

Childhood Trauma

Experiences of trauma are relatively common, with Australian* and international** estimates indicating that up to two-thirds of children will experience at-least one traumatic event.

Childhood trauma occurs in all communities.

Childhood trauma occurs when a child experiences an adverse event, or sequence of events, that threatens their safety and/or physical and emotional wellbeing. The event, or series of events challenge, or overwhelm, the child's ordinary coping resources, such that:

- The child's instinctive, survival system is initiated; and
- The child's approach to life and relationships is altered.

The effects of childhood trauma can be temporary or long-term. Childhood trauma effects how a child:

- Thinks
- Feels
- Acts.

Childhood trauma also effects:

- Learning
- Relationships
- Development.

The emotions and behaviours of the child who has experienced childhood trauma affect us; including our responses to the child. Our responses matter. The caregiving relationship is a crucial element in the child recovering and thriving after childhood trauma.

Examples of childhood trauma

Childhood trauma can occur as a result of a single adverse event, or a series of adverse events.

Single event trauma includes:

- A motor vehicle accident
- A housefire
- A medical procedure
- The death of a loved one.
- Community Trauma (Disasters)



Multiple-event trauma, also known as 'complex trauma', includes:

- Abuse
- Neglect
- Family violence/breakdown
- Frequent changes of primary caregiver(s).

Signs a child has or is experiencing trauma

All childhood trauma affects a child's nervous system. If you think of their nervous system as being like the motor in a car, childhood trauma makes their motor run faster. This results in the child being more prone to emotional and behavioural effects of their motor running too fast, including:

- Sleep disturbance (sleeplessness, nightmares)
- Overactivity (often followed by extreme tiredness)
- Big emotions (emotionality).

We refer to the speed the child's 'motor' is running as *arousal*.

The 'motor' running too fast also effects performance. The child who has or is experiencing trauma may struggle to do what they typically can do or might be expected to be able to do given their age and development. Children who have or are experiencing trauma may appear:

- Regressed, or
- Developmentally delayed.

Children who have or are experiencing trauma can experience themselves, others and their

world in a negative way. Their behaviour reflects that they experience themselves as:

- Naughty,
- Helpless,
- Unsafe;

others as:

- Unreliable,
- Unresponsive,
- (Potentially) Threatening;

And:

- their environment/world as unsafe or threatening.

The combination of their motor running fast and negativity about themselves, others and their world commonly results in anxiety. When a child experiences anxiety, their brain enters self-protection mode and activates the fight-flight-freeze response.

'Fight' behaviours include:

- Controlling
- Aggressive
- Destructive behaviour.

Flight behaviours include:

- Running away
- Avoidance
- Hyperactivity.

Freeze behaviours include:

- 'Not listening'
- Reduced responsiveness.

Why is knowing this important?

All behaviour occurs in response to internal and external aspects of the child's experience. All behaviour occurs for a reason. All behaviour communicates something about the experience of the child. Understanding and responding to the reasons for a child's emotions and behaviour is essential to supporting trusting connections and a care environment that promotes:

- Positive behaviour
- Social interest and connectedness
- Secure exploration and development.

What can I do?

All children who have experienced childhood trauma benefit from a safe and responsive care environment that supports:

- Slowing of their 'motor' (that is, lower 'arousal'), and
- Positive experience of themselves, others and their environment/world.

Develop a CARE Plan:

Consistency

Traumatic events disrupt a child's sense of the consistency and predictability of life. Consistency is soothing. Consistency slows a child's 'motor'.

You can support a child's experience of consistency by:

- Developing and maintaining consistent routines through the day
- Maintaining consistent behavioural expectations
- Maintaining a consistent physical environment, where everything has its place and changes, where necessary, are made gradually
- Maintaining a consistent team of educators to interact with the child when he or she attends the Centre.

Remember, all children need consistency!

Accessibility and Responsiveness

Children who have experienced trauma benefit from experiences that we:

- Are present and available
- We understand their experience
- We are responsive to their experience.

Children are reassured of these things when we:

- Check-in with them proactively
- Say what we see that they are thinking and/or feeling
- Address their needs and reasonable wishes proactively.

Accessibility and Responsiveness support lower arousal levels and positive experiences of:

- Their worth
- Your worth
- Their world.

Emotional Connectedness

Children who have experienced trauma need our help to regulate their big emotions. They need us to maintain a familiar environment where activities and interactions occur in a routine way. Familiarity and consistency are soothing. They also need us to connect with their emotions and help them back to calm. This is a common by-product of play. During one-to-one play our emotions and those of the child are synchronised and we support their capacity to return to calm each time we return to calm ourselves.

At other times, the child who has experienced trauma will benefit from us showing our matched echo of their emotion before returning to calm ourselves. When we connect with their emotion, they will follow us back to calm. These co-regulation experiences ultimately support all children to be able to regulate their big emotions.

A final tip:

Support Mastery – success helps children to feel good about themselves, in their environment/world.

Case Example: Childhood Trauma

James is a three-year-old child whose mother recently passed away after a brief illness. James's dad has exhausted all of his leave and returned to work part-time. James attends the Centre two days per week. At drop off, James is highly distressed and clings to his dad. He is difficult to settle after dad has left and protests any separation from the educator who receives him into the Centre. He remains watchful and easily upset throughout the day. He is reluctant to engage in planned activities and spends most of his day near to, and seeking to be held by, the educator.

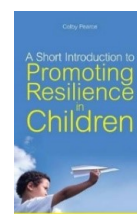
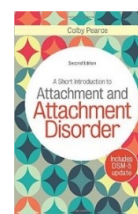
You develop a plan where a consistent group of educators are rostered on for the days he attends the Centre. At least one of these educators receives James in to the Centre at drop-off. The other regular educators greet James as soon as

possible after he enters the Centre. They show concern for his apparent distress through their words and expression before regulating to calm. There is a plan for at least one of the educators to check back in with James shortly thereafter and invite him to participate in an activity that was previously observed to hold some interest for him. This checking-in occurs until such time as he consents to separate from the educator who received him into the Centre. Once James accepts interacting with a second educator the other educators periodically check in and 'take-over' engaging with James, one at a time. Initially, James is left alone for only very short periods based on how long he will tolerate separation before he becomes distressed. The plan is to re-engage with him after temporary separations before he becomes distressed and/or initiates re-engagement himself. It is envisaged that the duration of temporary separations will be gradually increased. Educators comment positively on James's ability to play independently at each reunion.

After six months you observe that James is settling more quickly at drop-off at the Centre, requires less physical reassurance after dad leaves, and more readily engages with other educators in the room. James is spending longer periods in independent play and is playing with and alongside the other children in the Centre.

For additional information and resources, visit:

- [Secure Start®](#)
- [Emerging Minds: Community Trauma Toolkit](#)
- [Australian Childhood Foundation](#)
- [The National Child Traumatic Stress Network](#)



*[Wickramasinghe YM, Raman S, Garg P, et al \(2019\), Burden of adverse childhood experiences in children attending paediatric clinics in South Western Sydney, Australia: a retrospective audit. *BMJ Paediatrics Open*](#)

**[Bendall, S., Phelps, A., Browne, V., Metcalf, O., Cooper, J., Rose, B., Nursey, J. & Fava, N. Trauma and young people. *Moving toward trauma-informed services and systems*. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health, 2018.](#)