

# #10018

## UNDERSTANDING CHILDHOOD TRAUMA: DOMESTIC VIOLENCE AND CHILDHOOD TRAUMA

MAGNA SYSTEMS, INC., 2002  
Grade Level: Adult  
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# CHILDHOOD TRAUMA

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- **The Brain: Effects of Childhood Trauma**
- **Identifying and Responding to Trauma in Children Up to 5 Years of Age**
- **Identifying and Responding to Trauma in Ages Six to Adolescence**
- **Domestic Violence and Childhood Trauma**
- **Trauma and Healing**
- **A Parents Guide to Identifying and Responding to Childhood Trauma**



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# Contents

The Workbook topics listed here are integrated with the video modules of the Understanding, Identifying and Responding to Childhood Trauma series.

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<b>Understanding, Identifying and Responding to Childhood Trauma</b>	<b>Page</b>
<b>1. What is Childhood Trauma?</b>	<b>1</b>
<b>Self Test Answer Key</b>	<b>38</b>
<b>2. Significant Event Childhood Trauma</b>	<b>6</b>
<b>Self Test Answer Key</b>	<b>40</b>
<b>3. The Brain: Effects of Childhood Trauma</b>	<b>10</b>
<b>Self Test Answer Key</b>	<b>42</b>
<b>4. Identifying and Responding to Trauma in Children up to 5 Years of Age</b>	<b>14</b>
<b>Self Test Answer Key</b>	<b>44</b>
<b>5. Identifying and Responding to Trauma in Ages Six to Adolescence</b>	<b>19</b>
<b>Self Test Key</b>	<b>46</b>
<b>6. Domestic Violence and Childhood Trauma</b>	<b>24</b>
<b>Self Test Key</b>	<b>48</b>
<b>7. Trauma and Healing</b>	<b>28</b>
<b>Self Test Answer Key</b>	<b>50</b>
<b>8. A Parents Guide to Identifying and Responding to Childhood Trauma</b>	<b>32</b>
<b>Self Test Answer Key</b>	<b>52</b>

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# CHILDHOOD TRAUMA

## A Guide to Study

Each section of the individual module in this workbook contains the following: Overview, Questions To Consider, Vocabulary, Instructional Objectives, and Self-Test.

The OVERVIEW establishes the framework for the total module.

The QUESTIONS TO CONSIDER can help focus the student's attention while viewing the video.

The VOCABULARY contains words used in each module.

The INSTRUCTIONAL OBJECTIVES set forth what the student will be able to accomplish upon completion of the module.

The SELF-TEST is a check to progress. The answers are found in the self test answer key.

The Video Modules of Understanding Childhood Trauma: Strategies and Solutions and the Workbook Chapters which are an integral part of the series, were produced by Linkletter Films.

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# Biography

## **Bruce D. Perry, M.D., Ph.D.**

Dr. Perry is the Medical Director, Provincial Programs in Children's Mental Health for the Alberta Mental Health Board. In addition he continues to lead the ChildTrauma Academy, a training and research institute he founded in 1990. From 1992 to 2001, Dr. Perry served as the Trammell Research Professor of Child Psychiatry and Chief of Psychiatry for Texas Children's Hospital at Baylor College of Medicine in Houston, Texas.

Dr. Perry, a native of Bismarck, North Dakota, was an undergraduate at Stanford University and Amherst College. He attended medical and graduate school at Northwestern University, receiving both M.D. and Ph.D. degrees. Dr. Perry completed a residency in general psychiatry at Yale University School of Medicine and a fellowship in Child and Adolescent Psychiatry at The University of Chicago.

Dr. Perry has conducted both basic neuroscience and clinical research. His neuroscience research has examined the effects of prenatal drug exposure on brain development, the neurobiology of human neuropsychiatric disorders, the neurophysiology of traumatic life events and basic mechanisms related to the development of neurotransmitter receptors in the brain. His clinical research and practice has focused on high-risk children - examining long-term cognitive, behavioral, emotional, social, and physiological effects of neglect and trauma in children, adolescents and adults. This work has been instrumental in describing how childhood experiences, including neglect and traumatic stress, change the biology of the brain - and, thereby, the health of the child.

A focus of his work over the last five years has been the development of innovative clinical and systemic programs and practices based upon emerging concepts regarding child development and neurodevelopment. These programs are in partnership with multiple sectors of the community and in context of public-private partnerships which help catalyze systemic change within the primary institutions that work with high risk children such as child protective services, mental health, public education and juvenile justice.

Dr. Perry is the author of over 180 journal articles, book chapters and scientific proceedings and is the recipient of numerous professional awards and honors, recently including the T. Berry Brazelton Infant Mental Health Advocacy Award and the 2000 Award for Leadership in Public Child Welfare from the National Association of Public Child Welfare Administrators

## **Coping with Traumatic Events: Terrorist Attacks in the United States** *Special Comments for Teachers and School Personnel*

*Bruce D. Perry, M.D., Ph.D.*

1. **Talk about these events in class in factual and focused ways.** It is appropriate to talk about these events in the classroom. But it is not appropriate to turn each class into an unstructured group therapy session. There should be open, honest, and accurate discussion in classes that is directed and contained by a teacher. Once this initial period of grief has subsided, try to keep discussions focused on aspects relevant to the content of your curriculum. You should not ignore it: children never benefit from 'not thinking about it' or 'putting it out of their minds.' But your students will be better served if they take an aspect of this and discuss it in focused, thoughtful and rational ways. In history talk about extremism in other key world events; in Social Studies talk about various cultural/religious views of death. Now, this does not mean you should ignore the emotional impact of this; just don't feel that you have to become an expert in trauma psychology to help your students.
2. **Find out what the children think and feel.** An important first step in talking about this event is to find out what the children think and feel. Many of the children will have distorted information. Young children, for example, often make false assumptions about the causes of major events. These distortions can magnify his sense of fear and make him more likely to have persisting emotional or behavioral problems. Correct misperceptions with accurate but age-appropriate explanations.
3. **Don't over focus on these events: resume normal patterns of activity at school as soon as possible.** In the immediate post-event period, children and adults often over-focus on traumatic events. The horror of this event, the pervasive media coverage and the many discussions can actually saturate a child's capacity to process and move forward in a healthy way. Make the classroom a safe place to get some structured relief from this emotional barrage. By focusing on school work, a child's over-worked stress-response system can get a little rest period.
4. **Take a child's lead on when, what and how much to say.** After you have some sense of what your students know, and you have clarified any distortions, let them take the lead during your informal discussions about this topic. Students may ask you many difficult questions, "How long can you live if you are trapped like that?" You do not need to be too detailed or comprehensive in your answers. If you let children direct unstructured discussions by their questions - you will find that you will have many, many short discussions and not one "big" talk. These little discussions make it easier for students to digest this huge emotional meal.
5. **Don't feel that you have to have all the answers.** Some aspects of this will forever remain beyond understanding. You can explain that you just don't know - and that sometimes we will never know why some things happen. Help teach your students that hate can lead to senseless cruelty. And that you, we all, learn to live with some unknowns. When you share your struggles

with the child, their own struggles become easier.

6. **Reassure the children about safety.** Many children - and many adults - are frightened. This event has shattered our sense of safety. Your students may have fears about personal safety but more likely will be worried about parents flying, going to work in public places or working in high-rise buildings. Reassure your students. Your home and community are safe. Steps are being taken to make things safer. Remind them that only a few hateful people did this.
7. **Inform parents and children about the risks of children watching too much media coverage.** Watching the images of this over and over not only won't help child. In fact, it may make this worse for them. Young children are very vulnerable to this. Children six and under may actually think that there have been hundreds of buildings collapsing. Tell children and parents to limit their viewing of the media coverage with explicit images. Ultimately, the goal is to decrease the traumatic power of these images and that is very difficult when the images permeate the media.
8. **Anticipate increased behavioral and emotional problems and decreased capacity to learn.** When children feel overwhelmed, confused, sad or fearful, they will often "regress." And so do adults. You may see a variety of symptoms in your students: these include anxiety (or fearfulness), sadness, difficulty concentrating, sleep problems, increased impulsivity or aggression. These symptoms are usually short-term (days or weeks) and tend to resolve with reassurance, patience and nurturing. When children feel safe, they will be most likely start to "act their age."
9. **Some children will be more vulnerable than others.** Not all children will react to these events in the same way. Some children may seem disinterested and no changes in their behaviours will be noticed. Other children may have profound symptoms that seem out of proportion to their real connection to these events. We can not predict how a given child will react but we do know that children with pre-existing mental health or behavioural problems are more likely to show symptoms. We also know that the closer a child is to the actual traumatic event (i.e., if a loved one was injured or killed) the more severe and persisting the symptoms will be. The high-risk children in your class are high risk for having increased problems following this event.
10. **Your reactions will influence children's reactions.** Children sense emotional intensity around them and will mirror the emotional responses and interpretations of important adults in their life. That includes their teachers. Younger children will try to please you - sometimes by avoiding emotional topics if they sense that it may upset you. Try to gauge your own reactions. If you find yourself crying or being very emotional, it is fine. Just make sure that you try to tell your students why you cried. It is reassuring to children to know they are not alone with their feelings. Make sure they hear, many times, that even though it may be upsetting it is still important to share feelings and thoughts with each other.
11. **Don't let anger be misdirected.** A major mistake following these events would be to let hate win. Don't let the frustration, anger and rage that this event produces to be misdirected. Only a small, hateful group of people did

this. No ethnic group or religion bear the brunt of these senseless destructive acts. Every religion and ethnicity has produced examples of extreme hateful and violent behaviours. Don't let the hate spread. Make sure your students understand that hurting more innocent people will only mean that terror wins.

12. **Don't hesitate to get more advice and help.** If you feel overwhelmed or if you see persisting problems with your students, don't hesitate to reach out for help. In most communities there are professionals and organizations that can answer your questions and provide the services your students need.

***About the ChildTrauma Academy***

The ChildTrauma Academy is a unique collaborative of individuals and organizations working to improve the lives of high-risk children through direct service, research and education. These efforts are in partnership with the public and private systems that are mandated to protect, heal and educate children. For more information see: <http://www.ChildTrauma.org>



# 6 VIDEO #6

## Domestic Violence and Childhood Trauma

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### Overview

Without intervention and healing, abused and traumatized children often become involved in destructive and problematic adult relationships. Depending on childhood traumatic coping behaviors, a traumatized child can either act out and become a perpetrator of domestic violence, or be the victim of domestic violence. One partner in a domestic violence relationship who was not allowed childhood vulnerability will often rage violently when that vulnerability is touched as an adult. The other partner who was not allowed childhood anger will allow the other partner to deal with their anger and can only react in a vulnerable victim way. Both together make a whole person acting and reacting in the dynamics of domestic violence.

Introduced in the program are the stories of Tamara, Tammy and Jamie. Brenda tells the story of her sister, Tamara, who was killed by Tamara's husband, who then committed suicide. Their two infant children survived and were left without parents. Brenda hopes Tamara's story will help other victims of domestic violence. Brenda states, "Get out. Get out while you can, while you still have your life. Take your children and make a good positive life for yourself." Tammy endured two violent marriages before she finally planned her escape. Now, with counseling, Tammy and her children are healing and rebuilding new lives. Jamie, living in a domestic violence shelter, is rebuilding her self-esteem and planning a new life with her daughter.

These stories illustrate how domestic violence and trauma are tied together and perpetuated if there is no healing. Jane Middleton-Moz concludes: True healing goes from self to couple, to family to community, and finally to a world where we don't need to terrorize people any longer.

### Questions To Consider

1. What does Jane Middleton-Moz mean by a whole system?
2. What is the result of a boy modeling after an adult male's violent behavior?
3. What is attraction in relation to domestic violence?
4. What are the primary feelings of a person victimized in a domestic violence relationship?
5. What does Dr. Perry say is the gift of childhood trauma?
6. What happens to a little girl when she becomes an adult in a domestic violence relationship if she hasn't learned to express anger?
7. What is the healthy expression of anger for a couple in a relationship?

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## Vocabulary

**Domestic Violence** By partners in an adult relationship where it becomes the patterned norm.

**Vulnerability** In a domestic violence context, the inability to express direct anger and resolve conflicts.

**Assertiveness** The ability to get one's needs met by direct means through communication, self-esteem, and boundaries.

**Modeling** A child's propensity to copy an adult caregiver's behaviors, both good and bad.

**Attraction** In domestic violence, the attraction to a person who has specific traits missing in oneself.

**Resources** Professional people and institutions that offer help and healing for various living problems.

**Stamp Collecting** Metaphor for holding resentments and letting them build up into an emotional explosion.

**Complementary System** One partner plays an aggressive role and the other partner plays the victim role in a domestic violence relationship.

**Disconnected** An isolated single parent without resources.

**Overwhelmed Parent** An isolated parent who essentially gives up the possibility of healing or change.

**Service Delivery** The means to get resource help to those that need it.

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**Instructional Objectives**

1. State the general commonalties between Tamara, Tammy, and Jamie.
2. Describe the future opportunities for the children of Jamie, Tamara, and Tammy.
3. Describe Dr. Perry's comments concerning what is vitally important for caregivers to do when working with traumatized children.
4. State the primary problem of single parents getting help.
5. Describe Dr. Perry's comments about losing a whole generation.

**Self-Test**

1. What happens when a child's emotions are consistently stimulated and then blocked?

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2. What was the comment by Brenda's other surviving sister when she learned of Tamara's death?

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3. How did Tammy and her children try to not upset Tammy's husband?

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4. Why did Tammy hate weekends and holidays?

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5. Why did Tammy keep the abuse of her husband from her family and friends?

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6. What feelings did Jamie wake up with every day in her abusive relationship?

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7. Why did Jamie keep leaving and going back to her abusive relationship?

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**Self-Test (Continued)**

8. What is the child's story concerning toys that Jane Middleton-Moz relates to illustrate adult domestic violence?

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9. What did Tamara's husband tell her was the only reason that he stayed with her?

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10. What does Brenda say is a red flag in domestic violence?

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11. What, above all, is important to Jamie?

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12. What cycle of interaction kept Tammy hooked in her domestic violence marriage?

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13. What is Jane Middleton-Moz's comment about a laundry list?

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# **Domestic Violence and Childhood Trauma**

## **Self-Test Answer Key**

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### **Questions To Consider:**

1. All the behaviors, beliefs, and dysfunction from a traumatized child's original family.
2. The probability that he will be violent and aggressive as an adult will be increased.
3. When a person is missing a whole part of themselves and is attracted to that part in another person, and vice versa.
4. Guilt and shame because of the inability to get out of the relationship.
5. Trauma can be the route to wisdom. When children grow up they're more understanding of and empathetic to other people.
6. She turns anger in and hits herself over and over.
7. The ability to say, "I don't like what you said or did, let's talk about it."

### **Instructional Objectives:**

*All were victims in domestic violence relationships because of their inability to express anger.*

*The domestic violence role-modeling can be stopped, and there will be less opportunity for them to be traumatized and carry that to their own children.*

*Don't let traumatized children sit too long feeling sorry for themselves. Help them accept what happened, carry that burden, and learn how to use that for good.*

*There's a problem in service delivery. There are services available, often those who would benefit the most just aren't getting there.*

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## Self-Test:

1. The child will grow up learning to stuff emotions and feelings and go through the world in a deep freeze.
2. Brenda, this doesn't happen to our family. This doesn't happen to families like ours. We're a good family, we're close.
3. Walking on eggshells and playing it by ear.
4. Her husband had to go back to work after a weekend or holiday. That was when he was the most abusive.
5. Tammy was ashamed and felt like it was her fault. This was her second abusive marriage and she felt like a failure.
6. Jamie wished he would just kill her and get it over with so she wouldn't have to feel it anymore.
7. She didn't have the resources or anywhere to go to get help or be safe.
8. In a playroom a boy has collected every available toy. A girl comes in and wants one of the toys. The boy erupts into a rage and refuses. The girl walks off hitting herself. That hitting of yourself over and over is what the girl does to herself because she's not allowed to express anger.
9. "The only reason I stay with you is because no one else would have you."
10. When the perpetrator of violence in a domestic violence situation refuses to get help and counseling. Even if the victim leaves the relationship, the perpetrator will go on to other violent relationships, and continue the violence cycle.
11. To change and heal herself so her daughter doesn't repeat a domestic violence cycle.
12. It wasn't always bad. Things are OK for awhile, then have a blow-up, then a silent period, then apologies, then a honeymoon stage, then back to a blow-up.
13. When people talk about their symptoms; their laundry list of everything that's wrong, they're doing the same thing to themselves now that was done to them as a child.

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