

Understanding Trauma and Healing in Adults

Brief 1. Defining Trauma



Explore this series to learn about trauma and how traumatic events can impact families and staff. Find information to guide your conversations with families. Use these resources to promote healing, resilience, and family well-being. When families know they are understood, they can be more engaged and responsive to support.

Head Start and Early Head Start leaders and staff can use this series to learn about adult trauma and strategies for self-care and healing. This series can help build knowledge and skills for a program-wide trauma-informed culture.

Brief 1. Defining Trauma

Brief 2. Caring for Ourselves as We Care for Others

Brief 3. Coping and Healing

Brief 4. Strengthening Trauma-Informed Program Practices

Brief 5. Strengthening Trauma-Informed Staff Practices

Head Start and Early Head Start managers and staff can explore this brief to enhance their knowledge and skills about trauma. Learn the definition of trauma, how we respond to traumatic events, and how traumatic events affect families.

Families, children, and staff can experience traumatic events that impact their relationships and well-being. Head Start and Early Head Start program staff often work with children and families who have experienced traumatic events. Yet trauma can be a difficult topic to discuss. You may have questions about how it applies to your work. These questions might include:

- What are traumatic events?
- How do traumatic events impact individuals and families?
- How might the effects of trauma on the families you work with lead to vicarious trauma? (See Brief 2. **Caring for Ourselves as We Care for Others** in this series for information about vicarious trauma.)
- How might trauma around you trigger your own trauma reaction or remind you of traumatic events in your life?
- What can staff keep in mind about the impacts of trauma as they build relationships with families who have experienced or witnessed traumatic events?
- What family strengths can help family members heal?
- How can staff foster resilience and healing?

Understanding trauma and its effects can help you build positive, goal-oriented relationships with family members who have experienced or are experiencing trauma. Understanding trauma and its effects can

- guide the way you listen,
- help you feel more comfortable joining with families in difficult conversations,
- enhance your empathy, and
- guide your work as you partner with families to identify their strengths and develop plans designed to promote healing and resilience.

Healing and Resilience

Healing can be thought of as a process. This process repairs disruptions in our health and well-being. It leads to recovering our capabilities and functions. Through the process of healing, we can grow in ways that build new strengths. Healing from a traumatic event does not mean we forget the event or erase its effects. Instead, the event and its effects can, over time, be remembered, understood, and felt in new ways. Remembering, understanding, and feeling in new ways can reduce the distress that has been caused. This process can uncover and expand personal strengths that we otherwise might never have recognized.

Resilience can be thought of as the ability to “bounce back” from challenging events or experiences and “keep rolling.” This ability builds on specific personal strengths, such as flexible thinking and being able to look at the same situation from different perspectives. It also builds on certain life conditions, such as a close and caring relationship with at least one trustworthy adult who consistently offers unconditional acceptance and encouragement.

As you listen to families who have experienced trauma, you will learn how you can best support parents—as they heal—to protect and nurture their children. This will help parents to support their children’s own healing if the children have experienced trauma.

Positive, Goal-Oriented Relationships

Positive, goal-oriented relationships improve wellness by reducing isolation and stress for both families and staff. When these relationships focus on shared goals for children, staff and families can experience the support that comes from knowing they all are on the same team. These relationships support equity, inclusiveness, and cultural and linguistic responsiveness.

To learn about positive, goal-oriented relationships, review the **Head Start Parent, Family, and Community Engagement Framework** and the **Building Partnerships with Families Series** on the Head Start Early Childhood Learning and Knowledge Center (ECLKC) website.

What Is Trauma?

Trauma is defined as the direct experience of, or the experience of witnessing, events in which there is actual or threatened “death, serious injury, or violence” (American Psychiatric Association, 2017). Trauma occurs when frightening events or situations overwhelm a child’s or adult’s ability to cope or deal with what has happened.

Just a few examples of trauma include natural and human-made disasters—such as hurricanes and school shootings—serious motor vehicle accidents, physical or sexual abuse, and domestic violence. Some trauma experts extend the definition to include any stressful events that significantly impair a person’s daily functioning, for example at work or in personal relationships.

This series of resources uses the terms “traumatic events” and “traumatic experiences” to refer to what happened—for example, the hurricane or the violence. It uses the term “effects” of traumatic events and experiences to refer to any resulting thoughts, feelings, behaviors, or changes in relationships.

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Trauma-Informed Approach offers similar helpful terms. SAMHSA refers to traumatic experiences and events, and the effects of these experiences and events, as “The Three E’s of Trauma: Events, Experiences, and Effects”:

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014).

The word “trauma” itself is sometimes used in two different ways. “Trauma” is sometimes used to refer to events like those just described. It is also sometimes used to refer to the effects of traumatic experiences or events on an individual. This can be confusing.

Examples of Potential Traumatic Events and Experiences

Traumatic events may be experienced or witnessed. They may be sudden and brief or long lasting. Here are several examples of events that may lead to traumatic effects:

- Diagnosis of severe illness or medical condition
- Chronic medical or mental health conditions, as well as some highly invasive medical procedures
- Prolonged separation from family members
- Death of a parent or loved one
- Neglect during childhood
- Physical and sexual abuse
- Family alcohol or substance use disorders
- Chronic marital or partner discord
- Domestic violence
- Systemic discrimination, racism, oppression, and genocide
- Unemployment or underemployment
- Homelessness
- Poverty
- Community violence
- War-related violence
- Displacement and other refugee experiences
- Environmental disasters, such as pandemics, hurricanes, wildfires, earthquakes
- Human-made disasters, such as school shootings, terrorist attacks, war

Factors That Influence the Effects of Traumatic Events and Experiences

The effects of traumatic events can be influenced by a number of factors. Depending on the specific nature of the event, these may include:

- How severe the event was
- How old we were when it happened and other personal characteristics, such as our temperament or prior mental health challenges
- How badly we were hurt or could have been hurt
- How close we were to the place where the event happened
- What or who stopped the event and whether anybody came to help
- Whether we felt we could tell anyone, or were made to feel scared or guilty if we did
- How people reacted, whether they believed us, and how caring and concerned they seemed
- If the event was caused by a person, whether that person was a stranger, someone familiar to us, someone we expected to be able to trust, or someone who was supposed to protect us
- Whether the event occurred more than once, how often it occurred, and for how long
- Whether it resulted in long-lasting disruptions in our lives
- Whether we had previously experienced other traumatic events

How We Respond to Traumatic Events

We may not be aware of the effects of traumatic experiences on our thoughts and behaviors and those of others. We may be more likely to notice that a parent or staff member is forgetful, distracted, or disorganized. We may notice when a parent or staff member misses appointments, is late, or forgets to fill out paperwork. We may notice when we or others behave recklessly or say and do things that hurt others or ourselves, and we may not wonder why. Yet these can all be signs of the effects that traumatic experiences have on our thoughts and behaviors.

Physical responses

Traumatic events or experiences set off a “stress response” that prepares our bodies to protect ourselves: we fight, flee, or freeze in the face of a serious external threat. Our hearts beat more rapidly. We breathe in more oxygen to help support our muscles and brains to run or fight. When traumatic events are too extreme or occur too often, these responses may no longer be protective. Instead, they can change the way we think and handle our emotions.

Psychological responses

Changes in our emotions often include heightened anxiety, fear, sadness, anger, and guilt. Disturbing, unwanted memories of the traumatic event may intrude on our thoughts. People, places, or sensations that remind us of the traumatic event (triggers) may even lead us to feel that we are reliving the event all over again. Nightmares about the event can make us feel like we are reliving it.

Trouble sleeping, recurring nightmares, panic attacks (see Brief 2. **Caring for Ourselves as We Care for Others**), overwhelming emotions, and irritability can all be symptoms, among others, of post-traumatic stress disorder (PTSD).

Avoidance responses

Our efforts to avoid new traumatic events can lead us to avoid situations that remind us of the event, to be on our guard, and to be on edge. This is understandable. But avoiding situations or being on our guard can take a lot of energy and can leave us drained, jumpy, and easily irritated. Traumatic events can lead us to distance

ourselves from others. We may lose our ability to see the world as a positive and welcoming place. We may find it difficult to trust help that is offered. We may not feel that we deserve the help if we blame ourselves for what happened, which we often do.

Parents and staff who experienced trauma during their childhoods may find that as adults they sometimes think about those early experiences. Although remembering the experience can be upsetting, these thoughts can also be a part of healing. With the maturity of adulthood, adults may be able to understand those experiences in ways that children often can't. This is because children do not yet have the ability to put their feelings into words. They don't yet know how to think about what happened in ways that would help them overcome the feelings that resulted from the traumatic experience.

How Traumatic Events Affect Family Functioning

Traumatic events may occur at any time across the life cycle. They are likely to affect individual members of a family differently. How they affect family members may depend on the nature of the traumatic event; the characteristics of individual family members, such as their age, developmental stage, family role, and prior family experiences; and each family member's temperament.

The ways that family members understand their experience of trauma and the ways they heal can be shaped by their cultures. If parents, grandparents, or their ancestors experienced traumatic events such as racism, genocide, and displacement, there can be lasting effects across generations. This is referred to as historical or intergenerational trauma.

How family members respond to traumatic experiences can affect their health and developmental outcomes. Trauma can influence family processes, structures, relationships, and ways of coping.

Each family member may experience and react to trauma differently

Individual family members may experience and react to traumatic experiences in any of the ways described earlier in this brief. When several family members experience the same event, each one may experience it differently. For example, in a car accident, the driver, front seat passenger, and back seat passengers may all be injured. Yet they may perceive what happened and bear feelings of responsibility in different ways.

When one member of a family experiences a traumatic event, the entire family may be affected. Since each family member may be affected in different ways, each one may understand and react differently to what happened to that individual. For example, one family member might not accept that a traumatic event actually occurred. Others might be overwhelmed if that event brings back memories for them of a similar traumatic event that they experienced.

These reactions may draw some family members closer, or they may pull some family members apart. It may be easy for them to understand what the others are going through. Or they might find it difficult to understand family members whose reactions are different from their own. As a result, trust and communication may be strengthened or disrupted between individual family members.

The changes in thoughts, feelings, and behaviors, as well as the process and pace for healing, are also often different for members of the same family. These differences can make it difficult for family members to feel close, supported, and understood by each other at times when they may feel the need for connection more than ever.

Mental health professionals can help us assess our experiences of and reactions to traumatic events. When needed, they can provide treatment to help us heal. Primary care doctors should be able to make referrals to these professionals.

Related Resources

Learn more about the topics in this brief. Explore the following resources available on the Head Start Early Childhood Learning and Knowledge Center (ECLKC) website.

Building Partnerships with Families Series

Explore this series to learn about ways to strengthen goal-oriented relationships and partnerships with families.

- Building Partnerships: Guide to Developing Relationships with Families
- Strategies for Family Engagement: Attitudes and Practices
- Family Engagement and Cultural Perspectives: Applying Strengths-based Attitudes
- Partnering with Families of Children Who Are Dual Language Learners
- Preparing for Challenging Conversations with Families
- Engaging with Families in Conversations About Sensitive Topics

Head Start Parent, Family, and Community Engagement Framework

Explore this research-based, organizational guide for implementing the Head Start Program Performance Standards for parent, family, and community engagement.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed., p. 271). Arlington, VA: American Psychiatric Publishing.

Substance Abuse and Mental Health Services Administration. *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884 (p. 7). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

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