



**TRAUMA RESPONSIVENESS
AT THE CENTER FOR
CHILD PROTECTION**



CENTER FOR
CHILD PROTECTION



CENTER FOR
CHILD PROTECTION

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Mission & History

The Center for Child Protection is a children's advocacy center and one of the founding members of the Travis County Child Protection Team (CPT). The CPT consists of local law enforcement jurisdictions, Child Protective Services, Dell Children's Medical Center and the Travis County District Attorney's office. As part of the CPT, the Center's mission is to reduce the trauma for children during the investigation and prosecution of crimes against children.

Our Center was created in response to a death of a child at the hands of abuse. For over 30 years, the Center for Child Protection, a nationally accredited children's advocacy center, has been the first stop for children entering the justice system because of suspected sexual abuse, serious physical abuse and for children who have witnessed a violent crime. The Center is a child-friendly, specially equipped facility in Travis County where children and their protective family or caregiver go for evidence gathering, forensic medical exams, counseling and intervention during the investigation and prosecution of child abuse cases. Referrals are made exclusively through law enforcement and Child Protective Services, and all services are provided at no charge.

The Center for Child Protection is the first children's advocacy center in the United States to become site certified in the Neurosequential Model developed by world renowned trauma expert Dr. Bruce Perry and the ChildTrauma Academy. The Center utilizes these guiding principles as a foundation of all our clinical work and trauma responsiveness.

Trauma Responsiveness

{realize - recognize - respond} today



A Definition

Trauma may be described as experiencing an event that is perceived by the person as threatening. This response to the event often involves intense fear and helplessness and causes extreme stress that impacts a person's ability to cope with daily life. These events may be one-time events, such as a car accident, or repeated, such as ongoing abuse or neglect.

Trauma responsiveness is an organizational structure approach used to address trauma. This includes individuals, agencies and community. The responsive interface involves **realizing, recognizing and responding** to the effects of all types of trauma from individual, family, community and organizational levels.

Through this approach, individuals and organizations understand the interplay of neurological, biological, emotional and social impacts of trauma on an individual, family or community system.



REALIZE



RECOGNIZE



RESPOND

The Center for Child Protection uses three principles to guide trauma responsiveness. Each principle is not independent and is interconnected with one another. We know that in order to heal trauma, we must all operate from the same principles to be successful. These three principles include realizing, recognizing and responding to groups, work places and individuals that we interact with throughout the day.

REALIZE



At the heart of the first principle is to realize the scope of trauma in our community and to shift perspectives in the way things are viewed. It is from this realization that things begin to change.

The areas under realize consist of:

- 1. Realize the prevalence** of trauma and traumatic experiences in children, adolescents, adults and families in our community;
- 2. Realize the impact** of adverse childhood experiences, such as child abuse/neglect (ACES) throughout a lifetime. Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur during formative childhood years, such as experiencing violence, abuse, or neglect or witnessing violence in the home. It may also include aspects of the child's environment that can undermine their sense of safety, stability, and bonding.
- 3. Realize the importance of shifting our world view** from "what's wrong with you" to "what's happened to you."

REALIZE

THE PREVALENCE



PRACTICAL APPLICATION: PREVALENCE



Mikaela, age 7, is a bright child who has lots of energy and wants to be a teacher when she grows up. What you don't know is that she lives with her great grandmother. She has lived with great grandmother off and on for most of her life. Mikaela says that she never sees her father since he

has been in prison for years, but she talks to him on the phone almost every week. When asked about her mother, she answered, "I only saw her once, which was when she came to the door and tried to take me away." When asked, she says she feels "scared about lots of things." Mikaela's mother aged out of CPS care at age 18 and has not seen her own mother since she was 10. Mikaela's mother and grandmother have a history of abuse/neglect.

Realize the prevalence of trauma and traumatic experiences in children, adolescents, adults and families in our community.

According to the Center for Disease Control:

- 1 in 5 Americans report that they were sexually abused as children
- 1 in 4 were beaten to the point of leaving a mark by a caregiver
- 1 in 3 couples engage in physical or emotional violence
- 25% have substance abusing relatives and/or caregivers
- 1 in 8 grew up in or around a home with violence
- 1 in 6 boys and 1 in 4 girls will experience some form of sexual abuse before their 18th birthday

It is important to note that while we won't know if most people whom we interact with have a trauma history, we should assume so and act accordingly. **This means that we should all be sensitive to the questions we ask and statements we make.** Making assumptions and judgements about someone's behavior may be incorrect and from a trauma perspective may be harmful.

Individual: On the surface, it may appear that Mikaela is a typical 7-year-old child. It is important to approach all people without assumption as we are unable to look at someone and know their history and/or life experience.

Question for thought: How might Mikaela be impacted be someone who interacts with her without taking into consideration her unknown history?

Organizational: As an organization, it is important to change the culture to be inclusive of all life experiences. Not just with the identified client, but the family system and community.

Question for thought: What might be missed opportunities to support the family when focused just on Mikaela, without fully understanding her and the family's life history?

Trauma Response

REALIZE

ADVERSE CHILDHOOD EXPERIENCES (ACES)



PRACTICAL APPLICATION: ACES



Charlie is a 35-year-old male who is involved with the child welfare system. He has two children, ages 12 and 9. He has high blood pressure, an ulcer, migraine headaches and is currently incarcerated for drug possession. His 12-year-old son is involved with the juvenile justice system and his daughter has missed numerous days in school because of illness. Charlie says he “grew up in the system” and doesn’t want his kids to do the same.

Realize the impact of adverse childhood experiences (ACES) throughout a lifetime.

We know that child abuse and neglect may have a profound impact on someone’s life. Likewise, children who grow up in violence, chaos, substance abusing caregivers, lose a caregiver to incarceration or have caregivers who have a mental illness and/or a family member who die of suicide may also feel the impact of these events throughout a lifetime.

These experiences tend to go in clusters, meaning that if you have experienced one, you most likely have experienced another adverse experience. Research has shown that the more adverse experiences you have, the more likely it is that you adopt risky behaviors and have serious health issues in life. The original ACES study found a strong relationship between exposure to abuse, neglect or other types of adverse experiences during childhood correlated to multiple risk factors including risky behaviors and compromised physical health in adulthood. However, the original ACES study did not capture the relational experience of the participants, the severity of the event nor consider the developmental time period the adverse event. When looking at adverse experiences, it is important to understand relational quality. The annual lifetime cost of child abuse and neglect has been estimated by the Center for Disease Control as \$124,000,000,000 per year.

Individual: Charlie has multiple health issues and risky behaviors. It is important to consider his history when looking at current health and functioning for him and his children. Chronic stress and unresolved trauma may have a significant impact on the physical body.

Question for thought: Is it possible that Charlie’s current health and life circumstance might be different if consideration of his history was addressed at a younger age? What about his children?

Organizational: Organizations have an opportunity to assist the people they interact with in education about ACES and its potential impact.

Question for thought: What potential benefits in Charlie’s life might there have been if organizations that interacted with Charlie and his family provided education on ACES?

Trauma Response

REALIZE

PERSPECTIVE SHIFT



PRACTICAL APPLICATION: PERSPECTIVE SHIFT



Lucille is a 12-year-old girl who is in middle school. She is frequently seen skipping class, fighting with other kids and stealing. She has been asked by many people "what's wrong with you" and is unable to answer.

Realize the importance of shifting our world view from "what's wrong with you?" to "what's happened to you?".

Your world view in any interaction impacts the way that you respond. When we have a perspective of what's wrong with you, there is a tendency to be reactive instead of giving a thoughtful response. As human beings, we all are biased. The goal is to notice and actively challenge our internal biases.

Consider the following approaches:

Non-Trauma Perspective

Blaming/shaming

Judging

People can't change

Labels



Trauma Responsiveness

Goal is to connect

Observing

Brain is malleable

Behavior is communication

Shifting perspective may considerably change the way you interact with the world and others that share your world.

Individual: Lucille exhibits numerous behaviors and when approached with a "what's wrong with you" perspective, she is unable to answer and may be treated as a problem. If the perspective changes to curiosity, an opportunity may be created to intervene thoughtfully.

Question for thought: Might Lucille be more able to answer and receive support if the question "what happened to you" was asked?

Organizational: Lucille is exhibiting multiple issues. When using a "what's wrong with you" perspective, the root of the problem isn't addressed. The issue most likely doesn't involve just Lucille but includes systems around her, such as her family, school and community. Organizations may intervene in constructive ways when problems are viewed as opportunities for change. If Lucille is involved with multiple systems, it is important for them to talk to one another with caregiver permission to facilitate working together. By increasing training and education for all staff, the likelihood that she feels blamed or inadequate goes down significantly.

Question for thought: If organizations were to view Lucille with inquisitiveness and inclusive of her life experience, might the behavioral symptoms be better understood, leading to more effective intervention?

Trauma Response



REALIZE



RECOGNIZE



RESPOND

The second principle that guides trauma responsiveness is Recognize. Recognize is all about where someone is now, given their own unique experiences and having an understanding that trauma is not one size fits all.



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RECOGNIZE



The second principle in creating a trauma responsive community to is recognize how the brain develops and how trauma may impact brain organization. Likewise, a key understanding in recognition is the importance of relationships.

The areas under recognize consist of:

- 1. Recognize** key principles of brain organization and development.
- 2. Recognize** how traumatic experiences may impact brain organization.
- 3. Recognize** the importance of relationships that may buffer or impede health.

RECOGNIZE

BRAIN ORGANIZATION & DEVELOPMENT



BRAIN ORGANIZATION PRACTICAL APPLICATION: & DEVELOPMENT

Recognize key principles of brain organization and development.

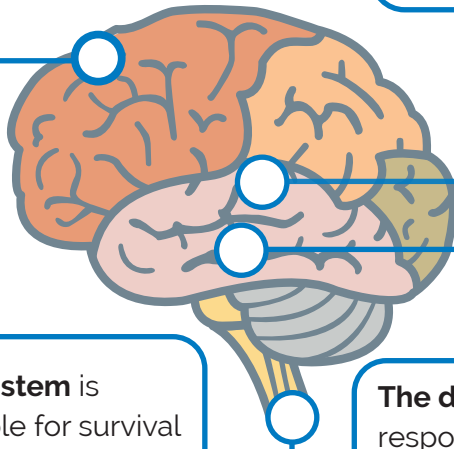
The human brain is comprised of four main areas. These include: the brainstem, diencephalon, limbic system and cortex. The brain develops from the bottom to the top, and from the inside out.

The cortex oversees problem solving, decision making, controls impulse and utilizes complex thinking to process information

The limbic system regulates emotions and aspects of relationship capacity

The brainstem is responsible for survival and oversees things like blood pressure, heart rate and body temperature

The diencephalon is responsible for relaying sensory signals to other parts of the brain and regulates things like sleep and alertness



Billy is a 22-month-old little boy who only babbles and does not walk. He is described as a quiet baby who rarely explores his environment, and his caregiver says she often "forgets he is there."

Trauma Response

Individual: Critical and sensitive time periods for brain development are ages 0-3. It is important to understand this time period to best interact with Billy and his caregiver and to explore his early development.

Question for thought: Would understanding critical and sensitive time periods for developmental change the way Billy and his caregiver are responded to?

Organizational: Agencies are a key component to providing effective interventions. Respectful screening of all clients may provide opportunity for assistance and resilient response.

Question for thought: If clients are not universally screened, might some populations who could benefit from services be excluded?

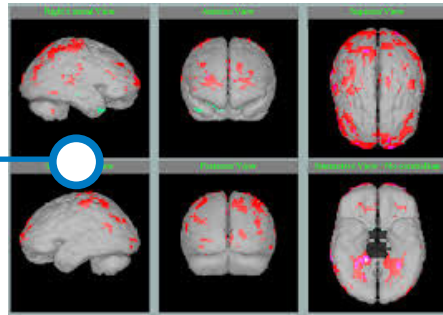
RECOGNIZE

TRAUMATIC EXPERIENCES ON THE BRAIN



Recognize how traumatic experiences may impact brain organization.

The brain scan of a 6 year old boy who experienced severe neglect and abuse in the first two years of his life. The areas in red show where the brain is not functioning normally.



Because the brain develops in sequential fashion, if lower parts of the brain aren't fully developed during critical periods it may impact relationships and complex thinking skills. This may impact someone throughout their lives particularly when triggered or under stress.

The symptoms of trauma are often held in the brainstem, which impacts how other parts of the brain function and how the person reacts or responds to stressors. We know that stress that is unpredictable, severe and prolonged such as child abuse often leads to vulnerability, whereas stress that is predictable, moderate and controlled may lead to resilience.

Many times, trauma creates a baseline of fear response that carries forward in life, even when threat is no longer present. While the brain is malleable, it is more difficult to change the lower parts of the brain and requires numerous, purposeful repetitions to change the baseline.

PRACTICAL APPLICATION: TRAUMATIC EXPERIENCES AND BRAIN ORGANIZATION



Beatrice is a 15-year-old girl who is visiting an agency because of ongoing trauma symptoms. Beatrice seems distracted, and staff reports she is "oppositional and disengaged." She appears distracted by toys in the area and laughter coming from a group of staff sitting together. She voices that the seating is uncomfortable, and the lighting is dim.

Individual: Beatrice may be reactive or triggered to her environment. Staff responses that she is "oppositional and disengaged" may also be impacting her, as they may unintentionally be treating her as problematic. From an individual perspective, it is important that we look at how our own thoughts and feelings may impact another person.

Question for thought: Might Beatrice's behavior be different if staff's thoughts about her were different?

Organizational: Environment matters. Spaces that are cluttered, loud and poorly lit may make some feel unsafe and/or triggered. Environments that are uncomfortable, unwelcoming, loud or insensitive may unintentionally cause distress in people who visit.

Question for thought: How would you feel if you walked into an agency that was cluttered, staff sitting together laughing and you were thought of as "oppositional?" What if you had a trauma history?

Trauma Response

RECOGNIZE



IMPORTANCE OF RELATIONSHIPS

Recognize the importance of relationships that may buffer or impede health.



Relationships matter. As humans, we need healthy connections to thrive. From the very beginning of life, our brains are constructing the scaffold for future relationships.

If we have caregivers who are **consistent, predictable and nurturing**, our ideal becomes "the world is safe, people are helpful and supportive, and we are in things together." However, if the relational experience is chaotic, inconsistent and/or cold, our ideal becomes "the world is unsafe, people are objects and untrustworthy and are a means to an end."

Every interaction presents the opportunity to buffer or impede relationship capacity.

PRACTICAL APPLICATION: IMPORTANCE OF RELATIONSHIPS



Inque has been receiving services for her children for approximately 6 months. Staff rarely greet her and don't refer to her by name. She doesn't know how her children are doing in services and is fearful to ask. She is considering pulling them from services and thinks they see her as a "bad mom."

Individual: Relationships matter. Inque feels like staff are judgmental and have not engaged her in services. We all want to feel like we matter. Staff learning her name and talking to her about her children may make all the difference in reducing her fear. Inque is just as important as her children in relation to services provided.

Question for thought: How might things be better for the children if Inque was actively engaged in the services provided for her children and in the continuation of services?

Organizational: Organizations have an obligation to continually seek feedback from clients and build a culture that is inclusive and engaging of all family units.

Question for thought: What organizational culture is necessary to promote overall health and over all well-being?

Trauma Response



REALIZE



RECOGNIZE



RESPOND

The third trauma responsive principle is Respond. This principle focuses on where someone is going, which is impacted by the way they are responded to and determines how they move forward.



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RESPOND



The final building block in trauma responsiveness is **using the first two principles to create a response** that is both thoughtful and conducive to healing.

The areas under respond consist of:

1. Respond by controlling emotional and behavioral reactions to trauma by understanding the circle of regulation, relationship and reason.
2. Respond through cultural awareness.
3. Respond by self-care and understanding self-efficacy.
4. Respond by creating long lasting supports.
5. Respond by instilling hope and resilience.

RESPOND



REGULATION, RELATIONSHIP & REASON

Respond by controlling emotional and behavioral reactions to trauma by understanding the circle of regulation, relationship and reason.



When someone is fearful, angry or feeling unsafe, they become reactive to the situation. This prevents feeling comfort in a relationship and inhibits clear thinking, thoughtfulness in decisions and problem solving.

It is only when their lower brain is calm that they can access their limbic system and relationships, which leads to higher level thinking and processing in the cortex. Core trauma symptoms are often stored in the brain stem. The brain often activates a survival mechanism under threat that the person may or may not be aware of. This is often referred to as the **fight, flight, freeze and submit** response.

While this process seems linear, it is circular. As humans, we may cycle through this many times, particularly under stress. **We may rely on those around us to help get to a calm place as an anchor in an emotional storm.** The appendix has useful information regarding the survival mechanisms and how to be trauma responsive on an individual level.

PRACTICAL APPLICATION: REGULATION, RELATIONSHIP & REASON



Kane is a 9-year-old boy who is impulsive and often runs away from people when he thinks they sit too close to him. His caregiver says that it isn't uncommon for him to start throwing things and yelling when he is told to do something. He often says "I don't know" when asked why he runs away. It has been reported that he has been "like this since he was 3" when he outcried to abuse.

Individual: Given that Kane is impulsive and runs away when he thinks people are too close, this may indicate he feels threatened, and it's likely he doesn't know why he does things. To improve, he may need to regulate his lower brain to feel calm. Repetitive strategies throughout the day may help. Once he is calm, he may be able to connect with others allowing safety in relationships. Once he is regulated and safe/connected to others, the "why" may come, after he is able to process at a higher level of thinking.

Question for thought: How might Kane's behavior be different if he were offered regulatory strategies throughout the day? Would that assist in his ability to utilize safe relationships to process higher level information?

Organizational: Educate staff on trauma symptoms, skills and interventions to effectively impact systems. Through this, it allows understanding and efficacy toward clients.

Question for thought: If staff doesn't understand Kane and the possibilities of why he does things, will this promote healing?

Trauma Response

RESPOND

CULTURAL AWARENESS



Respond through cultural awareness.



Cultural awareness is the willingness to look at beliefs, values and perceptions within your own culture and that of others.

This can include perceptions of society, life experiences, roles in the family system, traditions, customs, ways of interacting and expected behaviors from self and others.

Awareness of differences and internal biases may assist in the tolerance and acceptance of others who have differing cultural backgrounds.

PRACTICAL APPLICATION: CULTURAL AWARENESS

Ame has an appointment for herself and her children with an agency for assistance. Upon entering, the receptionist does not speak her language, nor are there written signs or information that she can understand. She must use her 8-year-old child as an interpreter. She and her children are put in a room by themselves until someone arrives who speaks her language. She eventually is told that she shouldn't be relying on her aunts and cousins for support because she should "parent her kids herself." She feels protective of her family and wonders if she made the right choice to seek help.



Individual: Ame is seeking support for herself and her children. She doesn't speak the language and must communicate through her child. She may not feel valued and must use her child to communicate and is facing multiple cultural barriers. It is important to give all people a choice and not tell them what they should and shouldn't do.

Question for thought: Does lack of cultural sensitivity play a role in Ame questioning whether she should be seeking help?

Organizational: Organizations play an important role in assisting clients to feel comfortable and accepted. Without consistent training on cultural competence, organizations may cause distress and hardships to people who enter their doors.

Question for thought: What responsibility do organizations have to ensure cultural competence?

Trauma Response

RESPOND

SELF-CARE & SELF-EFFICACY



Respond by self-care and understanding self-efficacy.



It is not uncommon for people who are around those who have experienced traumatic events to be impacted.

Signs that you may be feeling overwhelmed include minimizing behaviors, chronic exhaustion and illness, hopelessness and helplessness, anger, cynicism and guilt, to name a few.

Vicarious trauma is a word often used to describe this. Vicarious Trauma is what happens to your neurological (or cognitive), physical, psychological, emotional and spiritual health when you listen to traumatic stories day after day or respond to traumatic situations while having to control your reaction.

It is **essential that we all take care of ourselves**, or in other words, put your oxygen mask on first in order to be present for others. By doing so, you are fostering creativity, hope, gratitude and fulfillment.

SELF-CARE PRACTICAL APPLICATION: & SELF-EFFICACY



Clandice works with trauma survivors daily. She finds that she is more emotional these days and is often angry because she feels that "no one listens" and people are just "messed up." She doesn't sleep well and often thinks about her clients after work hours. She finds herself calling clients numerous times a day to make sure they are ok and has given them rides even though it's against agency policy.

Individual: Clandice may be exhibiting signs of vicarious trauma. Likewise, it appears that self-efficacy, meaning the belief that clients need to do for themselves in order to regain power and control over their own lives. Clandice becomes ineffective if she is overly involved and/or enabling clients and has lost hope and the belief in resilience.

Question for thought: What impact might there be on Clandice and her clients should she continue to work in her current state of mind?

Organizational: Organizations have an obligation to ensure quality services to all clients. They should have a wellness plan available to all staff that fosters resilience in addition to trainings on vicarious trauma. Furthermore, policies should be clear and transparent as it relates to staff's relationships with clients.

Question for thought: If an organization turns a blind eye to the risk of vicarious trauma and self-care with staff, how might this affect the community as a whole?

Trauma Response

RESPOND

LONG LASTING SUPPORTS



PRACTICAL APPLICATION: LONG LASTING SUPPORTS

Respond by creating long lasting supports.



Human beings cannot survive in a vacuum. There may be all the services in the world, but if there is not long-lasting support after the service is over, the benefits may be limited long term.

It is important to consider that we are all part of lasting supports, whether we are neighbors, family, friends or coworkers.

Sometimes knowing you are not alone is enough to carry through, and it is important to interact with others with this in the forefront.



Nattie has been involved with the child welfare system for approximately 18 months. Her 2 children were removed from her care due to ongoing substance abuse and unstable living conditions among other things. Her children have been returned to her care. Nattie completed all her services and says she is "feeling better." Ten months later, a report was made, and her children were removed again, for the same issues. Nattie said she just "can't do it anymore, it's too hard on my own."

Individual: For lasting success, we, as human beings need lasting support. Services and the completion of services may not be enough. It is important to assist Nattie in making lasting support after services end. This could be neighbors, support groups or church, just to name a few.

Question for thought: What if Nattie had long term, healthy connections with others outside of services? Might this have made a difference in future child welfare involvement?

Organizational: Organizations have an obligation to set families up for success. It is important to train all staff to look for long term support that will help sustain a system after services are over.

Question for thought: What happens when organizations only see within themselves for services?

Trauma Response

RESPOND

LONG LASTING SUPPORTS



Respond by instilling hope and resilience.



When we don't recognize people's resiliency, we may make them hopeless. It's not always about what is, but what it can become.

Trauma responsiveness requires interactions that instill autonomy, attunement and generosity. It isn't about enabling, it's about honesty and relationship

PRACTICAL APPLICATION: LONG LASTING SUPPORTS



Donna has 3 children. She has been involved with the child welfare system off and on her whole life, and most recently became involved again due to substance abuse. Donna never has long periods of sobriety, feels easily overwhelmed, hopeless and like she has failed her children.

Individual: In order for things to change, Donna must not only address her ongoing substance abuse, but underlying reasons behind it. For long term success, Donna needs to believe that she has the power within herself to change and both internal and external motivation to do so. She also needs to be allowed to make her own choices and be held accountable for them.

Question for thought: What if Donna had no outside support and her service provider saw her as someone who wouldn't change?

Organizational: Organizations must allow people to make their own choices, and to be honest about positive and negative consequences. Treating all people with respect and thoughtfulness encourages resilience

Question for thought: Would Donna be more likely to succeed from an organization that was not direct with her and did not hold her accountable?

Trauma Response

Trauma Responsiveness

Things to remember



Creating trauma responsiveness in ourselves, our communities and our organizations calls on all of us to examine how we currently realize, recognize and respond and realign as needed.

Below are key statements to keep in mind during self-evaluation:

- ✓ **The lower brain has more power under stress than the thinking brain**
- ✓ **The present is always filtered through the past**
- ✓ **With every interaction, you plant a seed of what could be**
- ✓ **Empathy, not sympathy through a trauma lens**
- ✓ **Think outside the box**
- ✓ **Information is processed from the outside to the inside and from the bottom to the top**
- ✓ **Practice what you teach**

FIGHT

What it might look like:

- Argumentative and/or oppositional
- Controlling and/or demanding
- Rigid
- Disrespectful
- Confrontational
- Disregard for self-and/or others
- Loud/shouting

Internal thoughts might be:

- I'm in danger, I need to get out
- If I hit first, I might be able to escape
- If I'm disruptive, I might get out
- You don't really listen to me, so I'll just say what you want so you will go away
- No one really cares, I don't matter
- I'll push you away so you will just leave me alone

What the body may feel like:

- Nauseous
- Physically hot
- Over alert/agitated
- Needing to laugh or cry hysterically
- Dizzy or faint
- Heart racing, breath fast and shallow

What may help:

- Physical and emotional space
- Make things predictable
- Don't ask "why," I might not know
- Listen and acknowledge how I feel, even if you see it differently
- Connect with empathy
- Talk to me about transitions
- Don't bribe to try and make me do the right thing

APPENDIX

FLIGHT

What it might look like:

- Hyperactive or overly silly
- Clumsy
- Keeping super busy
- Not listening
- Needing to be first
- Running away, hiding
- Baby talk/silly voices

Internal thoughts might be:

- I need to get out of here, now
- Worry about what's going to happen next
- Everything feels like a threat
- I can't focus, I am no good
- I am completely alone
- I can't tell anyone how I feel, they don't want me

What the body may feel like:

- Heart is racing, breath fast and shallow
- Numb
- Jumpy and tense
- Muscles tense
- Painful joints

What may help:

- Create a safe space that I can go to if needed
- Talk through things in a slow and steady voice
- Heavy blankets
- Crunchy foods
- Recognize my feelings of lack of safety, don't try and convince me otherwise
- Give me something familiar

FREEZE

What it might look like:

- Bored, uninterested
- Distracted and not listening
- Wide eyed
- Standing/sitting still
- Forgetful and confused
- Scanning the area
- Changing the subject

Internal thoughts might be:

- I hate myself
- I can't do anything right
- I am humiliated
- I can't think clearly
- I am under attack
- The tone of your voice says your frustrated, I don't hear the words
- I need to get ready to protect myself

What the body may feel like:

- Frozen
- In a fog/numb
- Sounds seem louder
- Everything seems like a dream
- Hands might clench

What may help:

- Walking or jumping
- If I forgot what you said, remind me
- Break requests up instead of multiple things at once
- Warm blanket
- Humming or gargling

SUBMIT

What it might look like:

- Alone/withdrawn
- Never questioning or asking questions
- Yes or no answers
- Overly compliant
- Anxious
- Very low energy

Internal thoughts might be:

- If I sit over there, you may not notice me
- I feel dead inside
- You really don't care about me
- I can't think clearly
- I can't win, I'll never be safe
- Nothing is ever going to get better

What the body may feel like:

- Crying or screaming, but can't
- Tired and worn out
- Poor hygiene
- Anxious
- Numerous aches and pains

What may help:

- Know that it's difficult for me to be the center of attention
- Give me small, repetitive things to do
- Parallel time with someone
- Be patient and non-judgmental

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Suspect child abuse?

1-800-252-5400

www.TXAbuseHotline.org

If you suspect a child is being abused or neglected, you must report it.

If it is an emergency, dial 9-1-1.



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