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An Introduction to Trauma

What is trauma?

Trauma is caused when a child experiences a significantly terrifying or dangerous event which compromises their safety or poses a direct threat to their life. It can also be caused by witnessing a loved one suffer a traumatic event, which is especially distressing for children as they place their sense of security within the perceived safety of the adults around them. The psychological damage a traumatic event has upon a child can manifest in all aspects of their behavioural, emotional, social and physiological development. After being subjected to a traumatic event, children can be left feeling extremely fearful, helpless and confused, while some may develop physical responses such as losing the ability to control their bladder.

Exposure to traumatic events is sadly quite common...

According to the UK Trauma Council, 1 in 3 children and young people are exposed to at least one traumatic event by the time they reach 18.

What are ACEs?

There are many situations that can arise during a child or young person's life that can be deemed as traumatic. We call these Adverse Childhood Experiences (ACEs).

An adverse experience is used to describe the specific situation or set of events the child has been exposed to, while trauma describes the lasting, profound effects. The most common ACEs we see in looked after children involve physical or emotional abuse, neglect and family household violence.

- Sexual abuse
- Physical abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mental illness
- Divorce
- Domestic violence in the home
- Substance abuse
- Parent or guardian incarceration

This is not an exhaustive list though. Other forms of ACEs include natural disasters or accidents, such as a house fire, exposure to community violence or stress brought on by a parent's military deployment. Children in care that were born overseas may have also experienced war—related crime, torture or even acts of terrorism.

Types of trauma

Trauma can be categorised into three main types; acute, chronic and complex.

Acute trauma

This is used to describe exposure to a single traumatic event, such as a mugging, a rape, child birth, a house fire, military deployment or a car accident. The trauma is contained to a specific time, date or place and often leads to extreme panic and/or anxiety when confronted with sensory or memory triggers, more commonly known as post—traumatic stress disorder (PTSD).

Chronic trauma

This is used to describe exposure to multiple traumatic events or prolonged exposure over an extended period of time. If a person experiences several acute situations but the psychological harm goes untreated, this can turn into chronic trauma. Chronic trauma can also be caused by long—term exposure to bullying, domestic violence, sexual abuse or even war. Both acute and chronic trauma can present with similar symptoms, including anxiety, panic, stress, aggression and flashbacks.

Complex trauma

This is used to describe exposure to varied and multiple traumatic events of an interpersonal and invasive nature, as well as the wide-range of long-term effects. The incidents are repetitive and typically take place in early childhood, leading to long-lasting psychological damage that impacts how a child develops and forms a sense of self.



Understanding Complex Trauma in Children

Complex trauma refers to the dual problem of a child's prolonged exposure to multiple distressing situations and the impact this exposure has in the immediate and long-term.

The events children with complex trauma are subjected to are severe and persistent, such as long-term sexual or physical abuse, neglect or domestic violence.

This, coupled with the fact they involved a caregiver – either at the hands of or being witness to a caregiver's trauma – mean there are extreme ramifications on the child's mental and physiological development.

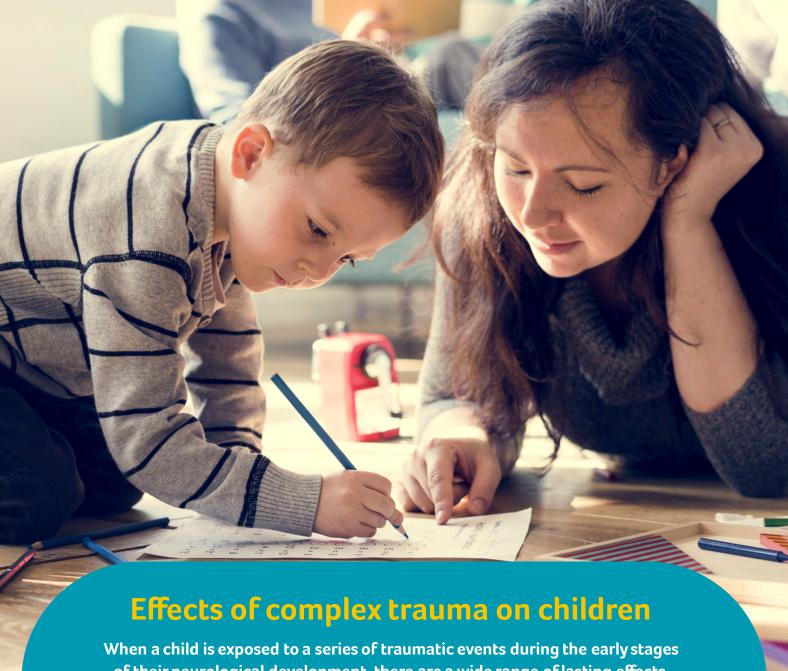
The National Society for the Prevention of Cruelty to Children (NSPCC) found that nearly 18.6% of children experience some form of abuse or neglect.

The 3 features of complex trauma

The experiences are interpersonal. This means they tend to occur within the context of an important relationship. This could be between the child and their parent, sibling, relative or teacher. Young children rely on the adults around them to set boundaries, help modulate emotions and provide relief for distressing sensations. In the case of complex trauma, it's likely that an interpersonal relationship actively breaks boundaries, provides no relief for the child's stress and displays chaotic emotions (or is absent of emotion entirely).

The experiences occur during a child's development. Children learn to regulate their emotions and behaviour through their caregiver's responses, as the neural development is intertwined with social interaction. For the human brain to develop successfully, the most important information is garnered from social interactions rather than the physical environment. An infant with secure, stable relationships is able to learn to trust both their emotions and how they see the world, giving them the tools they need to respond to situations appropriately. When a child's developing brain receives repeated distressing social information (that isn't eased by a caregiver, or the caregiver is the direct source of the distress), this affects their ability to process what they're feeling in line with the world around them.

The experiences are pervasive and repetitive. Complex trauma felt in early childhood is sustained over a period of time, rather than being an isolated incident. Due to the nature of the events that lead to complex trauma, children are physically and emotionally trapped. They aren't able to remove themselves from the situation or seek help, often because the people they should be able to trust to help them are the ones causing or allowing the traumatic events to happen.



When a child is exposed to a series of traumatic events during the early stages of their neurological development, there are a wide range of lasting effects. From emotional and behavioural to social and biological, all aspects of a child's functioning can be impacted. In most young people with a history of complex trauma, it's likely one or more of these areas will be significantly affected, but it's important to remember that not all children respond to trauma in the same way.

Forming attachments

Healthy relationships are crucial for teaching children about the world – what is safe or unsafe, what can should be trusted or untrusted. Under normal circumstances, a parent will comfort their child and bring them back to a sense of safety. When a child's early relationships are unstable or unpredictable, they sadly learn that they can't depend on others to help in times of distress. In situations where a child is exploited and abused,

it's likely they will see themselves and the world as inherently bad.

These insecure attachment patterns can result in excessive anxiety, anger and a desperate longing to be cared for. Over time, this can lead to unhealthy co-dependent relationships, trouble controlling their emotions as they were never shown how to and an all-round lack of trust in parental figures or people of authority.

Managing emotions

Emotions are pivotal to the human experience, and as we've discussed, traumatic events have a huge impact on a child's ability to identify, regulate and communicate their emotions. Vocalising what they're feeling is difficult, so they often internalise or externalise their stress. For those that internalise, this can manifest in depression, eating disorders or self– harm. For those that externalise, this can result in explosive bouts of rage, rebelling against rules and aiming their anger towards innocent people.

Emotional responses in children with complex trauma histories tend to be extreme in nature, and you may be confused as to why the severity of the reaction doesn't 'match' the situation. However, it's important to remember that even mildly upsetting situations can often trigger the same sensation they felt during their horrific ordeals. As they are unable to separate their emotions from their cognitions (what they're seeing), an intense response is activated.

A lot of the children we see come into care often have an unpredictable Flight, Fight or Freeze responses to everyday situations that you might not consider stressful. When a child with complex trauma feels out of control, they ultimately feel helpless, which means the reaction to the stimulus

is immediate, leaving little to no room for thought process or comprehension of the situation. When exposed to sensory reminders of their trauma (sights, sounds, smells), their emotional response is often to behave in the same way as if they were being traumatised all over again.

Other ways children deal with their emotions is to become extremely defensive and guarded with people. This is a natural human response when under threat, however when you've suffered terrifying events with little to no parental interjection, any situation can be perceived as threatening by a child. On the other hand, some children experience emotional numbness as an effect to their traumatic stress. This means they don't recognise a potentially harmful situation (most likely because they've become used to it) making them an easy target for victimisation, such as bullying or coercion. Sufferers of childhood sexual or physical abuse may experience emotional numbness which stems from their loyalty crisis. This is when a child's abuse occurs within the family, leaving them with conflicting feelings over their loyalty and need to survive. They will often do what they need to do to survive, which involves keeping secrets and becoming climatised to their situation.





The brain and body

Growing up in a stressful and traumatic environment can also impact children on a biological level, such as the body's immune system and stress response system not developing properly. When a young person who has suffered complex trauma is exposed to a moderate amount of stress, their body may 'overreact' and respond as if under extreme threat, leading to a rapid heart rate or severe sweating. The opposite can also happen where the body shuts down, which from the outside perspective can look like the child is unresponsive, not paying attention or detached from reality.

The structure of a child's brain can be altered, limiting the full development and leading to overreactions or underreactions to sensory stimulation. We see many children with a history of trauma that are extremely sensitive to sound, touch, smells or light, while others may be completely oblivious. This presents a dangerous situation though, as some young people may harm themselves without feeling the physical pain, or they might feel immense amounts of chronic pain when they don't have any physical injuries.

Dissociation

When a child dissociates, they mentally separate themselves from the physical reality of the situation. It's a defense mechanism to protect the child from further psychological harm, as they will see themselves outside of their own body. It's often described as feeling like being in a dream, where reality is skewed and doesn't seem real. In extreme cases, this mental separation can lead to children creating alternate 'identities' that take over the body when presented with a specific situation. They're not fully aware of their actions when dissociating, and they may not remember what has happened, which is a dangerous situation as some children may harm themselves or others without any awareness.

Dissociating doesn't allow for the child to be present in the moment, which can have a knock—on effect on their learning, especially when left with gaps in time and memory. It's also important to note that sometimes, dissociation can look like a child isn't paying attention. This can cause problems in school if teachers consider the child naughty when they're actually having a psychological reaction to something stressful.



Common difficulties for foster children

It's safe to assume that all children within the foster care system have experienced trauma in some way, shape or form. Children are only ever removed from their primary caregivers under extreme circumstances, so it's likely they've suffered or been exposed to ACEs such as family breakdown, deprivation, maltreatment and abuse. Even the act of being removed from one environment to another, with no say in the matter, can be considered traumatic for a child.

One study of looked after children and young people found that 69% experienced neglect, 48% experienced physical abuse, 37% experienced emotional abuse and 23% experienced sexual abuse. (Chambers et al. 2010)



- Challenging or disruptive behaviour in the home and/or at school
- Difficulty forming or maintaining relationships
- Feelings of detachment from reality and others
- Engaging in inappropriate or dangerous sexual activity
- Developing a mental health disorder, e.g., depression, anxiety or bipolar disorder
- Having low self- esteem
- Having a lack of trust in figures of authority, including carers
- Not being able to manage or moderate emotions





Helping Children deal with

Complex Trauma

Leaving any trauma unresolved is like leaving a wound untreated. The psychological scars can deepen over time, so it's important to tackle the trauma as soon as possible. Getting them help to resolve their trauma and find healthier coping mechanisms means you're giving them the best chance to lead a happy and fulfilling adult life.

Recovery from complex trauma is possible, but it takes work...

Victim Support found that 50% of people traumatised as a child continue to experience symptoms in adulthood.



Establishing safety,
Dealing with trauma replays,
Mastering responses



Establishing safety

First and foremost, a child needs to feel and know that they are safe. In a lot of cases, the only way to guarantee safety is to remove the child from their traumatic environment, which is often the family home. Safety, predictability and neutral fun activities are essential in helping children deal with complex trauma. The predictability of a routine and engaging in activities that don't remind them of trauma-induced triggers are a good way to establish safety within the child's new foster home.

It's all about turning the child's attention away from their traumatic past while giving them the opportunity to control little aspects of their own life. This is crucial in helping the child develop a sense of self, which is often lost or never developed when exposed to complex traumas.

Ideas for foster parents to establish safety

- Set up a weekly dinner schedule to give the child a sense of stability.
- Create a daily chore routine to help the child feel more in control of their own life.
- Let the child choose their own clothes to allow them to develop a sense of self.



Dealing with trauma replays

Complex trauma becomes imprinted on a child's mind, so it can manifest in a variety of ways, including aggression, fear, avoidance, uncontrollable emotions and sexual promiscuity. A child or young person is likely to replay their trauma in some way. Children who have been abused may have a tendency to repeat the actions they were subjected to, seek out similarly abusive relationships or they may relive the trauma when reminded of certain smells or sounds.

Ideas for foster parents to deal with trauma replays

- Make sure you're aware of any sensory triggers and reduce the child's expose.
- Understand the types of relationships they might be victimised in, such as a dominant friend that displays bullying behaviour.
- Try to explain to the child that any preventative measures or rules that are put in place are not punishments but are there to protect them.



Mastering responses

When a child is in control and calm, they are able to focus and accomplish tasks. Mastering responses is about trying to get the child to react differently from their Flight, Fight or Freeze stress responses. While some children with complex trauma are highly irritable and have hypersensitivity, others have emotional numbness, indicating they 'freeze' when presented with stress.

Ideas for foster parents to help children master their responses

- For children who have a Freeze stress response, try to pique their curiosity with activities that let them explore and engage with their surroundings.
- For children with a Fight or Flight stress response, try to engage them in neutral games that can help demonstrate what it's like to be stimulated but relaxed and in control at the same time.
- Talk to them about different ways to react that don't involve fighting, fleeing or freezing. Demonstrate through your own behaviour so they can learn from you.



How FCA Scotland support Foster Carers

When you're a foster carer with FCA Scotland, you have an entire network of support at your fingertips, around the clock. We believe that everybody in the child's life plays an active role in their care, so you're never left alone. We call this Team Parenting®. It's a partnership that puts the child at the very centre, surrounded by a team of professionals who are all dedicated to help them have the happiest, healthiest future.

Our Team Parenting® approach supports children's recovery from trauma and builds resilience by ensuring:

- All our services have an aspirational culture for all the children and young people in our care.
- We empower our foster carers to understand and respond to the child's needs.
- Our children and young people are at the heart of everything we do. This provides a positive and nurturing environment for recovery.
- We support and develop our staff teams to think and work therapeutically.
- We pride ourselves on our sense community and we're committed to supporting every single foster carer every single minute of the day.
- Our determination to be at the forefront of fostering innovation and be creative drives our work with our children, young people and families.

We also have an unrivalled support package, which includes:

- A packed calendar of events and activities: we hold regular events throughout the year to help foster carers, children and young people bond and have fun together.
- Therapy Groups: whether a foster carer is new or experienced, they can come to our carer therapy groups to learn new skills. Together, carers share experiences, help each other solve difficulties and find new ways to think about problems.
- First- class training programme: all our carers have access to a comprehensive training programme including mandatory classroom training on child development and attachment, promoting positive behaviour, and communication and teamwork.
 There is also a library of complimentary e- learning modules that carers can do in their own time.
- 24/7 Support: our out of hours support is there for you 24 hours a day, 7 days a week, 365 days a year.

Start your Journey with FCA Scotland

Whether you're new to fostering or thinking of transferring, we'd love to answer any questions you might have.

Get in touch



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