

## Trauma in Children and Related Learning Problems

Each year, it is estimated that millions of children will experience some form of trauma either through abuse, natural disasters, accidents, or exposure to violence. When an adult is exposed to trauma, she can recognize that she is scared or upset; however, a child may have a hard time making the connection between the trauma, her feelings about the trauma, and her behavior. In contrast to adults, trauma in children often shows up in irritability, misbehavior in school, difficulties in concentration, hyperactivity, and poor self-control. Teachers/adults might not even know that the trauma has happened to the child and may try to treat her for another problem such as a behavior disorder or ADHD. To better understand how a traumatized child might behave, it is important to understand what trauma does to our bodies and minds.

When a child experiences a trauma, her brain will send her body into basic “survival mode.” This survival mode, commonly referred to as “fight or flight” actually contains three possible responses: Fight, Flight, or Freeze. For example, take the case of Kendall, a foster child who has been abused in her previous foster homes. While she is playing at home she overhears her new foster parents arguing. Because of her previous abuse, Kendall is afraid that she will be attacked, which sends her body into survival mode. In survival mode, Kendall can either attack first to get the upper hand on her would be attacker (Fight), run away to a safer place (Flight), or stay as still and quiet as possible so her foster parents don’t notice her (Freeze).

The Fight, Flight, and Freeze responses are helpful because they increase the chances of survival under an actual attack. They do this by focusing energy and attention toward the response to the danger. Although this is beneficial while the danger is present,

children such as Kendall often have a hard time recognizing when the danger has passed and she is safe again. As a result her body is still stuck in survival mode and she is directing a large part of her attention and energy toward the danger which no longer exists.

This misuse of energy can lead to Kendall's problems with learning and concentrating. Because she is too busy trying to prepare for and avoid what might happen, she is going to have difficulties concentrating on what actually is happening. For example, Kendall will have a hard time learning math skills or memorizing sight words when she is in survival mode and is worried about being attacked. As a result, doing her math homework will be difficult for her because she believes that she is in danger and math will not be helpful for her to avoid the danger or defend herself. Unfortunately, the longer Kendall remains in this survival mode, the greater the problems she will have with thinking, memory, and problem-solving skills. To make matters more complicated, the adults caring for her may not see her behavior as connected to her previous trauma.

So what can you do when working with a traumatized child? The first step is to help the child shutdown their survival mode by helping them to understand that they are safe and that the danger has passed. This should be done with the help of a qualified, competent, professional who has experience in working with traumatized children. Secondly, parents, teachers, and other supportive adults can make themselves available for children to talk about their emotions and thoughts. This will help the adults be more aware of these feelings and how they may affect the child's learning ability. Another strategy is to help the traumatized child to direct their energy and attention to the task at hand by using techniques such as prompting, guiding, and cueing. Finally, presenting

work to the child at an appropriate pace while she is in a calm and relaxed state will increase the chances of her learning the information.

Even though we wish children will never have to experience trauma, when they do it is important to remember that there are many ways to prevent and reduce the negative effects through the involvement of caring and supportive adults.

For further information regarding this article please contact Sam Maddox, Ph.D. of the Maternal Substance Abuse and Child Development Project, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, Emory West Campus, 1256 Briarcliff Road N.E., Suite 323-West, Atlanta GA, 30306. You can email us at [msacd@listserv.cc.emory.edu](mailto:msacd@listserv.cc.emory.edu), visit our website at <http://www.emory.edu/MSACD>, or phone us at 404-712-9800.

The Maternal Substance Abuse and Child Development Project is funded in part by the Georgia Department of Human Resources Division of Mental Health, Developmental Disabilities and Addictive Diseases.

#### References and Suggested Readings.

Brohl, K. (1996). *Working with traumatized children: A handbook for healing.*

Washington, DC: Child Welfare League of America.

Johnson, K. (1989). *Trauma in the lives of children: Crisis and stress management techniques for teachers, counselors and student service professionals.* Alameda, CA: Hunter House.

- Perry, B. D. (1997). Incubated in terror: Neurodevelopmental factors in the "cycle of violence". In J. D. Osofsky (Ed.), *Children in a Violent Society* (pp. 124-149). New York, NY: The Guilford Press.
- Perry, B. D., Pollard, R. A., Blakely, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and "use-dependent" development of the brain: How "states" become "traits". *Infant Mental Health Journal*, *16*(4), 271-291.
- Pynoos, R. S., & Nader, K. (1988). Psychological first aid & treatment approach to children exposed to community violence: Research implications. *Journal of Traumatic Stress*, *1*(4), 445-473.