

# Developmental Trauma

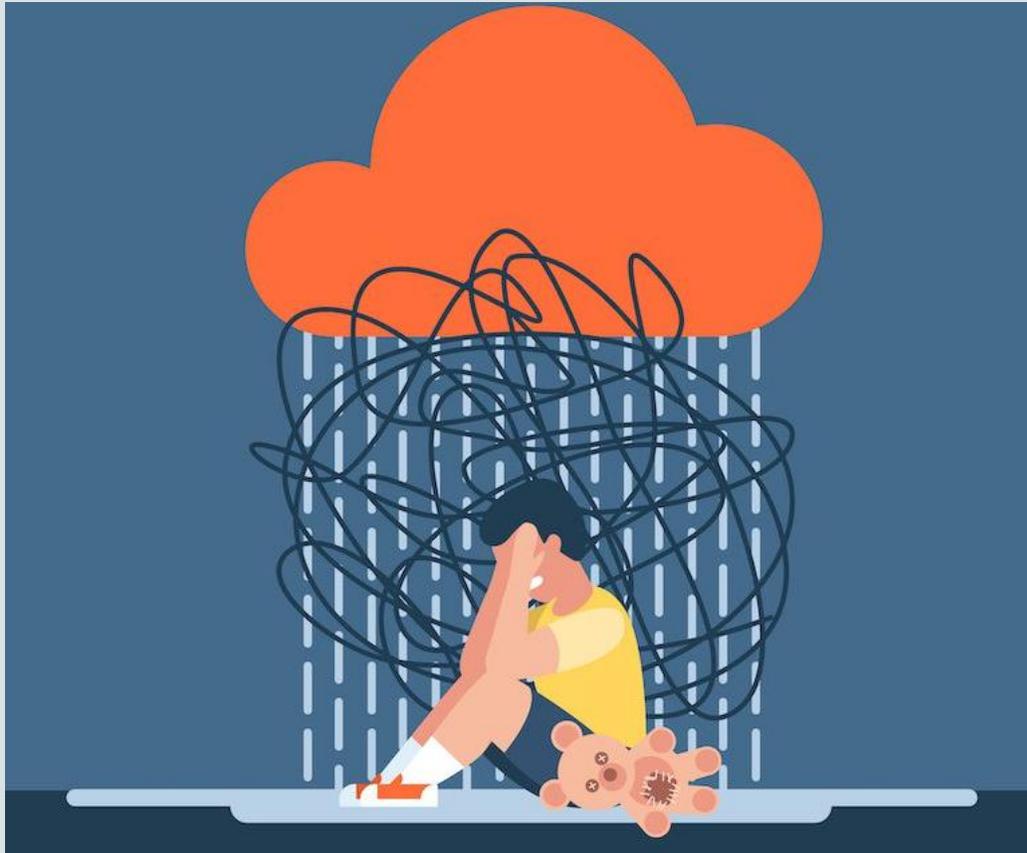
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Dr Sarah Dawkins



What is  
developmental  
trauma?

# Developmental Trauma



- The term used to describe the impact of **early, repeated trauma** and loss which happens **within the child's important relationships**, and usually early in life
- Can you think of some examples of early developmental trauma?

# Examples of developmental trauma

- A child who has been neglected
- A baby removed from their birth parents
- Experience of sexual abuse
- Severe health problems with multiple medical interventions
- Domestic abuse in utero

**Why is it important to know about?**

ADVERSITY AND LOSS IN **THE FIRST EIGHT WEEKS** HAS THE GREATEST IMPACT ON LATER WELLBEING



## Why is it important?

- 75-93% of those entering juvenile justice system
- Nearly 50% of teenage mothers experienced CSA
- 55% of obese patients in a weight loss programme
- 66-90% of women in the sex industry
- 81% of women and 69% of men in alcohol detoxification

- “A fifteen-year-old boy from a single parent household is walking around his community at night, drunk with cannabis in his pocket. A police officer confronts him and he becomes belligerent with the officer. The conflict escalates and the officer begins yelling and comes up behind him to put handcuffs on him. The teenager becomes frantic and punches the officer.”

Prepare for neuroscience...

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What are the effects of  
early developmental  
trauma?

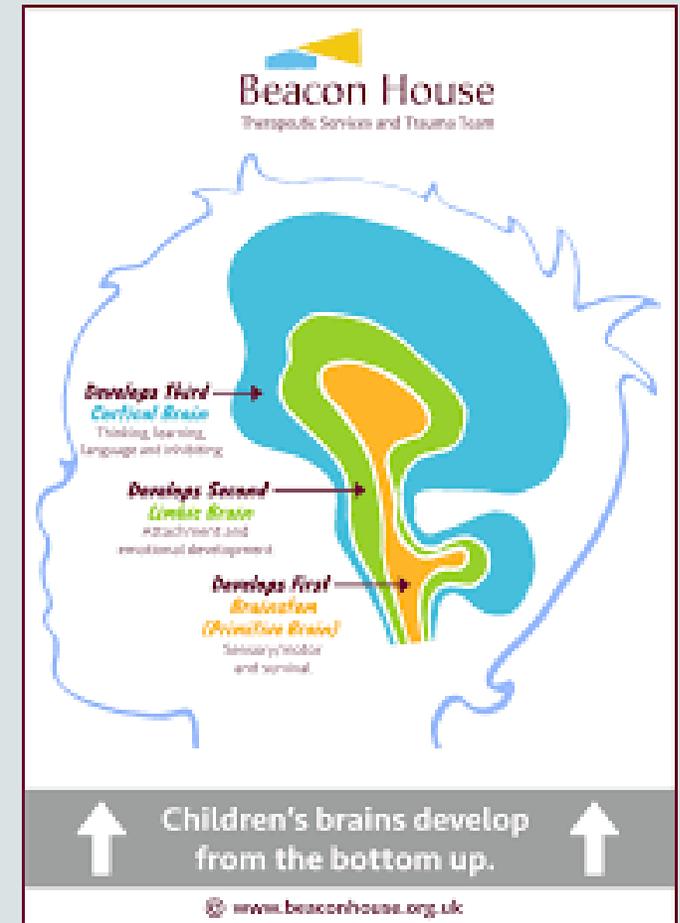
- A child who does not feel safe primarily 'lives' in their fight/flight/freeze/flop responses in order to survive the real or perceived danger they face.
- Children develop a range of **unhealthy coping strategies**
- They do not develop essential daily living skills



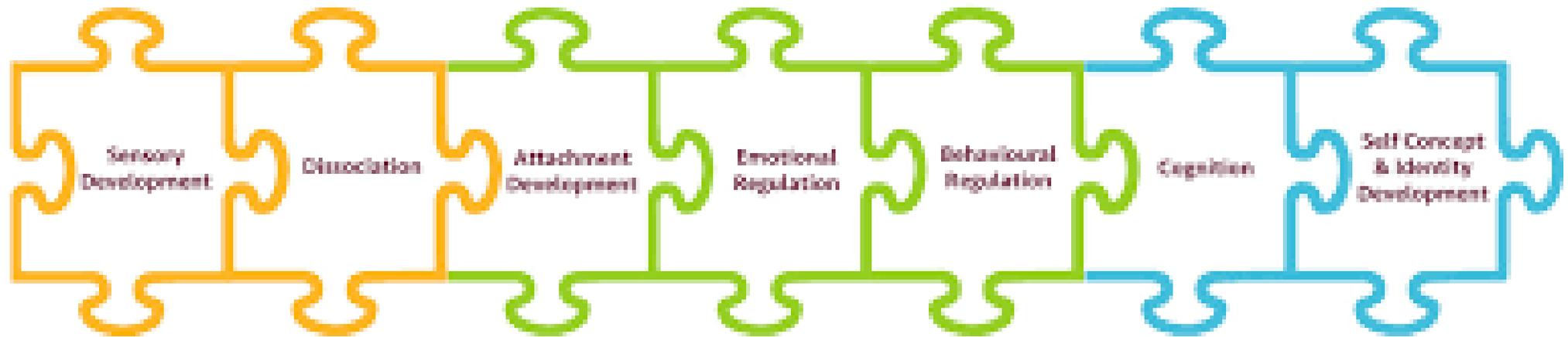
# Embryology – yay!

1. Brain stem – sensory motor input & survival
2. Limbic brain – attachment and emotional development
3. Cortical brain – thinking, learning, language, inhibition

A traumatised brain is “bottom-heavy”



# Seven Impacts of Developmental Trauma



# Sensory Development



# Sensory Development

- Infants have not developed language. Memories are **sensory ('implicit')** - cannot recall them, but stored in sensory systems.
- Babies operate out of their brainstem - responsible for sensory/motor and survival
- Hypervigilance to signs of danger - reduced ability to filter out 'irrelevant' sensory experiences
- Sensory system can become overloaded and overwhelmed, triggering a fear response

## **Possible Signs:**

- Overly tactile or dislikes touching
- Dislike for food textures
- Sucking or biting to self-sooth
- Jumpy, restless and alert
- Not knowing if hot or cold
- Overwhelmed by noisy places
- Poor balance or fine motor skills
- Zoning out during the day
- Struggle to concentrate

—  
What is  
dissociation?

I ~~let~~ me gather my thoughts...



Kaybee '18

# Dissociation

- Mentally 'leaving the room'. Mind puts unbearable experiences into different 'compartments'.
- A child may remember a traumatic event but have no feelings attached to the memory; or may show challenging behaviour but have no memory behind the behaviour; or have a stomach ache but feel no anxiety underneath it.
- Children seen as naughty, lazy, not listening

# Examples of dissociation-type behaviours

- May appear not to be listening
- Rapid regressions in age-level behaviour
- Normal discipline does not work - do not learn
- Forgetful or confused
- Changeable relationships



# Attachment Development



- Attachment strategies prevent harm and keep parent/carer close
- Traumatized children tend to have insecure avoidant or insecure preoccupied attachment styles
- What are these?

Avoidant children:

“To keep safe and to keep others close, I must hide my emotions and look as if everything is okay”

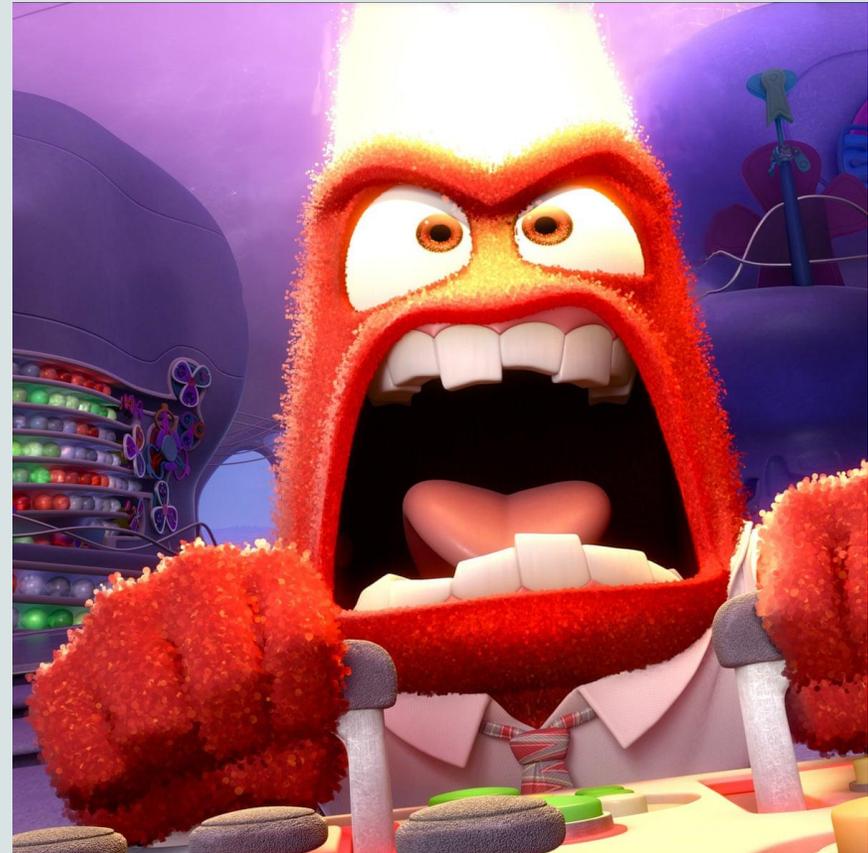


Preoccupied children:

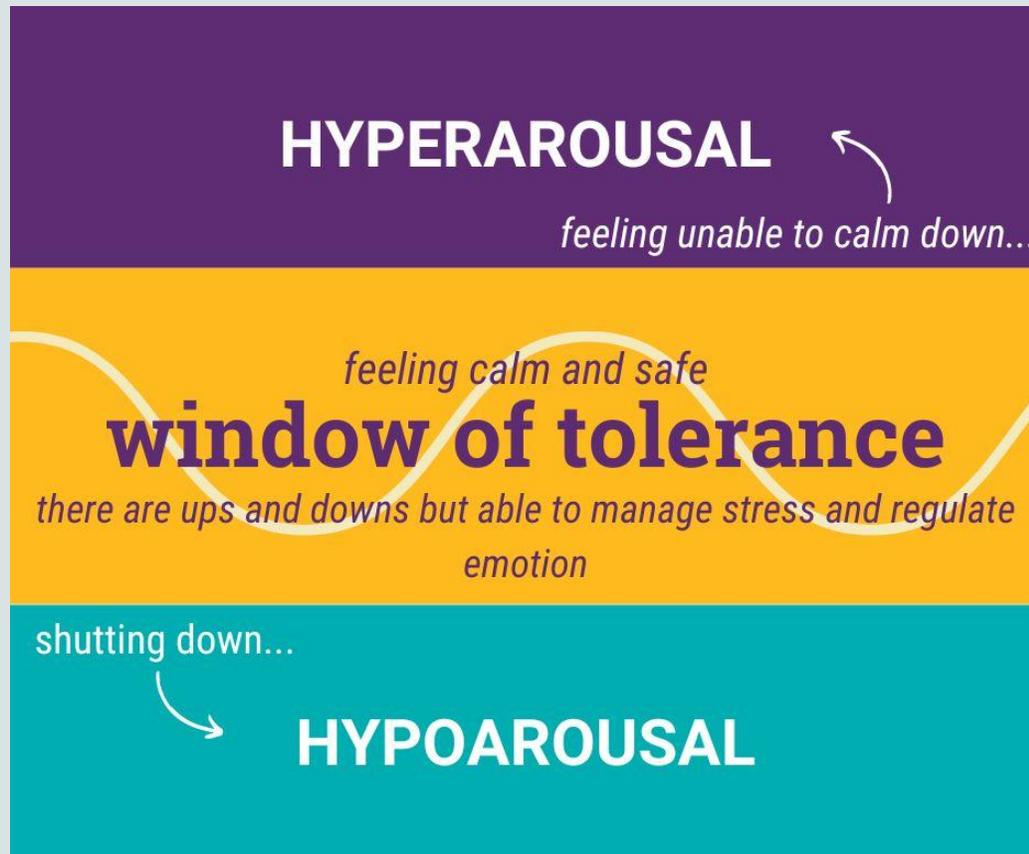
“To keep safe and others close by, I must exaggerate my behaviour and emotions and I must be angry/upset for as long as possible as if I lose my carer I don't know when I will get them back again”

# Emotional Regulation

- Children typically learn around age six
- Babies cannot regulate emotions - parents/carers must **co-regulate**
- The way parents respond to regulate a baby's emotions, teaches the child how to respond in the future
- Traumatized children can get stuck, often around the emotional regulatory age of three
- Need to respond to child's **emotional age**



# Behavioural Regulation



- We all have a **'window of tolerance'** – state of physical and emotional arousal that is tolerable and bearable
- Small every-day things may be outside of a traumatised child's tolerance e.g. brushing teeth
- May become hyper- or hypo- aroused.
- Outside window, behaviour **cannot be controlled**. Attempt to regain lost control during trauma.

# Cognition

- Often stuck in brainstem/limbic behaviours
- Do not develop higher cognitive functioning skills e.g. black & white thinking, executive functioning, social cues, problem-solving



# Self-Concept and Identity

- Often very deep sense of being 'bad' or 'unwanted'
- Feel they don't belong
- Try to seek respect/love from others

Behaviours - jealousy, "I'm stupid", flits between friends, poor resilience

**Vulnerable to exploitation**



What can we do  
about it?

# Firstly, awareness

- It's not all neurodiversity
- Behaviours are communication
- Think about the 'troubled' teenagers we see
- "Safety, pleasure and mastery"
- 'Joy moments'



# Trauma-Informed Care (absolute basics!)

- Not about treating the trauma
- Address barriers for those who have experienced trauma
- Be aware of symptoms (now you are...)
- Think about accessibility and quality of services
- Prevent re-traumatisation



# Principles of Trauma-Informed Care

1. **Safety** - Child knows they are safe or can ask for what they need. What might this be?
2. **Trustworthiness** - do what you say you will do, don't **overpromise**
3. **Choice** - voice in decision making.
4. **Collaboration**
5. **Empowerment** - listening and validating
6. **Cultural consideration**

Always think about your language

"Unacceptable behaviour"

"Risk-taking behaviour"

"Aggressive"

"Attention seeking"

"Not engaging" -----> Doesn't feel safe yet

- “A fifteen-year-old boy from a single parent household is walking around his community at night, drunk with cannabis in his pocket. A police officer confronts him and he becomes belligerent with the officer. The conflict escalates and the officer begins yelling and comes up behind him to put handcuffs on him. The teenager becomes frantic and punches the officer.”



What could you do  
to make your  
practice more  
trauma-informed?

## And for carers?

- Neuro-sequential model of therapy
- Therapeutic Parenting - PACE model of parenting (Playfulness, acceptance, curiosity, empathy)
- Bluey is always the answer

Pavlova (S3 E17) [Bluey | Disney+](#)

# Resources

- Beacon House
- Association of Therapeutic Parenting
- NSPCC
- National Child Traumatic Stress Network
- National Association of People Abused in Childhood
- Every episode of Bluey!!

