

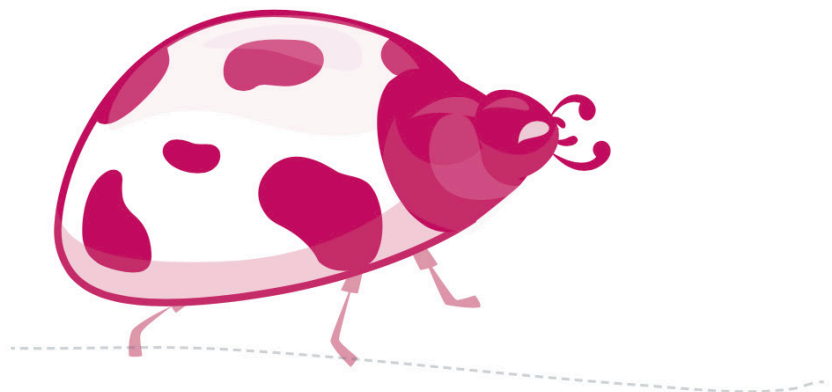
Summary

Reactions	Tools	Reflections
• Repressed trauma. • Anxiety. • Fear of closed rooms. • Scared of being alone. • Nightmares. • Poor concentration. • Stops school/avoidance. • Thoughts of self-harm. • Stares into space/dissociation. • Hallucinations/psychotic behaviour. • Fragmented memory	• Calming. • Grounding. • Changing negative thoughts. • Activity toolbox to regulate. • Positive encouragement. • Prayers. • Support of her network.	• Why did she not remember? • How can she regulate herself? • How important is cognitive work? • How can spirituality help? • How important is network support?



Summary

Reactions	Tools	Reflections
• Bedwetting. • Avoidance. • Anxiety. • Nightmares. • Fear of men. • Fear of darkness. • Distraction. • Loss of agency. • Hyperactivity.	• Patient listening. • Building relationship. • Play. • Normalise reactions. • Drawing. • Drawing what happened.	• Why was play important? • Why can you not just ask? • How to use drawing as a tool. • What are Asma's mother's worries? • What help does a mother need? • Support and psychoeducation.





Summary

Main points	Main events	Resources
• Criminal behaviour. • Steals. • Slow in school. • Naughty. • Sexual assault on relative.	• Abused physically (1-4). • Father dead. • Neglected by mother. • Traumatized/abused family. • Large and poor household. • Abandoned by mother.	• Concerned grandmother. • Capacity for play/able to symbolise. • Gives contact to helper. • Admits assault. • Seems more able than reported.



Questions to reflect on

- What could explain Sam's behaviour?
 1. The family has a history of sexual abuse. Could Sam have been abused? By his father or another relative?
 2. Has Sam witnessed sexual abuse or rape?
 3. Has he been exposed to pornographic material?
 4. Is he just curious and without boundaries or respect for other people's limits?
 5. What other hypotheses should be considered?
- What kind of help would be most helpful?
 1. Does Sam need additional or different care and support?
 2. Does he need to acquire mastery of a skill?
 3. Does he need psychoeducation in appropriate sexual behaviour?
- How will his family's lack of social resources, poverty and circumstances condition the help Sam can be offered?

Summary

Reactions	Tools
• Uncomfortable. • Reacts to assault by hiding. • Protects herself by avoiding contact. • Timid. • Ashamed. • Confused. • Angry, easily startled. • Denial. • Avoids closeness. • Does not believe this is normal.	• Consider using “The life story”. • Consider using “Naming your feelings”.



Questions to reflect on

1. How do children react when they tell and are not believed?
2. Why is it sometimes hard for a caregiver to believe a child's story?
3. Why does Maria show her drawings and then deny the story they tell?
4. What is Maria's survival strategy?
5. How would you approach Maria's mother?
6. What kind of help do you think Maria and her mother need, individually and together?
7. If you were the helper meeting Maria, you might consider using “the life story” (described in 4.7.3) as a tool, because she is expressing herself through drawing. What other tools might be appropriate? Would you use “Naming and colour your feelings” (described in 4.4.1)?

What is a trauma	What trauma reactions follow	What the helper needs to try to do
A threatening external event <i>Attacks the person's sense of reality.</i>	The person feels the experience is unreal, is dissociated.	Be a witness; confirm what happened, make it real
The event is sudden, the person cannot control it. <i>Attacks the person's self-agency.</i>	The person has a deep feeling of helplessness.	Strengthen the person's sense of autonomy, influence and self-agency.
The event is emotionally overwhelming. <i>Attacks the person's emotions.</i>	The person feels overwhelmed and has unregulated emotions.	Co-regulate the person's emotions. Expand the window of tolerance.
The event is hard to understand. <i>Attacks the person's cognition.</i>	The person is confused, blames him or herself, feels guilt and shame. Memory is fragmented.	Correct misunderstandings. Give a correct picture of responsibility. Create a coherent narrative.
Loss of relational protection <i>Attacks the person's trust in personal relations and their attachment system.</i>	The person becomes mistrustful. Insecure attachment shows clinging or avoidant behaviour.	Build a trustful relationship. Help the person to understand and set appropriate boundaries for himself/herself and others.



Normal processing

The soldier's image is processed: it is consciously observed and we consider whether it is dangerous.

The **'New Brain'** (explicit memory – consciousness)

The **'Mid Brain'** (implicit memory)
The amygdala detects threats and separates important threats from non important ones (which are processes normally), the hippocampus places memories in their correct context (in time and space).

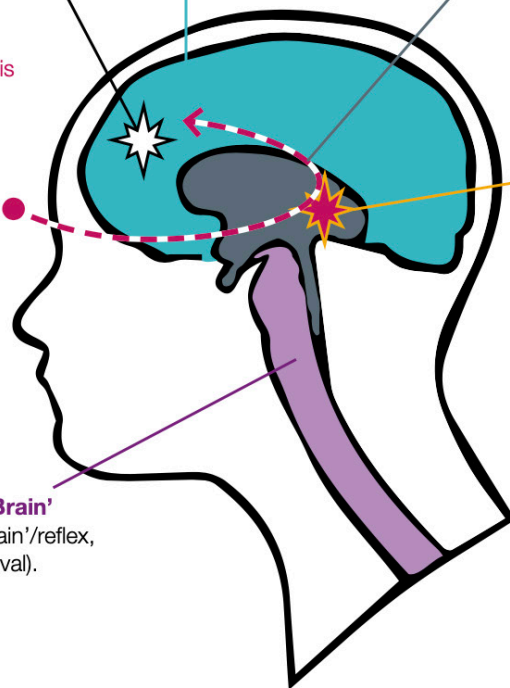
Impulse/stimulus

For example, the sight of something frightening, such as a soldier.

The **'Old Brain'** ('reptile-brain'/reflex, basic survival).

Catastrophic events happen so fast that, in order to survive, experiences are not processed in the 'new brain' but in the 'mid brain' (the 'emotional brain'), and afterwards may be inaccessible to consciousness. They nevertheless control the body (generating flashbacks, for example).

The soldier's image causes the amygdala to trigger immediate physical responses – fear, freeze, or fight – well before the 'new brain' can process the stimulus or we consciously 'see' the soldier.



Developmental model

Stage of development	Maturity level (Pynoos)	Factors that protect – resilience (Werner)	Developmental task (Punamaki)	Trauma influence
Infancy (0-2)	The child socially refers: the child checks with a close relation.	- temper; easy to regulate. - Has a good/ close relation with the regulating other.	- Attachment. - Imitation. - Exploration. - Perspective (theory of mind).	- Attachment disorder. - Insecure. - Disorganised. - Regulation disorder.
Early childhood (2-6)	The child elicits the caregiver's protection when needed.	- Independence. - Sociability. - A good caring environment.	- Emotional self-regulation. - Mentalisation. - Play. - Capacity to symbolise.	- Poor emotional regulation. - Poor symbolic capacity. - Poor play. - Poor mentalisation. - Poor self-agency/ efficacy.
Childhood (6-12)	The child considers the reasons for danger/fear and the need for protection.	- Capacity to cope. - Motivation. - Supportive family network.	- Peer identification. - Friendships. - Learning. - Problem solving.	- Asocial behaviour. - Mistrust of adults. - Mistrust of self and others.
Youth (teens)	- He/she practises emotional self-regulation when faced by danger. - He/she is able to plan. - He/she is able to foresee danger.	- The teen has an "internal locus of control". - He/she is independent. - He/she has close friends.	- Intimate relationships. - Individuation and autonomy. - Moral development. - Future planning.	- Poor planning skills. - Low emotional awareness. - Sexualised behaviour. - Autobiographic fragmentation.

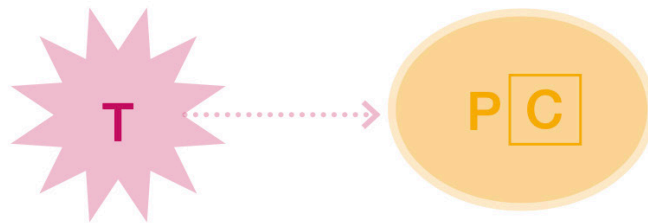


“The Protective Shield”

(T=trauma P=parent/caregiver C=child)

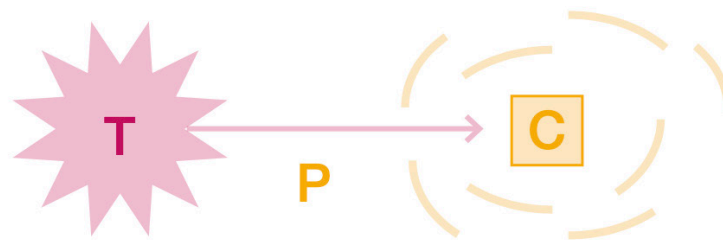
No traumatisation

Parents as protective shields

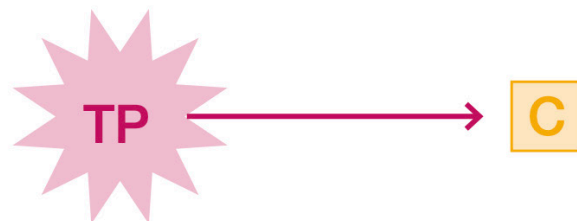


Traumatised

Parents physically or emotionally absent



The most serious traumatisation occurs when parents are perpetrators



- When the protective shield breaks, anything can happen (three phantasies: fear, rescue and revenge)
- Unanswered cry
- Traumatisation always triggers the attachment system

Typical long-term survival strategies

The table below lists long-term survival strategies and how these strategies are expressed.

Scan/freeze	Attach	Flight	Fight	Submerge	Dissociation (shutting down)
Focuses on potential threats. Lacks concentration. Thinks rigidly. Tense.	Clingy. Rejects others or feels rejected. Fears abandonment.	Runs away. Hides. Isolates. Avoids. Withdraws.	Hyperactive. Unable to follow through. Compulsive. Impulsive. Resists. Hits or kicks.	Compliant, submissive, reserved. Pleasing. Does not show needs. Focuses mostly on the needs of others.	Forgetful, daydreams. Numb, tired. Low energy. Passive. Collapses. Somatic complaints.



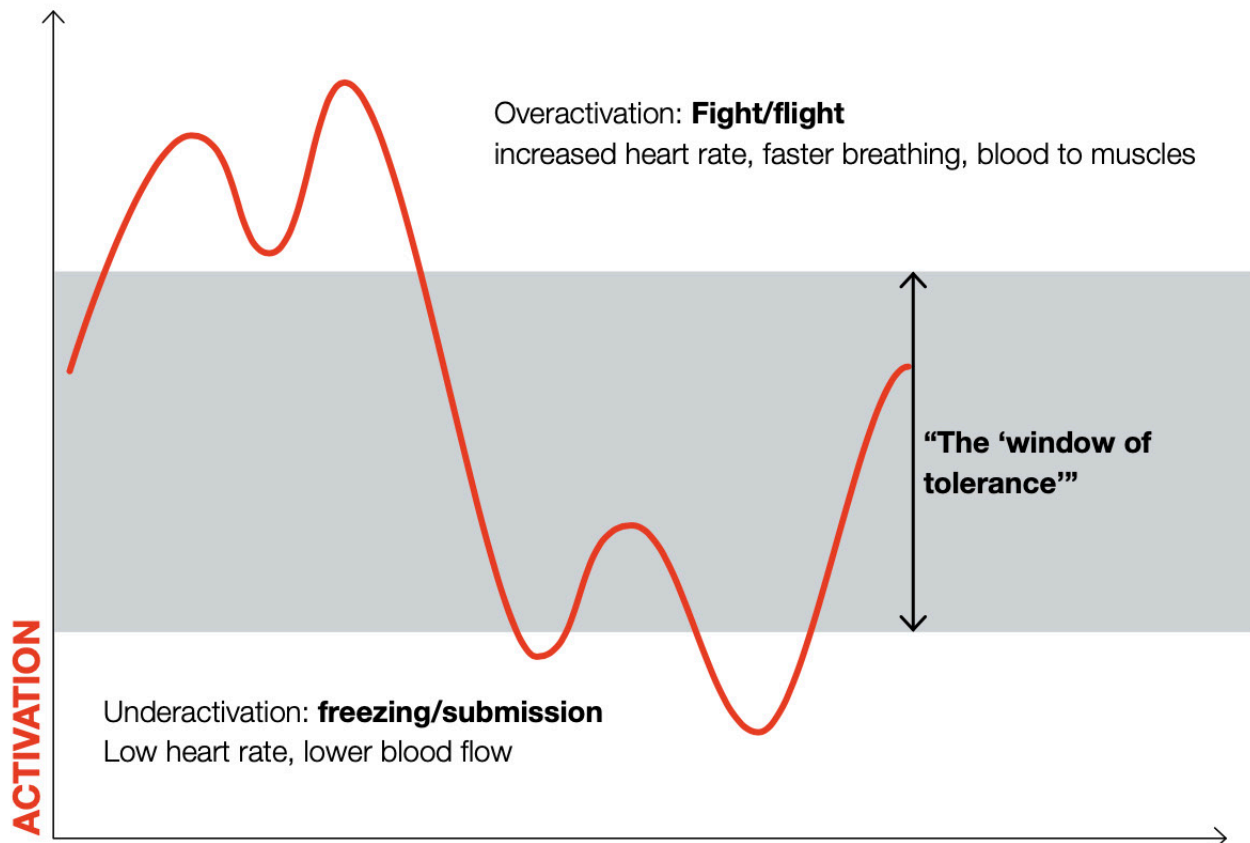
Questions to reflect on

- What kind of survival strategies do you recognise in the children you work with or have responsibility for?
- In what situations do you think survival strategies are activated?
- What functions do survival strategies have for a child?



4.2.2 Window of tolerance

The “window of tolerance” is a therapeutic metaphor that is used to explain trauma reactions (Daniel Siegel). It centres on the idea that every person tolerates or is comfortable with a certain level of arousal or energy. Below, we provide information that will help children to understand their trauma reactions and help carers to understand the trauma reactions of the children in their care. The manual also provides tools and grounding techniques that can help children to stay within their window or return to their window when they lose control.



EXERCISE



Drawing exercise to describe feelings and spaces

(You can use Maria's story as an example.)

Instruction. Make a drawing of the places a child visits every week. This can open a conversation about the different feelings the child associates with each area.

Start with drawing a circle for each place: let the child name the places: home, school, out with friends, grandma's house.

Then ask the child about which feeling he or she associates with the places.

Consider: being joyful, sad, frightened, angry, happy, silly, playful... Ask the child if you should add other feelings.

Ask the child to give a colour to each feeling. What is the colour of joy? Of sadness? Let the child choose.

For example:



Then ask the child to colour each of the places it visits during the week.

Say: "Look at the different places you visit. Which colours should we put in which circle? Think of something that makes you happy / angry / frightened / sad... You can use several colours in each circle."

When all the areas have been coloured, ask the child: "Can you tell me what especially makes you have that feeling in, for example, school? When you are at home? When you are out with grandma's friends?"

Home

School

Out with friends

Grandma's house



Remember. This exercise creates an opportunity for the child to tell, but that is not the only purpose. If you work together on different colours and different areas, the child may start to feel that you are interested in the child's whole life, and are not merely an abuse detective. This game can be a good starting point for talking about strategies to seek safety, obtain help and resources, etc.

4.7.2 Regulation activities for different ages

Young children. Let the child touch and play with physical objects.

To regulate down	To regulate up
• Play with pets (kind and calm animals). • Wrap the child in a blanket. • Sing or read to the child. • Cradle the child, let it sit in your lap (safe touch). • Play calm music. • Play with stuffed animals. • Magic rocks. • Pleasurable smells.	• Play “I spy” (notice things in the environment). • Describe objects in view (name 10 things). • Rub hands with glitter cream. • Play with water and sand. • Throw balls. • Make a box with different things to touch. • Pick flowers, berries, leaves, seeds. • Stand on one foot (like a ballerina). • Jump up and down. Play “popcorn hop”: pretend to be heated like popcorn in a pan. • Visual contrasts, strong colours.

Children of school age. School children may enjoy the same activities as preschool children, but they can bring objects with them to play with and will understand simple psychoeducation.

Regulating down	Regulating up
• Squeeze a stress ball. • Butterfly self-hugs (arms crossed across chest). • Calming music. • Pet animal or soft material • Safe touch, massage. • Heavy blankets. • Balancing activities. • Grounding stone. • Mild and pleasant smells.	• Squeeze a stress ball. • Focus on things in the environment. • Bike, run, hop. • Music with fast rhythms. • Chew different forms of food. • Play the “taste game”, the “smell game” or the “sensory game”. • Chew gum, blow bubbles. • Taste ice cream. • Touch ice-cubes.



Adolescents. Adolescents may enjoy the same activities as younger children but can also manage more complicated activities. They are able to understand more complex psychoeducation explanations.

Regulating down	Regulating up
• Hot shower. • Herbal tea. • Lying in a hammock. • Yoga. • Massage. • Calm music. • Writing/painting.	• Cold room, cold water. • Music with fast rhythms. • Aerobic exercise, brisk walking. • Driving a car/bike on a bumpy road. • Strong smells, strong food. • “Chili challenge” (taste chili). • Light touch. • Describe 3 things you hear, see, touch. • Describe what you feel inside.



You in the womb



You, your mum and dad

“Then, when your dad left, you and your mum moved to another house.”



You and your mum

“Let’s also draw your school. Do you want to include anyone special in the picture?”



School



Out with friends

“When mum is at work, you go to your granny’s house. Let’s draw you and granny.”

“And sometimes your uncle visits granny’s house when she is out.”



My engine
How fast does it go?

