

Discussion Paper 7

Supporting children who experience trauma based dissociative responses



Introduction

In trauma literature, there is often a distinction made between hyperarousal or “fight or flight” responses to trauma and dissociative or “freeze and surrender” responses. Is the distinction that clear? This paper seeks to define dissociation, look at the neurobiological underpinning of dissociative responses and highlight some of the most common manifestations, within a school and early childhood context.



Defining dissociation

We all use dissociative responses in our everyday lives. Consider any time you focus on one particular task - this means you may not hear someone else speak or not engage in thinking about other topics. Children in particular use dissociation to facilitate their learning.

Trauma based dissociation stems from a child’s forced absorption with the overwhelming experience of violence and threat. The child is primarily focused on avoiding the pain, shame and hurt of the abuse and comes to develop unconscious, or sub-cortical, responses to try to achieve this. In this abuse related context, dissociation can be seen as the spectrum of strategies, both conscious but particularly sub-conscious, used to not know something.



Neurobiological understanding of dissociative responses

Abuse related trauma is caused by threatening and overwhelming experiences to children. As children develop, the experiences of trauma induce an avoidant response which becomes a template for engaging with their whole world. The brains of traumatized children move from adaptive survival responses to a generalized protective and defensive state. For children, it is more efficient to operate in this way.

Dissociative responses stem from the contradictions inherent in the desire to distance the abusive actions with the drive to connect with those who are supposed to care for and respond to the child’s needs. Because these actions are enabled in the lower subcortical or subconscious areas of the brain, children lack the capacity to evaluate and consequently regulate their responses. *This process has been explored in previous SMART discussion papers.*



Manifestations of trauma based dissociative responses

Children's responses can be difficult to notice because they are often internalized. The critical point for professional reflection is that these behaviours may impair the child's capacity to engage with their world. The following list gives an initial understanding of these manifestations. It is by no means exhaustive.

- Fluctuating attention ranging from minor "vague outs" to trance states or blackouts. You might say something to yourself like, "This child is not even listening to me" or "I really don't think this child is understanding what I'm saying."
- Fluctuating moods and behaviour which might have you saying, "This behaviour is like it's from another child!"
- The child talks about alternate selves or imaginary friends who are controlling their behaviour. You might reflect that, "I have never heard an imaginary friend described like that before."
- Depersonalisation or feeling disconnected from self. You might have an experience where the child doesn't recognize themselves in the class photo.
- Derealisation or feeling disconnected from the world. You may not even notice this occurrence but the child might talk about or experience the world as being "foggy" or "like I'm in a movie".
- Withdrawing from all external stimuli or communication. There may be a description of this child as, "completely shut down".
- No response to questions or answers them in an unclear and unfocused way. Again you may think "That child is just not listening to me."
- Gazing into the distance. Your reflection may be that, "this is just not a child who is thinking about their weekend plans"
- Intrusive thoughts and feelings, including flashbacks. You may notice, "that child really is uncomfortable when I ask the class to close their eyes."
- Numbness- both physical and emotional. You may note to yourself, "this child doesn't seem to respond when I touch them."
- Self injury. You are more likely to notice this or be informed of concerns for the child by their friends.
- Excessively compliant behaviour. This can be the most difficult because you are most likely to think, "this child is so good- they seem to be dealing with their experiences really well."



Responding to trauma based dissociative responses

The process of change or support for children who experience trauma based dissociative responses continues to utilize the SMART PRACTICE framework. As a reminder, the framework outlines key areas of support to be provided by those who work with children who have experienced abuse related trauma. It suggests professionals should be the following in their support of traumatized children:

P	Predictable	in working to provide a familiar and ordered environment for children
R	Responsive	to children's behaviour, including dissociative behaviours, based on our understanding of the impact of trauma
A	Attuned	to the child's emotional and behavioural responses to their world
C	Calming	and facilitating the child's capacity to experience and access calm
T	Translating	of children's stories and experiences, which may include their dissociative responses
i	Involving	children with their peers
C	Connecting	children with their emotions and emotional responses
E	Engaging	children in appropriate adult-child relationships which underpins all the above elements.

The critical focus of work with children who experience trauma based dissociative responses, incorporating the framework, is to:

- Understand the avoidance patterns of behaviour for the child;
- Provide children with a sense of safety that helps them to know over time how they respond in different situations;
- Help children practice other ways of responding that may be more beneficial and adaptive for them;
- Support carers to recognise dissociative behaviour by children and respond to them compassionately and effectively.



Questions for reflection or discussion

1. Consider three dissociative behaviours a child you work with displays. What do you think the meaning of these behaviours might be?
2. Have you noticed children at your school or centre displaying dissociative responses? How have they manifested in your experience?
3. How have you differentiated these responses from normative or developmentally appropriate dissociation?
4. How do you link your previous knowledge of the neurobiology of trauma to the issues presented in this discussion paper?
5. What else would you like to know about this specific response pattern?