



Understanding Trauma Response in Young People and Practicing Trauma-Informed Advocacy

As advocates in the field of anti-violence who practice from an anti-oppression lens, we regularly encounter information about the impact of trauma. Increasingly, our advocacy-based counseling is informed by what Science tells us about the 'neurobiology of trauma.' This includes information about how trauma manifests and impacts the body and mind. This Advocacy Station examines the effect of trauma with particular focus on how it impacts and manifests in young people and children. Additionally we will share practical skills with which to apply this information to our advocacy work.

Trauma Responses in Children

Trauma responses can show up in many different ways. It is helpful for us as advocates to be able to identify these manifestations. What may initially be perceived as misbehaving, or even defiance could actually be the result of a trauma trigger. A trauma trigger can occur any time a child is reminded of a traumatic event through any of their five senses.

“Triggers are automatic responses connected to your past sexual abuse / assault that suddenly rushes to the present. Certain acts, smells, words-- perhaps even a tone of voice-- can act as triggers that bring up images and feelings from the past. When you are in the middle of being triggered, it may be difficult to distinguish from the past and the present.” (Haines, 1999).

The next few subsections describe types of trauma responses that indicate that a child may be experiencing trauma triggers. This is not an exhaustive list or a check-list to be used on clients. The presence of a trauma response is not a tell-tale sign that sexual assault occurred. Conversely, the absence of these responses does not translate into the absence of a sexual assault nor does it

indicate that a child gave a false report. Rather, when disclosures of sexual violence are made with the absence of trauma responses, this illustrates that each young person responds differently to sexual assault and trauma.

Psychological Responses

Young people and children may experience a range of psychological responses following a traumatic incident, including a myriad of emotional and/or mental reactions such as acute stress, increased anger, depression, anxiety, hypervigilance, and numbness. Children may even become giggly or make jokes to try to cope with the trauma responses in the moment. These are very real ways of dealing with the overwhelming feelings and sensations of trauma.

Behavioral Responses

Behavioral changes after trauma may include: increased fighting, increased clinginess, withdrawal, and decreased desire for things once loved. A child may lash out physically and verbally, and may show increased signs of irritability. They may experience regression in developmental tasks or milestones that interfere with their daily functioning.

Sometimes parents and caregivers are concerned that their child will engage in sexually deviant behaviors after experiencing victimization. There is no research to support this idea that victims of sexual assault engage in problematic sexual behaviors, or become perpetrators later in life. Some adults and young people who have perpetrated sexual violence have been victimized at one point, but this is a small percentage. Sexual victimization as a child is not definitive cause for sexual perpetration as an adult. There are many factors that lead to sexual assault perpetration and sexually problematic behaviors, and sexual assault victimization is just one of many (Cavanagh Johnson, 2015).

Sexual behaviors in children exist on a continuum: from natural and healthy, to concerning, to problematic and harmful. It is useful as sexual assault advocates to understand normal and healthy sexual behaviors in children versus problematic and harmful behaviors. (For more information, see Cavanagh Johnson's work, referenced at the end of this paper).

Physical Responses

Physical trauma responses often include invasive physical discomfort and pain. They may range from sleeplessness, rapid breathing, or somatic sensations such as headaches, fatigue, eating problems and gastrointestinal distress. Moreover, a survivor may have been injured by the person who sexually assaulted them, and as a result they may experience immediate or lasting pain from this physical injury. They may need immediate and/or long term medical attention for the injury inflicted on them.

Trauma-informed Advocacy with Children

As advocates, we must foster safety, trust, and empowerment when we engage in advocacy with young survivors.

How do we merge our existing knowledge of trauma with our advocacy skills? While trauma-informed advocacy is often a buzzword in our movement, the trauma-informed framework can indeed shift our advocacy once we begin skill-building and practicing.

Safety: Physical and Emotional

We can provide a lot of safety support as advocates. This means that we are consistent, calm, and predictable. It means that we are aware of the power imbalance between us and the young person we are meeting with; we are aware of how adultism operates in the lives of young people and how we carry privilege and power. We can provide safety and trust when we are non-blaming, non-shaming, and when we show respect for the individual, their identity, and their choices.

When we serve young people we can dial in our existing safety planning skills, and engage in safety planning activities with children and young people. We can ask specific questions about what they want safety to look and feel like. It is common for safety plans to be ever evolving and flexible as scenarios may shift and a young person's perceptions and answers to safety questions may change. We can become allies to young people by centering their safety concerns and solutions in their safety plans. They are the expert of what works for them. Here are some prompts that may be helpful when creating a safety plan with a young person or child:

- Who are your safe people? Make a list.
- How do you want to tell your safe person that you feel unsafe? Practice saying it out loud a few times and in a few different ways.
- When you feel overwhelmed, where can you take a break to feel more safe? What can you do when you go there?

If helpful, the young person or child can draw pictures of their safety plan or write their ideas down. We are not conducting therapy, however, so their papers should not and will not be used to analyze trauma. Rather, drawing and writing can be used for their own records to keep and refer to in the future. Often children are more communicative through drawing than talking. The act of drawing and writing can also be a calming way to record thoughts, or brainstorm, even if they don't end up using all their ideas.

Empowerment: Making Choices and Identifying Resources

As we work with young survivors of sexual violence, we want to advocate from an empowerment lens. This means that we recognize that it is common for children and young people to feel powerless after trauma and that many of the decisions following their disclosure are now being made *for* them by adults. Furthermore, they do not have much of a choice regarding the types of services they receive, or where and how they receive those services. Knowing this, what kinds of choices can we explore in order to support young people in taking back their power? This is what it means to operate from an empowerment lens. In our advocacy sessions, we can ask them directly what they want and need to do in a variety of settings: at home, school, in your office space, etc. We can ask the young person how they want to be addressed. For instance, do they identify as a client, victim, survivor, or none of these? Safety efforts could also include bringing a second advocate to work with parents and caregivers to encourage the survivor's choice and autonomy outside of advocacy appointments.

We must empower children and young people with resources to aid in their healing. It can be useful to identify existing internal and external resources and protective factors of the young person. Some questions to ask the young person directly could be:

- Can you use art, music, or movement to transform and make sense of your trauma experience?
- Can you use movement, stillness, breath, etc. to cope with the really big trauma feelings?

- How do you know when you need to move, be still, use your breath, etc.?
- Who are the people who care about you, and can be with you when you are feeling scared, angry, overwhelmed, sad, etc.?

Throughout this process be sure to validate the child's existing strengths, including their resilience.

Emotional identification and regulation: Coping with big feelings

Many people (including adults!) struggle with emotional identification and regulation. Emotional identification is hard work. We don't often have the language embedded in us to talk about feelings. To assist young survivors in emotional identification, we as advocates can normalize feelings as part of everyday conversation, and encourage parents and caregiver to do so as well. For some children, it can be helpful to engage them in expanding their emotional vocabulary. This is useful for identifying emotions, which serves as an important precursor to emotional regulation and coping. As advocates we can facilitate this process with an emotional check-in with young people each time we meet. Some useful questions to ask young people and children are:

- Where do you feel that emotion in your body?
- How is your body reacting when you feel that way?
- Do you know if that emotion has a name? (Identify the name of the emotion with young person, if it has not already been identified).

In order to normalize conversations about *emotional identification*, we as advocates can encourage young people and their caregivers/parents to integrate books, shows, and movies to point out the emotions of characters. We can also make "feelings books" and help children identify when they last felt happy, sad, angry, etc. The objective in emotional identification is to name and normalize a feeling, to then build capacity to regulate and cope.

Emotional regulation can include tools that are calming or temporarily distracting to reduce anxiety. When we work with children, we can brainstorm coping lists together. These lists are experimental and are likely to evolve over time and need fine-tuning! Coping skills are designed to help relax, manage overwhelming feelings, reduce anxiety, and process. The checklist of coping skills we create with children will depend on the emotions they feel from moment to moment. For example, when a child is feeling angry, they may select a movement-oriented coping skill to manage their emotion such as: jumping jacks,

running, or using fidget toys such as play dough or stress balls. If a child is feeling anxious, they may choose to utilize a more grounding or calming coping skill, such as: deep belly breathing, blowing bubbles, visualization techniques, or identifying where worry lives in their body. When brainstorming coping skills with young people, we must be sure to center their perspective. They are the expert on their emotions and will be able to best identify what skills work best to manage overwhelming feelings.

Conclusion

When we know better, we do better. As advocates, we can continuously learn about the impact of trauma on young people and children, and build our advocacy skills to best serve them. We can begin to practice trauma-informed advocacy by sharing power with young people, exploring options for safety and healing, and promoting their self-determination. We can also begin to identify and address the overwhelming emotions they may be experiencing. Trauma-informed advocacy is not far from our reach when we approach it from a place of empowerment, safety, and anti-oppression.

References

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