



Parenting After Trauma: Understanding Your Child's Needs

All children need homes that are safe and full of love. This is especially true for children who have experienced severe trauma. Early, hurtful experiences can cause children to see the world differently and react in different ways. Some children who have been adopted (</English/family-life/family-dynamics/adoption-and-foster-care/Pages/Adoptive-Families-Recognizing-Differences.aspx>) or placed into foster care (</English/family-life/family-dynamics/adoption-and-foster-care/Pages/Foster-Parents-FAQs.aspx>) need help to cope

(</English/healthy-living/emotional-wellness/Pages/Helping-Your-Child-Cope.aspx>) with what happened to them in the past. Knowing what experts say about early trauma can help you work with your child.



Forms of trauma

An event is traumatic when it threatens the child or someone the child depends on for safety and love. Abuse may be traumatic, but trauma may take many forms. It includes:

- Neglect
- Separations
- Violence (</English/health-issues/conditions/COVID-19/Pages/Stress-and-Violence-at-Home-During-the-Pandemic.aspx>) between caregivers
- Natural disasters
- Accidents

The body's fight or flight response

A frightened child may feel out-of-control and helpless. When this happens, the body's protective reflexes set off a "fight or flight" panic response that can make a child's heart pound, blood pressure rise and lead to emotional outbursts or aggressive behavior.

Some children are more sensitive than others. What is traumatic for one child may not be seen as traumatic for another child. Fear responses are based on a child's sense of what is frightening. It might be hardest for children who are neglected, even if they don't have signs of physical injury like bruises. These children worry about having their basic needs met, like food, love, or safety.



Trauma has more severe effects when...

- it happens again and again.
- different stresses add up.
- it happens to a younger child.
- the child has fewer social supports (healthy personal relationships).
- the child has fewer coping skills (language skills, intelligence, good health, and self-esteem).

How the brain reacts to trauma

When something scary happens, the brain makes sure you do not forget it. Traumatic events are remembered by the body, not just through memories. Traumas are experienced as a pattern of sensations with sounds, smells, and feelings mixed together. They can rush into the present without a child realizing they are experiencing a memory, and they can be remembered that way, too. Any one of these things can make a child feel like the whole event is happening again. These reminders or sensations are called "triggers."

Triggers

Triggers can be smells or sounds. They can be places, postures, or tones of voice. Even emotions can be a trigger. For example, being anxious about school may be related to being anxious (</English/health-issues/conditions/emotional-problems/Pages/Anxiety-Disorders.aspx>) about violence at home. This can cause dramatic and unexpected behaviors like physical aggression or withdrawal. Triggers can be hard to identify, even for a child. If a child knows what a trigger is, the child will try hard to avoid it.

Remembering a traumatic event can cause some of the original fight-or-flight reaction to return. This might look like a "tantrum (</English/family-life/family-dynamics/communication-discipline/Pages/Temper-Tantrums.aspx>)" or overreaction. Sometimes anxiety can cause a child to "freeze" or blankly stare as if they are in their own world. This may look like defiance or "zoning out." A child who sees the world as a place full of danger may do this. Many children who have been abused or neglected (</English/safety-prevention/at-home/Pages/What-to-Know-about-Child-Abuse.aspx>) go through life always on edge, and have difficulty maintaining control of their emotions because their body is ready to freeze, flee or run away from what frightens them, or to fight in self-defense.

Associated disorders

Being ready to flee or fight shows up in many ways. Children who are always on guard may have trouble concentrating. This is called "hyperarousal" or "hypervigilance." These effects of past trauma can be easily confused with hyperactivity and inattention, classic signs of attention deficit hyperactivity disorder (</English/health-issues/conditions/adhd/Pages/Attention-Deficit-Hyperactivity-Disorder.aspx>) (ADHD), and children may incorrectly receive this diagnosis if caregivers and doctors do not realize the effects of trauma on development.

Children who have experienced trauma may also be overwhelmed with emotions and have trouble with the unexpected. Their need for control may be seen as "manipulative" or as always wanting things done their way. Going from one activity to another may be hard. When these aggressive responses are extreme and trauma reactions are not considered, it can be labeled "oppositional defiant disorder" or "intermittent explosive disorder." These terms do not recognize that a child's reactions might have been appropriate at the time they experienced a trauma, though they may be no longer appropriate now.

What foster and adoptive parents can do to help

Children who have been adopted or are in foster care have often suffered trauma. They may see and respond to threats that others do not, and their brains may always be "on guard." Many children have never learned to depend on consistent, reliable adults, and usual parenting practices may not work. It can be hard to remember that these



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emotions may happen with you, but are not about you. These strong feelings are in response to the traumas that happened before. Some helpful tips:

Strategies that can help you and your child adjust to trauma's effects

1. **Learn to notice and avoid (or lessen) "triggers."** Find out what distracts or makes your child anxious. Work to lessen these things.
2. **Set up routines for your child** (for the day, for meals, for bedtime) so they know what to expect.
3. **Give your child a sense of control** through simple choices. Respect your child's decisions.
4. **Do not take your child's behaviors personally.**
5. **Try to stay calm.** Find ways to respond to outbursts that do not make things worse. Lower your voice. Do not yell or show aggression. Do not stare or look directly at your child for too long. Some children see this as a threat.
6. **Remain available and responsive** when your child keeps you at a distance.
7. **Avoid discipline that uses physical punishment** (/English/family-life/family-dynamics/communication-discipline/Pages/What-About-Punishment.aspx). For a child who was abused, this may cause panic and out-of-control behavior.
8. **Let your child feel the way they feel.** Teach your child words to describe their feelings when they are calm, words they can use when they get upset. Show acceptable ways for them to deal with feelings. Then, praise them for expressing their feelings or calming down.
9. **Be consistent, predictable, caring, and patient.** Over time, this shows your child that others can be trusted to stay with them and help them. It may have taken years of trauma or abuse to get the child in their current state of mind. Learning to trust again is not likely to happen overnight—or anytime soon.
10. **Ask for help** whenever you have concerns, questions, or are struggling. There are proven therapies to help children and parents adjust to the effects of trauma. Pediatricians, developmental specialists, and therapists can suggest ideas why your child reacts certain ways, and effective responses. Sometimes medications, used appropriately, will help to manage symptoms and make learning new ways possible.

Learning to trust after trauma

All newborn babies are helpless and dependent. Consistent and loving caregivers help babies learn to trust others, and to feel valuable and worthy of love. This is important for healthy development. We cannot thrive without the help of others. This is most true when times are hard.

Supportive, caring adults can help a child recover from traumatic experiences. Some children may not have had adults help them before, and may not know that adults can help or that they can be trusted. They may resist the help of others. Not trusting adults can be mistaken as disrespect for authority. This can cause problems at home and school. It can also make learning harder.

It can be hard to tell who is affected by trauma. Mistreated children may withdraw from people and seem shy (/English/ages-stages/gradeschool/Pages/Shyness-in-Children.aspx) and fearful. They may also be very friendly with everyone they meet. They may cross personal boundaries and put themselves at risk for more abuse. They are choosing between "trust no one" and "trust everybody, but not very much."

Remember



Children are remarkably resilient and do the best they can with what they have been given. It is our job to provide them with the tools they need and to guide them as they grow. It may be a slow process with many setbacks, but the rewards are worth the effort. By understanding that your child's past experiences have affected the way they see and

responds to their world, you have taken the first steps to building a safer, healthier world for you child.

More information

- [Building Resilience \(/English/healthy-living/emotional-wellness/Building-Resilience/Pages/default.aspx\)](/English/healthy-living/emotional-wellness/Building-Resilience/Pages/default.aspx)
- [Let's Talk About Adoption \(/English/family-life/family-dynamics/adoption-and-foster-care/Pages/Respectful-Ways-to-Talk-about-Adoption-A-List-of-Dos-Donts.aspx\)](/English/family-life/family-dynamics/adoption-and-foster-care/Pages/Respectful-Ways-to-Talk-about-Adoption-A-List-of-Dos-Donts.aspx)
- [Thinking About Adoption: FAQs \(/English/family-life/family-dynamics/adoption-and-foster-care/Pages/Questions-About-Adoption.aspx\)](/English/family-life/family-dynamics/adoption-and-foster-care/Pages/Questions-About-Adoption.aspx)
- [How Pediatricians Can Support Families of Children Who Are Adopted \(/English/news/Pages/How-Pediatricians-Can-Support-Families-Adoption.aspx\)](/English/news/Pages/How-Pediatricians-Can-Support-Families-Adoption.aspx)

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