

Trauma Informed Practice in Child Protection

K. MINIMOL

Associate Professor

Department of Social Work,

Vimala College (Autonomous), Thrissur, Kerala, India

ABSTRACT

This article aims at bringing the attention of professional social workers on the relevance of Trauma Informed Practice in child protection. Trauma-informed practice is a framework for social work service delivery that is based on an understanding of how trauma affects people's brain and their lives. Here the emphasis is on understanding client's problems and needs in the context of their trauma history. This article gives a brief idea about the implications of trauma on child's brain development and the practical aspects of social work. This approach is significant in services dealing with trauma survivors such as child protection, domestic violence and mental health.

Key Words : Trauma, Trauma-informed care, Human brain, Social work

INTRODUCTION

‘It is not the situation but how that situation is experienced induces trauma’

(Steele and Kuban, 2002)

Trauma can be defined as a psychological and emotional response to an upsetting or distressing event or experience. An event is traumatic if it is extremely upsetting and at least temporarily overwhelms the individual's internal resources (John Briere, 2006). Because of the uniqueness of individuality, the processing of a traumatic experience is different for different individuals. Trauma can be classified into Developmental Trauma Disorder, Post Traumatic Stress Disorder and Complex Trauma. The traumatic experience that happens repetitively is called complex trauma. Eg. A child exposed to domestic violence at home on a daily basis. Post Traumatic Stress occurs as a result of an exposure to a terrifying event. The symptoms of such type of stress is persistent and frightening thoughts of that particular event. Eg. When a person exposed to or experience disasters. Developmental trauma forms during the first three years of a child's life. It happens when distressing events in the child's life affects child's neurological, psychological and cognitive development. The commonly seen symptoms of trauma are anger, persistent feelings of sadness, flashbacks, Irritability, physical discomfort such as head ache, nausea, guilt, shame and feeling of hopelessness.

A significant number of children are exposed to traumatic life events that threaten their health and wellbeing. Traumatic events include sexual abuse, physical abuse, domestic violence, community and school violence, motor vehicle accidents, natural disasters, terrorism, war, suicides, homicides and other traumatic losses. Children who have experienced such events express some kind of

distress and behavioural changes. Not all responses to trauma are problematic or long term, but a significant number of children experience long term mental health issues that require appropriate interventions. These children experience problems such as phobias, separation anxiety, sleep disturbance, nightmares, sadness, loss of interest in normal activities, reduced concentration, decline in school work, anger, somatic complaints, irritability etc.

There are specific interventions for healing from trauma. Specific therapies such as Cognitive Behavioural Therapy, Exposure therapy, Talk therapy, Mindfulness, Yoga, Mindfulness-based Stress Reduction etc. are some of them. A social Worker who is trained in helping people to be healed from the impact of difficult situations can provide significant support services by themselves and with the help of other health professionals.

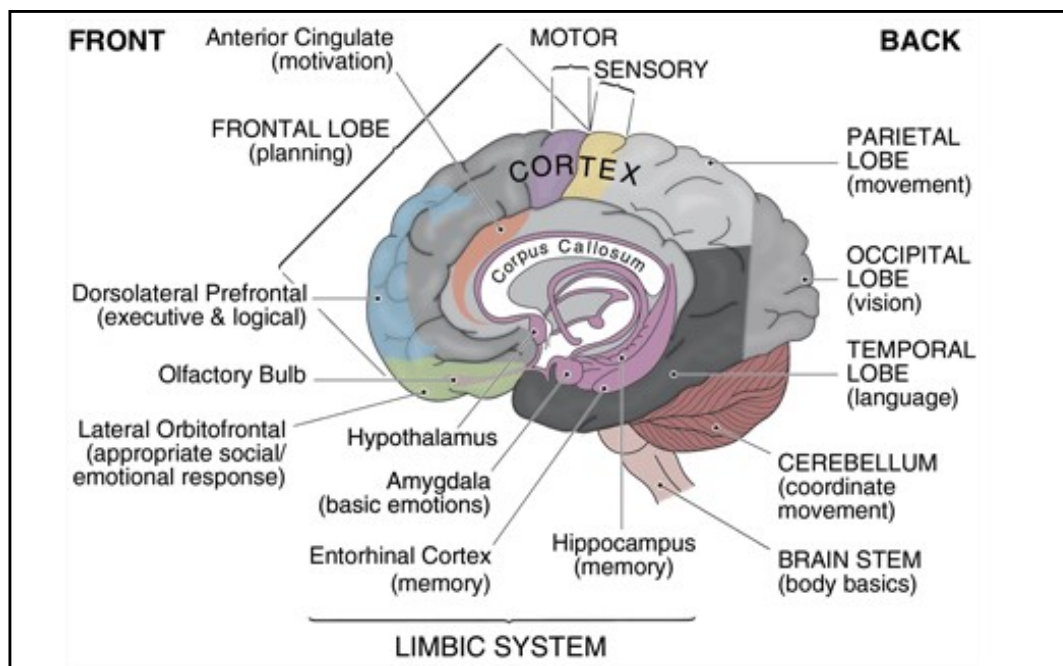
This article specifically deals with developmental trauma because that is one important aspect in the area of child protection.

Developmental trauma is the result of exposure to multiple and repeated adverse events in a child's life in the care giving system which include physical, sexual and emotional abuse; neglect and maltreatment that may have an impact on child's cognitive, neurological and psychological development.

Before going to the implications and interventions for trauma, one should have an idea about the neurobiology of developmental trauma.

Neurobiology of Developmental Trauma :

Human brain develops sequentially from the bottom up. Each structure of the brain forms the foundation for the next structure to grow and develop. It is a continuous process with each successive part responsible for more complex functions. It is sequential as it starts with basic functions like movement, then feeling, then identifying emotions and to more higher functions like ability for abstract thought and self-control.



The brain development occurs through the creation of neural pathways that connect different regions of the brain together. The neural connections are strengthened through stimulation and repeated experiences just like a child learning to ride a bike through practice until the child master it.

The integration of neural networks is important as it shapes the thoughts, feelings and actions of a child. Greater the integration results in children to be more adaptive and flexible. This integration of neural networks can be blocked through repeated traumatic events children are exposed to and will significantly hamper their ability to adapt to their physical and relational environment.

Now let us see how the experiences of developmental trauma might impact different areas of brain.

Hippocampus:

Hippocampus is in the brain's medial temporal lobe, near the center of the brain. It matures between 2-3 years and is involved in the storage of long term memory, and is often referred to as the "memory puzzle sorting center".

Hippocampus is vulnerable to stress hormones. When the hormones reach a high level, it can suppress the activity of the hippocampus and its ability to function. This impact on the rational evaluation of the information received so a stimulus can be misinterpreted as a threat that can lead to immediate response to fight, flight or freeze. Extreme stressful environment can lead to increased cortisol levels which can lead to decreased hippocampus volume. There will be difficulty with attention and memory.

Amygdala :

The Amygdala is located within the temporal lobes, medial to the hypothalamus and adjacent to the hippocampus and is mature at birth. It is associated with perception of threat and is often referred to as the 'smoke detector' of the brain. Amygdala is involved in several functions of the body including; arousal, automatic responses associated with fear, emotional responses, hormonal secretions and memory.

Amygdala is part of the limbic system and the limbic system is called as the 'emotional brain'. It controls fundamental emotions and drive for survival. Amygdala is immune to the effects of stress hormones which impacts the processing of emotions before sending the messages to the cortex, and can alarm inappropriately. Trauma disrupts the circuitry which connects specific structures of the brain and relay of sensory data from the nervous system collected throughout the body.

Corpus Callosum :

The right and left hemisphere of the brain is connected by the Corpus Callosum. This is a bundle of nerve tissues which facilitates communication between the two sides of the brain. This is the largest collection of the white matter within the brain which allows different parts of the brain to communicate each other.

Corpus Callosum is the major information pathway connecting the left and right hemispheres of the brain. Exposure to extreme trauma hamper the proper development of Corpus Callosum, thus less integration between the two hemispheres in the brain. When the integration is blocked due to stress and trauma, child's ability to adapt to the needs and challenges of their environment is significantly hampered. Rather than supporting learning opportunities, the child's neural connections have formed to support survival in a stressful environment. They experience reactivity to sensory

stimuli.

Hemisphere activation is kept separate with impaired growth and activity of the Corpus Callosum. The two hemispheres do not establish circuits of connectivity leaving the experience of living separate from the capacity to describe them using language. As separate units, the two hemispheres struggle to offer resources to engage in meaningful and connecting social exchanges. Impaired hemisphere connection is reflected in learning difficulties, particularly with problem solving and social tasks.

Prefrontal Cortex :

Prefrontal Cortex is part of the cerebral cortex which covers the front part of the frontal lobe. It is responsible for higher order executive functions like planning complex cognitive behavior, decision making, personality expression and moderating social behavior.

Children and adults with histories of abuse and neglect often respond excessively to minor triggers. Due to decreased frontal lobe functioning they are increasingly responsive to even minor triggers as their ability to learning and problem solving is limited. The executive functioning is compromised.

Thalamus :

Thalamus is a large symmetrical structure in the brain that makes up most of the diencephalon. It is an important part of cortical processing and is often described as a relay station. It has a major role as a gatekeeper for information on its way to cortex and to ensure the information is sent to the right place.

Thalamus is the mixing ball of sensation. Thalamus process the sensory data and send to long term memory. When triggered this information go down to the body from Amygdala than stored into the long-term memory. Hence in a stressed situation, the ability to retain the information is hard. They may have the fragmented memory but not the whole. Developmental trauma thus impacts the functioning of thalamus. Trauma disrupts the circuitry which connects specific structures of the brain and relay of sensory data from the nervous system throughout the body.

Implications of chronic exposure to trauma on a child's arousal :

The impact of trauma on a person depending on various factors:

1. Age of the survivor
2. Previous exposure to traumatic events
3. Characteristics of the stressor (once or repeated, impersonal such as natural disasters or interpersonal such as abuse by relatives)
4. Response of significant others (whether being punished, or supported)

Trauma has significant impact on children's development and the way they relate with their care givers and environment. The neurological development of the brain becomes distorted such that the "survival" mechanisms of the brain and body are more dominant than the "learning" mechanisms (Atkinson, 2013, Trauma-informed services and trauma specific care for Indigenous Australian children – Closing the gap Clearing House Resource 21. Canberra, Australian Institute of Health and Welfare), which results in wide ranging impairments in arousal, cognitive, emotional and social functioning.

Early adversity and complex trauma in a child's life causes chronic disruption of the child's stress hormones that leads to hyper – arousal and ongoing sensitivity to stress. Even small increases

in stress trigger off alarm responses. The body responds to fight, flee, freeze or surrender. The child will have trouble regulating arousal levels in response to emotional and sensory stimulation and the emotional responsiveness can be either high or low.

Children and young person's experiences difficulties related to their ability to identify, recognize, experience, tolerate and appropriately expressing their emotions. Trauma creates changes in brain functioning that elevates vigilance to a high priority shutting off the cortex, the thinking, planning and reasoning part of the brain. Trauma elevates physiological arousal levels in children by interrupting the circuits which are responsible for recalibrating them. As a result, children experience hyper arousal, dissociation, attachment problems, lack of empathy- antisocial, aggression, impulsive behaviors and emotional not cognitive response to problems.

Eg. Parent-child interactions that are repetitive and harmful release stress hormones that damage the neurological structure of the brain.

Child with trauma background may experience heightened arousal, dysregulation and mistrust in relationship. Children with trauma background are often in a heightened state of arousal and can be easily triggered by sensory stimuli which causes them to shift into fight, flight or freeze stress responses. Social interactions may be difficult for these children as they are often not within their social engagement system.

While working with children with trauma background it is important to provide them with stability and security and predictable routine in their care environment. They may have difficulty to cope with changes or unpredictable events. The coping skills can be different for each child based on their trauma experience. Children and their care givers need to be supported to understand the link between trauma experience and their difficulties in self-regulation and thinking process.

Because children are harmed in the context of relationships, interactions with others can often be difficult for them. Building positive relationship with primary carers in a safe environment and increased social connections are vital in the healing process. Earlier the healing process starts better the therapeutic intervention.

While children have an innate need for intimacy and develop secure attachments it often makes them hard due to reactive and aggressive behaviors. Care givers needs to be patient and work in parallel to the child to avoid emotional overload. They need casual and routine interactions to remain within the child's window of tolerance.

Trauma informed practice in social work :

Trauma informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological and emotional safety for the providers and the survivors and that creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper *et al.*, 2010, p.82)

All social workers should have a clear understanding about trauma in terms of prevalence, risks, triggers, symptoms and effects on physical mental and social health regardless of the area in which they are working. As a result of trauma, there can be physical manifestations such as pain, fatigue, head ache, digestive and muscular- skeletal issues.

'Person in environment' method sees the whole person, not just the problems and that is required to deal with traumatized individuals. Strengths based and person centered approaches are appropriate when helping the individuals to come out of the negative implications of trauma. Due to the terrible experience of trauma, the client might have lost their sense of self, identity and have a weakened self concept and self esteem. Transforming the client into an empowered individual is

another important task of social workers.

When dealing with traumatized children due to sexual abuse, maximising a sense of safety is important. Children should be educated on how to move away from an abuser, how to realise good touch and bad touch, how to seek help while sensing any kind of abuse. Educating parents on the above mentioned aspects is essential to deal with such issues. They should be given information about the services available in the community where they can escalate children's and their distress. Parents and teachers should be given training on how to provide relevant support for children who experience such issues. Social workers should upgrade their skills and knowledge in resilience building therapeutic interventions in order to instill hope and optimism in children.

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