

Trauma and Children: Closing the Gap between What We Know and What We Can Do

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What is trauma?

Trauma is the unique individual experience of an event or enduring conditions in which the individual's ability to integrate his/her emotional experience is overwhelmed and the individual experiences (either objectively or subjectively) a threat to his/her life, bodily integrity, or that of a caregiver or family (Saakvitne, K. et al, 2000).

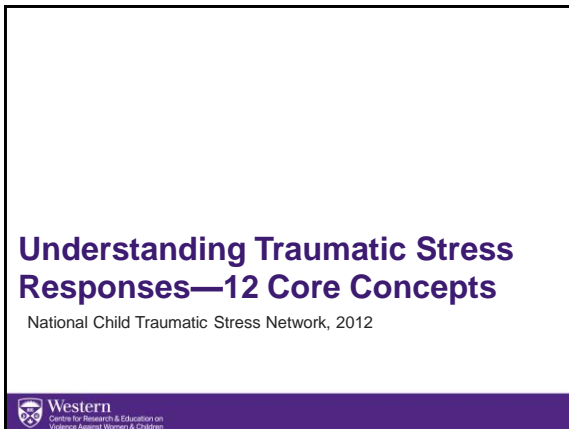


Different types of trauma described in the literature:

- Traumatic stress
- PTSD
- Complex trauma
- Developmental trauma








1. Traumatic experiences are complex:

- made up of different traumatic moments
- may include varying degrees of life threat, physical violation, witnessing injury or death
- include changes in feelings, thoughts, physiology, and concerns about safety
- may lead to feelings of conflict, confusion, guilt, regret, and/or anger afterward
- reactions are influenced by prior experience and developmental level
- aftermath events can add layers of complexity
- multiple or recurrent trauma adds layers of complexity

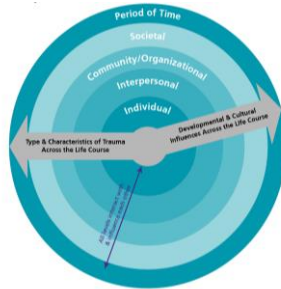


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2. Trauma occurs within a broad context

Factors at all levels influence the child's:

- experience
- appraisal of traumatic events
- expectations regarding danger, protection, and safety
- the course of post-trauma adjustment



Source: SAMSHA, 2014, Page 36

3. Traumatic events often generate secondary stressors

- Cascade of aftermath stressors, including:
 - Reminders
 - Separations
 - Financial hardship
 - Transitions
 - Social stigma
- Can tax the coping resources of the child, family, community



4. Range of reactions to trauma and loss

- Post-trauma reactions vary in their:
 - Nature
 - Onset
 - Intensity
 - Frequency
 - Duration
- Influenced by the nature of the experience, its consequences, individual factors, and social context
- Post-traumatic stress and grief reactions can develop into more serious mental health conditions (e.g. PTSD, separation anxiety, depression)
- Can disrupt child development, attachment relationships, peer relationships, emotional regulation, level of functioning

5. Danger and safety are core concerns

- Can undermine sense of safety and security
- Can magnify concerns about dangers to self and others
- May make it more difficult to distinguish between safe and unsafe situations
- May lead to significant changes in their own protective and risk-taking behaviours
- Providing physical safety is core, but it may not be sufficient to alleviate fears or restore sense of safety and security

6. Traumatic experiences affect caregiving systems

- Children and youth are embedded within the broader caregiving systems
- The impact on caregivers can lead to disruptions in caregiver-child interactions and attachment relationships
- May compromise caregivers' ability to support child



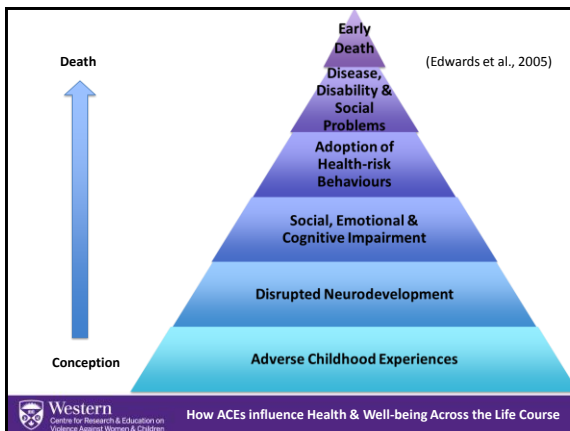
7. Protective factors can reduce adverse impacts of trauma

Examples include:

- Self-efficacy
- Adaptive coping skills
- Positive attachment to caregiver
- Social support network
- Reliable adult mentors
- Supportive school and community







9. Developmental neurobiology underlies children's reactions to traumatic experiences

Evolve strong biological responses that can persist and that can alter the normal course of neurobiological maturation

Neurobiological impact partially depends on the child's developmental stage when trauma occurs

Repeated trauma increases risk for significant neurobiological compromises memory and emotional and behavioural regulation

Ongoing neurobiological maturation and neural plasticity create continuing opportunities for recovery and adaptive developmental progression

Neurobiological impacts of trauma can affect a child's ability to appraise and respond to danger

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10. Culture is closely interwoven with traumatic experiences, response, and recovery

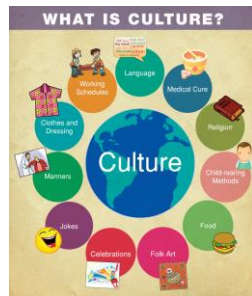
Culture affects:

- Meaning attributed to traumatic event(s)
- Responses to trauma (e.g., expression of distress; disclosures)
- Rituals and other ways children and families grieve
- Historical or multigenerational trauma can affect responses to trauma and loss, world view, and expectations about self, others and social institutions

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11. Challenges to the social contract affect trauma response and recovery

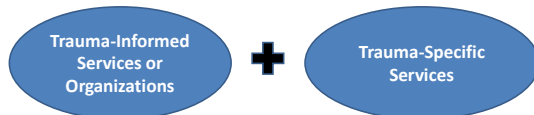
- Traumatic events often are violations of the expectations of the primary social roles and responsibilities of key people in the child's life
- How others/institutions respond to these breaches of the social contract can influence post-trauma adjustment, the child's evolving world view, beliefs and values.



12. Distress and vicarious trauma in service providers

- Impact resulting from the knowledge of and bearing witness to the traumatizing events of others
- Supporting children and families with traumatic experiences may evoke strong memories of personal trauma and loss related experiences
- Effective self-care is a critical component of providing quality support to others

Promising Practice for Individuals Experiencing Trauma



The goal—all human services are trauma-informed (e.g. health, education, housing, employment).
The reality—not even all trauma-specific services are provided within trauma-informed organizations.

Trauma-Informed Services

- Informed about and sensitive to trauma-related issues
- Recognize the possibility of trauma in the lives of all clients/consumers
- Deliver services based on this recognition regardless of their primary mission

Principles of Trauma-Informed Services



Trauma-specific Services

- Designed to directly treat trauma and its range of symptoms
- Range in theoretical basis, target, modality, setting, strategy, intensity, and outcomes
- Often includes 'grounding techniques', developing a trauma narrative, desensitization, skill acquisition

Promising Interventions Attend to:

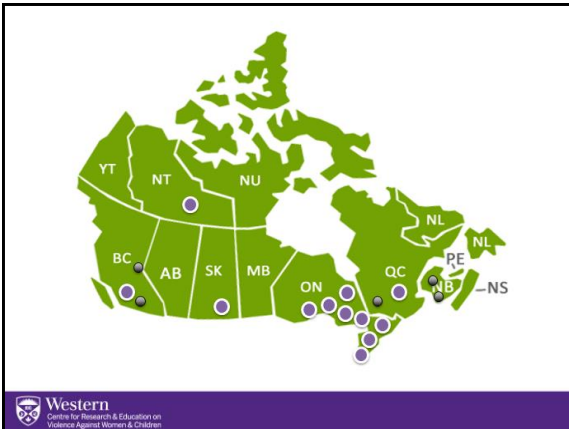
- Cognitive processing (e.g. thoughts, beliefs, interpretations)
- Emotional processing (e.g. emotion and affect)
- And sensorimotor processing (physical and sensory responses, sensations and movement)

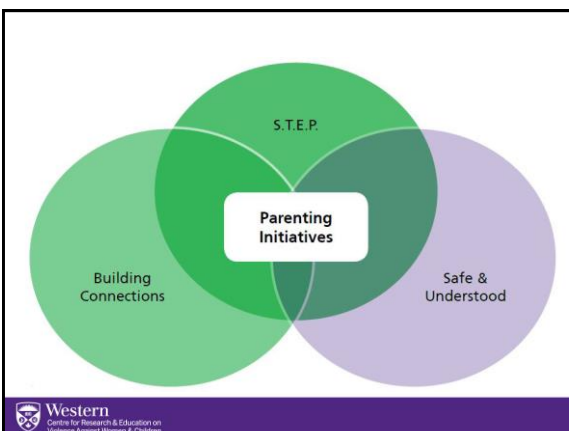
(van der Kolk, 2005; Shapiro, 2010; Ogden et al., 2005)

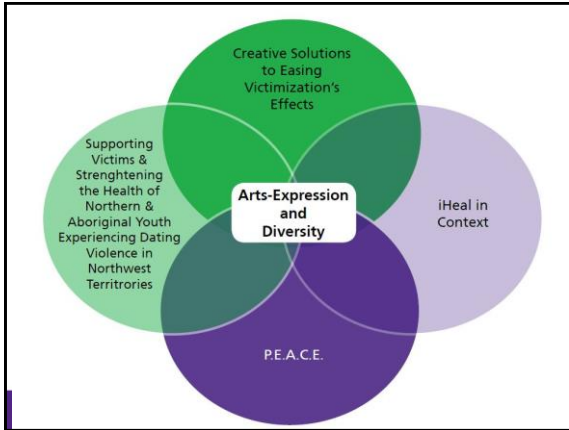
Supporting Survivors of Violence and Protecting Children: The Health Perspective

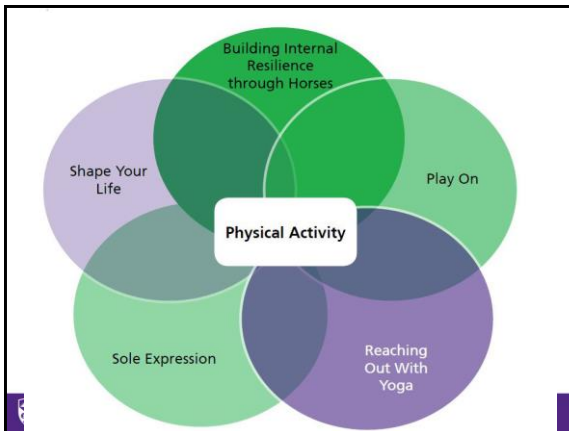
PHAC invests up to \$7million per year in projects that:

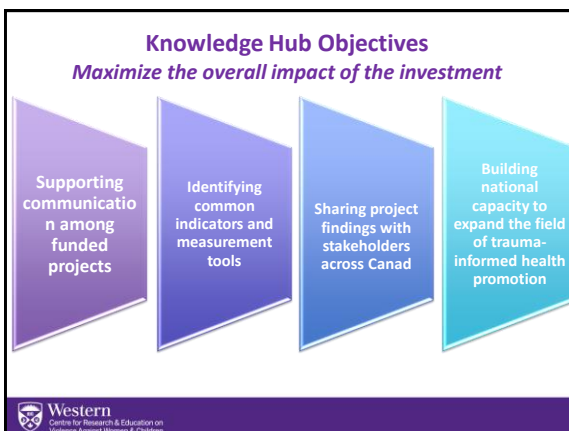
- Support and equip health professionals to provide effective and safe care for survivors of family violence
- Develop, deliver and test community-based programs to promote and improve the health of survivors of violence
 - focus on family violence, with an emphasis on intimate partner violence, child maltreatment and child exposure to intimate partner violence
 - multi-sectoral collaboration including family violence, health promotion and research
 - contribute to the knowledge base in the emerging field of trauma-informed health promotion for survivors of violence














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Community of Practice



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How the Community of Practice will benefit the broader community...

We plan to:

- develop common indicators for evaluating community-based trauma-informed health promotion programs for survivors of IPV and child maltreatment
- identify core competencies for trauma-informed health promotion in various settings (school-based, workplaces, multicultural, sports and recreation, etc)
- share what we've learned with others to improve practice
- provide learning opportunities to help embed the knowledge and expertise into the broader community
- offer networking opportunities between community members and researchers to support collaboration, shared problem-solving and the development of social capital

