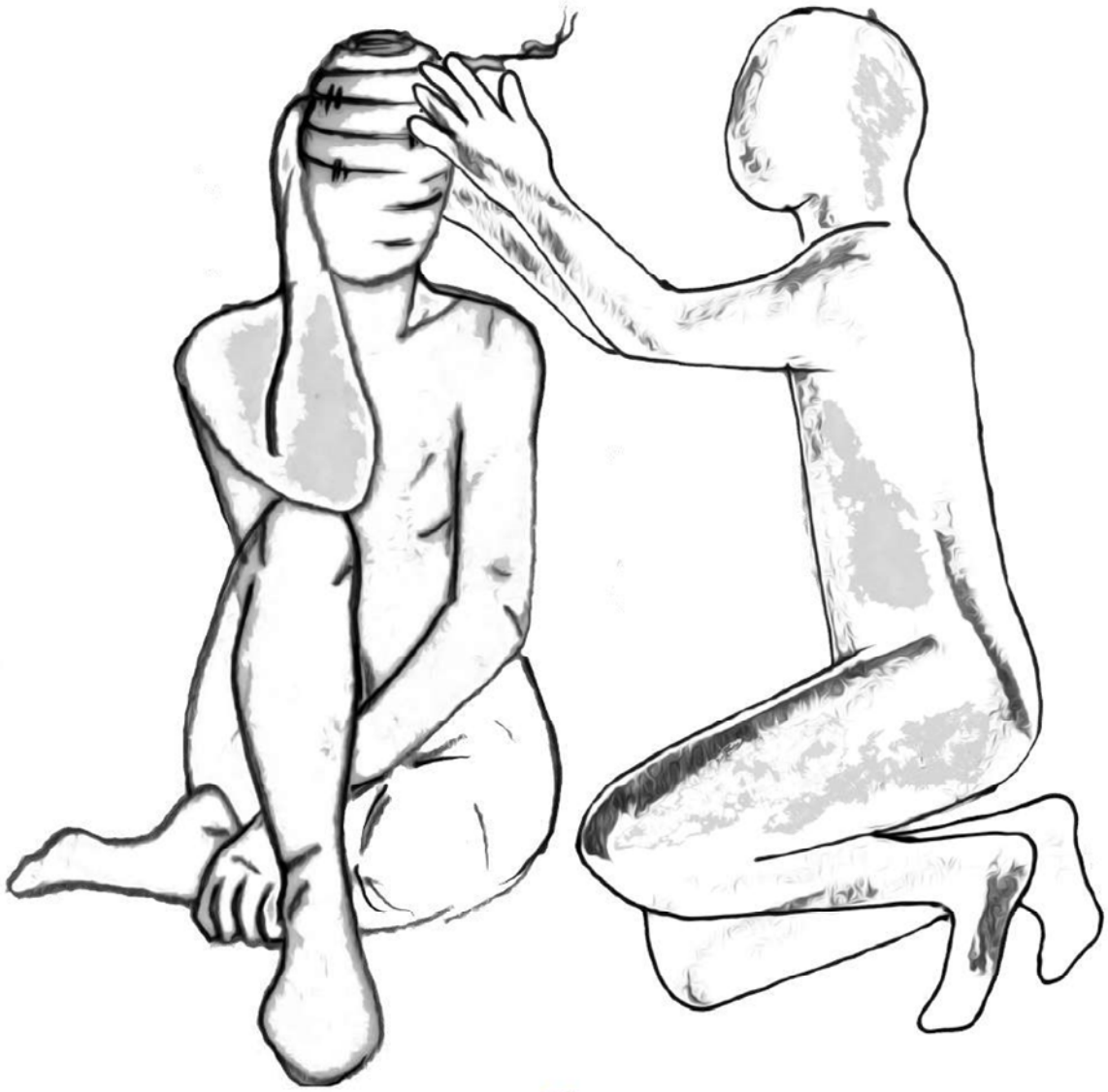
As with children, there are a number of effective therapy approaches which (when offered in the right sequence by a specialist in Complex Trauma) can enable the adult to heal and repair their early wounds.

The Good News!

Dr Allan Schore[9], a pioneering psychologist, is very clear that as Developmental Trauma happens within key relationships, it can also be repaired within relationships. "Relationships heal relationship trauma", is a brilliant quote from Dr Karen Triesman[10].

Dr Bruce Perry[11], another innovative researcher in the area of abuse and neglect, has told us that Developmental Trauma can be repaired - if the right intervention is offered at the right time, in the right order and over a long period of time.

Children are resilient and adaptable, and neuro-science and interpersonal neurobiology is showing us all the time that the brain is flexible and open to being re-sculpted if given the opportunity.



What can I do **as a parent/carer?**

In this next section we will look at the following ideas for how parents/carers can help themselves and their child:

- Survival/Self Care
- Safety & Mastery
- Regulation of Emotions
- Calming or Alerting the Brainstem
- Repair
- Connection
- Going Backwards To Go Forwards
- Understanding and accepting that all behaviour is a communication
- Working towards the right balance of nurture and structure for your family
- Share this information with friends, family and school
- Seek help as early as possible
- What therapy or support works best and why?

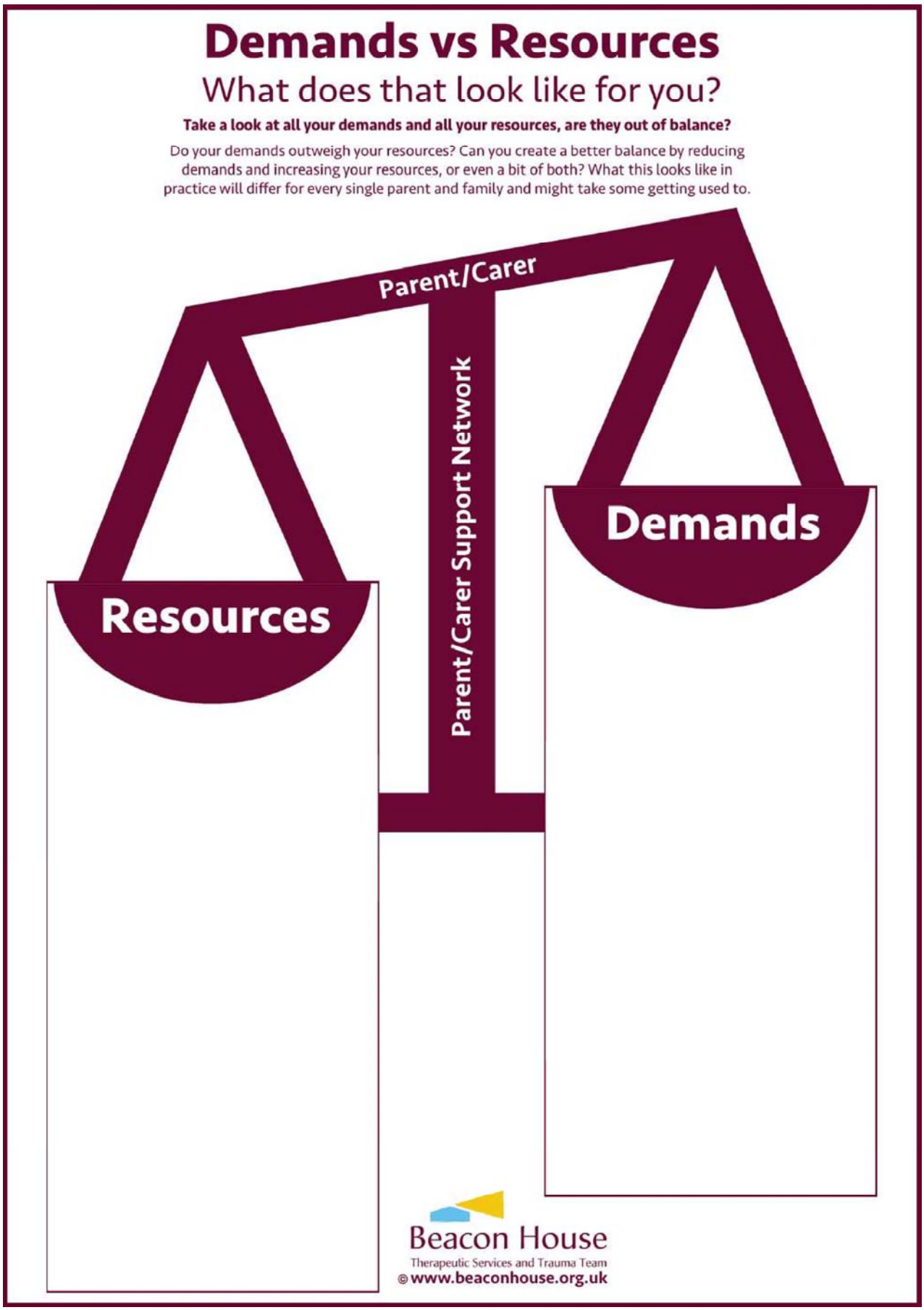
Survival/Self Care

The most important first step for parents/carers is to take care of themselves and each other. We know that this sounds much simpler than it is in practice. A good way to start is to take a look at all your demands and all your resources. If they are out of balance with demands outweighing resources, re-balancing can happen by reducing demands, increasing resources, or a bit of both.

What this looks like in practice will differ for every single parent and family and might take some time to achieve. Can you choose not to feel guilty if, instead of doing chores while your child is at school, you read a book, go for a walk or have a coffee with a friend? Can you set aside the fact that you are perfectly capable of doing the ironing/gardening and instead see if you can afford to pay someone else to do it or ask someone for help? Can you prioritise the time to fit in a guilt-free yoga class or walk around the block three times a week? Caring for a child with trauma can lead to blocked care, secondary trauma and PTSD in the adult. **It is not selfish to look after yourself and to prioritise your needs. If you are okay, then your family can be okay too.**

Parent/carer self-care is like laying down the foundation blocks for the family.

Survival/Self Care *(cont)*



Safety & Mastery

Helping children who have had traumatic early starts to develop a sense of safety, pleasure and mastery are the first goals according to the Psychiatrist, Van der Kolk.

And so, growing opportunities for your child and you to enjoy even a moment together and to notice and talk with each other about the enjoyment is a great way to help them heal.

Again, this is easier than it sounds!

How much both you and your child can tolerate will change from day to day, month to month and that is only natural.

We're not talking a day at Thorpe Park here, more a joint laugh at the TV or YouTube, throwing stones into the sea, trying to sing karaoke (it's funnier the worse you are!) or remembering fun times you've had together in the past.

It may be worth keeping a note of your 'joy' moments to authentically remember through tricky periods.

We can think of these as 'joy moments' and they keep both parent/carer and child going in terms of finding togetherness rewarding enough to risk keep doing it.

Regulation of Emotions

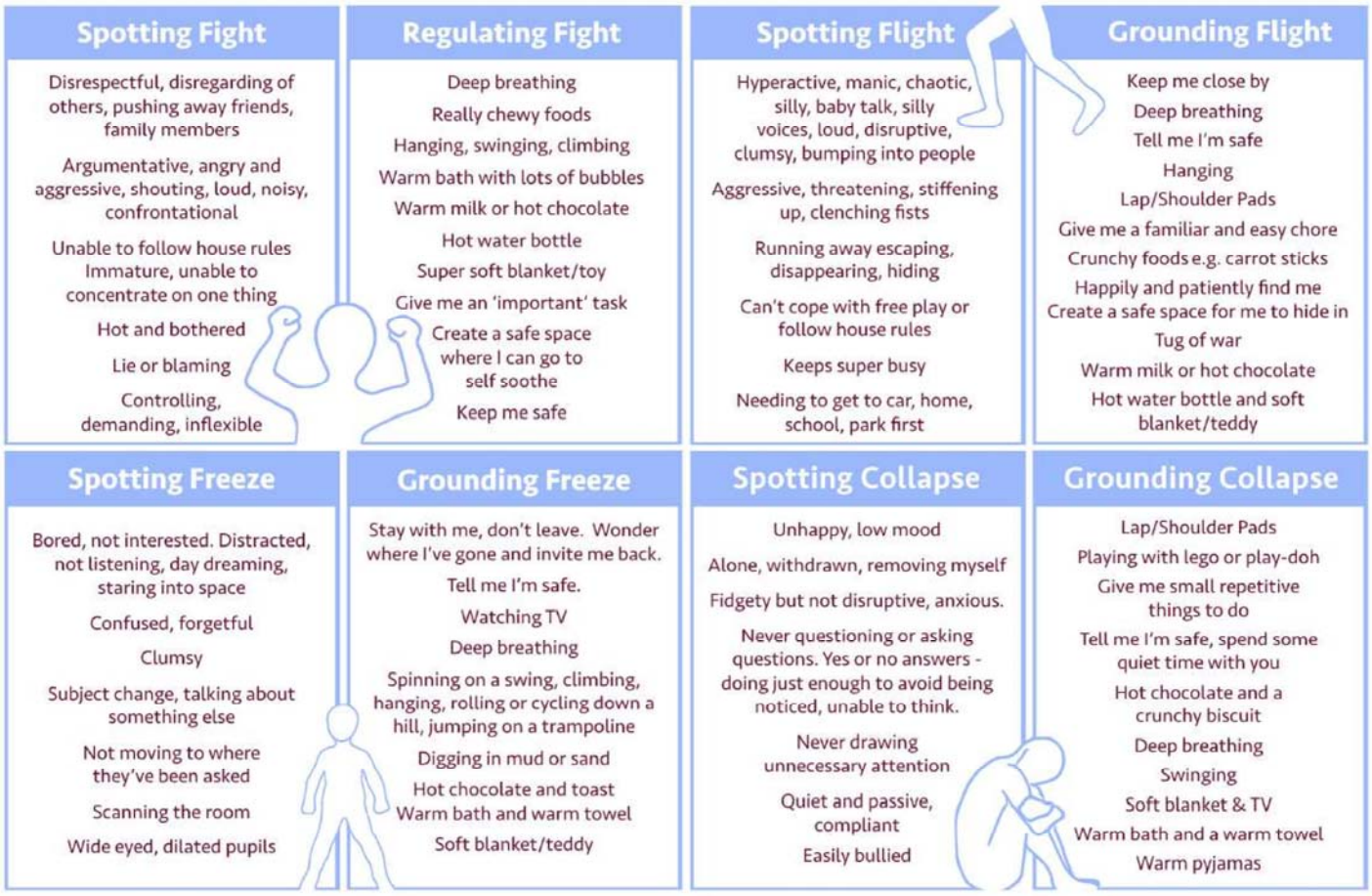
It can be helpful to understand that part of your role as a therapeutic parent/carer to a child with Developmental Trauma, is to regulate your child's big emotions for them.

By observing and trying different things out, in time, you can discover which strategies and activities help to calm your child, and which help to 'wake them up' from being shut down.

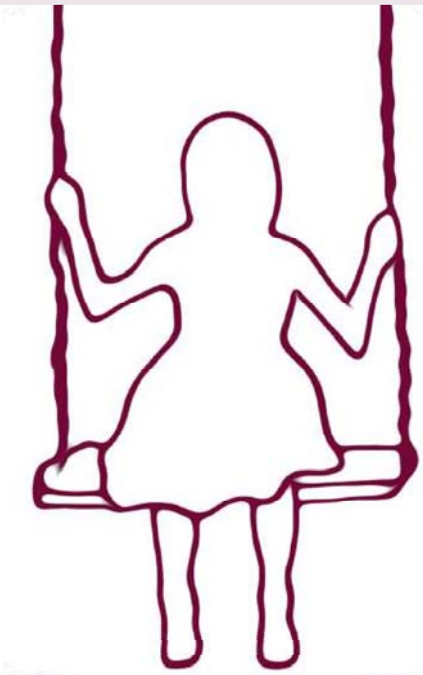
All of these strategies take practice, patience, and persistence; and you will find that no one strategy works every time your child needs regulating.

Having a multiple selection of strategies and activities that work for your child in their various environments e.g. home, school, park, friend's house, is very helpful.

The chart below gives you some regulatory ideas, however, there will be many more you can use by observing what works for your individual child.

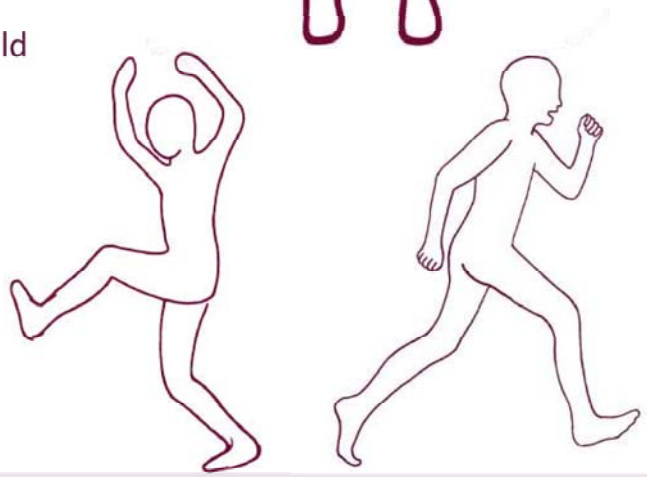


Calming or Alerting the Brainstem



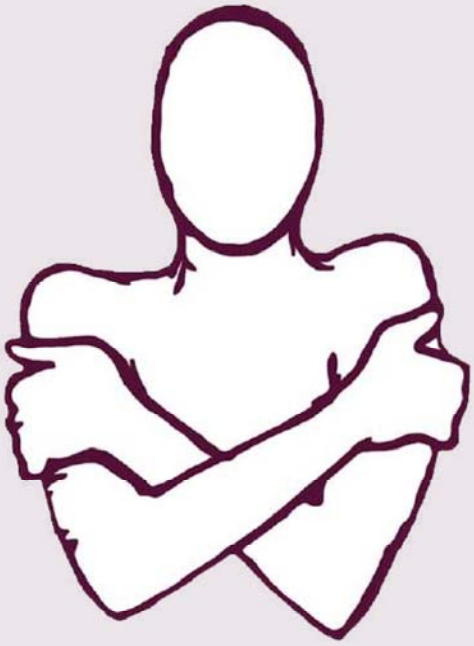
The Neurosequential model teaches us that children who are swinging between fight/flight/freeze/collapse often benefit from activities which either calm high levels of arousal or 'wake up' the under-arousal state. Bruce Perry talks about the need to weave into a child's daily life activities which are:

- Relational (offered by a safe adult)
- Relevant (developmentally-matched to the child rather than matched to their actual age)
- Repetitive (patterned)
- Rewarding (pleasurable)
- Rhythmic (resonant with neural patterns)
- Respectful (of the child and family)



Examples of brainstem calming activities include:

- Drumming
- Dancing
- Trampolining
- Swinging forward and backward on a large gym ball
- Walking, running, hopping
- Tapping
- Breathing rhythmically
- Singing/rapping

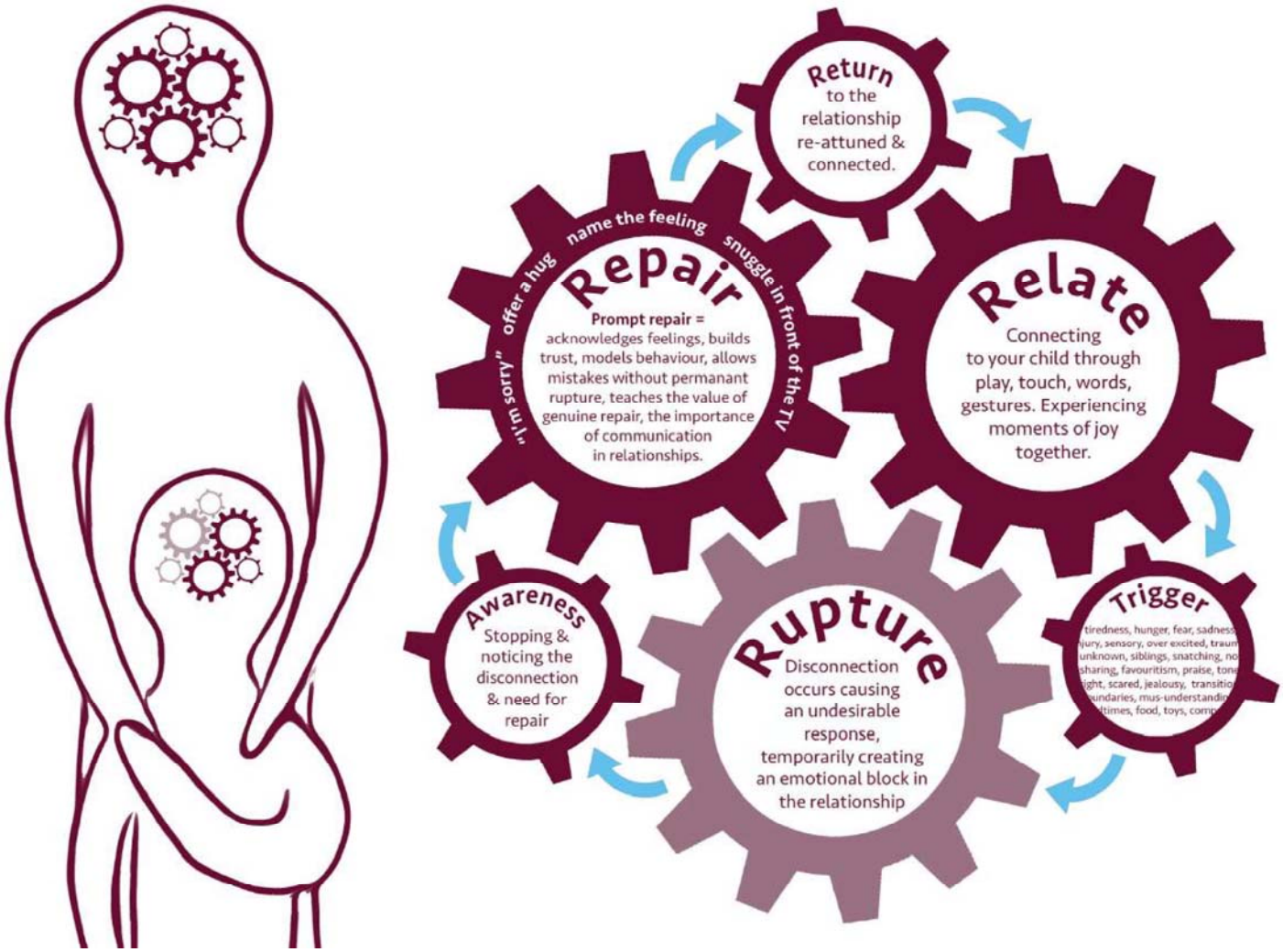


Repair

Prioritising the *repair* part of the attachment cycle is another important way for parents/carers to support healing in their children. As the psychologist, Dan Hughes would say, "you make a mistake, you fix it"[12]. Being confident that you can continually 'fix your mistakes' can be very freeing for parents and children and facilitates safe risk taking in future.

It's something that securely attached children and adults can usually manage, even if the mistake is a big one. Children who haven't developed the sense that making mistakes won't permanently jeopardise the relationship often respond with a defensive shame response instead.

Having parents/carers who can compassionately say "it's okay, things went wrong, I said something I shouldn't have, you said something you shouldn't have, I still love you"; models the message of "no matter what" that early traumatised children are still learning.



Connection

For any therapeutic parenting strategy to work, some kind of connection and attunement must be present within the relationship. However, connection can be challenging as it can be rejected - and often is by children who have had early experiences of inconsistent or unsafe relationships. Therefore we might start with developing a connection in a way that feels tolerable to both child and adult. Developing or repairing a connection can start at a distance and move in over time as attunement and trust grows.

Connection From A Distance

Show them you are holding them in mind even when they are not with you

- A note in their bag: this could be a loving thought about them, a drawing, a poem, a silly joke - or a mixture. Give them blank note cards so they can give you a note too.
- Surprise them for no reason with their favourite biscuit/cake/snack in their lunch box.
- Text/WhatsApp message: simply let them know that you're thinking of them - or even just send a silly picture.
- Play a 3 word story game over text: Create a story together 3 words at a time. Take turns adding 3 words at a time to create a silly story.
- Have a special ring tone on your phone and let them know it belongs to them.
- Buy them a photo keyring to put on/in their bag - let them know it's because you want them to know you are always thinking of them.
- Reverse a baby monitor and put it in their room so they can hear/see you as they go to sleep.
- Spray your scent on to the sleeve of their uniform or let them use your moisturiser before school.
- Draw a symbol on thier hand and yours, every time you press it it sends a virtual hug/kiss/love to the other person.

Tolerable Nurture

Connecting with a child who perhaps has been rejecting/violent towards you can be daunting. Tolerable nurture offers re-connection in a manageable way and shows them you are holding them in mind - even if you are in a different room!

- Sitting next to them to watch a film/TV.
- Playing on their games system with them.
- Touching their hand/shoulder/back briefly when they are eating dinner.
- Putting recent photos up of you together in every room.
- Visible/explicit memory box of the things they have made, copies of nice texts that they have sent you etc, kept in this special place.
- Spontaneous home disco/karaoke.
- Go swimming and dive for weights together.
- Sing happy, loving songs from another room and change a key word to include their name.
- Co-create a bucket list of managable mini dates you want to do together and surprise or schedule this in at various moments.
- £5 gift challenge. Each of you has £5 and 1 hour to find a gift for each other, it ends with hot chocolate and gift giving.
- Mutual face painting/make up/nail painting.

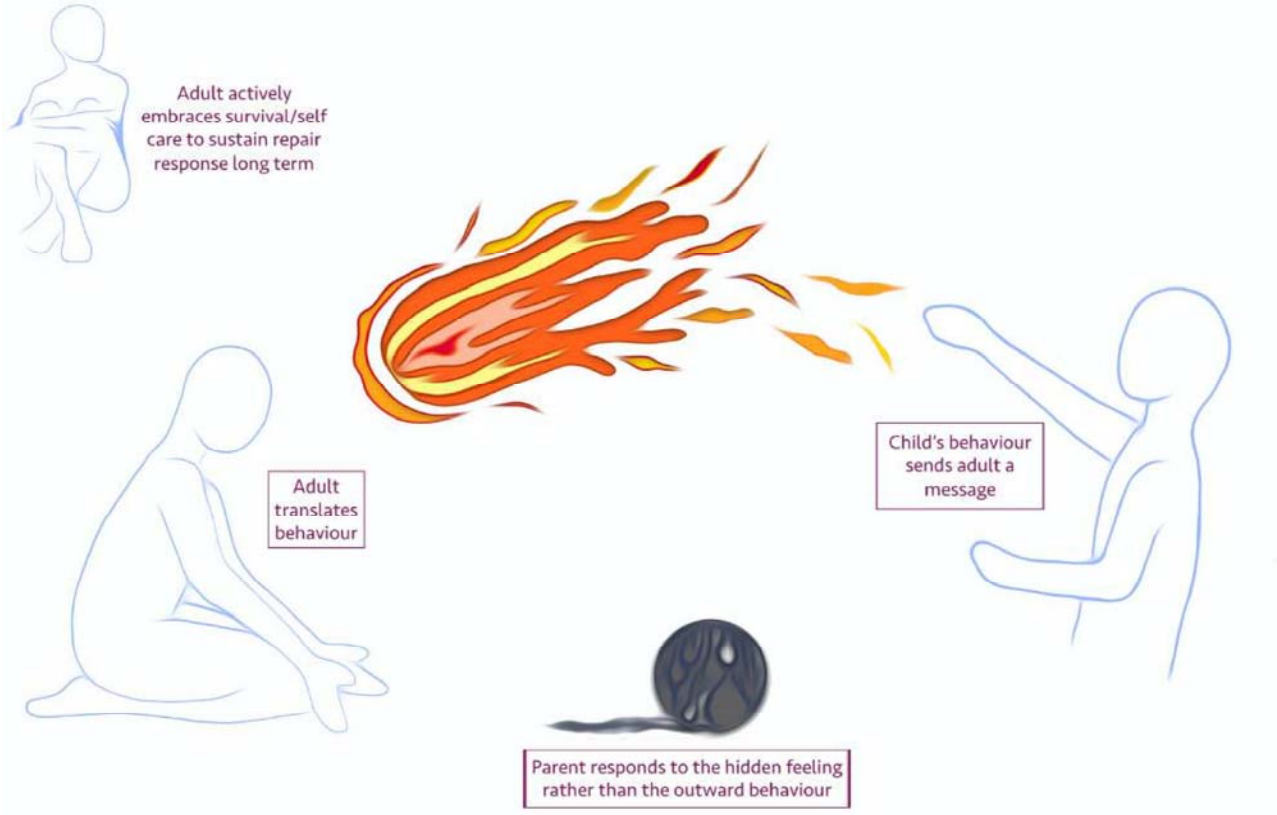
Going Backwards To Go Forwards

It can be disheartening when you feel like you have had a significant shift in your relationship with your child and then it all seems to fall apart again. In fact, this is normal and not a step backwards at all. There will be significant developmental gaps in your child's foundations that need to be filled before or alongside them making progress in skills that are typical for their actual age.

It can be helpful to think of your child as their emotional age not their actual age. Think about what toddlers need (predictability, cuddles, nurture, play, co-regulation, appropriate stimulation, help with social relationships) and offer that to your child when they are 'dysregulating'.

Understanding and accepting that all behaviour is a communication

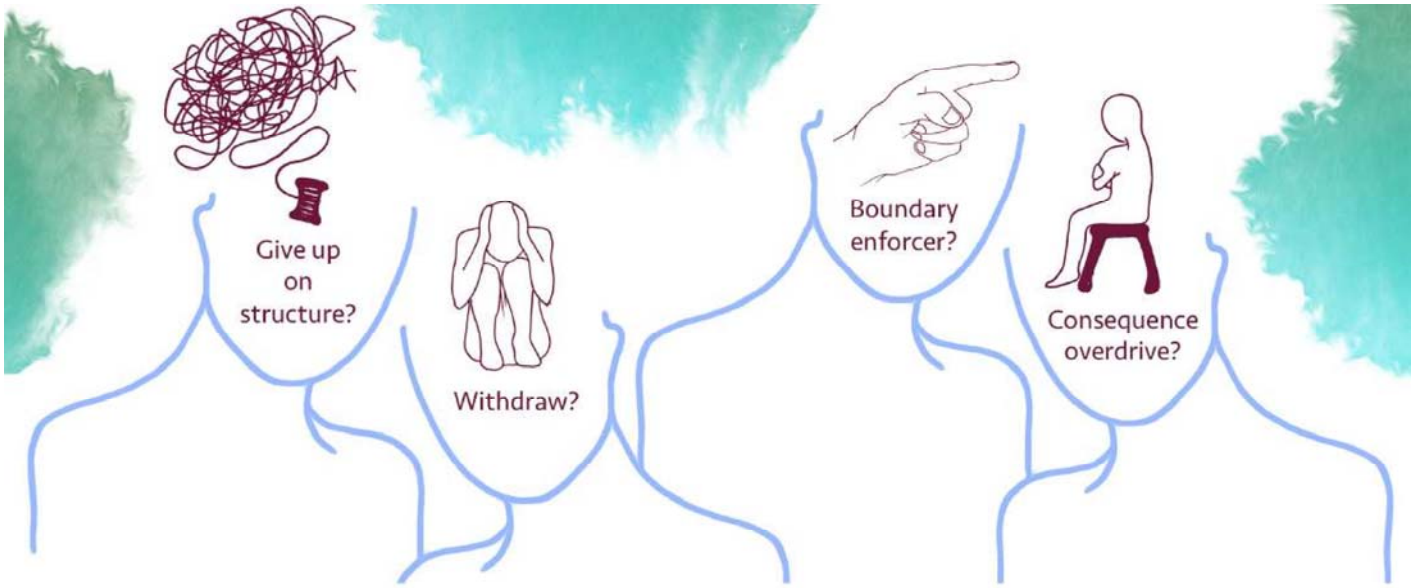
When children feel right they can behave right; however this takes some time. As the adult in the relationship, if you can help them make sense of their behaviour by naming the underlying hidden feeling, and responding to them in a calming and safe way; then over time, you are repairing their trauma. Parents need good self-care to keep up this tough but important task! A really great book which explains more about parenting strategies like this is Dan Siegel's "Whole brain child".



Working towards the right balance of nurture and structure for your family

Children who have had chaotic starts in life usually need high levels of both nurture and structure. This is to support their sense of life and relationships as predictable and consistent and that others are kind or at least neutral.

There are lots of ways of achieving this in practice but knowing where you 'go to' when stressed is an important part of the picture.



When pushed, where do you go?

For example, when you feel pushed to the limit by your child's challenges, lies or withdrawal - are you more likely to give up on structure and withdraw yourself or go into boundary and consequence over-drive? What about your partner?

Knowing where you go is a first step to staying connected when times are tough.

Awareness of where you go when pushed →

Clear boundaries
Family routine
Structure

Preventative measures put in place

Quality Sleep
Self/Survival Care
Support

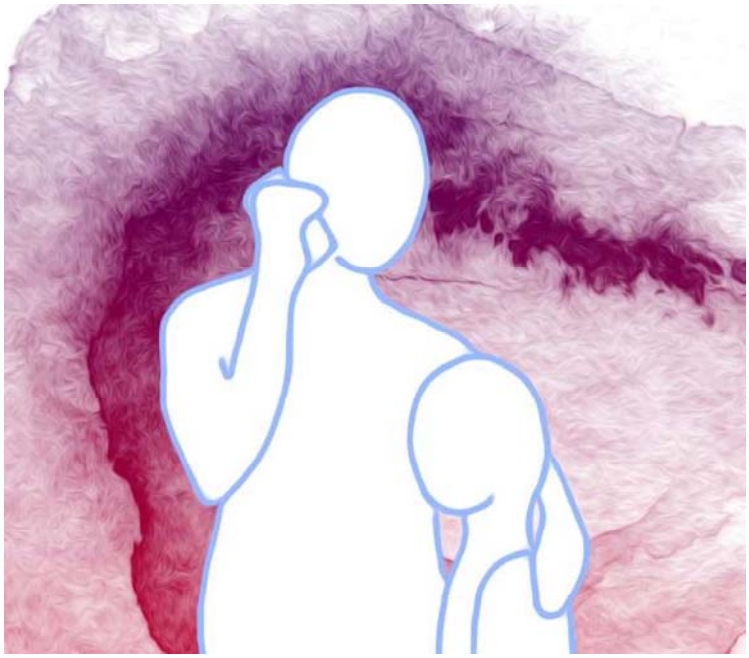
→ **Acknowledge you are human and repair when you do go there**

Share this information with friends, family and school

It can often feel very isolating for parents/carers who are struggling with the fall out of Developmental Trauma in their child. Others often misunderstand the child as 'naughty' because they do not yet understand the brain science behind early trauma. If you feel able to, share this article with school, friends and family so that they can begin to understand your child in this way too. Having a shared view rather than opposing views can help to build bridges in the network of adults around the child and begin to repair Developmental Trauma.

Developmental Trauma Close Up
Download: http://beaconhouse.org.uk/useful-resources/

Seek help as early as possible



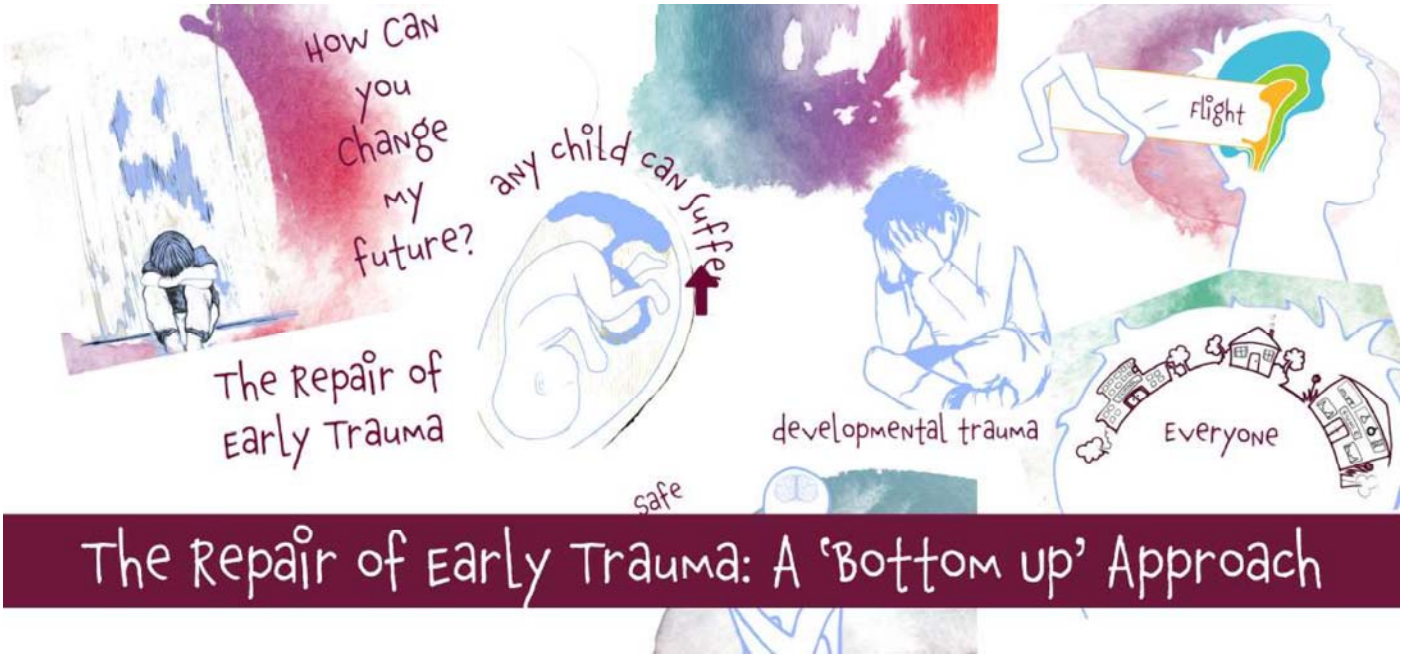
Therapeutic intervention can help at any point in the child's life, so if your child is now a teen or even heading towards early adulthood, don't despair. Interventions are still helpful, it is never too late. Having said this - the earlier support is offered the better. Don't sit and wait, if you feel that your child is struggling then seek out specialist support as soon as you can. Prevention is better than crisis response for the child and their adults.

What therapy or support works best and why?

The first task for children who have had traumatic experiences in early childhood is to establish safety. For many who access therapy this goal has been at least partly achieved already in the context of a stable, loving and attuned family placement, adoptive or foster home or a therapeutic residential home.

Because we are talking about development as the casualty of the trauma, it is essential that we start at the foundations and work our way up. Careful and detailed assessment arriving at a formulation of what happened when; what impact did it have then and what is the effect now is therefore the first step.

At Beacon House, our assessments and therapeutic approach are informed by the Neurosequential Model (Bruce Perry)[11].



For further details on the Neurosequential Model, watch our animation, download the article and free resources please click here:
http://beaconhouse.org.uk/useful-resources/

Like the developmental period from 0-3, the therapeutic model will sometimes involve a process of work over 3 years. This will include gaps for children and families to consolidate progress and have a break from the sometimes intense work of therapy.

What Survival Looks Like At Home

www.innerworldwork.co.uk
InnerWorld Work

Beacon House
www.beaconhouse.org.uk

In collaboration with Beacon House Therapeutic Services & Trauma Team

Something unexpected and very frightening happened to me that made me fear for my safety.

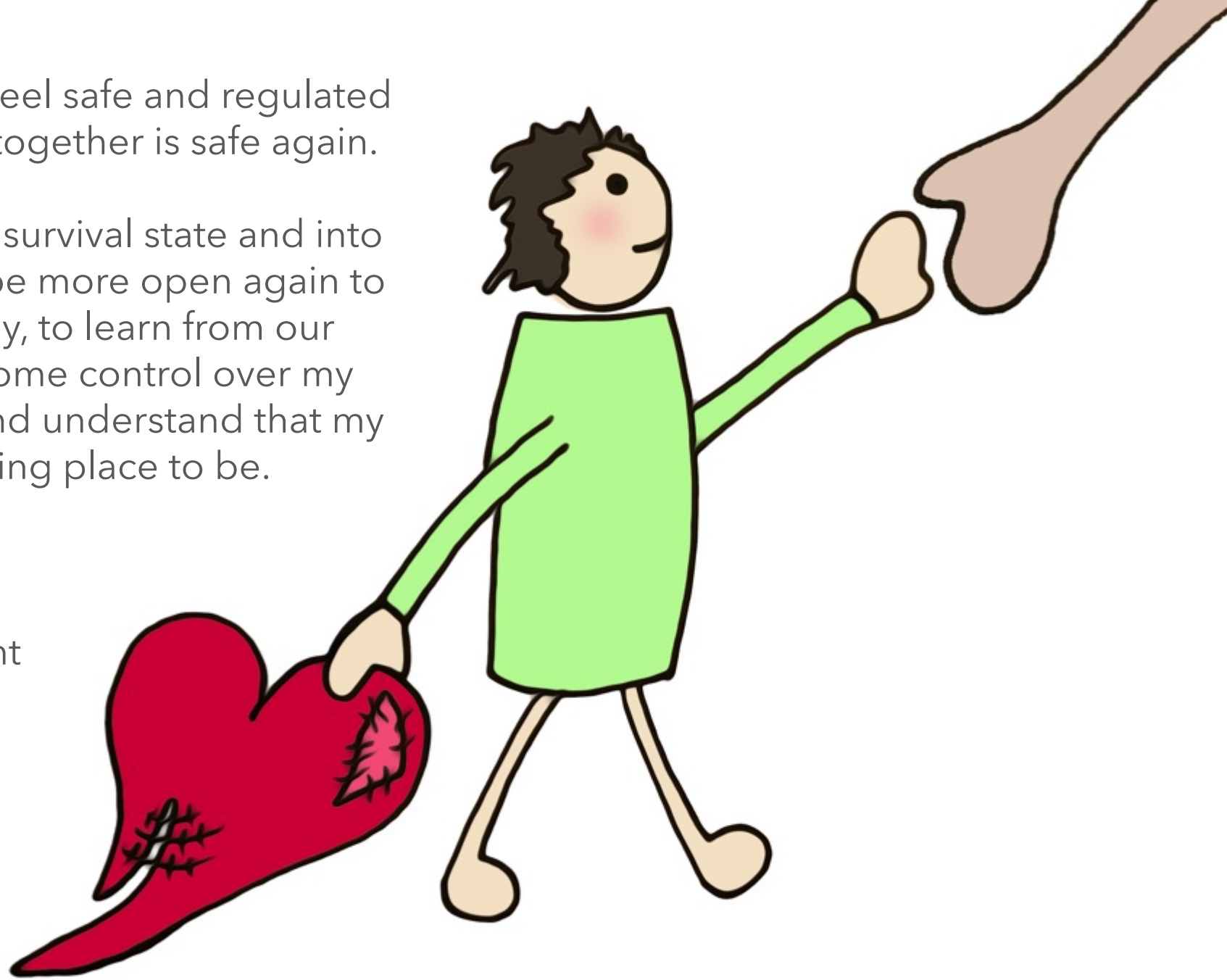
As a result, my brain and body are ‘stuck in trauma time’ as a way to protect me from the scary thing happening again. It’s like my brain can’t learn that I am actually safe right now.

To cope with the feeling that I’m constantly in danger, I swing between different survival modes to keep safe when I feel scared.

I would really like your help to feel safe and regulated so I can believe that our world together is safe again.

By travelling with me out of my survival state and into a calmer frame of mind, I may be more open again to listening to what you have to say, to learn from our life together, play safely, gain some control over my body, enjoy my relationships and understand that my world with you is a safe and loving place to be.

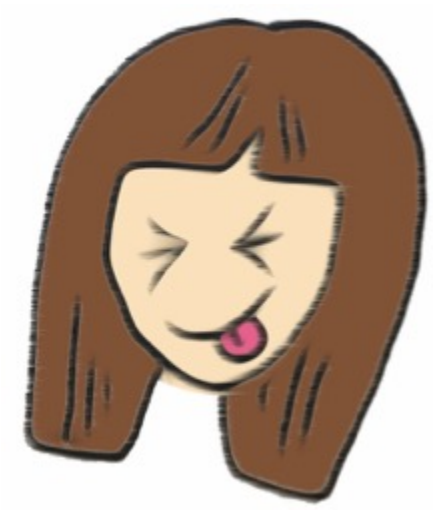
I would love you to see these hidden feelings rather than my survival state behavior, I do want to relax and enjoy our life together but I need your help to do this.



www.innerworldwork.co.uk
InnerWorld Work

This booklet tells you about the 4 different survival states that I swing between:

Freeze



Flight

Fight

Submit

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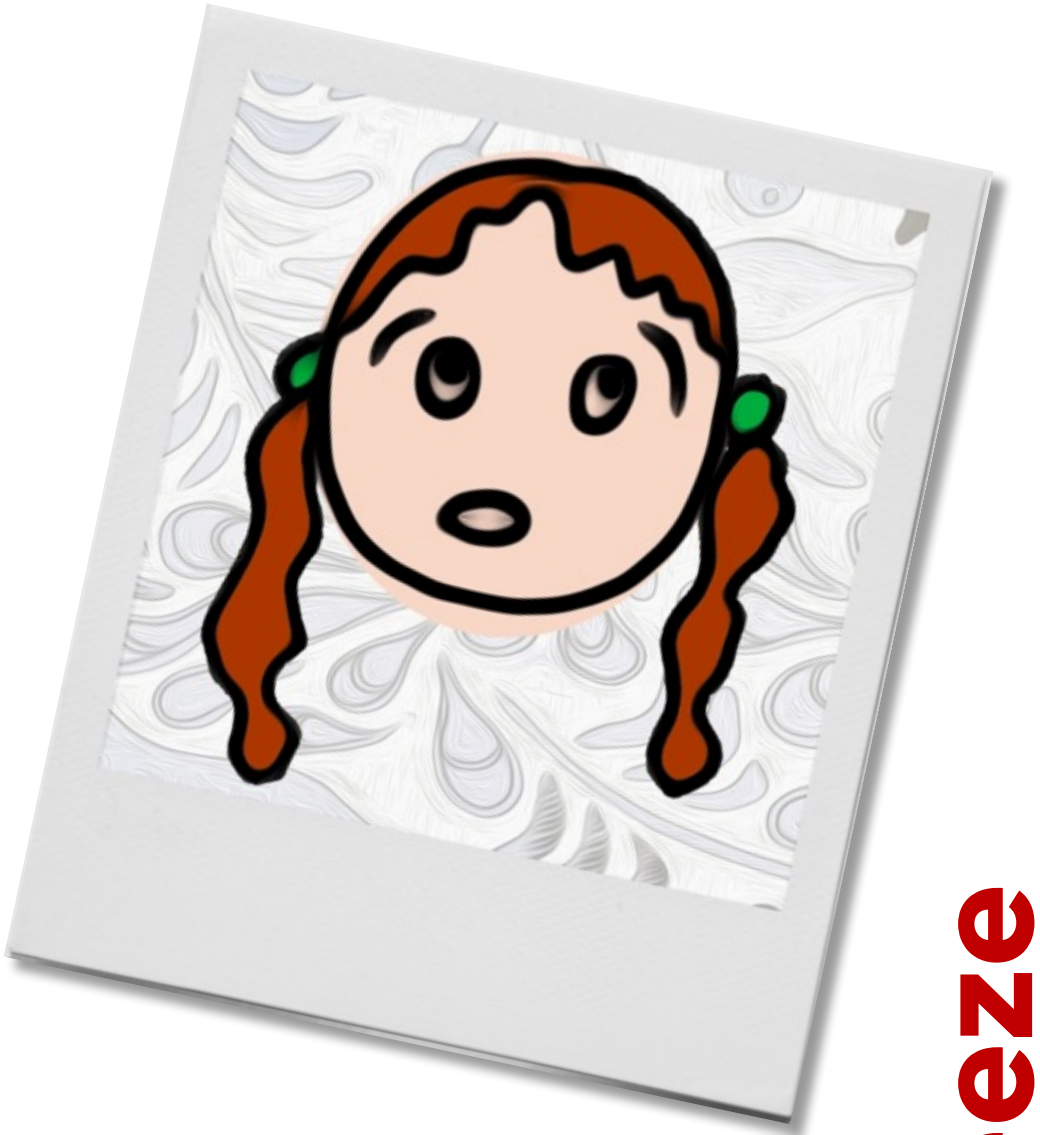
InnerWorld Work

What I look like in Freeze…

- Bored, not interested
- Confused, forgetful
- Distracted, not listening
- Clumsy
- Talking about something else, moving you on
- Not moving to where you've asked me to be
- Standing still/sitting still (hanging/lounging about)
- Finding it hard to stay focused on what you've asked me to do
- Scanning the room
- Wide eyed, my pupils might dilate
- Zoned out, daydreaming, staring into space



Freeze

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InnerWorld Work

What I am aware of in Freeze…

- My heart is beating faster, my breathing is faster
- My brain is slowing down
- I am under attack
- I can't do what you have asked
- I am terrified
- I am trying to think of something that makes me feel safe
- Background noises, I can hear what is going on around me without needing to specifically focus
- The tone of your voices rather than the words, I can hear you're getting frustrated with me
- Feeling deeply anxious
- I need to get ready to protect myself
- I am looking for where the danger is coming from

Freeze

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InnerWorld Work

How my body feels in Freeze…

- Frozen brain
- Under attack
- If I don't move you can't see me
- Everything feels like a dream
- Ready to fight and defend myself
- Very scared
- In a fog, disconnected, numb
- My pulse rate is going up
- My muscles are tensing, my hands might clench into fists
- Some sounds are louder and some more distant, I can't focus on what is being said but I can clearly hear the tone.

Freeze

What's happening in my Inner World…

- I am a failure, you are going to send me away
- I can't be who you want me to be
- I am not worth bothering with
- Shame, I hate myself
- I need to get somewhere safe, I don't know what's going to happen
- I am an outsider, I don't belong here with you
- I can't do this and you will get rid of me when you realize
- I am humiliated, embarrassed
- I'm scared, I need to feel safe
- I can't bear your rejection

Freeze

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InnerWorld Work

You can help me feel safe again…

- Stay with me, don't leave me alone
- Tell me I'm ok and that I am safe
- with you
- Watching TV
- Deep breathing
- Spinning on a swing, climbing and hanging
- Rolling or cycling down a hill
- Digging in the garden or in some sand
- Jumping on a trampoline
- Carry out the chore you have asked me to do with me
- Gently wonder where I have gone and invite me back to the room
- If I have forgotten what I was supposed to be doing, remind me again gently
- Hot chocolate and a piece of crunchy toast
- A nice warm bath and a warm towel
- Put a soft teddy in bed with me

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InnerWorld Work

Freeze

What I look like in Flight…

- Hyperactive, manic, giddy, silly
- Aggressive, threatening: stiffening up or clenching fists
- Running away, escaping, disappearing, hiding under the table/bed/sofa
- Clumsy
- Disruptive, loud and noisy
- Not coping with unstructured time to play
- Unable to follow house rules, avoiding what you've asked me to do
- Lonely
- Keeping super busy
- Baby talk/silly voices
- Bumping into people
- Needing to get into the car/house/park first

Flight

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InnerWorld Work

What I am aware of in Flight…

- Vigilant to what is around me , everything feels like a threat
- Sudden noises (you probably won't be able to hear them)
- Overwhelmed, I am overstimulated, I can't cope or focus
- Noise levels
- The tone of your voice
- Worrying about what is happening next
- How far away I am from being safe
- I need to get out of here – now
- Lonely, even though you are nearby
- Panicky
- Feeling bad, movement is distracting
- Shame
- Anxious, apprehensive

Flight

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InnerWorld Work

How my body feels in Flight…

- Terrified
- Nauseous
- Jumpy and tense
- My joints are painful
- Increased sweating
- Numb
- I feel like I'm vibrating
- My breathing is getting quicker, I am ready to run and escape
- My muscles are tensing so I can fight my way past, ready for action
- My heart is beating faster and faster - my pulse is going up and my heart is racing

Flight

What's happening in my Inner World…

- I need to get out of here, I am in danger
- I need to find somewhere safe
- I want to escape but I can't
- I am not as important as my sister/brother/cousin/friend
- I am not worth much, I am worth nothing at all
- I am completely alone in this world
- I must not show how I feel to anyone, they won't want me anymore
- I must not tell anyone how I feel, they won't want me anymore
- I don't belong here, I am not part of this family

Flight

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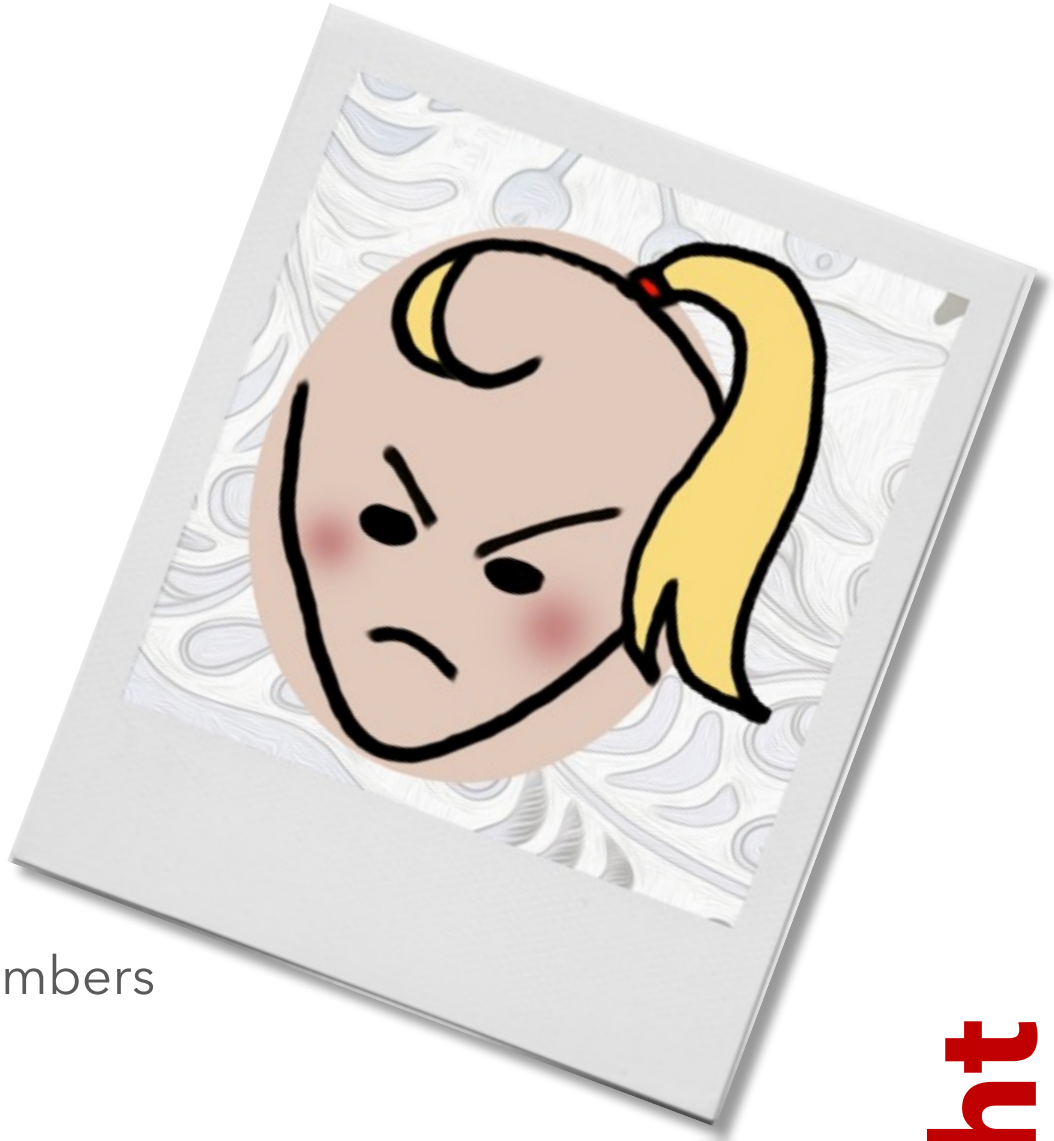
InnerWorld Work

You can help me feel safe again…

- Keep me close by
- Find me again – happily or at least patiently
- Deep breathing
- Give me a familiar and easy chore to do
- Crunchy foods – carrot sticks, a biscuit, a rice cake or a packet of crisps
- Tell me that I am safe with you
- Hanging from monkey bars
- Talk through what you think I am finding tricky using a kind voice
- Heavy blankets
- Create a safe space where I can hide away I when I need to
- Tug of war
- Cup of warm milk or a hot chocolate
- Hot water bottle and a soft teddy
- Recognize you might not find 'normal' family life threatening, but I might see things you can't
- Accept that if I feel threatened, it's not just messing about or horse play to me, I feel in real danger.
- If you send me off to do something and I forget, don't make it a big thing, just patiently ask me again

What I look like in Fight…

- Hot and bothered
- Argumentative, angry and aggressive
- Controlling, demanding and inflexible
- Lie or blaming
- Unable to concentrate on one thing
- Unable to follow the house rules
- Confrontational
- Disrespectful
- Disregarding of others, pushing away friends/family members
- Shouting, loud and noisy
- Immature



Fight

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InnerWorld Work

What I am aware of in Fight…

- I am in danger, I need to escape
- I'm really scared, if I hit first, I might survive this
- If I am disruptive, I might be able to escape
- I need to get out of here, it's too dangerous
- No-one likes me, I am all alone, I am invisible
- I am not worth bothering about, I feel bad
- I have no real friends/family, they are all pretending to like me
- I don't belong here
- You don't listen so I'll just say what you want, just to make you go away
- I am not as good as my sister/brother/cousin/friend, you don't really want me
- No one really cares whether I am here or not, I am unimportant
- I can't trust anyone

Fight

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How my body feels in Fight…

- Tense, I am ready for action
- Over alert, my heart is beating so loud I can hear it
- Nauseous
- Faint or dizzy
- Terrified
- I can't cope
- I am so alone, you don't understand
- I need to laugh hysterically
- I need to cry, I am so upset
- I am worthless
- I am ugly inside and out, no-one wants me here, you hate me

Fight

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InnerWorld Work

What's happening in my Inner World…

- I can't be cross at the people I really want to be cross at
- I wish I had people who loved me
- I wish I could go somewhere safe
- I am so unlovable, I want to die
- I wish I could talk to you
- I wish I was wanted, why wasn't I good enough?
- I'm going to push you away before you get rid of me
- I wish you would notice how scary this all is, I feel so unsafe
- I need to be in control and make things more predictable

Fight

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InnerWorld Work

You can help me feel safe again…

- Tell me you love me even though my behavior pushes you away
- Don't punish me for being cross; reward me with your kindness and love for getting calm again
- Keep me safe from hurting myself
- Match my energy
- Deep breathing
- Chewy foods
- Support me socially
- Hanging, swinging and climbing
- Warm bath with lots of bubbles
- Warm milk or a hot chocolate
- Hot water bottle
- A super soft teddy and/or blanket
- Give me something to do that makes me feel important
- Connect with me and show me empathy before exploring the consequences of my behavior
- Let me have somewhere safe to go to so I can calm down with or without you
- Make things predictable. Tell me about changes before they happen, especially if strangers are coming into the house or I have to go somewhere new
- Accept I might not know why I behaved in that way & I might not remember what happened
- Listen and acknowledge how I feel, even if you see it differently, it will help me feel listened to

Fight

What I look like in Submit…

- Unhappy, low mood
- Alone or withdrawn
- Fidgety but not disruptively so – anxious
- Never questioning or asking questions, never drawing unnecessary attention to myself
- Yes or no answers - doing just enough to avoid being noticed, unable to think
- Quiet and passive, compliant, resigned to my fate

Submit

What I am aware of in Submit…

- I am so tired
- I must put on a brave face
- You don't really care about me, I am so lonely
- If I do what you want, you will leave me alone
- Tummy aches
- If I just sit here, you won't notice me
- If I sit over there, you won't notice me
- I can't think straight
- I need to be like my sister/brother/cousin/friend so I don't stand out
- I am sad
- I feel dead inside

Submit

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InnerWorld Work

How my body feels in Submit…

- Exhausted, worn out, I have no energy
- Depressed or anxious
- Worthless
- Guilty, it's all my fault
- Like crying or screaming
- I can't sleep
- Unable to relax or enjoy anything
- Unable to care
- Poorly, it's giving up

Submit

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InnerWorld Work

What's happening in my Inner World…

- Hurting myself helps me to feel something *(self-harm)*
- Drinking alcohol or taking drugs, helps me to feel happy
- If I join in on social media, I can talk to strangers who don't judge me and might care for me
- I'm not as good as everyone else, I am useless
- This isn't going to get any better so I might as well give up
- No-one would care or notice if I live or die
- It's all my fault, I am unlovable
- I can't win in this world - I'll never be safe, nothing will feel ok
- I want to die, I already feel dead inside

Submit

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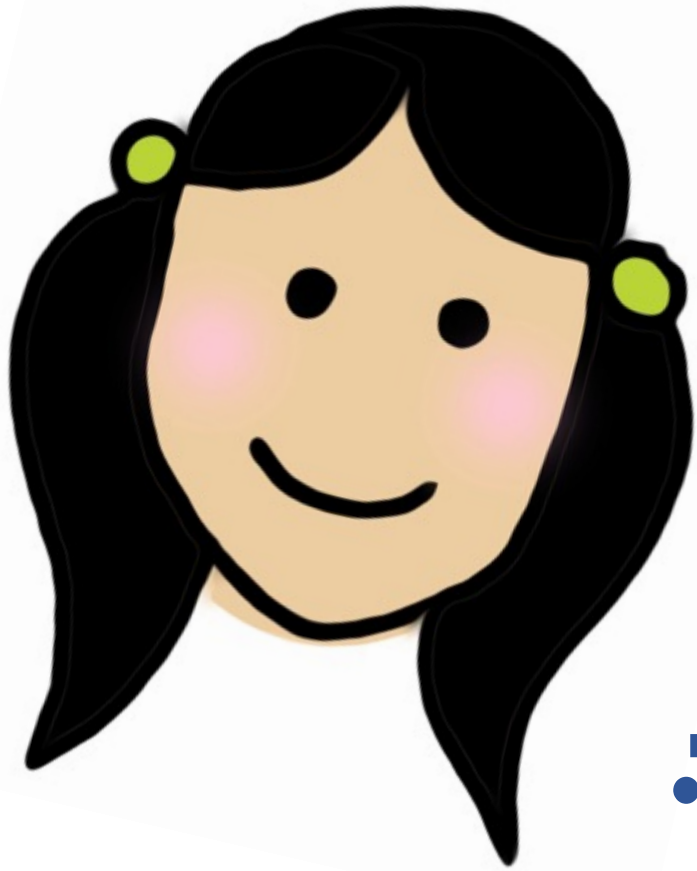
InnerWorld Work

You can help me feel safe again…

- See me, listen to me
- Give me small repetitive things to do
- Weighted blanket
- Building with Lego or Play-doh
- Tell me I am safe
- Deep breathing
- Swinging
- Let me spend quiet time just with you
- Understand that social media might symbolizes a comforting connection
- Hot chocolate and a crunchy biscuit
- Wrap me up in a soft blanket and let me watch TV
- Understand that playing computer games, lets me be by myself somewhere safe
- Recognize I am hurting inside and might need professional help
- Know that I am easily bullied, look out for this rather than expect me to tell you.
- Appreciate I will say whatever I think you want me to say
- Be aware that I am an easy target and can be coerced easily to keep the peace
- Appreciate I cannot cope being the center of attention or the focus person
- Watch for me removing myself, standing on the outside of what is going on
- Warm bath and a warm towel
- Warm pyjamas



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Submit

Print me and give me to a friend or relative who might need it. Why not also stick me on the fridge & in the car for when you need the information quickly!

Noticing Freeze

- Bored, not interested
- Confused, forgetful
- Distracted, not listening
- Clumsy
- Talking about something else
- Not moving to where you've asked
- Scanning the room
- Wide eyed, pupils might dilate
- Daydreaming, staring into space

Grounding Freeze

- Stay with me, don't leave me
- Tell me I'm ok & that I am safe
- Watching TV
- Deep breathing
- Spinning on a swing
- Climbing & hanging
- Rolling or cycling down a hill
- Digging in mud or sand
- Jumping on a trampoline
- Do my chores with me
- Gently wonder where I have gone & invite me back to you
- If I have forgotten what I was supposed to be doing, remind me again gently
- Hot chocolate & toast
- A warm bath & a warm towel
- A soft teddy for bedtime

Noticing Flight

- Hyperactive, manic, silly
- Aggressive, threatening: stiffening up, clenching fists
- Running away, escaping, disappearing, hiding under the table/bed/sofa
- Clumsy
- Disruptive, loud & noisy
- Can't cope with free play
- Can't follow house rules
- Not doing what you've asked
- Lonely
- Keeping super busy
- Baby talk/silly voices
- Bumping into people
- Needing to get into the car/house/park first

Grounding Flight

- Keep me close by
- Find me again happily or patiently
- Deep breathing
- Give me a familiar & easy chore
- Crunchy foods – carrot sticks, a biscuit, a rice cake or crisps
- Tell me that I am safe with you
- Hanging from monkey bars
- Talk through what you think I am finding tricky using a kind voice
- Heavy blankets
- Create a safe space where I can hide away I when I need to
- Tug of war
- Cup of warm milk or hot chocolate
- Hot water bottle & a soft teddy
- Recognize I sometimes find 'normal' family life threatening
- Accept that if I feel threatened, I feel in real danger.
- If you send me to do something & I forget, just patiently ask again

Noticing Fight

- Hot and bothered
- Argumentative, angry and aggressive
- Controlling, demanding and inflexible
- Lie or blaming
- Unable to concentrate on one thing
- Unable to follow the house rules
- Confrontational
- Disrespectful
- Disregarding of others, pushing away friends/family members
- Shouting, loud and noisy
- Immature

Grounding Fight

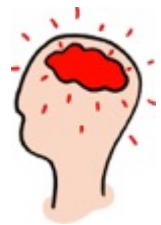
- Tell me you love me even when my I push you away
- Don't punish me for being cross; reward me with your kindness and love for getting calm again
- Keep me safe from hurting myself
- Match my energy
- Deep breathing
- Chewy foods
- Support me socially
- Hanging, swinging and climbing
- Warm bath with lots of bubbles
- Warm milk or a hot chocolate
- Hot water bottle
- A super soft teddy and/or blanket
- Give me a task that makes me feel important
- Connect with me and show me empathy before exploring the consequences of my behavior
- Create somewhere safe to go to so I can calm down
- Make things predictable. Tell me about changes before they happen, especially if strangers are coming to the house or I'm going somewhere new
- Accept I might not know why I behaved in that way & I might not remember what happened
- Listen and acknowledge how I feel, even if you see it differently, it will help me feel listened to

Noticing Submit

- Unhappy, low mood
- Alone or withdrawn
- Fidgety but not disruptive, anxious
- Never questioning or asking questions
- Never drawing unnecessary attention
- Yes or no answers - doing just enough to avoid being noticed, unable to think
- Quiet & passive, compliant

Grounding Submit

- See me, listen to me
- Give me small repetitive things to do
- Weighted blanket
- Building with Lego or Play-doh
- Tell me I am safe
- Deep breathing
- Swinging
- Let me spend quiet time just with you
- Understand that social media might symbolizes a comforting connection
- Hot chocolate and a crunchy biscuit
- Wrap me up in a soft blanket & watch TV
- Understand that playing computer games, lets me be by myself somewhere safe
- Recognize I am hurting inside & might need professional help
- Know that I am easily bullied, look out for this don't expect me to tell you.
- Notice I will say what I think you want me to say
- Be aware that I am an easy target & can be coerced easily to keep the peace
- Know I can't cope being the center of attention
- Watch for me removing myself
- Warm bath and a warm towel
- Warm pyjamas



Government of **Western Australia**
Department for **Child Protection**

Child development and trauma guide

Some important points about this guide

This guide has been prepared because of the importance of professionals in the Out-of-Home Care, Child Protection and Individual and Family Support areas to understand the typical developmental pathways of children and the typical indicators of trauma at differing ages and stages. It is intended to inform good practice and assist with the task of an overall assessment, and of itself is not a developmental or risk assessment framework. Rather, it is a prompt for busy workers to integrate knowledge from child development, child abuse and trauma and importantly to offer practical, age appropriate advice as to the needs of children and their parents and carers when trauma has occurred.

Engaging families, carers, significant people and other professionals who know the child well as a source of information about the child, will result in a more complete picture. It is essential to have accurate information about the values and child rearing practices of the cultural group to which a child belongs, in order to appreciate that child's development.

The following points give an essential perspective for using the information in the child development and trauma resource sheets about specific age groups:

- Children, even at birth, are not 'blank slates'; they are born with a certain neurological make-up and temperament. As children get older, these individual differences become greater as they are affected by their experiences and environment. This is particularly the case where the child is born either drug dependent or with foetal alcohol syndrome.
- Even very young babies differ in temperament eg. activity level, amount and intensity of crying, ability to adapt to changes, general mood, etc.
- From birth on, children play an active role in their own development and impact on others around them.
- Culture, family, home and community play an important role in children's development, as they impact on a child's experiences and opportunities. Cultural groups are likely to have particular values, priorities and practices in child rearing that will influence children's development and learning of particular skills and behaviours. The development of children from some cultural backgrounds will vary from traditional developmental norms, which usually reflect an Anglo-Western perspective.
- As children get older, it becomes increasingly difficult to list specific developmental milestones, as the achievement of many of these depends very much on the opportunities that the child has to practise them, and also, on the experiences available to the child. A child will not be able to ride a bicycle unless they have access to a bicycle.
- Development does not occur in a straight line or evenly. Development progresses in a sequential manner, although it is essential to note that while the path of development is somewhat predictable, there is variation in what is considered normal development. That is to say no two children develop in exactly the same way.
- The pace of development is more rapid in the very early years than at any other time in life.
- Every area of development impacts on other areas. Developmental delays in one area will impact on the child's ability to consolidate skills and progress through to the next developmental stage.
- Most experts now agree that both nature and nurture interact to influence almost every significant aspect of a child's development.
- General health affects development and behaviour. Minor illnesses will have short to medium term effects, while chronic health conditions can have long-term effects. Nutritional deficiencies will also have negative impacts on developmental progression.

Specific characteristics and behaviours are indicative only. Many specific developmental characteristics should be seen as 'flags' of a child's behaviour, which may need to be looked at more closely, if a child is not meeting them. Workers should refer to the Casework Practice Manual and relevant specialist assessment guides in undertaking further assessments of child and family.

Some important points about development

The information in this resource provides a brief overview of typically developing children. Except where there are obvious signs, you would need to see a child a number of times to establish that there is something wrong. Keep in mind that if children are in a new or 'artificial' situation, unwell, stressed, interacting with someone they do not know, or if they need to be fed or changed, then their behaviour will be affected and is not likely to be typical for that child. Premature babies, or those with low birth weights, or a chemical dependency, will generally take longer to reach developmental milestones.

The indicators of trauma listed in this guide should not become judgements about the particular child or family made in isolation from others who know the child and family well, or from other sources of information. However, they are a useful alert that a more thorough contextual assessment may be required.

There has been an explosion of knowledge in regard to the detrimental impact of neglect and child abuse trauma on the developing child, and particularly on the neurological development of infants. It is critical to have a good working knowledge of this growing evidence base so that we can be more helpful to families and child focused.

The following basic points are useful to keep in mind and to discuss with parents and young people:

- Children need stable, sensitive, loving, stimulating relationships and environments in order to reach their potential. They are particularly vulnerable to witnessing and experiencing violence, abuse and neglectful circumstances. Abuse and neglect at the hands of those who are meant to care is particularly distressing and harmful for infants, children and adolescents.
- Given that the infant's primary drive is towards attachment, not safety, they will accommodate to the parenting style they experience. Obviously they have no choice given their age and vulnerability, and in more chronic and extreme circumstances, they will show a complex trauma response. They can eventually make meaning of their circumstances by believing that the abuse is their fault and that they are inherently bad.
- Infants, children and adults will adapt to frightening and overwhelming circumstances by the body's survival response, where the autonomic nervous system will become activated and switch on to the freeze/fight/flight response. Immediately the body is flooded with a biochemical response which includes adrenalin and cortisol, and the child feels agitated and hypervigilant. Infants may show a 'frozen watchfulness' and children and young people can dissociate and appear to be 'zoned out'.
- Prolonged exposure to these circumstances can lead to 'toxic stress' for a child which changes the child's brain development, sensitises the child to further stress, leads to heightened activity levels and affects future learning and concentration. Most importantly, it impairs the child's ability to trust and relate to others. When children are traumatised, they find it very hard to regulate behaviour and soothe or calm themselves. They often attract the description of being 'hyperactive'.

- Babies are particularly attuned to their primary carer and will sense their fear and traumatic stress; this is particularly the case where family violence is present. They will become unsettled and therefore more demanding of an already overwhelmed parent. The first task of any service is to support the nonoffending parent and to engage the family in safety.
- Traumatic memories are stored differently in the brain compared to everyday memories. They are encoded in vivid images and sensations and lack a verbal narrative and context. As they are unprocessed and more primitive, they are likely to flood the child or adult when triggers like smells, sights, sounds or internal or external reminders present at a later stage.
- These flashbacks can be affective, i.e. intense feelings, that are often unspeakable; or cognitive, i.e. vivid memories or parts of memories, which seem to be actually occurring. Alcohol and drug abuse are the classic and usually most destructive attempts to numb out the pain and avoid these distressing and intrusive experiences.
- Children are particularly vulnerable to flashbacks at quiet times or at bedtimes and will often avoid both, by acting out at school and bedtimes. They can experience severe sleep disruption, intrusive nightmares which add to their 'dysregulated' behaviour, and limits their capacity at school the next day. Adolescents will often stay up all night to avoid the nightmares and sleep in the safety of the daylight. Self harming behaviours release endorphins which can become an habitual response.
- Cumulative harm can overwhelm the most resilient child and particular attention needs to be given to understanding the complexity of the child's experience. These children require calm, patient, safe and nurturing parenting in order to recover, and may well require a multi-systemic response to engage the required services to assist.
- The recovery process for children and young people is enhanced by the belief and support of non-offending family members and significant others. They need to be made safe and given opportunities to integrate and make sense of their experiences.
- It is important to acknowledge that parents can have the same post-traumatic responses and may need ongoing support. Workers need to engage parents in managing their responses to their children's trauma. It is normal for parents to feel overwhelmed and suffer shock, anger, severe grief, sleep disturbances and other trauma related responses. Case practice needs to be child centred and family sensitive.

Factors which pose risks to healthy child development

The presence of one or more risk factors, alongside a cluster of trauma indicators, may greatly increase the risk to the child's wellbeing and should flag the need for further child and family assessment.

The following risk factors can impact on children and families and the caregiving environment:

Child and family risk factors

- family violence, current or past
- mental health issue or disorder, current or past (including self-harm and suicide attempts)
- alcohol/substance abuse, current or past, addictive behaviours
- disability or complex medical needs eg. intellectual or physical disability, acquired brain injury
- newborn, prematurity, low birth weight, chemically dependent, foetal alcohol syndrome, feeding/sleeping/settling difficulties, prolonged and frequent crying
- unsafe sleeping practices for infants eg. side or tummy sleeping, ill-fitting mattress, cot cluttered with pillows, bedding, or soft toys which can cover infant's face, co-sleeping with sibling or with parent who is on medication, drugs/alcohol or smokes, using other unsafe sleeping place such as a couch, or exposure to cigarette smoke
- disorganised or insecure attachment relationship (child does not seek comfort or affection from caregivers when in need)
- developmental delay
- history of neglect or abuse, state care, child death or placement of child or siblings
- separations from parents or caregivers
- parent, partner, close relative or sibling with a history of assault, prostitution or sexual offences
- experience of intergenerational abuse/trauma
- compounded or unresolved experiences of loss and grief
- chaotic household/lifestyle/problem gambling
- poverty, financial hardship, unemployment
- social isolation (family, extended family, community and cultural isolation)
- inadequate housing/transience/homelessness
- lack of stimulation and learning opportunities, disengagement from school, truanting
- inattention to developmental health needs/poor diet
- disadvantaged community
- racism
- recent refugee experience

Parent risk factors

- parent/carer under 20 years or under 20 years at birth of first child
- lack of willingness or ability to prioritise child's needs above own
- rejection or scapegoating of child
- harsh, inconsistent discipline, neglect or abuse
- inadequate supervision of child or emotional enmeshment
- single parenting/multiple partners
- inadequate antenatal care or alcohol/substance abuse during pregnancy

Wider factors that influence positive outcomes

- sense of belonging to home, family, community and a strong cultural identity
- pro-social peer group
- positive parental expectations, home learning environment and opportunities at major life transitions
- access to child and adult focused services eg. health, mental health, maternal and child health, early intervention, disability, drug and alcohol, family support, family preservation, parenting education, recreational facilities and other child and family support and therapeutic services
- accessible and affordable child care and high quality preschool programs
- inclusive community neighbourhoods/settings
- service system's understanding of neglect and abuse.

Resources

Other useful websites

The Raising Children Network
raisingchildren.net.au

An essential part of this resource is the references to the Raising Children Network. This is an Australian website, launched in 2006, on the basics of raising children aged 0-15 years.

Talaris Developmental Timeline
www.talaris.org

A research based timeline about how children develop in the first five years.

Infant Mental Health
www.zerotothree.org

Zero to Three website has a relational and mental health focus.

Secretariat of National Aboriginal and Islander Child Care (SNAICC)
www.snaicc.asn.au

The national non-government peak body in Australia representing the interests of Aboriginal and Torres Strait Islander children and families.

Parenting Research Centre
www.parentingrc.org.au

Independent non-profit research and development organisation with an exclusive focus on parenting.

Ngala
www.ngala.com.au

A provider of early parenting and early childhood services. The website includes parenting information on antenatal and 0-4 years.

Western Australian Government

Department for Child Protection
www.dcp.wa.gov.au

Provides a range of child safety and family support services to Western Australian individuals, children and their families.

Parenting WA
www.communities.wa.gov.au/childrenandfamilies/parentingwa/

Parenting WA offers an information, support and referral service to parents, carers, grandparents and families with children up to 18 years of age.

WA Health
www.health.wa.gov.au

WA Health is responsible for promoting, maintaining and restoring the health of the people of WA, including the provision of child health and child adolescent mental health services.

Department of Education Student Support Services
http://det.wa.edu.au/studentsupport/statewidespecialistservices/detcms/portal/

Trauma websites

Child Trauma Academy
www.childtrauma.org

International Society for Traumatic Stress Studies
www.istss.org

Traumatology
www.fsu.edu/~trauma

Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy
www.tsicaap.com

Telephone services

Parenting WA Line
(08) 6279 1200 or 1800 654 432

healthdirect Australia (24 hour)
1800 022 222

Family Helpline
(08) 9223 1100 or 1800 643 000

Acknowledgements

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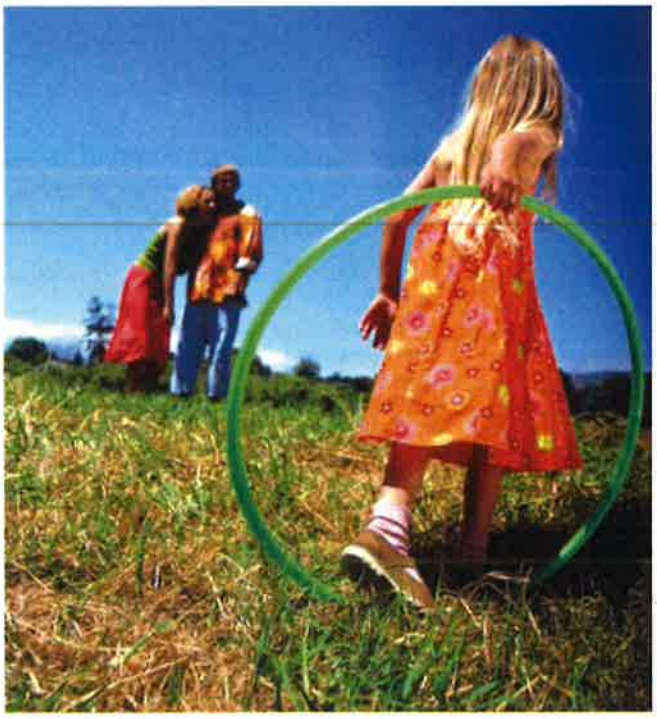

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Child development and trauma guide
0 - 12 months

Developmental trends

The following information needs to be understood in the context of the overview statement on child development:

0-2 weeks

- anticipates in relationship with caregivers through facial expression, gazing, fussing, crying
- is unable to support head unaided
- hands closed involuntarily in the grasp reflex
- startles at sudden loud noises
- reflexively asks for a break by looking away, arching back, frowning, and crying

By 4 weeks

- focuses on a face
- follows an object moved in an arc about 15 cm above face until straight ahead
- changes vocalisation to communicate hunger, boredom and tiredness

By 6-8 weeks

- participates in and initiates interactions with caregivers through vocalisation, eye contact, fussing, and crying
- may start to smile at familiar faces
- may start to 'coo'
- turns in the direction of a voice

By 3-4 months

- increasing initiation of interaction with caregivers
- begins to regulate emotions and self soothe through attachment to primary carer
- can lie on tummy with head held up to 90 degrees, looking around
- can wave a rattle, starts to play with own fingers and toes
- may reach for things to try and hold them
- learns by looking at, holding, and mouthing different objects
- laughs out loud
- follows an object in an arc about 15 cm above the face for 180 degrees (from one side to the other)
- notices strangers

May even be able to:

- keep head level with body when pulled to sitting
- say "ah", "goo" or similar vowel consonant combinations
- blow a raspberry
- bear some weight on legs when held upright
- object if you try to take a toy away

By 6 months

- uses carer for comfort and security as attachment increases
- is likely to be wary of strangers
- keeps head level with body when pulled to sitting
- says "ah", "goo" or similar vowel consonant combinations
- sits without support
- makes associations between what is heard, tasted and felt
- may even be able to roll both ways and help to feed himself
- learns and grows by touching and tasting different foods

By 9 months

- strongly participates in, and initiates interactions with, caregivers
- lets you know when help is wanted and communicates with facial expressions, gestures, sounds or one or two words like "dada" and "mamma"
- watches reactions to emotions and by seeing you express your feelings, starts to recognise and imitates happy, sad,excited or fearful emotions
- unusually high anxiety when separated from parents/carers
- is likely to be wary of, and anxious with, strangers
- expresses positive and negative emotions
- learns to trust that basic needs will be met
- works to get to a toy out of reach
- looks for a dropped object
- may even be able to bottom shuffle, crawl, stand
- knows that a hidden object exists
- waves goodbye, plays peekaboo

Child development and trauma guide
0 - 12 months

Possible indicators of trauma

- increased tension, irritability, reactivity, and inability to relax
- increased startle response
- lack of eye contact
- sleep and eating disruption
- loss of eating skills
- loss of acquired motor skills
- avoidance of eye contact
- arching back/inability to be soothed
- uncharacteristic aggression
- avoids touching new surfaces eg. grass, sand and other tactile experiences
- avoids, or is alarmed by, trauma related reminders, eg sights, sounds, smells, textures, tastes and physical triggers
- fight, flight, freeze response
- uncharacteristic, inconsolable or rageful crying, and neediness
- increased fussiness, separation fears, and clinginess
- withdrawal/lack of usual responsiveness
- limp, displays no interest
- unusually high anxiety when separated from primary caregivers
- heightened indiscriminate attachment behaviour
- reduced capacity to feel emotions – can appear 'numb'
- 'frozen watchfulness'
- loss of acquired language skills
- genital pain: including signs of inflammation, bruising, bleeding or diagnosis of sexually transmitted disease

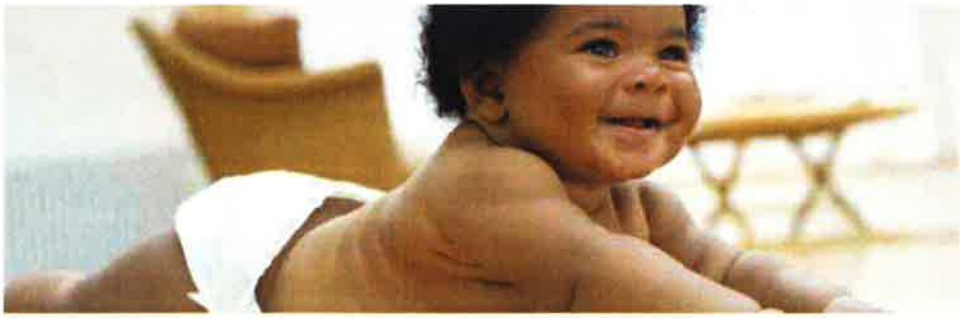
Trauma impact

- neurobiology of brain and central nervous system altered by switched on alarm response
- behavioural changes
- regression in recently acquired developmental gains
- hyperarousal, hypervigilance and hyperactivity
- sleep disruption
- loss of acquired motor skills
- lowered stress threshold
- lowered immune system
- fear response to reminders of trauma
- mood and personality changes
- loss of, or reduced capacity to attune with caregiver
- loss of, or reduced capacity to manage
- emotional states or self soothe
- insecure, anxious, or disorganised attachment behaviour
- heightened anxiety when separated from primary parent/carer
- indiscriminate relating
- reduced capacity to feel emotions - can appear 'numb'
- cognitive delays and memory difficulties
- loss of acquired communication skills

Parental / carer support following trauma

Encourage parent(s)/carers to:

- seek, accept and increase support for themselves, to manage their own shock and emotional responses
- seek information and advice about the child's developmental progress
- maintain the child's routines around holding, sleeping and eating
- seek support (from partner, kin, child health nurse) to understand, and respond to, infant's cues
- avoid unnecessary separations from important caregivers
- maintain calm atmosphere in child's presence. Provide additional soothing activities
- avoid exposing child to reminders of trauma
- expect child's temporary regression; and clinginess - don't panic
- tolerate clinginess and independence
- take time out to recharge



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Child development and trauma guide
12 months - 3 years

Developmental trends

The following information needs to be understood in the context of the overview statement on child development:

By 12 months

- enjoys communicating with family and other familiar people
- seeks comfort, and reassurance from familiar objects, family, carers, and is able to be soothed by them
- begins to self soothe when distressed
- understands a lot more than he can say
- expresses feelings with gestures sounds and facial expressions
- expresses more intense emotions and moods
- does not like to be separated from familiar people
- moves away from things that upset or annoy
- can walk with assistance holding on to furniture or hands
- pulls up to standing position
- gets into a sitting position
- claps hands (play pat-a-cake)
- indicates wants in ways other than crying
- learns and grows in confidence by doing things repeatedly and exploring
- picks up objects using thumb and forefinger in opposition (pincer) grasp
- is sensitive to approval and disapproval

May even be able to:

- understand cause and effect
- understand that when you leave, you still exist
- crawl, stand, walk
- follow a one step instruction – "go get your shoes"
- respond to music

By 18 months

- can use at least two words and learning many more
- drinks from a cup
- can walk and run
- says "no" a lot
- is beginning to develop a sense of individuality
- needs structure, routine and limits to manage intense emotions

May even be able to:

- let you know what he is thinking and feeling through gestures
- pretend play and play alongside others

By 2 years

- takes off clothing
- 'feeds'/'bathes' a doll, 'washes' dishes, likes to 'help'
- builds a tower of four or more cubes
- recognises/identifies two items in a picture by pointing
- plays alone but needs a familiar adult nearby
- actively plays and explores in complex ways

May even be:

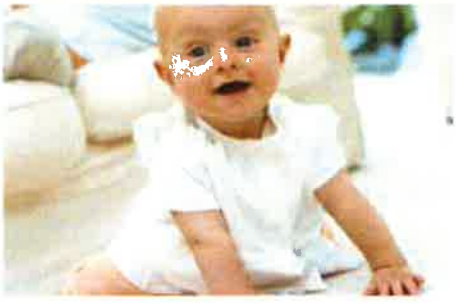
- able to string words together
- eager to control, unable to share
- unable to stop himself doing something unacceptable even after reminders
- tantrums

By 2 1/2 years

- uses 50 words or more
- combines words (by about 25 months)
- follows a two-step command without gestures (by 25 months)
- alternates between clinginess and independence
- helps with simple household routines
- conscience is undeveloped; child thinks "I want it, I will take it"

By 3 years

- washes and dries hands
- identifies a friend by naming
- throws a ball overhand
- speaks and can be usually understood half the time
- uses prepositions (by, to, in, on top of)
- carries on a conversation of two or three sentences
- helps with simple chores
- may be toilet trained
- conscience is starting to develop; child thinks "I would take it but my parents will be upset with me"



Child development and trauma guide
12 months - 3 years

Possible indicators of trauma

- behavioural changes, regression to behaviour of a younger child
- increased tension, irritability, reactivity, and inability to relax
- increased startle response
- reduced eye contact
- sleep and eating disruption
- loss of eating skills
- loss of recently acquired motor skills
- avoidance of eye contact
- inability to be soothed
- uncharacteristic aggression
- avoids touching new surfaces eg. grass, sand and other tactile experiences
- avoids, or is alarmed by, trauma related reminders, eg sights, sounds, smells textures, tastes and physical triggers
- fight, flight, freeze
- uncharacteristic, inconsolable, or rageful crying, and neediness
- fussiness, separation fears, and clinginess
- withdrawal/lack of usual responsiveness
- loss of self-confidence
- unusually anxious when separated from primary caregivers
- heightened indiscriminate attachment behaviour
- reduced capacity to feel emotions – can appear 'numb', apathetic or limp
- 'frozen watchfulness'
- loss of acquired language skills
- inappropriate sexualised behaviour/ touching
- sexualised play with toys
- genital pain, inflammation, bruising, bleeding or diagnosis of sexually transmitted disease

Trauma impact

- neurobiology of brain and central nervous system altered by switched on alarm response
- behavioural changes
- regression in recently acquired developmental gains
- hyperarousal, hypervigilance and hyperactivity
- sleep disruption
- loss of acquired motor skills
- lowered stress threshold
- lowered immune system
- greater food sensitivities
- fear response to reminders of trauma
- mood and personality changes
- loss of, or reduced capacity to attune with caregiver
- loss of, or reduced capacity to manage emotional states or self soothe
- insecure, anxious, or disorganised attachment behaviour
- heightened anxiety when separated from primary parent/carer
- indiscriminate relating
- increased resistance to parental direction
- memory for trauma may be evident in behaviour, language or play
- cognitive delays and memory difficulties
- loss of acquired communication skills

Parental / carer support following trauma

Encourage parent(s)/carers to:

- seek, accept and increase support for themselves, to manage their own shock and emotional responses
- seek information and advice about the child's developmental progress
- maintain the child's routines around holding, sleeping and eating
- seek support (from partner, kin, child health nurse) to understand, and respond to, infant's cues
- avoid unnecessary separations from important caregivers
- maintain calm atmosphere in child's presence. Provide additional soothing activities
- avoid exposing child to reminders of trauma
- expect child's temporary regression; and clinginess - don't panic
- tolerate clinginess and independence
- take time out to recharge

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Child development and trauma guide
3 - 5 years

Developmental trends

The following information needs to be understood in the context of the overview statement on child development:

Between 3-4 years

- communicates freely with family members and familiar others
- seeks comfort, and reassurance from familiar family and carers, and is able to be soothed by them
- has developing capacity to self soothe when distressed
- understands the cause of feelings and can label them
- extends the circle of special adults eg. to grandparents, baby-sitter
- needs adult help to negotiate conflict
- is starting to manage emotions
- is starting to play with other children and share
- has real friendships with other children
- is becoming more coordinated at running, climbing, and other large-muscle play
- can walk up steps, throw and catch a large ball using two hands and body
- use play tools and may be able to ride a tricycle
- holds crayons with fingers, not fists
- dresses and undresses without much help
- communicates well in simple sentences and may understand about 1000 words
- pronunciation has improved, likes to talk about own interests
- fine motor skill increases, can mark with crayons, turn pages in a book
- day time toilet training often attained

Between 4-5 years

- knows own name and age
- is becoming more independent from family
- needs structure, routine and limits to manage intense emotions
- is asking lots of questions
- is learning about differences between people
- takes time making up his mind
- is developing confidence in physical feats but can misjudge abilities
- likes active play and exercise and needs at least 60 minutes of this per day
- eye-hand coordination is becoming more practised and refined
- cuts along the line with scissors/can draw people with at least four 'parts'
- shows a preference for being right-handed or left-handed
- converses about topics and understands 2500 to 3000 words
- loves silly jokes and 'rude' words
- is curious about body and sexuality and role-plays at being grown-up
- may show pride in accomplishing tasks
- conscience is starting to develop, child weighs risks and actions; "I would take it but my parents would find out"

Child development and trauma guide
3 - 5 years

Possible indicators of trauma

- behavioural change
- increased tension, irritability, reactivity and inability to relax
- regression to behaviour of younger child
- uncharacteristic aggression
- Reduced eye contact
- loss of focus, lack of concentration and inattentiveness
- complains of bodily aches, pains or illness with no explanation
- loss of recently acquired skills (toileting, eating, self-care)
- enuresis, encopresis
- sleep disturbances, nightmares, night terrors, sleepwalking
- fearfulness of going to sleep and being alone at night
- inability to seek comfort or to be comforted

- mood and personality changes
- obvious anxiety and fearfulness
- withdrawal and quieting
- specific, trauma-related fears; general fearfulness
- intense repetitive play often obvious
- involvement of playmates in traumarelated play at school and day care
- separation anxiety with parents/others
- loss of self-esteem and self confidence
- reduced capacity to feel emotions - may appear 'numb', limp, apathetic
- repeated retelling of traumatic event
- loss of recently acquired language and vocabulary
- loss of interest in activities
- loss of energy and concentration at school
- sudden intense masturbation
- demonstration of adult sexual knowledge through inappropriate sexualised behaviour
- genital pain, inflammation, bruising, bleeding or diagnosis of sexually transmitted disease
- sexualised play with toys
- may verbally describe sexual abuse, pointing to body parts and telling about the 'game' they played
- sexualised drawing

Trauma impact

- behavioural changes
- hyperarousal, hypervigilance, hyperactivity
- loss of toileting and eating skills
- regression in recently acquired developmental gains
- sleep disturbances, night terrors
- enuresis and encopresis
- delayed gross motor and visualperceptual skills

- fear of trauma recurring
- mood and personality changes
- loss of, or reduced capacity to attune with caregiver
- loss of, or reduced capacity to manage emotional states or self soothe
- increased need for control
- fear of separation
- loss of self-esteem and self confidence
- confusion about trauma evident in play, magical explanations and unclear understanding of causes of bad events
- vulnerable to anniversary reactions set off by seasonal reminders, holidays, and other events
- memory of intrusive visual images from traumatic event may be demonstrated/ recalled in words and play
- at the older end of this age range, children are more likely to have lasting, accurate verbal and pictorial memory for central events of trauma
- speech, cognitive and auditory processing delays

Parental / carer support following trauma

Encourage parent(s)/carers to:

- seek, accept and increase support for themselves, to manage their own shock and emotional responses
- remain calm. Listen to and tolerate child's retelling of event
- respect child's fears; give child time to cope with fears
- protect child from re-exposure to frightening situations and reminders of trauma, including scary T.V. programs, movies, stories, and physical or locational reminders of trauma
- accept and help the child to name strong feelings during brief conversations (the child cannot talk about these feelings or the experience for long)
- expect and understand child's regression while maintaining basic household rules
- expect some difficult or uncharacteristic behaviour
- seek information and advice about child's developmental and educational progress
- take time out to recharge

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Government of **Western Australia**
Department for **Child Protection**

Child development and trauma guide
5 - 7 years

Developmental trends

The following information needs to be understood in the context of the overview statement on child development:

Physical skills

- active, involved in physical activity, vigorous play
- may tire easily
- variation in levels of coordination and skill
- many become increasingly proficient in skills, games, sports
- some may be able to ride bicycle
- may use hands with dexterity and skill to make things, do craft and build things

Social-emotional development

- has strong relationships within the family and integral place in family dynamics
- needs caregiver assistance and structure to regulate extremes of emotion
- generally anxious to please and to gain adult approval, praise and reassurance
- conscience is starting to be influenced by internal control or doing the right thing "I would take it, but if my parents found out, they would be disapproving"
- not fully capable of estimating own abilities, may become frustrated by failure
- reassured by predictable routines
- friendships are very important, although they may change regularly
- may need help moving into and becoming part of a group
- some children will maintain strong friendships over the period
- may have mood swings
- able to share, although not all the time
- perception of, and level of regard for self, fairly well developed

Cognitive and creative characteristics

- emerging literacy and numeracy abilities, gaining skills in reading and writing
- variable attention and ability to stay on task; attends better if interested
- good communication skills, remembers, tells and enjoys jokes
- may require verbal, written or behavioural cues and reminders to follow directions and obey rules
- skills in listening and understanding may be more advanced than expression
- perspective broadens as experiences at school and in the community expand
- most valuable learning occurs through play
- rules more likely to be followed if he/she has contributed to them
- may have strong creative urges to make things

Possible indicators of trauma

- behavioural change
- increased tension, irritability, reactivity and inability to relax
- sleep disturbances, nightmares, night terrors, difficulty falling or staying asleep
- regression to behaviour of younger child
- lack of eye contact
- 'spacey', distractible, or hyperactive behaviour
- toileting accidents/enuresis, encopresis or smearing of faeces
- eating disturbances
- bodily aches and pains – no apparent reason
- accident proneness
- absconding/truanting from school
- firelighting, hurting animals

- obvious anxiety, fearfulness and loss of self esteem
- frightened by own intensity of feelings
- specific fears
- efforts to distance from feelings of shame, guilt, humiliation and reduced capacity to feel emotions
- reduced capacity to feel emotions - may appear 'numb', or apathetic
- 'frozen watchfulness'
- vulnerable to anniversary reactions caused by seasonal events, holidays, etc
- repeated retelling of traumatic event
- withdrawal, depressed affect
- 'blanking out' or loss of concentration when under stress at school with lowering of performance
- explicit, aggressive, exploitative, sexualised relating/engagement with other children, older children or adults
- verbally describes experiences of sexual abuse pointing to body parts and telling about the 'game' they played
- sexualised drawing
- excessive concern or preoccupation with private parts and adult sexual behaviour
- hinting about sexual experience and sexualised drawing
- verbal or behavioural indications of age-inappropriate knowledge of adult sexual behaviour
- running away from home

Child development and trauma guide

5 - 7 years

Trauma impact

- changes in behaviour
- hyperarousal, hypervigilance, hyperactivity
- regression in recently acquired developmental gains
- sleep disturbances due to intrusive imagery
- enuresis and encopresis
- trauma driven, acting out, risk taking behaviour
- eating disturbances
- loss of concentration and memory
- flight into driven activity or retreat from others to manage inner turmoil
- post-traumatic re-enactments of traumatic event that may occur secretly and involve siblings or playmates
- loss of interest in previously pleasurable activities

- fear of trauma recurring
- mood or personality change
- loss of, or reduced capacity to attune with caregiver
- loss of, or reduced capacity to manage emotional states or self soothe
- increased self-focusing and withdrawal
- concern about personal responsibility for trauma
- wish for revenge and action oriented responses to trauma
- may experience acute distress when encountering any reminder of trauma
- lowered self-esteem
- increased anxiety or depression
- fearful of closeness and love
- child is likely to have detailed, long-term and sensory memory for traumatic event
- Sometimes the memory is fragmented or repressed
- factual, accurate memory may be embellished by elements of fear or wish; perception of duration may be distorted
- intrusion of unwanted visual images and traumatic reactions disrupt concentration and create anxiety often without parent awareness
- vulnerable to flashbacks of recall and anniversary reactions to reminders of trauma
- speech and cognitive delays

Parental / carer support following trauma

Encourage parent(s)/carers to:

- seek, accept and increase support for themselves to manage their own shock and emotional responses
- listen to and tolerate child's retelling of event – respect child's fears; give child time to cope with fears
- increase monitoring and awareness of child's play, which may involve secretive re-enactments of trauma with peers and siblings; set limits on scary or harmful play
- permit child to try out new ideas to cope with fearfulness at bedtime: extra reading time, radio on, listening to a tape in the middle of the night to undo the residue of fear from a nightmare
- reassure the older child that feelings of fear or behaviours that feel out of control or babyish eg. night wetting are normal after a frightening experience and that the child will feel more like himself or herself with time
- encourage child to talk about confusing feelings, worries, daydreams, mental review of traumatic images, and disruptions of concentration by accepting the feelings, listening carefully, and reminding child that these are normal but hard reactions following a very scary event
- maintain communication with school staff and monitor how the child is coping with demands at school or in community activities
- expect some time-limited decrease in child's school performance and help the child to accept this as a temporary result of the trauma
- protect child from re-exposure to frightening situations and reminders of trauma, including scary television programs, movies, stories, and physical or locational reminders of trauma
- expect and understand child's regression or some difficult or uncharacteristic behaviour while maintaining basic household rules
- listen for a child's misunderstanding of a traumatic event, particularly those that involve self-blame and magical thinking
- gently help child develop a realistic understanding of event. Be mindful of the possibility of anniversary reactions
- remain aware of your own reactions to the child's trauma. Provide reassurance to child that feelings will diminish over time
- provide opportunities for child to experience control and make choices in daily activities
- seek information and advice on child's developmental and educational progress
- provide the child with frequent high protein snacks/meals during the day
- take time out to recharge

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Department for Child Protection

Child development and trauma guide
7 - 9 years

Developmental trends

The following information needs to be understood in the context of the overview statement on child development:

Physical skills

- improved coordination, control and agility compared to younger children
- skilled at large motor movements such as skipping and playing ball games
- often practises new physical skills over and over for mastery
- enjoys team and competitive sports and games
- improved stamina and strength

Social-emotional development

- strong need to belong to, and be a part of, family and peer relationships
- is increasingly able to regulate emotions
- increasingly independent of parents; still needs their comfort and security
- begins to see situations from others perspective – empathy
- able to resolve conflicts verbally and knows when to seek adult help
- conscience and moral values become internalised "I want it, but I don't feel good about doing things like that"
- increased confidence, more independent and takes greater responsibility
- needs reassurance; understands increased effort leads to improvements
- humour is component of interactions with others
- peers seen as important, spends more time with them
- friendships are based on common interests and are likely to be enduring
- feelings of self worth come increasingly from peers
- friends often same gender, friendship groups small

Self concept

- can take some responsibility for self and as a family member
- increasingly influenced by media and by peers
- learns to deal with success and failure
- may compare self with others and find self wanting, not measuring up
- can exercise self control and curb desires to engage in undesirable behaviour - has understanding of right and wrong
- can manage own daily routines
- may experience signs of onset of puberty near end of this age range (girls particularly)

Cognitive and creative characteristics

- can contribute to long-term plans
- engages in long and complex conversations
- has increasingly sophisticated literacy and numeracy skills
- may be a competent user of computers or play a musical instrument

Possible indicators of trauma

- behavioural change
- increased tension, irritability, reactivity and inability to relax
- sleep disturbances, nightmares, night terrors, difficulty falling or staying asleep
- regression to behaviour of younger child
- lack of eye contact
- 'spacey' or distractible behaviour
- 'blanking out' or lacks concentration when under stress at school with lowering of performance
- eating disturbances
- toileting accidents/enuresis, encopresis or smearing of faeces
- bodily aches and pains - no apparent reason
- accident proneness
- absconding/truanting from school
- firelighting, hurting animals

- obvious anxiety, fearfulness and loss of self-esteem
- frightened by own intensity of feelings
- specific post-traumatic fears
- efforts to distance from feelings of shame, guilt, humiliation
- reduced capacity to feel emotions - may appear 'numb'
- vulnerable to anniversary reactions caused by seasonal events, holidays, etc.
- repeated retelling of traumatic event
- withdrawal, depressed affect or black outs in concentration
- blanking out/loss of ability to concentrate when under learning stress at school with lowering of performance
- explicit, aggressive, exploitative, sexualised relating/engagement with other children, older children or adults
- hinting about sexual experience
- verbally describes experiences of sexual abuse and tells stories about the 'game' they played
- excessive concern or preoccupation with private parts and adult sexual behaviour
- verbal or behavioural indications of age-inappropriate knowledge of adult sexual behaviour
- sexualised drawing or written 'stories'
- running away from home

Child development and trauma guide
7 - 9 years

Trauma impact

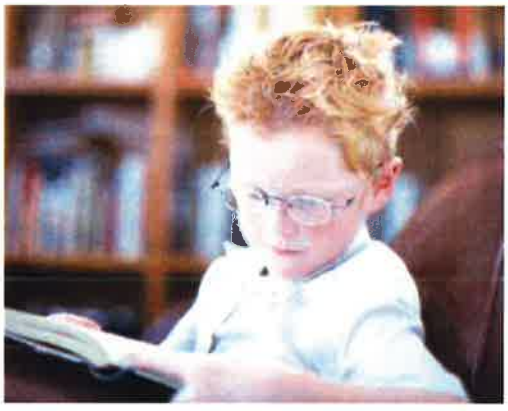
- changes in behaviour
- hyperarousal, hypervigilance, hyperactivity
- regression in recently acquired developmental gains
- sleep disturbances due to intrusive imagery
- enuresis and encopresis
- eating disturbances
- loss of concentration and memory
- post-traumatic re-enactments of traumatic event that may occur secretly and involve siblings or playmates
- trauma driven, acting out, risk taking behaviour
- flight into driven activity or retreat from others to manage inner turmoil
- loss of interest in previously pleasurable activities

- fear of trauma recurring
- mood or personality changes
- loss of, or reduced capacity to attune with caregiver
- loss of, or reduced capacity to manage emotional states or self soothe
- increased self-focusing and withdrawal
- concern about personal responsibility for trauma
- wish for revenge and action oriented responses to trauma
- may experience acute distress when encountering any reminder of trauma
- lowered self-esteem
- increased anxiety or depression
- fearful of closeness and love
- child is likely to have detailed, long-term and sensory memory for traumatic event. Sometimes the memory is fragmented or repressed
- factual, accurate memory may be embellished by elements of fear or wish; perception of duration may be distorted
- intrusion of unwanted visual images and traumatic reactions disrupt concentration and create anxiety often without parent awareness
- vulnerable to flashbacks of recall and anniversary reactions to reminders of trauma
- speech and cognitive delays

Parental / carer support following trauma

Encourage parent(s)/carers to:

- seek, accept and increase support for themselves to manage their own shock and emotional responses
- listen to and tolerate child's retelling of event – respect child's fears; give child time to cope with fears
- increase monitoring and awareness of child's play, which may involve secretive re-enactments of trauma with peers and siblings: set limits on scary or harmful play
- permit child to try out new ideas to cope with fearfulness at bedtime: extra reading time, radio on, listening to a tape in the middle of the night to undo the residue of fear from a nightmare
- reassure the older child that feelings of fear or behaviours that feel out of control or babyish eg. night wetting are normal after a frightening experience and that the child will feel more like himself or herself with time
- encourage child to talk about confusing feelings, worries, daydreams, mental review of traumatic images, and disruptions of concentration by accepting the feelings, listening carefully, and reminding child that these are normal but hard reactions following a very scary event
- maintain communication with school staff and monitor how the child is coping with demands at school or in community activities
- expect some time-limited decrease in child's school performance and help the child to accept this as a temporary result of the trauma
- protect child from re-exposure to frightening situations and reminders of trauma, including scary television programs, movies, stories, and physical or locational reminders of trauma
- expect and understand child's regression or some difficult or uncharacteristic behaviour while maintaining basic household rules
- listen for a child's misunderstanding of a traumatic event, particularly those that involve self-blame and magical thinking
- gently help child develop a realistic understanding of event. Be mindful of the possibility of anniversary reactions
- remain aware of your own reactions to the child's trauma. Provide reassurance to child that feelings will diminish over time
- provide opportunities for child to experience control and make choices in daily activities
- seek information and advice on child's developmental and educational progress
- provide the child with frequent high protein snacks/meals during the day
- take time out to recharge



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Department for **Child Protection**

Child development and trauma guide
9 - 12 years

Developmental trends

The following information needs to be understood in the context of the overview statement on child development:

Physical skills

- large and fine motor skills becoming highly coordinated
- enjoys risk taking
- does well at games/sports requiring skill, strength and agility
- may look more adult-like in body shape, height and weight

Social-emotional development

- growing need and desire for independence and separate identity
- may challenge parents and other family members
- parents and home important, particularly for support and reassurance
- growing sexual awareness and interest in the opposite gender
- may experience embarrassment, guilt, curiosity and excitement because of sexual awareness
- girls may reach puberty during this time
- belonging to a group is extremely important; peers largely influence identity/self-esteem
- often interact in pairs or small groups; each member has status and position
- groups generally one gender, although interact with the other
- strong desire to have opinions sought and respected

Social-emotional development

- beginning to think and reason in a more logical adult-like way
- capable of abstract thinking, complex problem solving, considers alternative possibilities and broadening perspectives
- concentrates for long periods of time if interested, but needs worries to be sorted
- may have sophisticated literacy and numeracy skills
- popular culture of great interest and major influence
- uses language in sophisticated ways; for example, tells stories, argues, debates
- knows the difference between fantasy and what is real
- has some appreciation of the value of money

Possible indicators of trauma

- increased tension, irritability, reactivity and inability to relax
- sleep disturbances, nightmares, night terrors, difficulty falling or staying asleep
- regression to behaviour of younger child
- reduced eye contact
- 'spacey' or distractible behaviour
- toileting accidents/enuresis, encopresis or smearing of faeces
- eating disturbances
- bodily aches and pains - no reason
- accident proneness
- absconding or truanting from school
- firelighting, hurting animals

- obvious anxiety, fearfulness and loss of self-esteem/self confidence
- frightened by own intensity of feelings
- specific post-traumatic fears
- efforts to distance from feelings of shame, guilt, humiliation and reduced capacity to feel emotions
- reduced capacity to feel emotions - may appear 'numb' or apathetic
- vulnerable to anniversary reactions caused by seasonal events, holidays, etc.
- repeated retelling of traumatic event
- 'frozen watchfulness'
- withdrawal, depressed affect, or black outs in concentration
- 'blanking out' or lacks concentration when under stress at school with lowering of performance
- explicit, aggressive, exploitative, sexualised relating/engagement with other children, older children or adults
- verbally describes experiences of sexual abuse and tells 'stories' about the 'game' they played
- excessive concern or preoccupation with private parts and adult sexual behaviour
- hinting about sexual experience and telling stories
- verbal or behavioural indications of age-inappropriate knowledge of adult sexual behaviour
- sexualised drawing or written 'stories'
- running away from home

Child development and trauma guide
9 - 12 years

Trauma impact

- changes in behaviour
- hyperarousal, hypervigilance, hyperactivity
- regression in recently acquired developmental gains
- sleep disturbances due to intrusive imagery
- enuresis and encopresis
- eating disturbances
- loss of concentration and memory
- post-traumatic re-enactments of traumatic event that may occur secretly and involve siblings or playmates
- trauma driven, acting out, risk taking behaviour
- flight into driven activity or retreat from others to manage inner turmoil
- loss of interest in previously pleasurable activities

- fear of trauma recurring
- mood or personality changes
- loss of, or reduced capacity to attune with caregiver
- loss of, or reduced capacity to manage emotional states or self soothe
- increased self-focusing and withdrawal
- concern about personal responsibility for trauma
- wish for revenge and action oriented responses to trauma
- may experience acute distress when encountering any reminder of trauma
- lowered self-esteem
- increased anxiety or depression
- fearful of closeness and love
- child is likely to have detailed, long-term and sensory memory for traumatic event. Sometimes the memory is fragmented or repressed
- factual, accurate memory may be embellished by elements of fear or wish; perception of duration may be distorted
- intrusion of unwanted visual images and traumatic reactions disrupt concentration and create anxiety often without parent awareness
- vulnerable to flashbacks of recall and anniversary reactions to reminders of trauma
- speech and cognitive delays

Parental / carer support following trauma

Encourage parent(s)/carers to:

- seek, accept and increase support for themselves to manage their own shock and emotional responses
- listen to and tolerate child's retelling of event – respect child's fears; give child time to cope with fears
- increase monitoring and awareness of child's play, which may involve secretive re-enactments of trauma with peers and siblings; set limits on scary or harmful play
- permit child to try out new ideas to cope with fearfulness at bedtime: extra reading time, radio on, listening to a tape in the middle of the night to undo the residue of fear from a nightmare
- reassure the older child that feelings of fear or behaviours that feel out of control or babyish eg. night wetting are normal after a frightening experience and that the child will feel more like himself or herself with time
- encourage child to talk about confusing feelings, worries, daydreams, mental review of traumatic images, and disruptions of concentration by accepting the feelings, listening carefully, and reminding child that these are normal but hard reactions following a very scary event
- maintain communication with school staff and monitor how the child is coping with demands at school or in community activities
- expect some time-limited decrease in child's school performance and help the child to accept this as a temporary result of the trauma
- protect child from re-exposure to frightening situations and reminders of trauma, including scary television programs, movies, stories, and physical or locational reminders of trauma
- expect and understand child's regression or some difficult or uncharacteristic behaviour while maintaining basic household rules
- listen for a child's misunderstanding of a traumatic event, particularly those that involve self-blame and magical thinking
- gently help child develop a realistic understanding of event. Be mindful of the possibility of anniversary reactions
- remain aware of your own reactions to the child's trauma. Provide reassurance to child that feelings will diminish over time
- provide opportunities for child to experience control and make choices in daily activities
- seek information and advice on child's developmental and educational progress
- provide the child with frequent high protein snacks/meals during the day
- take time out to recharge

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12 - 18 years

Child development and trauma guide
12 - 18 years

Developmental trends

The following information needs to be understood in the context of the overview statement on child development:

Physical skills

- significant physical growth and body changes
- develops greater expertise/skills in sport
- changing health needs for diet, rest, exercise, hygiene and dental care
- puberty, menstruation, sexuality and contraception
- nutritious balanced diet including adequate calcium, protein and iron

Self concept

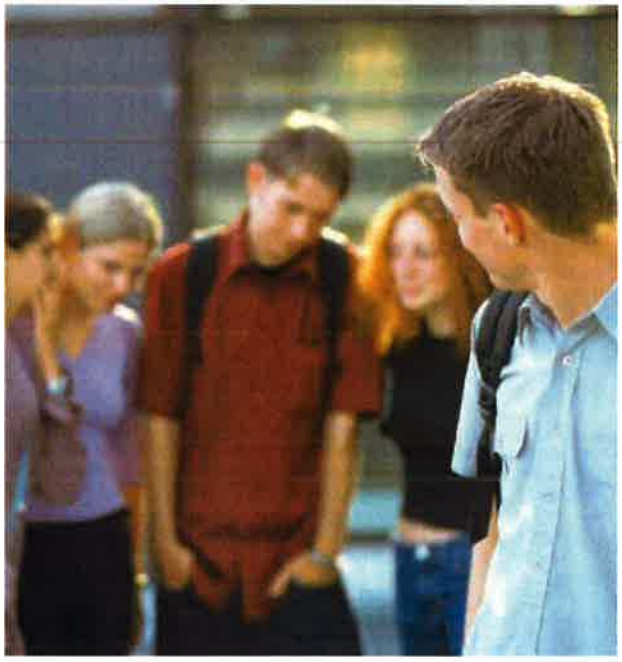
- can be pre-occupied with self
- secondary sex characteristics affect self concept, relationships with others and activities undertaken
- dealing with own sexuality and that of peers
- developing identity based on gender and culture
- becoming an adult, including opportunities and challenges

Social-emotional development

- empathy for others
- ability to make decisions (moral)
- values and a moral system become firmer and affect views and opinions
- spends time with peers for social and emotional needs beyond parents and family
- peer assessment influences self concept, behaviour/need to conform
- girls have 'best friends', boys have 'mates'
- may explore sexuality by engaging in sexual behaviours and intimate relationships
- develops wider interests
- seeks greater autonomy personally, in decision making
- more responsible in tasks at home, school and work
- experiences emotional turmoil, strong feelings and unpredictable mood swings
- interdependent with parents and family
- conflict with family more likely through puberty
- able to negotiate and assert boundaries
- learning to give and take (reciprocity)
- focus is on the present - may take significant risks
- understands appropriate behaviour but may lack self control/insight

Cognitive and creative characteristics

- thinks logically, abstractly and solves problems, thinking like an adult
- may take an interest in/develop opinions about community or world events
- can appreciate others' perspectives and see a problem or situation from different angles
- career choice may be realistic, or at odds with school performance and talents



Child development and trauma guide
12 - 18 years

Possible indicators of trauma

- increased tension, irritability, reactivity and inability to relax
- accident proneness
- reduced eye contact
- sleep disturbances, nightmares
- enuresis, encopresis
- eating disturbances/disorders
- absconding or truanting and challenging behaviours
- substance abuse
- aggressive/violent behaviour
- firelighting, hurting animals
- suicidal ideation
- self harming eg. cutting, burning

- efforts to distance from feelings of shame and humiliation
- loss of self-esteem and self confidence
- acute psychological distress
- personality changes and changes in quality of important relationships evident
- increased self-focusing and withdrawal
- reduced capacity to feel emotions – may appear 'numb'
- wish for revenge and action oriented responses to trauma
- partial loss of memory and ability to concentrate
- trauma flashbacks
- acute awareness of parental reactions; wish to protect parents from own distress
- sexually exploitative or aggressive interactions with younger children
- sexually promiscuous behaviour or total avoidance of sexual involvement
- running away from home

Trauma impact

- sleep disturbances, nightmares
- hyperarousal, hypervigilance, hyperactivity
- eating disturbances or disorders
- trauma acting out, risk taking, sexualised, reckless, regressive or violent behaviour
- flight into driven activity and involvement with others or retreat from others in order to manage inner turmoil
- vulnerability to withdrawal and pessimistic world view
- vulnerability to depression, anxiety, stress disorders, and suicidal ideation
- vulnerability to conduct, attachment, eating and behavioural disorders

- mood and personality changes and changes in quality of important relationships evident
- loss of, or reduced capacity to attune with caregiver
- loss of, or reduced capacity to manage emotional states or self soothe
- lowered self-esteem
- flight into adulthood seen as way of escaping impact and memory of trauma (early marriage, pregnancy, dropping out of school, abandoning peer group for older set of friends)
- fear of growing up and need to stay within family orbit

Memory for trauma includes:

- acute awareness of and distress with intrusive imagery and memories of trauma
- vulnerability to flash backs, episodes of recall, anniversary reactions and seasonal reminders of trauma
- may experience acute distress when encountering any reminder of trauma
- partial loss of memory and concentration

Parental / carer support following trauma

Encourage parent(s)/carers to:

- seek, accept and increase support for themselves to manage their own shock and emotions
- remain calm. Encourage younger and older adolescents to talk about traumatic event with family members
- provide opportunities for young person to spend time with friends who are supportive and meaningful
- reassure young person that strong feelings - whether of guilt, shame, embarrassment, or wish for revenge - are normal following a trauma
- help young person find activities that offer opportunities to experience mastery, control, and self-esteem
- encourage pleasurable physical activities such as sports and dancing
- monitor young person's coping at home, school, and in peer group
- address acting-out behaviour involving aggression or self destructive behaviour quickly and firmly with limit setting and professional help
- take signs of depression, self harm, accident proneness, recklessness, and persistent personality change seriously by seeking help
- help young person develop a sense of perspective on the impact of the traumatic event and a sense of the importance of time in recovering
- encourage delaying big decisions
- seek information/advice about young person's developmental and educational progress
- provide the young person with frequent high protein snacks/meals during the day
- take time to recharge

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