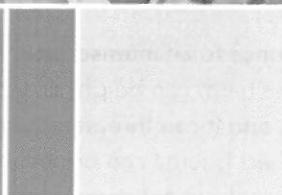


FACTSHEET FOR FAMILIES

November 2014



Parenting a Child Who Has Experienced Trauma

Children who have experienced traumatic events need to feel safe and loved. All parents want to provide this kind of nurturing home for their children. However, when parents do not have an understanding of the effects of trauma, they may misinterpret their child's behavior and end up feeling frustrated or resentful. Their attempts to address troubling behavior may be ineffective or, in some cases, even harmful.

This factsheet discusses the nature of trauma, its effects on children and youth, and ways to help your child. By increasing your understanding of trauma, you can help support your child's healing, your relationship with him or her, and your family as a whole.

WHAT'S INSIDE

What is trauma?

The impact of untreated trauma

Understanding your child's behavior

Helping your child

Conclusion

Resources



**Child Welfare
Information Gateway**

Children's Bureau/ACYF/ACF/HHS
800.394.3366 | Email: info@childwelfare.gov | <https://www.childwelfare.gov>



**Children's
Bureau**

What Is Trauma?

Trauma is an emotional response to an intense event that threatens or causes harm. The harm can be physical or emotional, real or perceived, and it can threaten the child or someone close to him or her. Trauma can be the result of a single event, or it can result from exposure to multiple events over time.

Potentially traumatic events may include:

- Abuse (physical, sexual, or emotional)
- Neglect
- Effects of poverty (such as homelessness or not having enough to eat)
- Being separated from loved ones
- Bullying
- Witnessing harm to a loved one or pet (e.g., domestic or community violence)
- Natural disasters or accidents
- Unpredictable parental behavior due to addiction or mental illness

For many children, being in the child welfare system becomes another traumatic event. This is true of the child's first separation from his or her home and family, as well as any additional placements.

The Impact of Untreated Trauma

Children are resilient. Some stress in their lives (e.g., leaving caregivers for a day at school, riding a bike for the first time, feeling nervous before a game or performance) helps their brains to grow and new skills to develop. However, by definition, trauma occurs when a stressful experience (such as being abused, neglected, or bullied) overwhelms the child's natural ability to cope. These events cause a "fight, flight, or freeze" response, resulting in changes in the body—such as faster heart rate and higher blood pressure—as well as changes in how the brain perceives and responds to the world.

In many cases, a child's body and brain recover quickly from a potentially traumatic experience with no lasting harm. However, for other children, trauma interferes with normal development and can have long-lasting effects.

Table 1. Effects of Trauma on Children

Trauma may affect children's ...	In the following ways
Bodies	• Inability to control physical responses to stress • Chronic illness, even into adulthood (heart disease, obesity)
Brains (thinking)	• Difficulty thinking, learning, and concentrating • Impaired memory • Difficulty switching from one thought or activity to another
Emotions (feeling)	• Low self-esteem • Feeling unsafe • Inability to regulate emotions • Difficulty forming attachments to caregivers • Trouble with friendships • Trust issues • Depression, anxiety
Behavior	• Lack of impulse control • Fighting, aggression, running away • Substance abuse • Suicide

Factors that determine the impact of traumatic events include the following:

- **Age.** Younger children are more vulnerable. Even infants and toddlers who are too young to talk about what happened retain lasting "sense memories" of traumatic events that can affect their well-being into adulthood.
- **Frequency.** Experiencing the same type of traumatic event multiple times, or multiple types of traumatic events, is more harmful than a single event.
- **Relationships.** Children with positive relationships with healthy caregivers are more likely to recover.
- **Coping skills.** Intelligence, physical health, and self-esteem help children cope.

- **Perception.** How much danger the child thinks he or she is in, or the amount of fear the child feels at the time, is a significant factor.
- **Sensitivity.** Every child is different—some are naturally more sensitive than others.

The effects of trauma vary depending on the child and type of traumatic events experienced. Table 1 shows some of the ways that trauma can affect children.

This list of potential consequences shows why it is so important for parents to understand trauma. The right kind of help can reduce or even eliminate many of these negative consequences.

Understanding Your Child's Behavior

When children have experienced trauma, particularly multiple traumatic events over an extended period of time, their bodies, brains, and nervous systems adapt in an effort to protect them. This might result in behaviors such as increased aggression, distrusting or disobeying adults, or even dissociation (feeling disconnected from reality). When children are in danger, these behaviors may be important for their survival. However, once children are moved to a safer environment, their brains and bodies may not recognize that the danger has passed. These protective behaviors, or habits, have grown strong from frequent use (just as a muscle that is used regularly grows bigger and stronger). It takes time and retraining to help those "survival muscles" learn that they are not needed in their new situation (your home), and that they can relax.

It might be helpful to remember that your child's troublesome behavior may be a learned response to stress—it may even be what kept your child alive in a very unsafe situation. It will take time and patience for your child's body and brain to learn to respond in ways that are more appropriate for his or her current, safe environment.

Parenting a traumatized child may require a shift from seeing a "bad kid" to seeing a kid who has had bad things happen.

Trauma Triggers

When your child is behaving in a way that is unexpected and seems irrational or extreme, he or she may be experiencing a trauma trigger. A trigger is some aspect of a traumatic event that occurs in a completely different situation but reminds the child of the original event. Examples may be sounds, smells, feelings, places, postures, tones of voice, or even emotions.

Youth who have experienced traumatic events may reenact past patterns when they feel unsafe or encounter a trigger. Depending on whether the child has a "fight," "flight," or "freeze" response, the child may appear to be throwing a tantrum, willfully not listening, or defying you. However, responses to triggers are best thought of as reflexes—they are not deliberate or planned. When children's bodies and brains are overwhelmed by a traumatic memory, they are not able to consider the consequences of their behavior or its effect on others.

Symptoms by Age

Table 2 shows symptoms and behaviors that children who have experienced trauma might exhibit at different stages of development. The age ranges are merely guidelines. For many children who have experienced trauma, their development lags behind their age in calendar years. It may be normal for your child to exhibit behaviors that are more common in younger children.

Table 2. Signs of Trauma in Children of Different Ages¹

Young Children (Ages 0–5)	School-Age Children (Ages 6–12)	Teens (Ages 13–18)
• Irritability, “fussiness” • Startling easily or being difficult to calm • Frequent tantrums • Clinginess, reluctance to explore the world • Activity levels that are much higher or lower than peers • Repeating traumatic events over and over in dramatic play or conversation • Delays in reaching physical, language, or other milestones	• Difficulty paying attention • Being quiet or withdrawn • Frequent tears or sadness • Talking often about scary feelings and ideas • Difficulty transitioning from one activity to the next • Fighting with peers or adults • Changes in school performance • Wanting to be left alone • Eating much more or less than peers • Getting into trouble at home or school • Frequent headaches or stomachaches with no apparent cause • Behaviors common to younger children (thumb sucking, bed wetting, fear of the dark)	• Talking about the trauma constantly, or denying that it happened • Refusal to follow rules, or talking back frequently • Being tired all the time, sleeping much more (or less) than peers, nightmares • Risky behaviors • Fighting • Not wanting to spend time with friends • Using drugs or alcohol, running away from home, or getting into trouble with the law

¹ Content in the table is adapted from Safe Start Center. (n.d.). Tips for Staff and Advocates Working With Children: Polyvictimization. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, available at http://ojjdp.gov/programs/safestart/TipSheetFor_Polyvictimization.pdf.

These signs alone do not necessarily indicate that your child has experienced trauma. However, if symptoms are more severe or longer lasting than is typical for children the same age, or if they interfere with your child’s ability to succeed at home or in school, it is important to seek help. (See the Helping Your Child section below.)

Trauma and Mental Health

Trauma symptoms that are more severe or disruptive to a child’s ability to function at home or at school may overlap with specific mental health diagnoses. This may be one reason why nearly 80 percent of children aging out of foster care have received a mental health diagnosis.² For example:³

- Children who have difficulty concentrating may be diagnosed with ADHD (attention deficit hyperactivity disorder).
- Children who appear anxious or easily overwhelmed by emotions may be diagnosed with anxiety or depression.
- Children who have trouble with the unexpected may respond by trying to control every situation or by showing extreme reactions to change. In some cases, these behaviors may be labeled ODD (oppositional defiant disorder) or intermittent explosive disorder (IED).
- Dissociation in response to a trauma trigger may be viewed as defiance of authority, or it may be diagnosed as depression, ADHD (inattentive type), or even a developmental delay.

It may be necessary to treat these diagnoses with traditional mental health approaches (including the use of medications, where indicated) in the short term. However, treating the underlying cause by addressing the child’s experience of trauma will be more effective in the long run.

² American Academy of Pediatrics. (2013). Helping Foster and Adoptive Families Cope With Trauma. Elk Grove Village, IL: AAP and Dave Thomas Foundation for Adoption. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf>

³ Examples adapted from American Academy of Pediatrics. (2013). Parenting After Trauma: Understanding Your Child’s Needs. A Guide for Foster and Adoptive Parents. Elk Grove Village, IL: AAP and Dave Thomas Foundation for Adoption. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/FamilyHandout.pdf>

Examples include mastering a new skill; feeling a sense of belonging to a community, group, or cause; setting and achieving goals; and being of service to others.

Seeking Treatment

If your child's symptoms last more than a few weeks, or if they are getting worse rather than better, it is time to ask for help. Mental health counseling or therapy by a professional trained to recognize and treat trauma in children can help address the root cause of your child's behavior and promote healing. A therapist or behavioral specialist might be able to help you understand your child and respond more effectively. At times, medications may be necessary to control symptoms and improve your child's ability to learn new skills.

Begin by asking your caseworker or agency whether your child has been screened for trauma. If you know that your child experienced trauma, ask whether he or she has had a formal mental health assessment by a professional who is aware of trauma's effects. Ideally, this assessment (including both strengths and needs) should be repeated periodically to help you and your child's therapist monitor progress.

Once your child has been assessed and it has been determined that treatment is needed, ask about treatment options. A number of effective trauma treatments have been developed.⁶ However, they are not all available in every community. Consult with your child's caseworker about the availability of trauma-focused treatment where you live.

Timely, effective mental and behavioral health interventions may help in the following ways:

- Increase your child's feelings of safety
- Teach your child how to manage emotions, particularly when faced with trauma triggers
- Help your child develop a positive view of him- or herself
- Give your child a greater sense of control over his/her own life

- Improve your child's relationships—with family members and others

It is important to look for a provider who understands and has specific training in trauma (see box). Most providers will agree to a brief interview in their office or over the phone, to determine whether they are a good fit for your needs.

Questions to ask a mental health provider before starting treatment:

- Are you familiar with research about the effects of trauma on children?
- Can you tell me about your experience working with children and youth who have experienced trauma?
- How do you determine whether a child's symptoms may be caused by trauma?
- How does a child's trauma history influence your treatment approach?

Helping Yourself and Your Family

Parenting a child or youth who has experienced trauma can be difficult. Families can sometimes feel isolated, as if no one else understands what they are going through. This can put a strain not only on your relationship with your child, but with other family members, as well (including your spouse or partner).

Learning about what your child experienced may even act as a trigger for you, if you have your own trauma history that is not fully healed. Being affected by someone else's trauma is sometimes called "secondary trauma." Table 3 lists signs that you may be experiencing secondary trauma.

⁶ See for example the National Child Traumatic Stress Network's list, Empirically Supported Treatments and Promising Practices, at <http://www.nctsnct.org/resources/topics/treatments-that-work/promising-practices>.

Posttraumatic Stress Disorder

About one in four children and youth in foster care will experience a specific set of symptoms known as posttraumatic stress disorder (PTSD).⁴ It includes four types of symptoms.⁵

- Reexperiencing/remembering (flashbacks or nightmares)
- Avoidance (distressing memories and reminders about the event)
- Negative cognitions and mood (feeling alienated, persistent negative beliefs)
- Alterations in arousal (reckless behavior, persistent sleep disturbance)

It is important to realize that if your child does not exhibit all of the symptoms of PTSD, it does not mean that he or she has not been affected by trauma.

⁴ AAP. *Helping Foster and Adoptive Families Cope With Trauma*. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf>

⁵ American Psychiatric Association. *Posttraumatic Stress Disorder*. (2013). Retrieved from <http://www.dsm5.org/Documents/PTSD%20Fact%20Sheet.pdf>

Helping Your Child

Although childhood trauma can have serious, lasting effects, there is hope. With the help of supportive, caring adults, children *can and do* recover. Consider the following tips:

- **Identify trauma triggers.** Something you are doing or saying, or something harmless in your home, may be triggering your child without either of you realizing it. It is important to watch for patterns of behavior and reactions that do not seem to “fit” the situation. What distracts your child, makes him or her anxious, or results in a tantrum or outburst? Help your child avoid situations that trigger traumatic memories, at least until more healing has occurred.
- **Be emotionally and physically available.** Some traumatized children act in ways that keep adults at a distance (whether they mean to or not). Provide attention, comfort, and encouragement in ways your child will accept. Younger children may want extra hugs or cuddling; for older youth, this might just mean spending time together as a family. Follow their lead and be patient if children seem needy.
- **Respond, don’t react.** Your reactions may trigger a child or youth who is already feeling overwhelmed. (Some children are even uncomfortable being looked at directly for too long.) When your child is upset, do what you can to keep calm: Lower your voice, acknowledge your child’s feelings, and be reassuring and honest.
- **Avoid physical punishment.** This may make an abused child’s stress or feeling of panic even worse. Parents need to set reasonable and consistent limits and expectations and use praise for desirable behaviors.
- **Don’t take behavior personally.** Allow the child to feel his or her feelings without judgment. Help him or her find words and other acceptable ways of expressing feelings, and offer praise when these are used.
- **Listen.** Don’t avoid difficult topics or uncomfortable conversations. (But don’t force children to talk before they are ready.) Let children know that it’s normal to have many feelings after a traumatic experience. Take their reactions seriously, correct any misinformation about the traumatic event, and reassure them that what happened was not their fault.
- **Help your child learn to relax.** Encourage your child to practice slow breathing, listen to calming music, or say positive things (“I am safe now.”).
- **Be consistent and predictable.** Develop a regular routine for meals, play time, and bedtime. Prepare your child in advance for changes or new experiences.
- **Be patient.** Everyone heals differently from trauma, and trust does not develop overnight. Respecting each child’s own course of recovery is important.
- **Allow some control.** Reasonable, age-appropriate choices encourage a child or youth’s sense of having control of his or her own life.
- **Encourage self-esteem.** Positive experiences can help children recover from trauma and increase resilience.

Table 3. Signs of Secondary Trauma

Physical Symptoms	• Headaches • Stomach problems • Sleep problems • Weight gain or loss • Lack of energy
Behavioral Symptoms	• Increased drinking or smoking • Procrastination • Feeling overly critical • Avoiding other people
Emotional Symptoms	• Anxiety • Frequent crying • Irritability • Loneliness • Depression
Cognitive symptoms	• Inability to concentrate • Forgetfulness • Loss of humor/fun • Inability to make decisions

The best cure for secondary trauma is prevention. In order to take good care of your child, you must take good care of yourself. Here are some things you can do:

- **Be honest about your expectations for your child and your relationship.** Having realistic expectations about parenting a child with a history of trauma increases the chances for a healthy relationship.
- **Celebrate small victories.** Take note of the improvements your child has made.
- **Don't take your child's difficulties personally.** Your child's struggles are a result of the trauma he or she experienced; they are not a sign of your failure as a parent.
- **Take care of yourself.** Make time for things you enjoy doing that support your physical, emotional, and spiritual health.
- **Focus on your own healing.** If you have experienced trauma, it will be important for you to pursue your own healing, separate from your child.
- **Seek support.** Your circle of support may include friends, family, and professional support if needed. Don't be afraid to ask about resources available from the child welfare system, such as a caseworker or support groups.

In order to take good care of your child, you must take good care of yourself.

Conclusion

Trauma can affect children's behavior in ways that may be confusing or distressing for caregivers. It can impact the long-term health and well-being of the child and his or her family members. However, with understanding, care, and proper treatment (when necessary), all members of the family can heal and thrive after a traumatic event.

Resources

American Academy of Pediatrics. (2013). *Parenting after trauma: Understanding your child's needs. A guide for foster and adoptive parents.* Elk Grove Village, IL: AAP and Dave Thomas Foundation for Adoption. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/FamilyHandout.pdf>

Child Welfare Information Gateway. Resources on Trauma for Caregivers and Families [Webpage]: <https://www.childwelfare.gov/topics/responding/trauma/caregivers>.

Children's Bureau. (2012). *Making healthy choices: A guide on psychotropic medications for youth in foster care.* Retrieved from the Child Welfare Information Gateway website at <https://www.childwelfare.gov/pubPDFs/makinghealthychoices.pdf>

Children's Bureau. (coming in 2015). *Supporting youth in foster care in making healthy choices: A guide for caregivers and caseworkers on trauma, treatment, and psychotropic medications.* Find this on the Child Welfare Information Gateway website in 2015.

National Child Traumatic Stress Network. Resources for Parents and Caregivers [Webpage]: <http://www.nctsn.org/resources/audiences/parents-caregivers>

National Child Traumatic Stress Network. (2014). *Complex trauma: Facts for caregivers*. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/complex_trauma_caregivers_final.pdf

National Technical Assistance Center for Children's Mental Health. (2014). Trauma-informed care: Perspectives and resources [Web-based tool]. Retrieved from <http://gucchdtacenter.georgetown.edu/TraumaInformedCare/index.html>

Schooler, J., Smalley, B. K., & Callahan, T. (2010). *Wounded children, healing homes: How traumatized children impact adoptive and foster families*. Carol Stream, IL: NavPress.

Suggested citation:

Child Welfare Information Gateway. (2014). *Parenting a child who has experienced trauma*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Acknowledgments:

This factsheet was developed by Child Welfare Information Gateway based on interviews with Children's Bureau grantees funded through the **Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service Delivery (HHS-2011-ACF-ACYF-CO-0169)**, **Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare (HHS-2012-ACF-ACYF-CO-0279)**, and **Promoting Well-Being and Adoption After Trauma (HHS-2013-ACF-ACYF-CO-0637)**. Information Gateway wishes to acknowledge the valuable input of Becci Akin, Chad Anderson, Linda Bass, Sharri Black, James Caringi, Marilyn Cloud, Pamela Cornwell, James Henry, Kevin Kelley, Alice Lieberman, Patricia Long, Susana Mariscal, Kelly McCauley, Vickie McArthur, Kathryne O'Grady, Sherry Peters, Jeanne Preisler, Cheryl Rathbun, and Jim Wotring. The conclusions discussed here are solely the responsibility of the authors and do not represent the official views or policies of the funding agency.



U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau





Capacitar

Practices of Hope & Healing

SWITCHING



At this time of strong feelings and divisions in the US and many places around the world, Capacitar offers some simple practices of healing to empower us to transform emotions, connect with inner resources and reach out as persons of light and wisdom in our communities. In each moment we have a choice: to react with negative energy and fear or to see the reality of the times and choose a positive response or action to transform the energy of the moment and empower change for the future. You can download Capacitar's Emergency Kit of Best Practices available in over 20 languages from www.capacitar.org.

The following exercise—Switching—is adapted from the work of Brain Gym and is very effective in helping a person to connect with their center and release strong emotions.



Sit comfortably and breathe deeply.

- Cross your left ankle over your right ankle.
- Extend your hands forward and turn your hands over so that the thumbs are directed toward the ground.
- Cross your right hand over the left hand; interlace your fingers.
- With interlaced fingers touch the center of your chest.
- Close your eyes, breathe deeply and relax your entire body.

Imagine that you are able to drop down deeply into the center of your being. (You can imagine a center beneath your navel in the middle of your abdomen. For the people of China this center is called the Dan-tien. For the people of India this center is the Hara.)



- Relax your tongue in the roof of your mouth with the tip of the tongue touching behind the upper front teeth.
- Breathe deeply and let go of all thought. Rest in stillness and deep peace for several minutes.
- After several minutes relax your hands into your lap. Breathe and slowly open your eyes.
- Stretch your hands and arms and gently tap your head to stimulate your brain and energy.



Switching is a very beneficial exercise to calm and center oneself; to use before meditation for centering; to lighten depression and anxiety; and to focus the mind and spirit. When working with individuals or groups, the practice helps to calm and settle a person before therapy; or helps to focus people who are having flashbacks or strong memories and emotions. With children the practice can be adapted as a game, or in the classroom to focus before study.

