

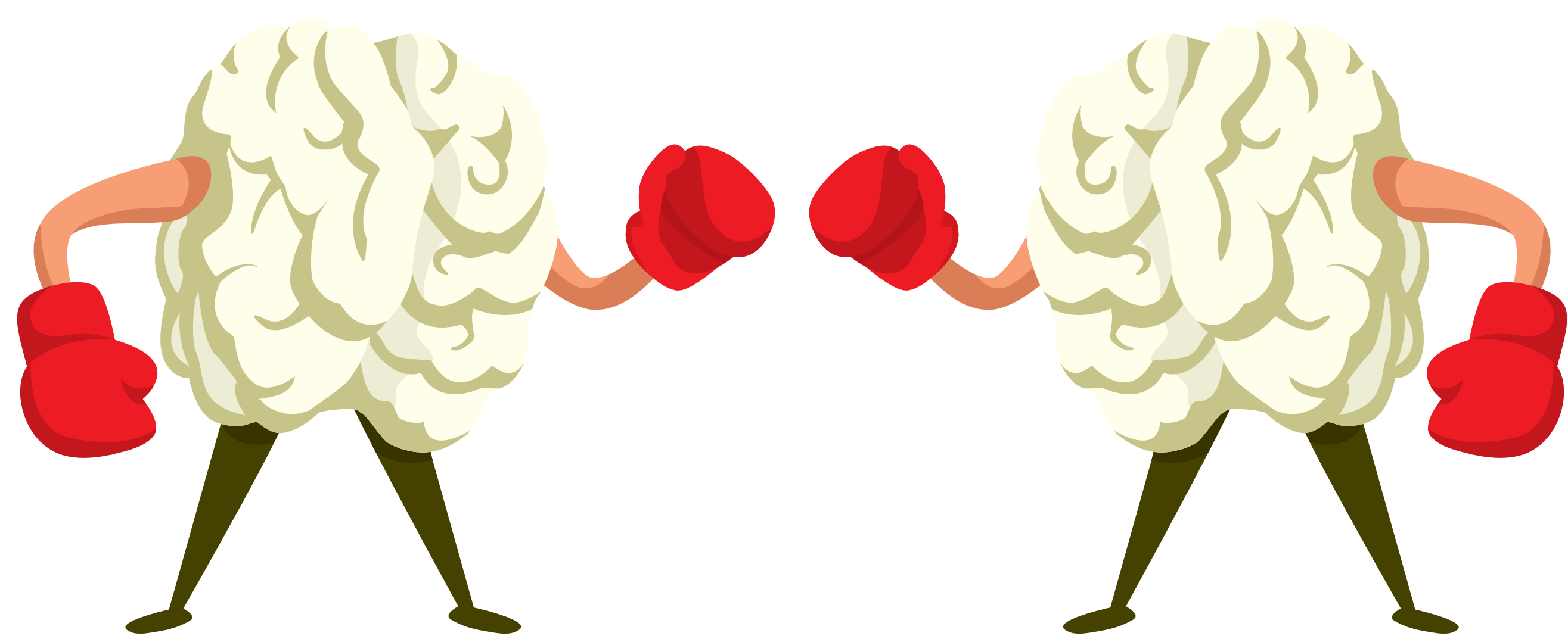
Trauma and Behaviour

Behaviour as Communication

Communication involves multiple channels, contexts and messages that interact through verbal and non-verbal means. When people communicate, there is an exchange involving the expression, receipt and response of messages. A person can interpret these interactions in various ways based on their previous experience¹.

Behaviour as Communication

Nonverbal communication describes people's behaviours to convey their emotions, needs and intentions without using spoken words². Research suggests that physical gestures help decrease the amount of working memory the brain uses to communicate by allowing people to replace speech with physical movements³.



Behaviours are learned and influenced by social and cultural norms. Different facial expressions and physical gestures are associated with emotional states⁴. People are often unaware of how their bodies communicate⁵. The purpose of understanding behaviour as communication is to highlight that trauma can manifest as observable physical symptoms.

Self-soothing

Over-compliance

Controlling

Risk-taking

Distraction

Dissociation

Hypervigilance

Aggression

Opposition

Behaviour as an Expression of Trauma

When a child has experienced trauma, this may affect their capacity to regulate their emotions and behaviour(s), affecting how they feel inside and their interactions with the outside world.

Withdrawal

Depersonalisation

Over-familiarity

Hyperarousal

Sleep/Food Difficulties

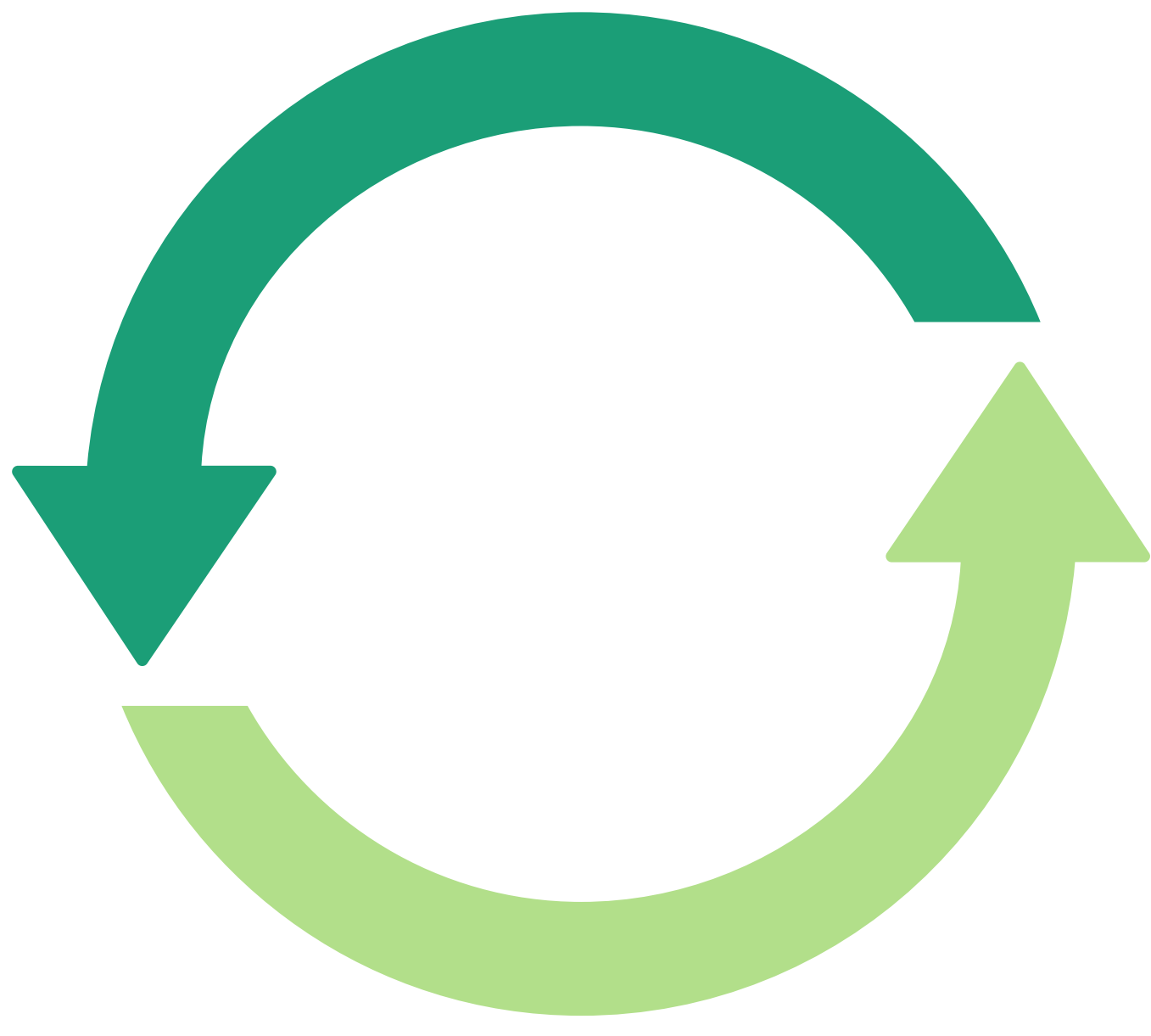
Poor Impulse Control

Anxiety

Regression

Addiction

Trauma Reenactment



Trauma reenactment describes recreating and reliving the experience of trauma⁶.

When something reminds traumatized people of the past, the brain can respond as if the traumatic event is happening in the present. At that moment, people may not be aware that they are re-experiencing and reenacting the past⁷.

Trauma Expressed as Violent Behaviour

Bodily Regulation

People who have experienced trauma may over-respond or under-respond to sensory stimuli. They may be hypersensitive to sounds, smells, touch or light, or unaware of pain, touch, or internal physical sensations. They may injure themselves and others or have chronic pain in parts of the body where doctors can find no physical cause⁸.

Emotional Regulation

The experience of trauma can alter how emotional information is processed⁹. There may also be overwhelming feelings of anger, shame, guilt and anxiety, along with a sense of being powerless and without control or agency.

A combination of complex individual differences, sensitivities and emotions with varying capacities to regulate impulses can result in violent behaviour. A child can express the overwhelming experience of intense emotions in outbursts or verbal and physical aggression: raised voices, causing physical damage to objects and harming the self and other people.



Post-Traumatic Stress Disorder (PTSD)



Post-Traumatic Stress Disorder

PTSD applies to survivors of single traumatic events that are sudden and unexpected and is a way of adapting to oppressive experiences. Post-traumatic stress symptoms are specific to the history of the person affected, their cultures, and the traumatic event experience¹⁰.

Methods developed in the minority world provide the frameworks to measure the prevalence of PTSD across the majority world. However, this does not consider the norms and conventions of different cultural backgrounds¹¹.

Text-Only: Page 1

Trigger Warning: The information in this resource is potentially triggering.

Trauma and Behaviour

Title: Behaviour as Communication

Communication involves multiple channels, contexts and messages that interact through verbal and non-verbal means. When people communicate, there is an exchange involving the expression, receipt and response of messages. A person can interpret these interactions in various ways based on their previous experience¹.

Nonverbal communication describes people's behaviours to convey their emotions, needs and intentions without using spoken words². Research suggests that physical gestures help decrease the amount of working memory the brain uses to communicate by allowing people to replace speech with physical movements³.

Behaviours are learned and influenced by social and cultural norms. Different facial expressions and physical gestures are associated with emotional states⁴. People are often unaware of how their bodies communicate⁵. The purpose of understanding behaviour as communication is to highlight that trauma can manifest as observable physical symptoms.

Title: Behaviour as an Expression of Trauma

When a child has experienced trauma, this may affect their capacity to regulate their emotions and behaviour(s), affecting how they feel inside and their interactions with the outside world.

- Self-soothing
- Over-compliance
- Controlling
- Risk-taking
- Distraction
- Dissociation
- Hypervigilance
- Aggression
- Opposition
- Withdrawal
- Depersonalisation
- Over-familiarity
- Hyperarousal
- Sleep/food difficulties
- Anxiety
- Regression
- Addiction

Text-Only: Page 2

Trigger Warning: The information in this resource is potentially triggering.

Title: Trauma Reenactment

Trauma reenactment describes recreating and reliving the experience of trauma⁶.

When something reminds traumatized people of the past, the brain can respond as if the traumatic event is happening in the present. At that moment, people may not be aware that they are re-experiencing and reenacting the past⁷.

Title: Trauma Expressed as Violent Behaviour

Bodily Regulation

People who have experienced trauma may over-respond or under-respond to sensory stimuli. They may be hypersensitive to sounds, smells, touch or light, or unaware of pain, touch, or internal physical sensations. They may injure themselves and others or have chronic pain in parts of the body where doctors can find no physical cause⁸.

Emotional Regulation

The experience of trauma can alter how emotional information is processed⁹. There may also be overwhelming feelings of anger, shame, guilt and anxiety, along with a sense of being powerless and without control or agency.

A combination of complex individual differences, sensitivities and emotions with varying capacities to regulate impulses can result in violent behaviour. A child can express the overwhelming experience of intense emotions in outbursts or verbal and physical aggression: raised voices, causing physical damage to objects and harming the self and other people.

Title: Post-Traumatic Stress Disorder (PTSD)

PTSD applies to survivors of single traumatic events that are sudden and unexpected and is a way of adapting to oppressive experiences. Post-traumatic stress symptoms are specific to the history of the person affected, their cultures, and the traumatic event experience¹⁰.

Methods developed in the minority world provide the frameworks to measure the prevalence of PTSD across the majority world. However, this does not consider the norms and conventions of different cultural backgrounds¹¹.

Reference List

1. Weakland, J. H. (1967). *Communication and behavior—An introduction*. *American Behavioral Scientist*, 10(8), 1-4.
2. Knapp, M. L., Hall, J. A., & Horgan, T. G. (2013). *Nonverbal communication in human interaction*. Cengage Learning.
3. Schrier, K., & Shaenfield, D. (2016). *Collaboration and emotion in Way*. In *Emotions, Technology, and Digital Games* (pp. 289-312). Academic Press.
4. Schmidt, K. L., & Cohn, J. F. (2001). *Human facial expressions as adaptations: Evolutionary questions in facial expression research*. *American Journal of Physical Anthropology: The Official Publication of the American Association of Physical Anthropologists*, 116(S33), 3-24.
5. Mehrabian, A. (2017). *Nonverbal communication*. Routledge.
6. Van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.
7. Levy, M. S. (1998). *A helpful way to conceptualize and understand reenactments*. *The Journal of psychotherapy practice and research*, 7(3), 227.
8. Van der Kolk, B. (2000). *Posttraumatic stress disorder and the nature of trauma*. *Dialogues in clinical neuroscience*, 2(1), 7.
9. Tottenham, N., Hare, T. A., & Casey, B. J. (2011). *Behavioral assessment of emotion discrimination, emotion regulation, and cognitive control in childhood, adolescence, and adulthood*. *Frontiers in psychology*, 2, 39.
10. Afuape, T. (2012). *Power, resistance and liberation in therapy with survivors of trauma: To have our hearts broken*. Routledge.
11. Afuape, T. (2012). *Power, resistance and liberation in therapy with survivors of trauma: To have our hearts broken*. Routledge.