

David & Jayne Schooler

Cultivating healing in children and others who've experienced severe adversity is no simple matter. It calls for much wisdom paired with steady perseverance in love. David and Jayne Schooler are leaders whose lives and character reflect Jesus Christ in so many ways, and I appreciate how they consistently point to that kind of self-giving care—care rooted deep in Christ and drawing life from Him.

Jedd Medefind, president of the Christian Alliance for Orphans

This is a book for *every* parent, but a *necessity* for adoptive or foster parents! I have known Jayne and David for years, and their knowledge and teaching has impacted my family and the work of Orphan's Promise. Intentional parenting and purposeful interactions with hurting children can change *everything*. Jayne and David show you exactly how to accomplish that in this book. *Caring for Kids from Hard Places* is a must-read.

**Terry Meeuwsen,** founder of Orphan's Promise and cohost of *The 700 Club* 

Some books give you answers, and some lead you to ask the right questions. This book functions like a guide—the one you need when it feels like no one understands your situation, your child, or the complexity of your journey. The Schoolers have combined compassionate wisdom through stories and insights gathered over a lifetime of work. I can't recommend this work enough: It will empower you to be smart, trauma informed, and Christcentered. May this wisdom in these pages help create spaces for children to heal and families to thrive.

**Beth Guckenberger**, author, adoptive and foster parent, and coexecutive director of Back2Back Ministries

Caring for Kids from Hard Places is the ultimate guide to understanding and serving vulnerable children. If the needs and behaviors of the kids you serve seem overwhelming, you will find answers here. Drawing from decades of experience and a wealth of knowledge, David and Jayne Schooler offer real-world examples and practical tips that will give you confidence and renewed hope. Learn how to be a healing presence for a child and you just might change their life.

**Lisa C. Qualls,** author of *The Connected Parent* and *Reclaim Compassion* 

Kids from hard places need different strategies and responses, and Jayne and David Schooler's book gives us new tools to bring hope and healing to all. I've benefited personally from their training and have used these strategies with our daughters who came into our family through adoption. The Schoolers' ideas changed the DNA of our ministry and changed us personally. This book is full of practical ideas and personal stories that are game changers for everyone who parents, teaches, or interacts with kids. It's a must-read if you want to respond in ways that provide safe places for kids to grow, belong, and thrive.

**Kim Botto,** board chairman for the International Network of Children's Ministry

The silent epidemic of childhood trauma is ubiquitous in every community, country, and culture—so if you long to see your church, ministry, or yourself effectively care for children and families, then put this book on your required-reading list. David and Jayne Schooler offer proven principles and practical techniques from both science and Scripture to help prepare you and your team to better serve children who've experienced trauma. I wish I'd had this resource when I first started serving in global ministry to children.

**David Hennessey,** director of the Global Network initiative with the Christian Alliance for Orphans

Caring for kids from hard places is one of the most difficult tasks around because it's so easy to become fixated on disruptive and dangerous behaviors. Instead, David and Jayne Schooler help readers see past the misbehavior and into a child's wounded heart, brain, and thinking. They offer practical, time-tested strategies to make your task of helping hurting children more manageable, while at the same time providing steps for caring for your own soul.

**Tim Sanford,** clinical director of counseling services at Focus on the Family and author of *Losing Control and Liking It* and *The Low-Pressure Guide to Parenting Your Preschooler* 

As adoptive parents and helping professionals, we deeply relate to the many stories and profound truths shared in each chapter. Drawing from their extensive ministry, research, and caregiving experience, David and Jayne Schooler artfully address the crucial elements necessary for fostering safer, more compassionate, and healing communities of faith—the kind of communities we long for our children to encounter in the church. These concepts are not just nice ideas; they have the potential to revolutionize how we collectively grow healthier.

# Dr. Harold and Wendi Park, cofounders of CareImpact

David and Jayne Schooler were among the first to identify the gaps that exist for adoptive and foster families in trauma-competent caregiving—and for those of us who minister to orphaned and vulnerable children. *Caring for Kids from Hard Places* is an important book from familiar and trusted voices, a book intended to help the church be among the safest, most secure, and most nurturing places outside the home for kids who bear the scars of abuse, neglect, abandonment, and uncertainty. These principles and actions are vital, so get this book, share it with your leaders and teachers, and implement its counsel. You will take giant steps toward bringing the truths of the gospel to vulnerable children and their families.

**Herbie Newell,** president and executive director of Lifeline Children's Services

My wife and I adopted three boys, one of whom is in a treatment center as I write this. Equipping parents to better understand hurting children can help prepare them for the moments they couldn't have imagined when they come—and those moments will come. Through this book, David and Jayne Schooler are being used by God to do exactly that.

Adrien Lewis, founder and president of CarePortal

David and Jayne Schooler have taken years of experience and created a book that *anyone* who works with children should read. *Caring for Kids from Hard Places* is an amazing resource that combines compelling stories with the best, latest practices on how to bring healing to the most vulnerable—children who come from a traumatic past.

**Julie Cooper**, senior vice president of training and curriculum at Trauma Free World

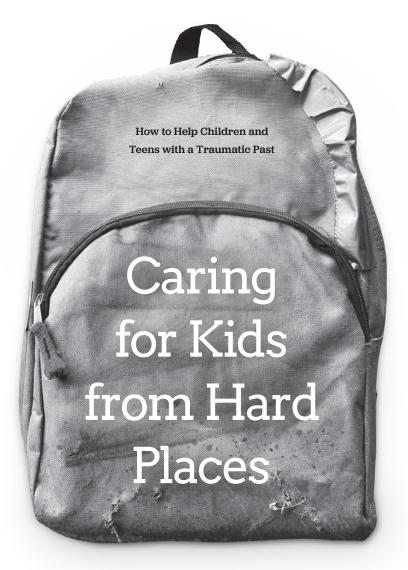
This book is a game changer for anyone involved in caring for children who've been impacted by trauma. You are not alone, and neither are these children. This book will encourage you, equip you, and ultimately point you to a Father who loves you.

**Jenn Ranter Hook,** author of *Thriving Families: A Trauma-Informed Guidebook for the Foster and Adoptive Journey* 

Trauma affects more children in the world than we care to think about. If you are a teacher, neighbor, family friend, parent—or anyone who cares about children—this book is for you. We all need to be equipped to help kids not just survive their trauma, but to have a future filled with hope.

**Sharen Ford,** director of foster care and adoption for Focus on the Family

# David & Jayne Schooler



FOCUS FAMILY.

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# Introduction

Helping Children and Teens with a Traumatic Past

Anya throws the crayons across the room and runs out the door. This isn't the first time she's done this; her teachers lost count long ago. Anya is an eight-year-old little girl who was born in Eastern Europe and spent the first three years of her life in an orphanage. The relative who dropped her off in the middle of the night gave no information about Anya's history, but to this day her precious little body speaks volumes about the abuse and neglect she experienced—as does her behavior. Eventually adopted by an American family, Anya is now part of a local after-school tutoring program—one where every week her teachers struggle with her frequent outbursts.

Luke's sad face and unkempt appearance tell his story, as does his out-of-control conduct. The six-year-old has been attending a children's church ministry for about a year. Every Sunday a family stops by his house to pick Luke up for church. The family members know only the basics about Luke's background, but they are aware that his home life is difficult. His father is an abusive alcoholic, while his mother works multiple jobs and is rarely around. Those who work with Luke every week know almost nothing about him. They also have little idea how to help him.

Johnny allows no one to get close, although many have tried. He entered the foster care system at age four and was adopted at six. Now fourteen, Johnny struggles with self-esteem and feelings of rejection. His adoptive parents, reluctant to share his history of severe neglect, have revealed little to his teachers. Although Johnny's teachers don't know his background, his disobedience and angry attitude point to a troubled past.

Where do we find children and teens like these—ones who've experienced serious trauma and other adverse childhood experiences? The simple answer is *everywhere*. Kids from difficult home situations are in our classrooms, on our sports teams, part of our after-school programs, in our churches, and at our summer camps. Yet how many of us who are involved with these kids from hard places feel equipped to face the challenges? How many of us know enough to be the safe adults these kids need in order to heal?

Perhaps that is why you picked up this book.

### A Decisive Link

I (Jayne) taught school for ten years before entering social work. I struggled, like so many teachers, with misbehavior among my students and how to correct it. I wish I would have known then what we are about to share with you now.

It is often not what's *wrong* with children that leads to misbehavior but what *happened* to them.

And it's not just children like Anya, Luke, and Johnny. Take twelve-year-old Susie, for example, who endured the chaotic divorce of her parents. Or Casey, just six, who lives with emotionally abusive parents yet tells no one. Or David and Ron, fourteen and sixteen, who've grown up with a depressed mother and an absent father.

What do all these kids have in common? Each of them has

#### INTRODUCTION

experienced *complex developmental trauma*. Each one was set on a trajectory that often leads to a host of serious issues—developmental, social, emotional, and relational—which, without intervention, will likely show up in both childhood and adulthood in the form of high-risk behaviors, disease and disability, and sometimes even early death.<sup>1</sup>

# Recognizing the Need

When we began our ministry more than four decades ago, we didn't understand the powerful impact of childhood trauma. We were foster parents, adoptive parents, a pastor (David), and an educator and child welfare professional (Jayne), yet a familiar phrase described our experiences with troubled kids: We didn't know what we didn't know. Once introduced to the vast world of hurt and trauma, we decided to approach our work as lifelong learners. And we still learn new things every day—not only the *why* behind the behavior of kids from hard places, but the *how*, in terms of ways to help them heal.

As we continued to dig deeper, we recognized just how many people could benefit from the things we've learned. Everyone who touches the life of a vulnerable child—whether it be in church, at school, on the ball field, or at home—should learn what it means to look at life through the eyes of a wounded child. Behind the smiling and laughing faces, perhaps in more lives than we realize, are a host of hidden wounds: emotional pain, profound rejection, and psychological and physical abuse of all kinds.

We need to understand that spiritual and emotional care are inseparable. Adults who learn to see through a trauma-informed lens will be better equipped to create an environment where children from difficult backgrounds can grow and thrive. Our

churches, schools, teams, and even homes can become places where healing happens.

In 2014, we were approached by Back2Back Ministries, an international orphan-care organization. They asked us to join them for one purpose—to help train their worldwide staff in what we now call *trauma-competent caregiving*. We developed a nine-module training curriculum based on the essential skills of trauma-informed care.<sup>2</sup> We had no idea at the time that the need for this material would increase exponentially.

In the years since the curriculum launched, we and the Back2Back training staff have shared our expertise with individuals from nearly seventy countries, and our material has been translated into nine languages and counting. The demand for training is ongoing because adults working or volunteering in local churches, schools, children's homes, and the foster care system are hungry for knowledge and practical tools. They want to be safe, nurturing adults in the lives of the children they encounter.

We've had the privilege of meeting thousands of dedicated caregivers, from orphanage workers to foster and adoptive parents—all of whom deal with children from backgrounds of abuse, neglect, and other trauma. We've had countless conversations with parents, teachers, and ministry workers. We've sat across the table from social workers and mental-health professionals as they've shared stories of overwhelming heartbreak and their desperate desire to help these precious children. This book was born in response to those who want a resource full of real-world examples and practical tips to guide them in this vital work.

## What's Ahead

Our journey into the world of trauma-informed care has been lifechanging for us, and we hope it is for you as well. We now view

#### INTRODUCTION

children much differently than we did in the past, recognizing that there is always meaning behind their behavior. Compassion continually reminds us that what we see in these children is about what *happened* to them. Our journey of discovery has also impacted many of the adults we've encountered along the way.

Our goal for this book is to help you approach and implement trauma-informed care in a variety of settings. Joining us on this journey will

- lead you to a deeper understanding of how early-childhood trauma impacts the lives of teens and younger children;
- guide you in understanding the developmental issues of the children you encounter;
- help you understand how, if left unresolved, early-childhood adversity can have a lifelong impact into adulthood;
- show you how a child's traumatic history impacts the lives of those who teach and care for them, whether in orphanages, foster homes, adoptive homes, school, or churches;
- instruct you in how to bring healing and hope to children (and adults) from wounded places;
- guide you in learning and applying principles of the oftenneglected practice of self-care; and
- equip you to create a trauma-informed environment wherever you work with children.

## Does It Make a Difference?

Does growing a team of trauma-informed leaders make a difference in the lives of children, teens, and families? The answer is a resounding *yes*! Kim Botto, director of kids' clubs and student ministries at a large, multicampus church, says, "Being trauma

informed has changed the DNA of our kids' and student ministry. We all are growing in empathy towards these young people and are more willing to try new strategies."

She continues: "Foster, adoptive, and kinship families who felt isolated and rejected by their church because of the overwhelming needs of their children are finding community and support. We are gaining the skills that enable hurting kids and teens to connect in safe, welcoming, and fun environments where they can experience God and grow in their faith."

As you walk with us through this book, it is our goal that you, too, will learn how to welcome kids from hard places with open arms and grow in your understanding of the children and teens you serve . . . and of yourself.

1

# "WHAT HAPPENED TO YOU?"

Understanding the Lifelong Impact of Early-Childhood Trauma

We see a child's behavior and ask,

"What's wrong with you?"

A better question would be

"What happened to you? Tell me your story."

Every Tuesday afternoon, seven-year-old Carli comes to Fire-Up, an after-school program at a church in her neighborhood. Occasionally, Katie, the program tutor, feels prepared for Carli. Most times she does not. Carli's behavior is erratic, and Katie never knows what to expect. In seconds, Carli can go from calm and quiet to out of control. Often, all it takes is a change of routine or hearing a simple "No, you may not play with those toys right now."

Katie knows a little about Carli's painful past. Carli, who looks more like a five-year-old than a seven-year-old, has experienced more neglect and abuse and witnessed more violence than most adults.

For the first three years of her life, Carli and her brother were shuffled around to various relatives, eventually landing back home in their mother's distracted care. Efforts to help the family failed, and Carli ended up in foster care. She lives with a family who attends the church where Carli participates in the Fire-Up program. The adults in Carli's life have been conditioned to focus on her disruptive behavior, but Carli didn't set out to create problems in the classroom; she was set up for it by her early life experiences.

Fifteen-year-old Kevin attends his church's youth group most Sundays. While present in body, he mentally distances himself from the group, avoiding conversations whenever possible. Jason, the youth pastor, is concerned about Kevin. If Jason can get him to interact at all, the conversation is usually focused on Kevin's chronic stomach problems and what a stupid, worthless kid he believes he is.

Jason knows that Kevin has lived with his grandparents since he was four—a result of his parents' traumatic divorce. Kevin's mother was unable to provide for him in a safe, nurturing way, and his father is totally absent from his life. Jason desperately wants to reach Kevin but has no clue how to do so. It's important for Jason to understand that Kevin didn't intend to be at such a hard place in his life; he was set up for it by his early life experiences.

The encouraging news is that Katie and Jason can play a helpful role in the lives of these two children, as well as in the lives of the many others who walk this broken road. Yet for adults like Katie and Jason to be effective in this mission, they must understand the impact of early-childhood trauma. Moreover, they need tools and strategies to help them interact with and guide the young people they love and serve.

# The Church's Role in Caring for Kids from Hard Places

"I never knew there was a world out there like this!" exclaimed Juan, a pastor attending our trauma training in preparation for becoming a foster parent. In that three-hour session, Juan learned about the impact of early-childhood trauma and the potential lifelong effects if those traumatic events are left unprocessed. As he left the training, Juan stopped by to talk with the presenter.

"This day changes everything in ministry for me," he said. "This wasn't just for me to learn about becoming a foster parent—I want our church to be one that understands the impact of trauma and learns what to do to help our children and teens while there's still time to make a difference. I am taking this message back to my congregation."

Who better to lead children and teens on a healing journey than well-informed, well-trained adults who regularly encounter traumatized children as teachers, coaches, ministry leaders, and parents? This first chapter will examine what trauma is and its impact on a developing child. Subsequent chapters will help those uniquely positioned to implement healing interventions in a child's life.

Children are most often wounded as a result of broken interpersonal relationships, and they will heal only via healthy, nurturing relationships. There are three key tasks that, when learned and implemented, can empower caring adults to facilitate healing in the wounded children they encounter.<sup>1</sup>

Understand the impact of trauma. The first task is to recognize how children's earliest experiences can negatively impact them in nearly every aspect of their lives: brain, body, biology, belief system, and behavior. Carli and Kevin are both examples of that. To understand this is to comprehend the *why* behind the strategies we'll look at in the pages ahead. These strategies are evidence

based, which means that research over time has confirmed their effectiveness. These strategies also have their roots in Scripture. Indeed, we are just now learning what God has known all along.

Recognize trauma-based behavior. The second task for individuals caring for kids from hard places is to recognize behaviors that are rooted in fear, anxiety, grief, and loss—these are byproducts of a traumatic childhood. Our thinking can transform as we learn to change the question from Why are they behaving so badly? to What happened in the past that caused them to respond in this way? When we begin to understand the meaning behind a

When we begin to understand the meaning behind a child's behavior, we can respond with wisdom and compassion.

child's behavior, even when we don't know the whole story, we can respond with wisdom and compassion.

Respond by building relational connections. The third task is perhaps the greatest challenge: learning how to respond in a way that enables a wounded

child to connect with a safe, nurturing adult. Once that connection is made, a child's or teen's heart can soften over time, and he or she will be more open to receive help and guidance.

## Understanding the Impact of Early Trauma

Trauma is an emotional response to a distressing event—or ongoing series of events—such that one's personal safety, or even one's life, feels threatened. The traumatic event(s) can cause the person to feel intense fear or a sense of helplessness.<sup>2</sup> But what might that look like in a child's day-to-day life?

Twelve-year-old Kathy and her two younger sisters have been attending church for three years. Their mother drops them off

every Sunday and is often very late picking them up after the morning services. Kathy and her sisters have witnessed years of domestic violence at home. The siblings can never predict the environment they will walk into each day after school. Will it be peaceful? Will anybody be there? Will Dad come home in an angry mood? Will Mom leave in tears again, staying away for hours? Will Kathy have to find something for her younger sisters to eat?

The three girls' behavior during the children's-ministry time is unpredictable at best. Some mornings, they are cooperative and join right in. Other mornings, the slightest correction can prompt a meltdown similar to a preschooler's behavior. Although some of the adults at church know a bit about the girls' home life, they have little understanding (through no fault of their own) of the significant impact that stressful childhood experiences can have on every area of children's young lives.

Many who work with hurting children have yet to learn the true meaning behind much of their behavior. In other words, the adults who encounter them haven't learned how to view these children through a *trauma-informed lens*.<sup>3</sup> Why is this so important? Because so many children and teens come from traumatic backgrounds—what are known as *adverse childhood experiences* (ACEs). This term was coined in 1985 by Dr. Vincent Felitti, a physician and chief of Kaiser Permanente's revolutionary Department of Preventive Medicine in San Diego, California. ACEs were identified in the CDC-Kaiser Adverse Childhood Experiences Study, a groundbreaking public-health study that discovered that childhood trauma leads to the adult onset of chronic diseases; depression and other mental illness; violence and being a victim of violence; as well as financial and social problems.<sup>4</sup>

ACEs are commonly described as frightening, ongoing, unpredictable life stressors that children experience without an

adult fulfilling a supportive role.<sup>5</sup> Whenever an adult who should be on duty is absent or negligent, a child can experience trauma. Researchers who study the consequences of early-childhood harm in relation to ACEs have identified several life events that can have a negative impact on a child:

- · a parent or guardian divorcing or separating from the family
- · a parent or guardian dying
- · a parent or guardian serving time in jail or prison
- living with someone who is mentally ill, suicidal, or severely depressed for more than a couple of weeks
- · living with anyone who has a problem with alcohol or drugs
- witnessing a parent, guardian, or other adult in the household behaving violently toward another (e.g., slapping, hitting, kicking, punching, or beating)
- suffering from or witnessing violent acts in his or her neighborhood
- experiencing economic hardship "somewhat often" or "very often" (e.g., the family finding it hard to cover costs of food and housing)<sup>6</sup>

Other types of trauma, particularly those not addressed in the initial ACE research, include bullying and environmental disasters. These experiences can harm children's developing brains and change how they respond to stress. Simply put, children like Carli, Kevin, and Kathy and her siblings live with chronic stressful situations.

Indeed, there is another term for what thousands of children live with. Science journalist Donna Jackson Nakazawa refers to it as *chronic unpredictable toxic stress*, or *CUTS*.<sup>7</sup> These stresses come from the relational and environmental events identified by the ACE research. I (Jayne) like to describe the impact of CUTS like this:

Imagine I am standing in front of you in a classroom, and on my desk is a vase filled with water. I pour some red food coloring into the vase, and of course the water turns red. I then take a regular household sponge and drop it into the water. By the end of our class time, the sponge will have turned red because it has absorbed the colored water.

This is what life is like for children who live in a consistently stress-filled environment. These kids are like sponges, absorbing the toxic events and emotions all around them. Stress-initiated chemicals continually flood their bodies, negatively affecting almost every part of them.

"Toxic stresses don't toughen up a child," Nakazawa writes. "They break down a child's or adolescent's brain so that the child is less able, throughout life, to handle the next thing, and the next."8

# Understanding Adverse Childhood Experiences (ACEs)

Before we go any further in our discussion of the ACE research, let's take a look at the questions that explore the life experiences of childhood.

The first five questions apply to what has happened early in a child's life, such as instances of abuse or neglect:

- Did a parent or other adult in the household often . . .
  - swear at you, insult you, put you down, or humiliate you **or**
  - act in a way that made you afraid that you might be physically hurt?

- Did a parent or other adult in the household often . . .
  - push, grab, slap, or throw something at you or
  - ever hit you so hard that you had marks or were injured?
- Did an adult or person at least five years older than you ever . . .
  - touch or fondle you or have you touch their body in a sexual way or
  - try to actually have oral, anal, or vaginal sex with you?
- Did you often feel that . . .
  - no one in your family loved you or thought you were important or special or
  - your family didn't look out for each other, feel close to each other, or support each other?
- Did you often feel that . . .
  - you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you or
  - your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

The second five questions deal with what has happened in the home, such as substance abuse or divorce:

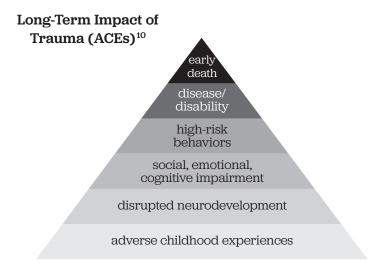
- Were your parents ever separated or divorced?
- Was your mother or stepmother . . .
  - often pushed, grabbed, or slapped, or did she ever have things thrown at her or
  - sometimes or often kicked, bitten, hit with a fist, or hit with something hard or
  - **ever** repeatedly hit over the span of a few minutes or threatened with a gun or knife?

- Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
- Was a household member depressed or mentally ill or did a household member attempt suicide?
- Did a household member go to prison?<sup>9</sup>

The more times an individual answers yes, the higher their ACE score.

Carli, Kevin, and Kathy's ACE scores, for example, would most likely be very high, and we would see evidence of this in their physical health, behavior, and overall ability to function in challenging situations.

ACEs can also damage a child's immune system so profoundly that the effects are still evident decades later. People with high ACE scores often experience chronic disease, mental illness, cognitive impairment, relationship failures, high-risk behaviors, disabilities, and even premature death.



## Toxic Stress Impacts the Brain

Remember the sponge illustration? Children who live in a toxic environment have marinated in stress hormones for weeks, months, or even years. They are not the same children they would have been had there been a safe adult on duty, buffering those harmful experiences and helping those children cope and recover.

Healthy brain development requires that a child experience stress events that are both *positive* and *tolerable*. A closer look at three teens helps us understand the different levels of stress:

- Micah, our college-age grandson, is a very skilled pole-vaulter. I can't imagine launching my body to the heights that he does. As Micah prepares for each vault, the adrenaline in his body ramps up. These are *positive* stressful events that he has learned to manage in his pursuit of improved performance.
- Bobby is a thirteen-year-old boy in our community who lived with his parents in a nearby apartment. Their apartment complex caught fire one day, and Bobby, his parents, and his beloved dog all (barely) escaped. This type of stress is called *tolerable* because Bobby had healthy adults in his life to help him process the event. 11 One of Bobby's teachers at school knew that he needed to talk about it—a lot. Over time Bobby felt more calm and regulated about this traumatic event.
- Both of Susan's parents were alcoholics. At only seven, she
  regularly witnessed the physical abuse of her mother and
  older brothers. Her father also visited her at night in her
  bedroom, but this ongoing sexual abuse was a well-kept
  secret because her father demanded her silence. Susan's
  stress was neither positive nor tolerable and would thus

fall under the harmful category of chronic unpredictable toxic stress (CUTS).

Of the three, Susan is obviously at the greatest risk of longterm effects from chronic stress. The toxic hormones coursing through her system make it more likely that her brain development is impaired, resulting in cognitive, self-regulatory, and behavioral delays and challenges. Due to brain developmental delays, some children who live or formerly lived in a CUTS environment are assessed with emotional and psychological maturity barely half of what it should be at their ages.

## Toxic Stress Impacts the Body

Jonathan is twelve years old, but due to being raised in a severe toxic environment, his physical stature is more like that of an

eight-year-old. He suffers from ongoing digestive issues and misses a lot of school and other activities due to illness.

Children from chronic stressful environments often experience multiple physical problems, such as recurrent headaches or stomachaches that appear to Children living in a CUTS environment can have half the emotional and psychological maturity they should at their age.

have no obvious cause. They may experience autoimmune disorders, respiratory or digestive system dysfunction, or problems with coordination, balance, or body tone. High levels of the stress hormone cortisol can also impede normal growth.

## Toxic Stress Impacts Biology

Carrie experienced a level of childhood abuse that defies comprehension. She often spent weekends with her grandfather, who

repeatedly sexually abused her. Her single mom knew nothing about it because Carrie's grandfather would tell her, "This is our little secret." In her late forties, Carrie contracted breast cancer. Before beginning treatment, her oncologist did some blood work and posed a question Carrie was not expecting.

"Did you experience abuse or other trauma as a child?" he asked.

"Yes," she replied. "Why are you asking me that?"

"I see it in your blood work."

The doctor explained that when a child experiences traumatic events, his or her body enters "fight or flight" mode as a means of self-protection. If neither of those natural responses is possible, if the child cannot run or fight, she freezes—essentially disassociating from what is happening. By disassociating, the adrenaline that would be expelled through flight or fight is trapped in the body, turning into toxins that can show up at a cellular level even years later.

Research shows that when a child grows up in a chronically stressful environment, natural biological functions are altered, and those biological alterations can be carried into adulthood. These alterations might include hormonal dysfunction, immune system dysfunction, or altered genetic expression. In other words, one's organs, tissues, and even cells can pay the price.<sup>12</sup>

## Toxic Stress Impacts Behavior

How we view a child's behavior is critical to how effective we are as adults who want to help. When we see aggressive behavior or a child who seems out of control, will we immediately define that behavior as "bad," or will we first examine the meaning behind the behavior?

Children who grew up in a chronically unpredictable, toxic, or abusive environment often view their circumstances through the

lens of self-preservation. They have developed unconscious survival strategies that are automatically triggered by real or perceived threats. For example, one of Carli's involuntary survival strategies is to respond with anger and meltdowns when adults attempt to correct her behavior. Kevin's survival strategy involves isolating himself in a protective emotional shell, allowing almost no one in. Kathy copes with her environment by engaging in toddler-like tantrums and defiance. (We will discuss various ways to manage and respond to these behaviors in a later chapter.)

### Toxic Stress Impacts a Child's Belief System

Kevin is an example of a young man whose belief system defines almost everything about him. In response to his belief that he is stupid, unlovable, and worthless, Kevin has walled himself off from the world around him. Why would he believe anything positive or good about himself? The adults in his life have failed him. They weren't there to meet his physical, emotional, or relational needs.

Belief systems are an incredibly powerful part of who we are and, as children, who we eventually *become*. Belief systems are formed by the words we hear and the experiences we have, and they often establish a trajectory for the rest of our lives.

Some researchers suggest that our belief systems begin to form in the womb. <sup>13</sup> Prior to birth, they say, we hear our mother's voice and experience—at least to a degree—our mother's world. For many fetuses, that world is safe and peaceful. For others, stressful chemicals flood their developing brains as a result of domestic violence or chronic depression or anxiety in their mother's life. Some newborns have already experienced starvation due to malnutrition in the womb.

Children who grow up experiencing physical abuse face a host of conflicted beliefs. If I was loved, my parents wouldn't hurt me.

Children who experience neglect might doubt their worth. *If my parents valued me, they would meet my needs*. These children and teens, many of whom attend our churches, schools, camps, and other ministry settings, have harmful belief systems formed by the words they've heard (verbal and/or emotional abuse) and experiences they've endured (physical abuse and/or neglect). Emotional and psychological abuse comprise a consistent pattern of derogative words and bullying that result in damage to a person's self-esteem and mental health.<sup>14</sup> Research indicates that the deep emotional damage done by verbal abuse can be just as severe as that resulting from physical abuse.<sup>15</sup>

What are some of the hurtful words that many children hear?

- "You're stupid."
- "You're ugly."
- "God doesn't love you."
- "We never wanted you."
- "We don't love you."
- Sometimes there are no words at all, which is another kind of abuse. Complete disconnection and lack of interaction equals emotional neglect.

Less extreme statements can also impact a child's belief system:

- "Why can't you be more like your brother/sister?"
- "You never make the right choice."
- "You look fat in that outfit."

It's been said that what one believes fuels the emotions and sets a trajectory for behavior: "For as he thinks in his heart, so is he" (Proverbs 23:7, NKJV). The apostle Paul knew the power of the

mind when he encouraged his fellow believers to "be transformed by the renewal of your mind" (Romans 12:2).

So if children have formed negative belief systems about themselves due to traumatic words and experiences, then how do we help them renew their minds and form new beliefs? By giving them new words and new experiences. We will discuss this at length in a later chapter.

### The Good News

We know this information is a lot to take in, but there is hope! Why do we say that? Because Scripture tells us that we are "fearfully and wonderfully made" (Psalm 139:14). God created us in such a way that, over time, our brains and bodies can heal, and this includes our behavior and our belief systems. Scientists refer to the brain's ability to adapt and change throughout one's lifetime as *neuroplasticity*. This means, among other things, that new words, new experiences, and new relationships with people and with God can open doorways to healing, despite the effects of early-childhood trauma.

In the next chapter, we will discuss how the powerful presence of safe adults can profoundly promote healing for children and teens from hard places.

# **Key Takeaways**

 Children and teens who have endured adverse childhood experiences are all around us—in our churches, in our schools, on our teams, even in our homes. Understanding the impact of trauma, recognizing its effects, and responding with caring connection will help any adult better care for wounded and vulnerable children.

- 2. Chronic, toxic, traumatic stress can impact a child's entire being, including the brain, body, biology, behavior, and belief system.
- 3. There is hope! Our brains grow and change over a lifetime. New, positive experiences and safe relationships with caring adults can help repair a child's brain and open the door to healing from past trauma.

## **Discussion Questions**

- 1. The first paragraph of this chapter briefly mentions Katie, an after-school tutor, who "occasionally . . . feels prepared for Carli. Most times she does not." Does this remind you of some of the kids you interact with? How did reading this chapter change the way you think about those kids and their behavior?
- 2. Do you agree or disagree: "Who better to lead children and teens on a healing journey than well-informed, well-trained adults who regularly encounter traumatized children as teachers, coaches, ministry leaders, and parents?" Have you seen examples of this being done well? What do you see as the biggest obstacle(s)?
- 3. The word *trauma* is used a lot these days, with varying degrees of understanding. What is one thing you learned about trauma from this chapter?
- 4. Earlier in the chapter, we wrote: "How we view a child's behavior is critical to how effective we are as adults who want to help." What do you think the children described in this chapter would want others to know about them or their stories? What would help us view their behavior differently?

5. You probably felt a range of emotions as you read this chapter. What emotion did you feel most strongly? Why do you think that is?

# **Application Strategies**

- 1. Chapter 1 encourages us to start viewing children's behavior through a different lens. This week, allow yourself to consider what might have happened in the life of a child you interact with. (We see a child's behavior and ask, "What's wrong with you?" A better question would be "What happened to you? Tell me your story.")
- 2. Consider how the words and experiences you share with children are impacting their belief systems. Are you reinforcing a child's sense of being unlovable, or are you giving them words and experiences that speak to their value?
- 3. Ask God to show you children who need your presence as a safe adult. Pray that God will enable you to learn to mend the broken road in the lives of hurting children.