The Impact of Violence on Children: Trauma, The Brain, and Resilience

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Dr. Seuss said ....

“Unless someone like you cares a whole awful lot, nothing is going to get better. It’s not.”
“Atrocities refuse to be buried...Remembering and telling the truth about terrible events are prerequisites both for restoration of the social order and for the healing of individual victims.”

-Judith Herman

Trauma & Recovery: The Aftermath of Violence-from domestic abuse to political terror
Children Experience Trauma When:

- They witness or experience domestic abuse
- They witness or experience sexual violence
- They witness or experience emotional, verbal, and/or physical abuse
- They lose an important attachment figure

ETC....

OPEN QUESTION: What is Trauma?
Trauma Defined

A physical or psychological threat or assault to a child’s physical integrity, sense of self, safety or survival or to the physical safety of another person significant to the child.
Poll

Yes or No?

Is a child that is too young to understand their environment, impacted by violence?
Sometimes adults say, “They’re too young to understand”.

However, young children are affected by traumatic events, including violence, and even chronic stress. Even if they may not understand what happened.

Many studies demonstrate the effect of stress on a child, starting in utero.
Toxic Stress Video

http://toxic stress/
How Children May Cope

- Difficulty sleeping, eating, digesting, eliminating, breathing, or focusing
- A heightened startle response and hyper alertness
- Agitation and over-arousal, or under-arousal, withdrawal or dissociation
- Avoidance of eye contact and/or physical contact
- Terrified responses to sights, sounds, or other sensory input that remind the child of the traumatic experience(s), (for example, a dog, police siren, or the smell of alcohol on a person’s breath)
- Preoccupation with or re-enactment of the traumatic experience (for example, a child’s play may take on an urgent, rigid quality and be dominated by people shooting, each other with police cars and ambulances arriving at the scene).
How the brain develops

- Cortex
- Limbic
- Diencephalon
- Cerebellum
- Brainstem

Guilt/Shame
Alcohol/substance abuse
Relational difficulties
Depressive & affect symptoms
Trauma core symptoms

ANS - body

Abstract thought
Concrete Thought
Affiliation/reward
"Attachment"
Sexual Behavior
Emotional Reactivity
Motor Regulation
"Arousal"
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Body Temperature

www.ChildTrauma.org

Bruce D Perry, MD, PhD © 2010-2013
Brain Stem Responses

- May act out in panic; behavior may not make sense
- Reflexive in actions, no forethought or planning
- Time has no relevance
- May be wildly combative when approached; hit, kick, or bite
- May not even be approachable at first
- May require restraints to protect from hurting self or others
Amygdala

- The emotional hijacker of post traumatic events
- PTSD is a disorder of the amygdala
- Amygdala gets stuck in high gear, and identifies everything as a threat
Trauma and Memory

- Normally the brain stores memories in a timeline.
- In a traumatized brain, memory (hippocampus) is not anchored in the past and instead floats in time.
- Re-experiencing aspects of prior trauma can occur in the present, causing the child to relive painful feelings, without actual threat.
Dr. Bruce Perry says:

“The most dangerous children are created by a malignant combination of experiences. Developmental neglect and traumatic stress during childhood create violence, remorseless children”

....BUT...

The brain is malleable, and we can use interpersonal neurobiology to promote healing and positive and secure influences. This leads to brain growth and repair.
What is Trauma Informed Practice?
Trauma-Informed Professional

- Trauma is a part of many disorders and challenges in people of all ages

- Both mind and body respond to traumatic events and the body in particular informs intervention (safety first) is essential to trauma-informed care

- “Symptoms” are reframed as adaptive coping necessary to survive, not a pathology

- The individual is recognized as “survivor” who is moving to “thriven” (skill and resilience building, among other approaches)

- Change in paradigm from “control” to “empowerment”, “collaboration”, and “culturally-sensitive”
Trauma Informed Intervention for the Advocate

For assessing trauma (domestic or sexual violence)

Structured Interviews:
- Child Exposure to Domestic Violence scale (CEDV)
- Child Forensic Interview (Child Advocacy Centers)
- Licensed Child Therapists and Psychologists
  (They can also administer many more assessments to identify impact of trauma and)
What it looks like

- **Conversation techniques with kids**
  - Drawing pictures and story telling
    - Can help decrease anxiety
    - Useful for younger children

- **Space**
  - Confidential and safe
  - Child friendly with child sized furniture and toys
  - Out of hearing range of parents
  - Removed from the context of the violence
Basic Guidelines for Age Appropriate Language

- Short and simple sentences
- 3-5 words
- One concept at a time
- Remove unnecessary clauses- “Can you tell me about, do you remember”
- Test knowledge and understanding of certain words or phrases
- Avoid why questions
- Age 7-10 may be able to answer about themselves
- Age 10-13 may be able to answer about others
More...

- **Establish Meeting focus**
  - Describe your role with the child
  - Address confidentiality and it’s limit
  - Communicate concern in an age appropriate way
  - Provide a brief and general overview

- **Respect child’s boundaries**
  - Honor the child’s loyal to the abusive parent/person
  - Respect right not to talk or hesitance to share-forcing the issue will escalate trauma response and lead to shut down
  - Don’t force child to leave their parent
  - Don’t make promises you can’t keep

- **Questioning**
  - Open ended questions (Allow a free running narrative)
  - Start with general questions and move to more specific
  - Be conscious about leading
  - Avoid why questions and lean towards what and how questions
A full document on this can be accessed at:


*A great resource*
1. Understand that children of all ages, from infancy through adolescence, are vulnerable to the adverse impact of IPV exposure

2. Establish a respectful and trusting relationship with the child’s parent

3. Let mothers and children know that it is ok to talk about what has happened, if the child would like to engage in this type of discussion

4. Tell children that violence is not their fault; if children say that the violence is their fault or that they should have stopped it, tell them directly that they are not responsible for the violence and that it is not their job to intervene (and/or coach parent to do so as well)

5. Foster children’s self-esteem by showing and telling them that they are lovable, competent, and important

6. Help children know what to expect
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<th>Interventions continued...</th>
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<td>7.</td>
<td>Model and encourage good friendship skills</td>
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<td>8.</td>
<td>Use emotion words to help children understand how others might feel during disagreements</td>
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<td>9.</td>
<td>Recognize that when children are disruptive, they are generally feeling out of control and may not have the ability to use other strategies to express themselves</td>
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<td>10.</td>
<td>Incorporate the family’s culture into interventions, and support the parent and children to explore the values, norms, and cultural meanings that impact their choices and give them strength</td>
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<td>11.</td>
<td>Actively teach and model alternatives to violence</td>
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<td>Involve parent in conversations with their children about the children’s views of the abuse</td>
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<td>Discuss child development with parent</td>
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<td>14.</td>
<td>Help the parent teach their children how to label their emotions</td>
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<td>15.</td>
<td>Address parenting stress</td>
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<td>16.</td>
<td>Work with the parent to help them extend both their own and their child’s social support network</td>
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Resiliency

- How would you define resiliency?
Resiliency =

LOVE AND CARE FOR YOUR CHILDREN

TRUST AND RESPECT
- Acknowledge children’s right to have own feelings, friends, activities and opinions
- Promote independence
- Allow for privacy
- Respect feelings for other parent
- Believe your children.

PROMOTE EMOTIONAL SECURITY
- Talk and act so that children feel safe and comfortable expressing themselves
- Be gentle
- Be dependable.

PROVIDE PHYSICAL SECURITY
- Provide food, shelter, clothing
- Teach personal hygiene and nutrition
- Monitor safety
- Maintain a family routine
- Attend to wounds.

PROVIDE DISCIPLINE
- Be consistent
- Ensure rules are appropriate to age and development of child
- Be clear about limits and expectations
- Use discipline to give instruction, not punish.

GIVE TIME
- Participate in your children’s lives: activities, school, sports, special events and days, celebrations, friends
- Include your children in your activities
- Reveal who you are to your children.

ENCOURAGE AND SUPPORT
- Be affirming
- Encourage children to follow their interest
- Let children disagree with you
- Recognize improvement
- Teach new skills
- Let them make mistakes.

GIVE AFFECTION
- Express verbal and physical affection
- Be affectionate when your children are physically or emotionally hurt.

CARE FOR YOURSELF
- Give yourself personal time
- Keep yourself healthy
- Maintain friendships
- Accept love.

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The brain is malleable, and we can use interpersonal neurobiology to promote healing and positive and secure influences. This leads to brain growth and repair. =RESILIENCY !!
Questions

What has stuck out for you?

Is there anything you’d like to discuss further?

ETC.....
References


Brain Development References


- **Herman, Judith**, “Trauma and Recovery,” Basic Books, New York, 1992
Thank you!!

I love doing this! It’s my honor to be a part of your learning journey.

Now, go practice some positive interpersonal neurobiology!!