

The children who we come into contact with because they require safeguarding have often experienced traumatic events, such as physical, sexual or emotional abuse, neglect, violence, disasters and even war. Some of these episodes will have been one-off events and others will have had to endure repeated and multiple traumas. The emotional reaction that children display when they have been exposed to trauma is different from adults and it is important for us as professionals to understand what the impact of the trauma is for that young person.

When the body is under stress, it produces the hormones cortisol and adrenaline, which prepare the body to fight, flight or freeze. Children who have experienced trauma get 'stuck' in these states and can react in extreme ways, from aggression and defiance to social isolation and self-harm.

Children can experience repetitive and distressing memories called 'trauma reminders' and will re-experience feeling scared or worried. This can lead to what seems as 'out of blue' or 'over the top' reactions, but the child is responding to a reminder of their trauma.

These effects of trauma have a knock-on effect for the child being able to form relationships, engage in education and manage their emotional wellbeing.

### Why is it important?

About half of children will recover from trauma without an intervention or professional help, which means that not all children who experience trauma develop Post Traumatic Stress Disorder (PTSD). However, it is important for us to know the signs of trauma, so we can help the child and the network around them cope and support them better. For Unaccompanied Asylum Seeking Children (UASC), the multiple traumas may not necessarily stop once they have reached the UK. The on-going immigration process and starting a new life in a new country with different values, beliefs and customs, can continue to cause significant distress and uncertainty.

### Signs and Symptoms of Trauma

This is not a complete list of all the signs and symptoms of trauma, as each child will differ depending on several factors; how long and chronic the trauma was, their current circumstances, their personality and resilience, and how much support they have. The list below can be discussed with medical or mental health professionals if you have concerns.

#### Attachment

- being overly clingy or dependent on carer
- socially isolated, not forming relationships with others
- overly controlling or bossy
- overly self-reliant

**Physical** - Traumatic memories are kept and felt in the body, which means that some children will experience physical symptoms:

- easily startled/ on edge
- lots of medical complaints (even if no medical evidence found) such as headaches and stomach aches
- poor coordination/ clumsy
- chronic pain or unable to feel pain

#### Emotions

- stays in room, withdrawn, sad, low mood
- meltdowns/ argues back

- presenting emotionally younger than their chronological age behaviour
- obsessive worries, fearful, agitated
- self-harms
- sexually promiscuous

**Dissociation** - In order to cope with traumatic experiences, children may experience dissociation as a survival mechanism, which protected them from overwhelming emotions during the trauma they endured:

- zoning-out, day dreaming
- flashbacks (unwanted memories that feel like the event is happening here and now)
- confused about basic facts
- forgetting things/ forgetting details of the trauma

**Behaviour control** - Behaviour is a form of communication and if a child is in fight, flight, freeze modes, these signs can be observed:

- aggressive, violent - physically
- problems with sleep - nightmares
- under or over eating
- restless, on-alert, boisterous
- using drugs, lying or stealing

### Cognition

- memory problems/ forgetful
- cannot plan ahead/ not able to problem solve
- cannot keep attention on one task
- struggles to understand new information

### Negative self

- feeling shamed and blamed
- low self-esteem, lack of self-confidence
- sense of being 'different' and 'not understood'
- loss of trust in others or in the world around them
- no interest in previous religion, hopelessness, no interest in previously enjoyed activities

### How do we do it?

**Understand the child** - Understanding trauma and attachment difficulties brings compassion and empathy. Remember that trauma is to blame *not* the child. The child may be developmentally and emotionally younger than their chronological age, therefore there is a need to change your responses to fit with that child at that moment in time (as it will change).

**Manage your own reactions** - Working with and being around traumatised children can bring strong emotions in ourselves; staying calm will help the child calm themselves. Talk about difficult reactions in supervision and reflective circles.

**"I see you need help with..."** - Because traumatised children don't necessarily want to please adults, they will struggle to do as they are asked. Don't *tell* them to do something, *notice* that they need help, which will avoid a power battle. Offer choices with humour and creativity to keep the child responding to you, rather than allowing them to control the interaction.

**Build Connections** - Not talking about the event or trying to forget it does not always help in the long term.

**Structure and Consistency** - Traumatized children need firm boundaries, rules, expectations and consequences – applied with sensitivity, calm and consistency.



## One Minute Guide Trauma



**Time in, not time out** -Traumatised children experience 'time out' as yet more rejection, increasing feelings of shame and worthlessness; whereas staying close and being there for them keeps them engaged in the relationship.

**Consequences, not punishment** - Use natural consequences that relate to the problem behaviour and that are designed to repair damaged property or damaged relationships.

**Acknowledge good decisions and choices** - Traumatised children often don't respond well to praise, but still need positive reinforcement for doing something well: comment on the job well done instead.

**Build a supportive network around the child** - Keep up good communication and don't communicate through the child. Invite everyone involved to meetings to provide the best support for the child.

**Behaviour means something** - Traumatised children communicate what they are feeling through their behaviour and actions - listen to their behaviour and be curious. Be clear, consistent and firm, avoid an angry and irritated response and remember the child has suffered trauma.

**Children need to belong** - All children need to feel like they belong somewhere and are good at something. Provide children with positive experiences and a sense to improve their emotional wellbeing.

### For more information:

Visit the Children's Society [website](#)

Visit the NSPCC [website](#)

Visit the National Child Traumatic Stress Network [website](#)

Essential mental health support for under 25s, including a free 24/7 crisis line on The Mix [website](#)

Visit the Young Minds [website](#)