Empowering Children's Leaders: Trauma-Informed Tools and Tips
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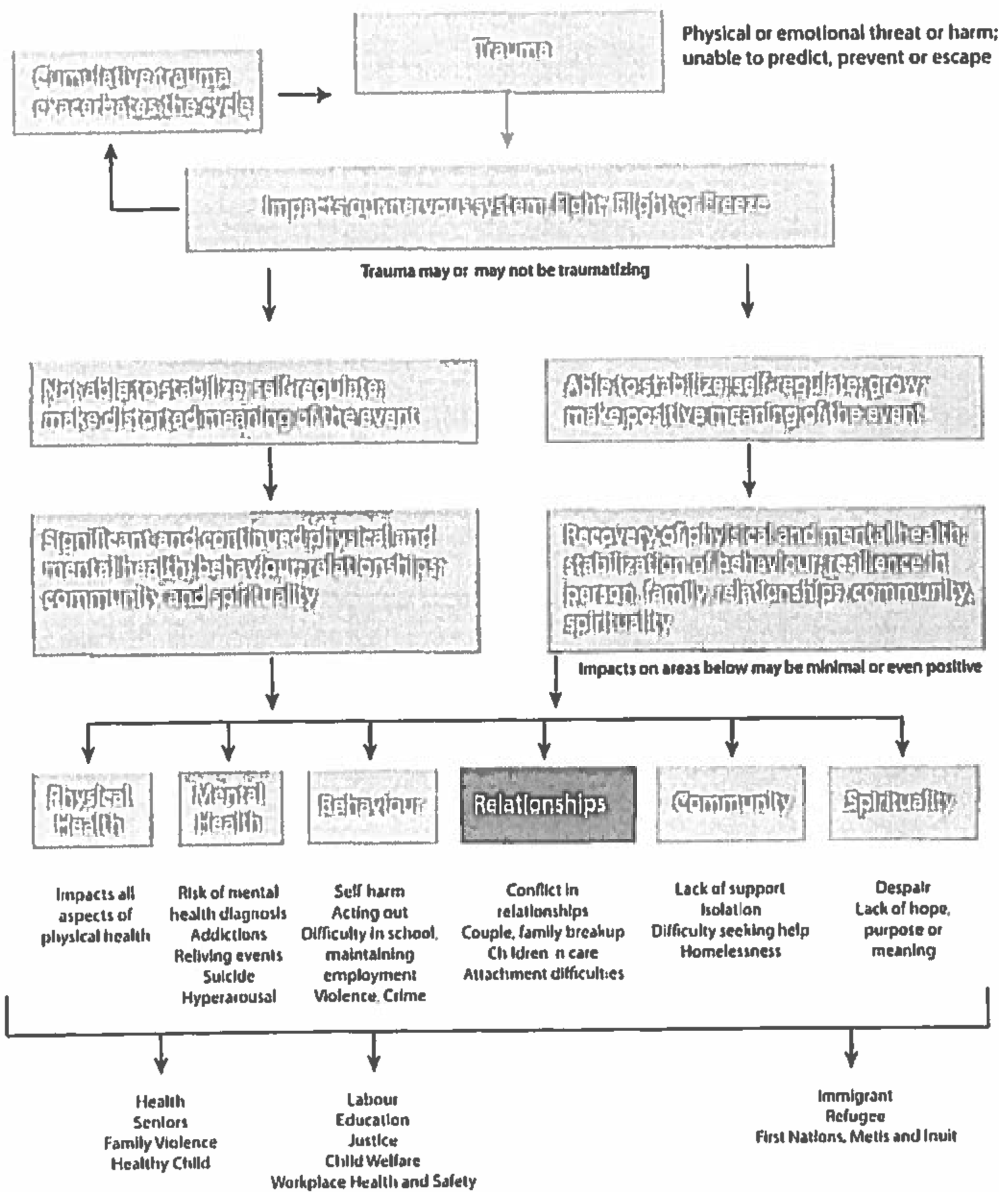

Cumulative trauma exacerbates the cycle
Trauma
Physical or emotional threat or harm; unable to predict, prevent or escape
Impacts our nervous system Fight, Flight or Freeze
Trauma may or may not be traumatizing
Not able to stabilize, self-regulate; make distorted meaning of the event
Able to stabilize, self-regulate, grow; make positive meaning of the event
Significant and continued physical and mental health, behaviour, relationships, community and spirituality
Recovery of physical and mental health; stabilization of behaviour, resilience in person, family, relationships, community, spirituality
Impacts on areas below may be minimal or even positive
Physical Health
Mental Health
Behaviour
Relationships
Community
Spirituality
Impacts all aspects of physical health
Risk of mental health diagnosis
Addictions
Reliving events
Suicide
Hyperarousal
Self harm
Acting out
Difficulty in school, maintaining employment
Violence, Crime
Conflict in relationships
Couple, family breakup
Children in care
Attachment difficulties
Lack of support
Isolation
Difficulty seeking help
Homelessness
Despair
Lack of hope, purpose or meaning
Health
Seniors
Family Violence
Healthy Child
Labour
Education
Justice
Child Welfare
Workplace Health and Safety
Immigrant
Refugee
First Nations, Metis and Inuit

Emotional and Psychological Reactions to Trauma

After experiencing a traumatic event, survivors go through a wide range of normal emotional and psychological responses. Advocates should encourage survivors to view these reactions as NORMAL reactions to ABNORMAL events. For example, it is completely normal to "forget" important aspects of a traumatic event. It is also normal to have flashbacks or nightmares related to the trauma.

Although some of these responses feel "crazy" to survivors and to the advocates who work with them, they are predictable, adaptive responses to the overwhelming experience of being battered in a relationship. Some emotional and psychological responses to trauma are listed on the next page. Each survivor of domestic violence may experience some or none of these trauma reactions. Focusing on woman-defined advocacy, advocates will assist survivors by giving information about possible emotional responses to trauma and working with women to address those symptoms that are bothersome.

Remember, it is the experience of trauma that causes the following reactions in survivors, not their individual personality strengths and weaknesses.

Emotional Reactions to Trauma

Below is a list of ways in which survivors react to trauma emotionally. Historically, many helping professionals have viewed these reactions negatively, or have viewed these as evidence that something is wrong with the trauma survivor. A trauma-informed approach understands these reactions as normal responses to an abnormal event, and does not view them as evidence of a survivor's problems, bad decisions, personal shortcoming, or weaknesses.

- ✓ Shock and disbelief
- ✓ Fear and/or anxiety
- ✓ Grief
- ✓ Guilt or shame
- ✓ Denial or minimization
- ✓ Depression or sadness
- ✓ Anger or irritability
- ✓ Panic
- ✓ Apprehension
- ✓ Despair
- ✓ Hopelessness
- ✓ Emotional detachment
- ✓ Feeling lost or abandoned
- ✓ Increased need for control
- ✓ Emotional numbing
- ✓ Difficulty trusting
- ✓ Mood swings
- ✓ Feeling isolated
- ✓ Intensified or inappropriate emotions
- ✓ Emotional outbursts
- ✓ Feeling overwhelmed
- ✓ Diminished interest in activities
- ✓ Hyper-alertness or hyper-vigilance
- ✓ Re-experiencing of the trauma
- ✓ Desire to withdraw
- ✓ Spontaneous crying
- ✓ Exaggerated startle response
- ✓ Feelings of powerlessness

As an advocate, you should be ready for any of the above emotions from survivors. A key skill an advocate must develop is the ability to accept a wide range of emotions and feelings--even ones that are difficult to deal with, such as anger, irritability, or intense emotions. All of these emotions are normal responses to experiencing trauma.

Psychological and Cognitive Reactions to trauma

Trauma also impacts how people think and the ways in which they process and understand information. When working with survivors, taking the following trauma reactions into account is critically important to effective advocacy with survivors. Below are some of the ways in which trauma impacts how people think:

- ✓ Difficulty concentrating
- ✓ Slowed thinking
- ✓ Difficulty making decisions
- ✓ Confusion
- ✓ Difficulty with figures
- ✓ Blaming self or others
- ✓ Poor attention span
- ✓ Mental rigidity
- ✓ Disorientation
- ✓ Uncertainty
- ✓ Memory difficulties
- ✓ Difficulty with problem solving
- ✓ Nightmares
- ✓ Flashbacks
- ✓ Intrusive thoughts
- ✓ Distressing dreams
- ✓ Suspiciousness

Trauma can make such everyday tasks as concentrating, organizing, focusing on something for long periods of time, or remembering details overwhelming. Trauma can inhibit learning, problem solving and making decisions.

Advocates may need to help survivors compensate for this by using memory tricks, writing things down, having survivors repeat important information back, and using other strategies to support survivors in achieving their goals.

Behavioral/Physical Reactions

"Brain, body and mind are inextricably linked. Alternations to one of these three will intimately affect the other two," explains trauma researcher Bessel van der Kolk. He further describes that an individual body expresses what cannot be said or verbalized. And so, traumatic memories are often transformed into physical outcomes.

Van der Kolk, B. (1996) *The body keeps the score: Approaches to the psychobiology of PTSD. In Traumatic Stress: The effects of Overwhelming Experience on Mind, body and Society.* B. van der Kolk, AC McFarlane, and L. Weisaeth, Eds. New youe City; Guilford Press.

There are number of behavioral or physical reactions to traumatic experiences in addition to the emotional reactions discussed previously. Traumatic experience has a strong physiological component which affects both the psychological and physical body. These effects can manifest in both physical symptoms and as behaviors for survivors of abuse.

Behavioral or Physical Reactions

- ✓ Sleep disturbance
- ✓ Appetite disturbance
- ✓ Fatigue
- ✓ Inability to rest
- ✓ Angry outbursts
- ✓ Change in interaction with others
- ✓ Withdrawal or isolation
- ✓ Rapid heartbeat
- ✓ Nausea or upset stomach
- ✓ Aches and pains
- ✓ Increased susceptibility to illness
- ✓ Decrease of humor
- ✓ Fainting
- ✓ Dizziness
- ✓ Weakness
- ✓ Grinding of teeth

Often these reactions look like a person's personality has changed or mirror signs of chronic depression. Sometimes this results in others missing the significance of the trauma and misdiagnosing these conditions.

Because bodies express what cannot be verbalized, traumatic memories are often transformed into physical outcomes including**:

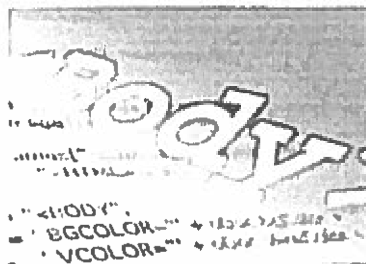
- ✓ Chronic pain
- ✓ Gynecological difficulties
- ✓ Gastrointestinal problems
- ✓ Asthma
- ✓ Heart palpitations
- ✓ Headaches
- ✓ Musculoskeletal difficulties

Chronic danger and anticipation of violence stresses the immune and other bodily systems, leading to increased susceptibility to illness.

Other Difficulties Associated with Traumatic Experiences**:

- ✓ Eating problems
- ✓ Substance abuse
- ✓ Problems in relationships
- ✓ Physical problems that doctors can't diagnose
- ✓ Self-harmful behavior, self-mutilation
- ✓ Sexual difficulties: promiscuity, dangerous sexual practices, or denial of sexuality

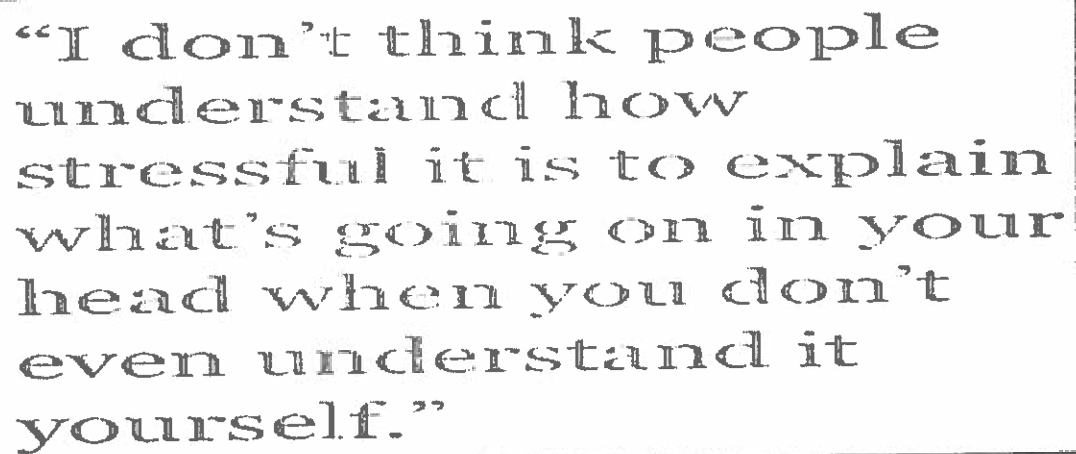
**This information was taken from the Women, Co-Occurring Disorders, and Violence Study conducted by the Substance Abuse and Mental Health Services



IS IT A TRIGGER…OR NOT

"The body remembers, stuffed until an event, a sound, a sight, a touch, a word, or a person awakens them."

A trigger is an environmental or personal stimulus that sets off a particular behavior.



What is a Trigger?
Adapted from U. of Alberta, Sexual Assault Centre

Triggers are very personal; different things trigger different people. The survivor may begin to avoid situations and stimuli that she/he thinks triggered the flashback. A person's triggers can be activated through one or more of the five senses: sight, sound, touch, smell and taste. A combination of the senses is identified especially in situations that strongly resemble the original trauma. Although triggers are varied and diverse, there are often common themes.

Sight

- Often someone who resembles the abuser or who has similar traits or objects (ie. clothing, hair color, distinctive walk).
- Any situation where someone else is being abused (ie. anything from a raised eyebrow and verbal comment to actual physical abuse).
- The object that was used/associated with the abuse (ie. alcohol, piece of furniture, time of year).
- Any place or situation where the abuse took place (ie. specific locations in a house, holidays, family events, social settings).

Sound

- Anything that sounds like anger (ie. raised voices, arguments, bangs and thumps, something breaking).
- Anything that sounds like pain or fear (ie. crying, whispering, and screaming).
- Anything that might have been in the place or situation prior to, during, or after the abuse or reminds her/him of the abuse (ie. sirens, foghorns, music, cricket, chirping, car door closing).
- Anything that resembles sounds that the abuser made (ie. whistling, footsteps, pop of can opening, tone of voice).
- Words of abuse (ie. cursing, labels, put-downs, specific words used).

Smell

- Anything that resembles the smell of the abuser (ie. tobacco, alcohol, drugs, after shave, perfume).
- Any smells that resemble the place or situation where the abuse occurred (ie. food cooking, wood, odors, alcohol).

Touch

- Anything that resembles the abuse or things that occurred prior to or after the abuse (ie. certain physical touch, standing too close, or the way someone approaches you).

Taste

- Anything that is related to the abuse, prior to the abuse or after the abuse (ie. certain foods, alcohol, tobacco).

My Church Plan

This activity is to help you and your church administration and body plan for how to respond to a trauma crisis. Please take some time to identify steps and resources.

Who

Which person in your church is responsible for intervening in the moment? Will this be a different person for different age groups? Who will follow up to make sure the child/family has support afterwards?

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What

What specific interventions will be provided in the moment? What are you, as an adult in the church, allowed to do to intervene? What programs do you have that work with children/youth that may need additional training/support to be trauma-informed?

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Where

Which resources in your community can the church link up with or refer families/children to? Where can you go for additional support or training?

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