Top 10 Points from Understanding Childhood Trauma

1. Removal from an abusive environment does not erase the effects of abuse. Children are programmed to be fundamentally loyal to their caregivers, even if the source of comfort is also the source of terror.
2. The body keeps the score. At the most basic level, individuals who have experienced trauma cannot always regulate their bodies. This often presents in changes of sleeping patterns, appetite, heart rate, and bodily functions.
3. Children who suffer chronic maltreatment will often have significantly different responses to “ordinary” situations. These children are stuck in “fight or flight” mode, which is often interpreted as the child displaying “behavioral” problems. Remember! These coping mechanisms could have been survival tactics at one point in the child’s history. Try to recognize these and be compassionate!
4. The largest amount of physical growth in the brain happens between 0-5 years of age. The impact of early abuse on the development of the brain, often results in an inability to discriminate between what is safe and unsafe in the early years. Children may not develop healthy attachments to a primary caregiver, leading to distrust and confusion towards the world around them.
5. When we are terrorized, our bodies release cortisol into the brain. This can lead to literal, physical damage of brain growth. The theory is that the release of cortisol, which is necessary and harmless in isolated terrifying situations, causes damage to the brain when it is released on a continual and long term basis.
6. Some actual behavioral events caused by trauma include:
	1. Hypervigilance- The elevated state of constantly assessing potential threats.
	2. Impact on language- During trauma, our primary language centers shut down.
	3. Behavioral reactions- Traumatized children have found unique ways to adapt to a complex environment. To an outsider, this may present as ‘defiant’ or ‘problematic’. Understanding your case child’s history will help you recognize these adaptations and better advocate for the child’s specific needs.
7. Different age groups respond to trauma in different ways. Here are some of the most common reactions:
	1. Ages 0-5: Excessive clinginess, regressive behaviors, crying, or screaming.
	2. Ages 6-11: Extreme withdrawal and emotional flatness, depression, and anxiety.
	3. Ages 11-18: Substance abuse, suicidal ideation, and antisocial behaviors.
8. Ways to help children cope: BE CONSISTENT! Show up at every new placement, let them know you are there to stay! Build strong and cooperative relationships with the child’s team! Respect the opinions of the professionals involved and include them! A cohesive team is an effective team ♥
9. The four main areas of advocacy include: Physical Development, Cognitive/Academic Development, Emotional/Psychological Development, and Social Development. Talk with your Advocacy Supervisor for ways to be well-rounded and successful with your advocacy in ALL of these areas.
10. Children are WONDERFULLY RESILIENT! Encourage quiet and safety, promote mastery, but most of all, create STABILITY! Research shows that the #1 factor that determines which children are the most resilient is the presence of a supportive, caring, consistent adult. One person can change their perception of the world. That person can, and definitely will be, YOU!