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THERAPEUTIC COMMUNICATION WITH TRAUMATIZED CHILDREN AND YOUNG PEOPLE

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Abstract: *Communicating with a child is the most important task in facilitating healthy child development. This begins from birth and progresses and develops as the child matures. Often the communication is a joyful process with mutual satisfaction. The process can also be challenging at times for the caregiver and child. How they work through the challenges together is an important part of the development process. When a child is traumatized, perhaps not surprisingly, as trauma has been referred to as 'Speechless Terror' (Van Der Kolk, 2000), communication can become extremely difficult. This paper will begin by exploring the nature of trauma and how it impacts on child development. It will explore some of the central themes of working with a traumatized child, especially different aspects of communication. Understanding and responding creatively to the child's needs is key to restoring the child's development and recovery from trauma.*

Note: For the sake of economy the male gender is used. Though much of the paper is relevant to young people, the words child and children are also used for economy.

The Impact of Trauma on Child Development

Trauma is like an emotional shock – an experience that is too overwhelming to process during or immediately after the traumatic event or situation. Normally, with support and over time the person naturally recovers from trauma and can integrate their traumatic experience as part of their personal history. The trauma becomes a memory that can be thought of and described. When someone is traumatized as in PTSD, instead of a conscious memory the trauma continues to exist in the present as physical sensations, such as fear, panic, and rage. The person may not be able to connect these feelings to anything that has happened. Such disturbing sensations and feelings become a threat in themselves, so all aspects of everyday life are organised to avoid situations that may trigger them.

Trauma during the early years can be particularly damaging because the child's brain is not fully developed. Therefore, the natural development process can also be disrupted and distorted. Trauma alters patterns in the brain. Chemicals such as adrenaline and cortisone are produced in excess, initially as a necessary survival response, i.e. to prepare a person's body to take flight from the threat. Trauma that is repeated over time, often in many different forms, such as physical, emotional and sexual abuse, as well as neglect – becomes what is known as complex trauma. This can have a profound effect on a child's psychological, biological and social functioning.

When this happens the changes that take place in the brain tend to become a fixed rather than a temporary response. Development goes on hold as the brain becomes unbalanced and constantly in survival mode. If a child is hypervigilant, constantly anxious, ready to fight or take flight, or alternatively 'watchfully frozen' to become invisible – he is unable to receive nurturing care and other experiences, which foster development. While there is an increased sensitivity to reminders of the trauma, there is at the same time a decreased sensitivity and interest in ordinary everyday life. This de-sensitivity along with extreme reactions to reminders of trauma can cause many secondary adversities to occur, such as difficulties in;

- relationships and attachment

- getting on with peers
- sleeping and relaxation - due to fear, hypervigilance and nightmares
- healthy eating and nutrition
- concentration and memory problems
- imagination and play
- having fun and ordinary enjoyable experiences
- recognising a variety of ordinary feelings
- education and learning from experience
- self-esteem, especially to do with strong feelings of shame associated with the trauma.

These secondary adversities along with the original trauma combine to create a vicious spiral that can lead to all manner of psychological and physical disorders.

Difficulty with Feelings

One of the major adversities suffered by traumatized children is to do with their own feelings. The child is likely to have strong reactions to anything associated with his trauma. He might appear to be very emotional and sometimes violently so. Having frequent strong emotional reactions is exhausting and stressful in many ways. The child may not know what has caused his reaction. It may have been a sound, a smell, a tone of voice, the time of day or anything associated unconsciously with the trauma. Therefore, extreme reactions such as rage, often appear to come 'out of the blue'. These experiences are often frightening and surprising to the child, which then makes him anxious about it happening again. He becomes preoccupied with all his feelings as a potential source of anxiety, rather than having a useful or pleasurable purpose. Blocking out feelings becomes a way of managing the difficulty. Consequently, traumatized children are often less able to notice and correctly understand the ordinary feelings of others around them. This causes obvious problems in relationships but also in other areas such as learning and processing information.

The Importance of Safety

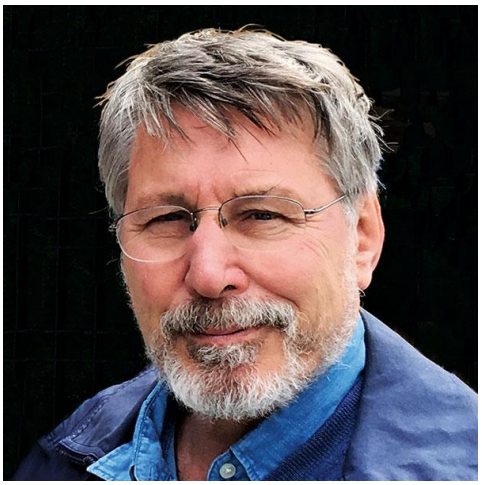
The first thing traumatized children need is to be safe and secondly to feel safe. Safety is the foundation for all therapeutic work with traumatized children. Being safe is significantly different than feeling safe and it is important to be aware of both. For instance, we might ensure that a child is safe from harm, but he might not trust us. To protect himself he will keep others at a distance by using various defensive strategies, which have been adopted as a survival mechanism,

- Behaving in an aggressive, hostile, rejecting manner.
- Becoming withdrawn.
- Numbing all feelings.
- Becoming manipulative to maintain a sense of control. Trauma is associated with terror, helplessness and having no control, so feeling in control can be especially important.

All these behaviours, which are attempts to survive and protect the self, prevent people from feeling connected with the child in a meaningful way. Trauma-based behavior is functional at the time in which it develops as a response to a threat. When a child or adult perceives a

significant threat to their safety, instinctual survival mechanisms are triggered in the brain and body, such as fight-flight or freeze. While this is functional and protective in the short-term, if prolonged it becomes dysfunctional as it interferes with healthy development.

A consistent, predictable and stable environment plays an important role in helping the child to feel that things are familiar and safe. Safety is also created by being reliable and consistent, with firm but non-punitive boundaries. It is especially important for traumatized children to experience clear and consistent boundaries, such as, the expectations around daily routine and the rules of the home. It is important to maintain boundaries, however difficult and challenging the child is. Behaviour can be firmly managed in a way that also shows empathy for the child. Gradually this will help him to feel secure and to develop a sense of trust. As Van Der Kolk et al. (2007, p.424) explain,



"Since interpersonal trauma tends to occur in contexts in which the rules are unclear, under circumstances that are secret, and in conditions where issues of responsibility are often murky, issues of rules, boundaries, contracts, and mutual responsibilities need to be clearly specified and adhered to (Kluft, 1990; Herman, 1992). Failure to attend strictly to these issues is likely to result in a recreation of aspects of the trauma itself in the therapeutic situation."

An important part of the approach is to make it clear that we are 'challenging the behaviour, not the person' (Barton, et al, 2011, p.82). One might say, 'I don't like you doing that because it hurts people', rather than 'I don't like you because you hurt people'. Empathy can be shown with statements like, 'I know you are feeling very upset, but it isn't ok to hit someone'. However, a simple message like this may be confusing to a child, who has been abused by his own parents and/or others. If we say it isn't ok to hurt someone it may raise the question, 'why did my parents hurt me then?' This may be one of the reasons why the child resists our attempts to establish what seem to be rational and helpful expectations and boundaries.

The Daily Routine

The daily routine is a central part of providing a predictable environment that is so important in helping traumatized children begin to feel safe. It helps to reduce anxiety and the need to be hypervigilant. Dissociation is a common feature of childhood trauma and leads to the loss of a continuous sense of time. Regular schedules and routines are essential in helping to restore this (Van Der Kolk, Van Der Hart and Marmar, 2007, p.321).

To begin with, rather than being concerned too much with communication at a deep level the focus should be on basic matters such as letting the child know,

- How the daily routine will work, especially mealtimes, bedtimes, and waking. Healthy routines also help to reduce stress.
- The expectations around all aspects of living together.
- Who will be looking after him today and anything else that will take place?

Children may need reminding regularly of these things, as they may not be familiar with anything remaining consistent. The reliable daily routine and communication about it help to reduce anxiety and improves the ability to regulate emotions. Other helpful approaches include,

- Providing nurture and care without being too pushy or intrusive. The child may be very anxious about physical closeness with an adult.
- Paying attention to the child and listening carefully to his communication – verbal and non-verbal.
- Showing a healthy interest in the child, finding out what he likes, what he enjoys doing, what is important to him, etc.
- Doing pleasant activities and making plans together and generally building the conditions in which relationships can develop. Traumatized children often have significant relationship difficulties.
- Offering choices where possible. Having a sense of influence can be very important to traumatized children who have felt out of control and unable to escape frightening experiences.

Traumatized children often have their development disrupted at the age when the trauma began. For example, a 10-year-old who was traumatized as an infant, may have a similar level of emotional regulation as a 2-year-old. It would not be realistic to expect him to be able to think much about his feelings and to put them into words, when so much of his energy is used to manage overwhelming feelings and impulses.

An important task for adults working with such children is to co-regulate their emotions, by anticipating potential difficulties, explaining clearly what is happening and by taking actions to reduce stress. To help frightened and anxious children to feel calm, first the adults need to feel and act calmly themselves (Perry and Szalavitz, 2006, p.67). To maintain a calm and emotionally containing approach it is essential that carers feel supported.

One of the realities of ‘daily living’ is that important communication often happens in a spontaneous rather than planned way. When a child has been abused and neglected in his family home, all aspects of daily living may have associations with trauma. For example, mealtimes may have especially powerful associations for one child, while for another it may be bedtimes. This provides an opportunity to respond and potentially work through a traumatic experience. Ward (1996) has called this ‘opportunity led’ work. Every aspect of daily living is a therapeutic opportunity.

Carers Communicating and Working Together

Before children can be expected to communicate, the adults who are looking after them need to become effective at communicating with each other. If we believe it is helpful for a child to communicate and that this might help him understand and manage himself better – we need to role model our belief in this by doing it for ourselves. We need to be aware that some of the things we hear may be distressing for us, as well as for the child.

The support needs of those working with traumatized children are of vital importance. A central part of that support is providing those involved with the opportunity to talk and communicate with each other. Communicating with each other will make a difference in our ability to work with the children. Sometimes this can be done while working with children. The children can benefit from seeing the adults communicate and work things out together. At other times it may be in a special context, such as a team meeting or supervision. Unless the adults work on their own communication, they are less likely to be receptive to the child's communication. Unless adults can work on the painful issues involved, they are likely to defend themselves, and one way of doing this is by not hearing.

Thinking about the Meaning of Behaviour

All behaviour has meaning and can be considered as a significant form of communication. Babies and infants let us know what they are feeling and what they need without using words. An emotionally attuned parent can distinguish subtleties in what is being conveyed, e.g. tired, uncomfortable, scared, hungry, contented, etc., based on the infant's behaviour. It is only the parent's attuned and reliable response to this that enables him to begin the process of thinking about his feelings and needs, and then to find words to communicate with.

A child who is traumatized may never have developed the capacity to think about and communicate his feelings, or he may have lost this ability temporarily due to the impact of trauma. A common symptom of shock is not being able to communicate. A person who is in shock may appear to be in a 'frozen' state. It isn't helpful to push them to talk before they are ready or capable. Often what is needed is to simply be with the person, providing a sense of security and continuity – during a time that is also one of loss and insecurity.

A traumatized child who in many ways is in a prolonged state of shock – may have no or little conscious memory of traumatic events. Traumatized people often spend much energy in keeping thoughts out of mind, due to the potential link to the trauma and the pain that may be felt as a result of thinking. Therefore, thinking may be perceived as a threat and actively resisted. Van Der Kolk and Newman (2007, p.18) point out that premature attempts to talk about matters related to the trauma may only make things worse.

Physical Mastery

Traumatized children often feel stigmatised as if they are different from other children. They need a 'sense of normalcy' (Anglin, 2002) of doing normal, ordinary things like all children. Rather than just focusing on the child's history, it is important to do things in the present that are normal, fun, and enjoyable – as we would with a child who hasn't experienced trauma. It

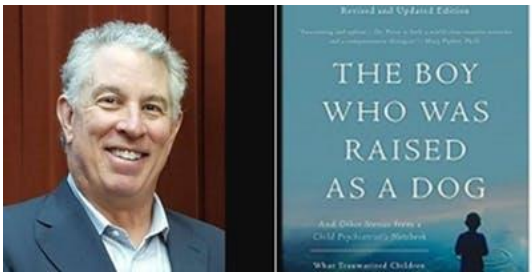
has been said that trauma can take a child's childhood away – we need to enable a child to be a child.

The traumatic experiences can dominate the child's sense of who they are, and they need ordinary experiences to create a more balanced and healthy identity. This can be done by playing games with children where they can use their bodies in a healthy way, also enabling them to develop interests and skills. For example,
playing ball

- running
- dancing
- playing an instrument, drumming, singing
- skipping
- riding a bike
- using hands to paint, draw and make things
- Older children may also benefit from activities that give them a sense of growing up and being more in control, such as, gardening, car washing, shopping, etc.

These activities can also help develop a sense of physical mastery, which stimulates development and self-confidence, as well as the ability to relate to others. Activity that involves exercise also helps to reduce stress and depressive feelings. This can be approached in a way that helps children develop what they are good at and like, and to also learn new things. Developing interests and strengths can improve feelings of self-efficacy, which may also be transferable to other areas of the child's life.

Communication through our Actions
All of what has been discussed so far is a necessary context for focusing on verbal communication. Communication is already taking place, through our actions. These actions demonstrate care and concern to the child, and that they are worthy and deserving. The hundreds of little caring things done repeatedly, gradually enable children to develop trust.



"I also cannot emphasize enough how important routine and repetition are to recovery. The brain changes in response to patterned, repetitive experiences: the more you repeat something, the more engrained it becomes." (Perry and Szalavitz, 2006, p.245).

However, we cannot expect that the child will necessarily accept our efforts. Often it will be quite the opposite. It may feel as if we are getting it wrong and failing, that it is a hopeless situation and a waste of time. Sometimes just as things seem to be getting better, they will get worse. Recovery from trauma is very much, two steps forward and one step back, or two steps back and one step forward! Long periods of time, months or even years can pass by where it seems like little progress is being made. For a traumatized child a little step forward can be the

equivalent of a huge leap. We need to be patient and to continually try and understand why things are so difficult.

Symbolic Communication and Play

Play is a form of communication and essential to child development. It is a very significant way that a child,

- relates to others
- explores, discovers and learns
- uses his imagination
- works things out.

However, traumatized children may have many difficulties with play and sometimes are not able to play. Often childhood trauma happens in a context of deprivation and the child may not have developed the capacity to play. The child may have been deprived of playful interactions with a parent, so his development is inhibited. Trauma causes hypervigilance, withdrawal, dissociation, fear and a lack of security all of which are not supportive of play. Play involves imagination, which may lead the child back to the trauma, so imagination is a potential threat to be kept at bay. Therefore, enabling a child to play can be an important part of the recovery process. Just as in ordinary child development, a traumatized child will only be able to play once a safe and secure base has been established.

Young children often communicate using symbols, for example, through play or through drawing. A child may convey how he feels by showing us the feeling in a symbolic way. For instance, a child who has a teddy may tell us that 'teddy' is feeling sad, or teddy isn't feeling well. When a child does this it is helpful to respond with the same symbolic language, such as, 'it can't be very nice for teddy to be feeling so sad – I wonder what has made him feel like that', or 'what can we do to help teddy feel better'.

It is important to work at the pace of the child, using the child's language. Play has been called the language of children (Vince Gowman). There are many excellent ways of engaging children in play without primarily using words - using toys, puppets, play animals and other figures, music, and dance. All of these can be used creatively and provide ways for children to express themselves. For instance, play figures may be used by a child to create domestic scenes. Toys and other objects can be used to represent different emotions. Music such as drumming can be an excellent way of expressing powerful feelings. All this kind of play and non-verbal communication, which as well as being enjoyable for the child, enables us to gain insights and to understand him better. To understand the child's play it can be helpful to have discussions in team meetings or supervision.

Working with Difficult Behaviour

Difficult behaviour can be used by the child as a way of controlling others. This type of control, which can cause us significant concern is often how the child tries to deal with his fears and anxieties related to trauma. To us, the behaviour may seem like a major nuisance. To the child, it might be how he survives and copes with his fear of being out of control. We might find

ourselves feeling suddenly angry or punitive toward the child. It is very important to think about our own feelings, how they change when we are with the child and what we might learn from this.

Some children try to disrupt adults who are talking together. From the child's experience, adults talking together might mean something bad is about to happen. Sometimes a child might feel the adults are more interested in each other rather than him. In his world, this might feel like being neglected. A healthy alternative to the child's previous experiences is role modelled by talking and thinking together about him and his needs, but also being sensitive to how he might feel about this.

Verbal Communication

Research has shown that parents who talk a lot with children during the normal routine of the day, tend to have children who also talk more and develop bigger, more elaborate vocabularies (Hart and Risley, 1995). Talking is built into daily life by,

- explaining what is happening
- commenting on things the child does
- discussing his interests
- asking questions
- exploring things together
- linking cause and effect
- naming feelings.

A healthy child is biologically programmed to respond and interact verbally,

> Ultimately, genes.... create needs which can be satisfied only by particular environments. Fish genes create organisms that need water. Monkey genes create organisms that need mothers to teach them how to behave. Human genes make organisms that need adults around in order to learn how to talk. (Glantz and Pearce, 1989)

Children who are traumatized, however, may not be used to talking or may have become defensive and wary of what they say. They may have very little vocabulary that can be used to express their needs and feelings. When talking with these children they might not respond, or if they do respond it might be in unexpected ways, for example by becoming aggressive. It is important to persevere and to talk about things in a way that isn't too challenging. For instance, if a child says something that we don't agree with or understand – rather than disagree, we can ask a question and explore things. If a child makes a statement, such as 'Peter hit Paul', we can say something like, 'I wonder how that made Paul feel', or 'I wonder why Peter did that'. The child might not have an answer, but we are making the link between cause and effect, between actions and emotions.

As a result of trauma-related difficulties, the child may not understand how his actions affect other people and how other people feel. To help empathy to develop it is important to both show empathy towards the child and help him begin to think about how others might be feeling.

Naming Feelings

It is important to help traumatized children to recognise and name their feelings. If a child is acting as if he is angry, one could say, 'I wonder when you behave like this if you are feeling angry', or 'you seem to be feeling angry today'. This gradually helps him to find ways of expressing feelings through words rather than by acting out. A child who can begin to say things like, 'I feel so angry with Peter that I could hurt him' is making significant progress. He can then be helped to begin anticipating and taking responsibility for managing emotions and behaviour - 'Remember last time when you felt like this and you had a big fight? What can we do to prevent that from happening?'. Helping children to recognise and name different feelings can also be the beginning of being able to remember parts of a traumatic event and most importantly, the feelings and meaning associated with it.

The Potential for Misunderstanding

While we are trying to find ways of communicating it is important to accept that this is fraught with difficulty. The difficulties can be very challenging and may cause strong reactions, such as feelings of frustration and hopelessness. As discussed, there are many reasons why communication can be difficult. Something that may seem as helpful as naming feelings, must be approached with careful attention to the child. Feelings may feel threatening to him. If he seems very anxious and defensive, we need to be in pace with him and not too pushy. If the child feels threatened, he may react aggressively, take flight or shut down.

A difficulty can arise due to a literal difference in the use of language. The child may have a limited vocabulary - he may not understand the words we use and become frustrated. He may also have very different associations with some words. One simple example is how love and hurt are often easily confused. If the child has been hurt by those who 'love' him, to love might mean to hurt and vice versa. Traumatized children have often experienced a very distorted reality. These distortions can be represented in their understanding of language. Words may have very different meanings. Some words might be associated with traumatic events and when the child hears these words it may trigger traumatic memories. The meaning of words may also vary in different cultures. Sometimes this may be quite subtle and can be confusing.

Children who have suffered trauma can be hypervigilant and very sensitive to the moods of others. They may pay more attention to the way something is communicated rather than the actual words used. Again, the child's perception of feelings may also be distorted. For instance, he may mistake someone who is thinking with a frown, to be angry. He may react to what he perceives our mood to be and not hear our words. Sometimes this can be bewildering and frustrating for the adult. Without a good level of thoughtfulness and care, communication can quickly break down. A breakdown in communication can quickly escalate to acting out behavior. Dockar-Drysdale (1973) in her paper, The Management of Violence, stated that,

"One could start by saying that the management of violence is its prevention. I mean that, since all acting out is a breakdown in communication, it is our responsibility to keep in communication with the children in our care."

Listening to Children

Often traumatized children feel that if they say something it won't be listened to or that they might even be punished. So, they think that communicating is a waste of time or even dangerous. Children who are abused are often threatened with frightening consequences should they tell anyone. A lot of support needs to be provided to help give children the confidence to communicate.

Really listening to children can be difficult. We might be distracted by other things and not paying full attention. We might feel anxious about what is being said. We also need to be open to children saying critical and difficult things to us as adults, being careful not to be defensive. It is important to remember that many children who have been abused, have experienced denial from adults who they have talked to. Whenever a child says anything significant it is important to show that his communication is taken seriously. This is empowering for the child who may begin to believe that he can make a difference by communicating. If we believe communication is important, children need to experience the positive benefits – that things can change for the better as a result of saying something. Feeling listened to, understood and taken seriously is a vital part of building self-esteem and resilience.

If we can really listen and be receptive to a child's communication, he is more likely to tell us important things. As well as listening to children we need to pay attention to the non-verbal communication and the feelings evoked in us. This may tell us as much about the child as the words he uses. Dockar-Drysdale (1980s) sums up the difficulty and importance of listening,

> It is a sad fact that people do not listen sufficiently to children and what they say. They often say very important things in a very simple way and grown-ups are startled, frightened or literally don't hear what they have said, so remarks pass unnoticed. And often if these could be heard and understood it would make a tremendous difference to children. I often say to therapists here that listening is the most important thing they can do. We talk about therapeutic listening, which means listening to only what the child says and not to be thinking of anything else while the child is speaking.

Different Kinds of Communication

We all talk in a variety of ways,

- Chatter – where we are just talking about everyday matters without much feeling attached.

However, it is also possible to chatter, with a real feeling of 'aliveness', which may be more important than the words. Part of communication can simply be about establishing a

connection with another. Chatter can be used in this way - it can also be used to avoid connection. It can be used as a protective shield.

- Talking about everyday matters with feeling – 'I really enjoyed our time together today', or 'that story made me feel really sad'.
- Talking about important personal matters, but in a matter of fact way without feeling, 'when I was young my dad used to hit me'.
- Talking about important personal matters with feeling, 'when I was young my dad used to hit me, and it made me feel really scared'.
- Talking about important personal matters with feeling and insight, 'when I was young my dad used to hit me - it made me feel really scared and sometimes I'm still scared of men'.

A healthily developed person will be able to communicate to some extent on all these different levels and understand the appropriate context for each of them. Most young children know the difference between things they would talk about with their parents, with friends, teachers, strangers, etc. In comparison, traumatized children may be very limited in their understanding. They may only tend to chatter or if they are able to talk about more personal and intimate matters, they may not know how to do this appropriately. For instance, instead of making social chatter with someone they don't know very well, they may say something too personal or intimate. So, as well as helping children learn how to communicate, they need help to understand its social function.

Not Communicating

While this is an important and valid consideration it also paradoxical. Phillips (1996) points out,

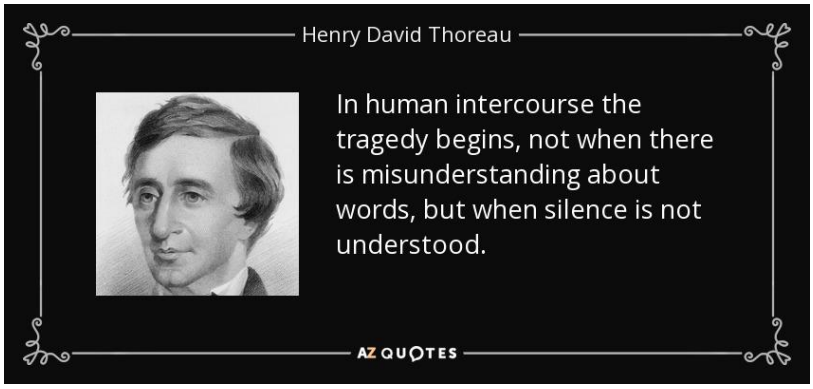
> It's impossible to not communicate. You cannot be for it or against it. You can only do it more or less well – by your own standards or by other people's – but you can't not do it.

Not communicating all depends on how it is perceived. For instance, does it literally mean talking or not talking? Winnicott (1963) explained that it is important to consider both 'Communicating and Not Communicating'. This can be especially relevant to traumatized children. For all of us, ordinary healthy relating also requires spells of being quiet, from which conversation can flow, followed again by quiet when what has taken place can be thought about or forgotten. There is a rhythm between communicating and not communicating. Traumatized children have often lost that rhythm, and either can't stop or can't begin.

Another type of not communicating is a reaction to, or a way of negating, a difficult feeling. For example, a child might feel angry and not talk. However, he might convey his anger through silence. Another example might be a child who feels happy but is afraid to show it, through fear of being rejected and hurt, and chooses to hide and not communicate the feeling of happiness. It is possible that the child might react so strongly that the happy feeling is completely negated.

A final form of not communicating is to do with the private and core self that would be too risky to share explicitly. There is an inner world, parts of which remain private. In relation to trauma, this core self-may be especially vulnerable to feelings of shame and humiliation should someone attempt to expose this hidden part of the self. The need to protect the core self is a necessary part of health and identity. We need to be very respectful of this in work with children who may have had their personal boundaries transgressed and violated, in such frightening ways. Not communicating may be a positive step for the child towards establishing a sense of personal boundaries and authority.

These kinds of not communicating are to some extent assertive and a choice. This is different from the occasions where a child wishes to communicate but is unable due to distress or not having the words. If we think this is happening, we need to consider whether it is best to be patient and wait, or whether we try to help the child communicate. If we have misunderstood and the child feels we are being too intrusive, the risk is that he becomes more defensive. On the other hand, if the child needs help and we don't say anything, he might feel we are ignoring the issue or turning a 'blind eye', as people often do when it comes to seeing or hearing about child abuse. Maybe a way can be found of asking the child if he would like help to tell us something. It can be difficult, and we are left with our judgment based on how well we know the child. Henry David Thoreau in 1849 made the interesting observation,



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The Child's Stage of Development

During early infancy, communication is primitive, through actions such as crying. Then words are used to express feelings and needs, then this is done with some recognition that others also have needs and feelings. Finally, the 'executive function' of the brain develops, enabling complex abstract concepts to be understood and communicated. This ability may only be fully realised in later childhood and continues to develop into adulthood.

We know that trauma can cause developmental delays as well as a regression to earlier stages of development. So, our responses and expectations towards his communication need to be guided by understanding the child's actual ability. If the child is very young emotionally it might be unrealistic to expect that much can be achieved by in-depth discussions. It might be better to focus on other ways of communicating and on developing physical mastery rather than talking. A child may feel better by playing a game or doing something rather than by 'talking about his problems'. On the other hand, if the child is reasonably well developed but always

seems to 'chatter', he may be avoiding something. This may be due to the potential distress involved, feeling unsafe or afraid of what might happen. Our task here is to help remove the block rather than put pressure on the child to say more. If he doesn't feel safe, helping him to feel safe makes it more likely he will then be able to communicate. It is also important to recognise that, whilst it may seem a child is chattering endlessly, if listened to carefully there may be details of what he says that have significant meaning. This may not be immediately obvious but through careful attention, we may begin to make connections.

If we think that there are important things a child is potentially able to communicate but is holding back, a thoughtful and gentle approach is needed. Once the child begins to share thoughts, as well as the painful memories being activated, other feelings will be brought to the surface, such as anger, shame, guilt and sadness. Trauma also involves loss, and this can be very difficult to acknowledge. The child's feelings might be very confused and distorted. For instance, feeling guilt about the abuse, as if it was his responsibility. Working through these issues, requires time, understanding and patience.

Summary

This article has explained the importance of communication in the context of child development. It has highlighted how trauma especially when it is complex, including abuse and neglect, impacts a child's development. Both the nature of the trauma and the developmental delays can cause serious difficulties in communication. This means that the work is challenging and potentially distressing, if not traumatic for all involved. The article has made suggestions of approaches and ways of thinking about communication that may be helpful.

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LinkedIn Discussion Group: Staff Recruitment and Development (for People and Organizations)