



## Understanding and Helping Children Who Have Been Traumatized

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There has been an explosion of new information on the human brain. These advancements have helped in many areas of science, but perhaps have been most helpful in understanding the mental and emotional problems that people develop. This is especially true for children who have been traumatized.

The word **trauma** can refer to a wide variety of negative experiences—accidents, painful medical procedures, or life changing emotional events; but by far the most common traumatic experience is some form of abuse such as physical or sexual abuse or serious neglect. Because of the impact of trauma on the developing brain, new advancements in understanding brain functioning have opened new doors to understanding children in our foster and adoptive homes.

### **So what should you know and what should you do differently based upon all these new studies and all this new scientific information coming out on the brain?**

The human brain is the most complex organism in the known universe. It is comprised of 1,000 billion individual brain cells (neurons) that develop 1,000 trillion connections with each other. An infant at birth has a brain that is only 25% developed, which enables the child to adapt to a wide range of

environments. The **brain of a child** who is

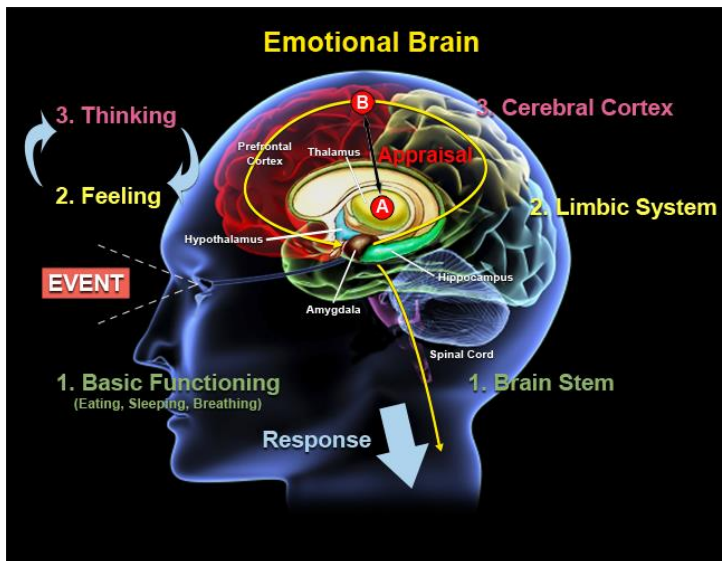
cared for by a loving family will adapt very differently than a child who has a drug addicted

#### **You should KNOW**

The earliest experiences of a child will not only be carved in the brain's memory but the brain itself will develop differently because of the environment. The brain develops in predictable ways to experiences. The loving supportive environment produces larger more well developed brain structures that will help the child be smarter, be more inquisitive, and feel safer allowing the brain to put less energy into self protection. If the child comes into a world with trauma of any kind, the higher regions of the brain grow smaller affecting the child's ability to learn and fully understand the world other than how to survive by being ever vigilant of possible harm.

*Excerpts from  
Traumatic Experience and the Brain: A Handbook for Understanding and Treating Those Traumatized  
as Children.*

mother in a home where domestic violence is common. We have learned from new research that **positive and negative experiences** not only are stored in the memory areas of the brain, but experiences also **sculpt the developing brain and determine how it will process all new information**. This process goes on at every age even before birth, and just because a child does not have conscious memory of an event (explicit memory), does not mean the brain does not remember (implicit memory).



The brain has many complex components, but basically it can be divided into four areas.

The **brainstem** is at the base of the brain and handles the less glamorous but essential functions such as breathing, heart rate, blood pressure, temperature regulation and respiration.

The **diencephalons** includes several parts of the brain and controls motor regulation such as walking and balance as well as appetite, sleep patterns, and the memory to ride a bike even after years of no practice.

The **limbic system** is fundamentally impacted by trauma. It controls emotions, perceptions, attachment and sexual behavior. All memories of trauma are stored and impact the individual in the limbic system, but these memories are for the most part unavailable for conscious recall.

The last and highest region of the brain is the **neocortex**. This is the largest part of the brain and controls the personality, goals, decisions,

#### You should KNOW

A traumatized child operates from the limbic system and doesn't understand why they act as they do. The goal is to provide safety the child experiences so they can operate and develop the higher regions of their brain—decision making, learning from the past, developing values, and forming a personality others care to be around.



and what makes a person a success or a failure in life.

The primary job of the brain is survival. If survival is threatened, the rest of the brain shuts down except for functions that help self-protection. The brain adapts throughout life, but the strongest adaptation is within the first two years of life.

While early nurturing care for a child makes a lasting difference, as does early abuse of a child, the brain continues to adapt to the environment. Therefore, ***ingrained patterns can be changed*** with consistent positive experience. The goal must be to develop new neuro-networks that have to do with safety, predictability, caring, and the child's physical and emotional needs getting met. The goal in healing trauma is ***not*** to keep the child calm. The goal is when the child becomes agitated to help them learn skills to reduce the agitation. This repeated cycle is what most helps the child.

## Impact on Education & Learning

At the point the child was abused, the brain was focused on survival not learning. The development the child missed due to abuse will need extra attention. Traumatized children will often score lower on IQ tests than their true ability. Don't give up hope! The human brain is capable of healing in ways we do not yet understand. Remember the brain literally changes with every experience. It will continue to adapt in your positive, nurturing home regardless of how serious past abuse has been. It may be a long road to healing and the child may not get there while still in your home, but every situation makes a difference.

### You Should....

- Consider all problematic behavior within the context of survival to better understand 'why he keeps doing that?'
- Repetition is important because with every positive experience the impact on the brain grows.
- Traumatized children expect the worst and focus on the negative. If you understand this, you will be better prepared for it.
- Childhood neglect is the most damaging trauma. The child must not have basic needs threatened in any way or survival will be all they think about.

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as Children.*



I highly encourage you to please view the following videos:

[Through Our Eyes: Children, Violence, and Trauma—Introduction](#)

This video discusses how violence and trauma affect children, including the serious and long-lasting consequences for their physical and mental health; signs that a child may be exposed to violence or trauma; and the staggering cost of child maltreatment to families, communities, and the Nation. Victims lend their voices to this video to provide first-hand accounts of how their exposure to violence as children affected them.

[Children, Violence, and Trauma—Interventions in Schools](#)

Exposure to violence can impede a child's ability to learn and thrive in school. Teachers, coaches, and other school staff and volunteers can play a critical role in recognizing and reporting signs of violence and trauma in a child's life. This video identifies some types of violence that children may experience at school or on their way to or from school, and highlights preventative measures that some schools are taking to protect their students.

[Resilient: The School Discipline Revolution in Walla Walla, WA](#)

A small alternative high school in Walla Walla, WA has made big changes to its discipline policy and its school culture, with amazing results. Hear from the principal, students and staff about how these changes have helped drop suspension and expulsion rates, increase graduation, and make an environment that really meets students' needs.



I highly encourage the following the readings:

**Alexander, D. W. (1999). *Children changed by trauma: A healing guide*. Oakland, CA: New Harbinger Publications. *Information on how to help children cope with intense emotions brought on by violence, disaster, divorce, or the death of a loved one.***

*Includes ways to deal with physical symptoms and suggestions on how to respond to children's questions and concerns.*

**Amaya-Jackson, L. (2000). *Post-traumatic stress disorder in children and adolescents*. In Sadock, B. J., Sadock, V. A., Ruiz, P., & Kaplan, H. I. (Eds.). (2009). *Kaplan & Sadock's comprehensive textbook of psychiatry*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.**

A cornerstone in the fields of psychiatry and mental health, this textbook discusses neural science, genetics, neuropsychiatry, psycho pharmacotherapy, and other key subjects. The book includes case histories, the most current DSM-IV-TR criteria and tables, and up-to-date comparative classification codes from ICD-10.

**Black, D., Emanuel, R., & Mendelsohn, A. (1997). *Children and adolescents*. In Black, D., Newman, M., Harris-Hendriks, J., & Mezey, G. (Eds.). *Psychological trauma: A developmental approach*. London: Gaskell.**

Discusses normal and abnormal responses to stress, disasters, war and civil conflict, and interpersonal violence. The authors also address diagnosis, interventions, treatments, and legal aspects.

**Cohen, J., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York, NY: Guilford Press.**

A systematic approach for using cognitive behavioral therapy to treat traumatized children and their families.

**Doka, K., & Tucci, A. S. (Eds.). (2008). *Living with grief: Children and adolescents*. Washington, DC: Hospice Foundation of America.**

Overview of child and adolescent grief in a variety of situations. Chapters discuss various interventions, such as play therapy and school protocols and recommendations for reading materials are included.

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