



Understanding Trauma Responses in Children with Intellectual and Developmental Disabilities and When to Seek Help

Caregivers play an essential role in helping their children recover from traumatic events. As you learn more about trauma reminders and trauma responses, you will better understand your child's emotions and behavior. This will allow you to support them in their recovery from trauma and assist you in creating a trauma-informed network of support for your child. Learning about the trauma your child experienced can be scary; however, it is important to know that healing can happen with support.

Your child's behavior is one way they communicate. When a child has a traumatic experience, it can change how they respond to everyday events, and you may notice new puzzling moods and behavior. Caregivers are often first to notice these changes. You know your child's typical range of behaviors. For all children, including children with intellectual and developmental disabilities (IDD), new or changed behavior is sometimes a response to a current traumatic experience or to a reminder of previous trauma.

"We couldn't understand why our daughter was acting out and seemed unhappy during our recent holiday trips to the mountains. We didn't realize that the smell of wood burning in a fire was a reminder of the ski trip to Colorado during which she had been assaulted."

- Mother of a child with IDD

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How Might a Child with IDD Respond to Traumatic and Stressful Experiences?

Traumatic events can cause changes in bodily sensations, thoughts, feelings, and behavior (on page 4). Trauma responses in children with IDD might look like new or increased instances of:

- Difficulty communicating about their fears
- Increased anger, aggression, or lack of impulse control
- Avoidance of certain situations, people, or places
- Freezing, shutting down, losing interest in activities
- Recurrence of challenging behaviors from the past
- Regression from previously mastered skills (such as communication, toileting, eating, dressing, and showering)
- Separation anxiety

Sometimes the connections between these symptoms and trauma are missed because the behaviors are just attributed to a child's IDD. *Overshadowing* is a term that describes when the trauma responses of children are inaccurately assumed to be caused by their IDD diagnosis. Caregivers and other adults who work with the child should consider that an increase in existing or new problematic behavior could be a trauma response.

"It took Ana a long time to use the bathroom independently, and she finally achieved it! At the beginning of this school year, the teachers started reporting daily accidents. We thought this was because Ana has a hard time with transitions. But when the accidents persisted, the school social worker suggested she get a trauma evaluation that revealed Ana had experienced a traumatic event. After trauma-informed therapy and an updated IEP at school to support her needs, Ana now has a plan to regain her skills in using the bathroom independently."

– Grandparent of a child with IDD

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How Might a Caregiver's Response to a Child's Behavior Influence Recovery?

A child's unexplained changes in behavior can be disruptive and stressful to the family and other caregivers. If you simply try to change or manage your child's behavior without considering the cause(s) or how your reactions influence the child's ability to cope, you may miss opportunities to identify a trauma and support your child's recovery from their experience.

Your response as a caregiver is key to addressing a child's trauma-related behavior. Creating a space where your child feels safe builds a foundation for developing their coping skills. Creating this trauma-informed environment works best when all those involved in supporting your child work collectively.



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What Is a Trauma Reminder?

A trauma reminder is something that causes a child to remember their traumatic experience (such as a feeling, taste, sight, sound, smell, person, etc.). Sometimes these reminders cause powerful, emotional reactions, as if the trauma is happening at that moment. A child could hear a noise that triggers their brain to respond to the traumatic event(s). They could see something that reminds them of the trauma, like a person with a beard, reminding them of the perpetrator who had a beard. A common type of trauma reminder is the location of a traumatic event or the person(s) involved. For example, after a child has been in a car accident, even getting into a car again can be scary for them. They might also try to avoid the location of the accident. Additionally, the anniversary of the accident itself can be a trauma reminder.

The terms “fight, flight, or freeze” are common ways to describe the way our bodies respond to the experience of stressful or traumatic events and reminders of those events. Recall a time when you felt incredibly startled, such as after hearing a loud sound outside. In thinking back, you might wonder, “Why did I run outside to look? That could have been dangerous!” You might also remember other sensations like your heart pounding or your palms sweating. These are automatic responses our bodies have to stressful or traumatic experiences and the reminders of those incidents.

“Transitioning between classes is a long-standing challenge for our son and it is a goal in his individualized education plan. In the seventh grade, the 3rd-period teacher called and said our son became increasingly upset during the transition between 3rd and 4th period. As we began asking questions, our son told us the 4th-period teacher had left him alone in a locked room as a punishment.”

– Foster Parent of a child with IDD

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What Are Some Common Responses to Experiencing a Traumatic Event?

When children experience trauma, their bodies, brains, and nervous systems respond to protect them. The following are examples of responses to traumas or trauma reminders.

| Physical | Intellectual/Cognitive | Emotional | Behavior |
|--|---|--|--|
| Heart pounding | Difficulty concentrating, learning, and remembering | Fear, worry, anxiety, or the sensation of being on “high alert” all the time | Lack of impulse control, agitation, quick to anger |
| Stomachaches | Difficulty transitioning between activities | Difficulty trusting others | Increased aggression and other unsafe behavior (e.g., running away or unsafe sexual activity) |
| Headaches | Overly concerned about the safety of their environment (e.g., constantly scanning their environment for danger) | Inability to regulate emotions (e.g., becoming easily frustrated) | Self-harm or self-injurious behavior |
| Joint or muscle pain | Negative beliefs about self-worth (e.g., thinking they are a failure, having decreased self-esteem) | Sadness, depression | Suicidal thoughts or behavior |
| Fatigue | Revisiting memories of what happened and experiencing those feelings again or having nightmares | Numbing, withdrawal from previously enjoyed activities, or shutting down | Changes in eating (e.g., over eating, restricted eating, or pica-eating things that are not considered food) |
| Toileting accidents | | | Increased difficulty separating from caregivers, clinginess |
| Changes in eating or sleeping patterns | | | Substance use |
| Excessive sweating | | | Retelling the story of their trauma experience |

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When Should I Seek Help?

You are the expert on your child and your family. You might ask for help because your child cannot cope or often loses control, or their behavior impacts them or your family. Remember, you are a key partner in the work to help your child understand their experience and responses to trauma, and you are essential in the partnership to help your child heal. The next factsheet in this series will help you identify trauma-informed care for your child and your family.

“My son started having trouble sleeping after we moved to a new town, far away from our friends and family. He was having nightmares and was scared to sleep alone in his new room. Soon, his paraprofessional at his new school reported that he was disruptive in class, even in his previously favorite subjects. After talking with the school social worker, we decided it was best to make an appointment with a therapist who had a background in trauma. The therapist helped me realize that even things like moving away can be traumatic.”

– Father of a child with IDD



This fact sheet is a part of a series for parents and caregivers. It is meant to help you to support your family's needs and their recovery from trauma. The series also includes *Choosing Trauma-Informed Care for Children with Intellectual and Developmental Disabilities: A Fact Sheet for Caregivers*; *Trauma and Children with Intellectual and Developmental Disabilities: Taking Care of Yourself and Your Family*; and *Children with Intellectual and Developmental Disabilities Can Experience Traumatic Stress: A Fact Sheet for Parents and Caregivers*. Please visit these other fact sheets for more information.

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