

“When Your Child is Physically Aggressive: Building Relationships While Maintaining Safety in the Home”

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Broken chairs... holes in walls... stuffed animals with missing limbs.... Caring for a child whose angry outbursts become violent is frightening and exhausting. This article guides caregivers in understanding aggressive behavior, learning strategies for prevention and interventions to help keep everyone safe.

The link between trauma and physically aggressive behaviors

Typical development: From conception to age 25, the human brain continues to develop. From a few weeks' gestation through the first few years of life, the brain and body are developing faster than any other period. Brain structure and connections with the body develop according to prenatal and early childhood environments. Before birth, babies need adequate nutrition, and freedom from exposure to excessive maternal stress and toxins such as drugs alcohol and cigarettes. In the first few years, children need to have all of their physical needs met. Equally importantly, they need to have a close connection to a nurturer who is attuned and consistently meets needs for closeness, touch, play and joy.

Adaptation to the environment: The brain and body develop and adapt as a result of the child's interactions with the primary parent. If the interactions are healthy, then development is healthy. If the interactions are neglectful or frightening, then the child's brain and body adapt to survive in that environment. Neglect is a form of child abuse that may impact brain and body development. We now know that the social and emotional aspects of neglect lead to brain and body adaptations for survival.

Responses to danger, pain and fear: Humans (and most mammals) respond to danger, pain or fear that threatens survival with four strategies:

FIGHT: aggressive facial expression, body posture, words (swearing, threatening) and vocalizations (growling), displaced aggression (throwing or hitting another object). All of these behaviours are designed to signal “I am protecting myself from you, I can hurt you, back away”. When the threat continues or gets closer, than a fight to survive begins, ending when the threat goes away or escape is made possible. Think of a raccoon backed into a corner. Fighting from fear, not to eat you.

FLIGHT: running away from the threat, hiding, or more subtly changing the subject, distracting or “not listening”.

FREEZE: is often followed by fight or flight so be aware of what is coming next. “Freeze” looks wide-eyed and still, yet there is high body arousal (high heart rate and respiration).

SHUT DOWN: When all else fails, and death or injury are near, many animals will faint, or “play dead”. Think of the opossum. Children may appear to zone out, get

very sleepy, yawn and stretch or go blank. This strategy works to avoid the attention of dangerously threatening people that children cannot escape.

Adaptation to severe or chronic threat: All of these responses are typical human responses to threats to safety. For an infant or a young child, threats to safety include being left alone, inconsistent or inadequate feeding and changing of diapers, or frightening care-givers. Since children cannot look after themselves or escape this environment, they must adapt to it. If these threats are severe or chronic, then the brain adapts to this on-going stress. It can be as if the threat response gets over-reactive and stuck in the “on” position. We call this developmental trauma or complex trauma. This creates a tendency to *over assess* threat in tone of voice, posture, facial expressions, intentions of the caregiver. The child may perceive hostility and threat when it might not be there. There is often hyper-arousal in the body and over-reactivity to threat.

Different kinds of aggression: For some children, the fight response is the first line of defense. Note that this is a defensive aggression and needs to be seen as different from aggression that is premediated and enacted for a purpose. For example, your son, who has experienced developmental trauma, is standing in line at school when another boy turns around and accidentally hits your son in the face with his back pack. Your son then reacts by shoving the other boy to the ground. You then get a call about your son being aggressive at school. It is important to understand that your son reacted as if he was being assaulted, and would not, in that moment, be able to perceive that the backpack to the face was accidental. This is the threat response system being too sensitive and over-reactive. On the other hand, your daughter wants her sister’s new toy. She has already been told no, to wait her turn. She then trips her sister causing her to fall and cry. While you are attending to the crying child, she scoops up the toy and goes off to play with it. The difference is the amount of premeditation and intention to achieve a goal. Usually, arousal is not very high and emotions are calmer (at least until caught) when aggression is instrumental rather than a threat response. That being said, after years of habitual responding, threat response can display as resistance and arguing without actual aggression.

Creating the social and physical environments that are physically and psychologically safe

Relationships are the key to repairing the trauma experienced in the early years. Humans are social animals; we feel safe when we are within a social network and vulnerable when we are not. Children need a consistent, nurturing and protective relationship in order to calm the threat response system. Threat response behavior diminishes when safety is both experienced and believed. The role of the parent is to help the child / youth to be safe and FEEL safe. The feeling of safety must be at experienced deeply and felt at the midbrain and lower brain levels such that heart rate return to typical levels. This is done by the parents being and feeling calm, safe, and in charge.

Calming the brain and body: The fight response tells us that a threat is perceived, arousal is high, and fear (or anxiety) is present. The task is to identify and reduce the perceived threat, re-regulate the child, bring arousal levels down and then bring meaning to the experience for the child.

“Why this behaviour” and “why is it happening now”. What happened in the past to make this child feel and act in this particular way with defensive aggression. What was the threat the child perceived to trigger the aggression now? Look for the meaning of the behaviour, usually found in the child’s history of trauma and neglect, and respond to that rather than the behaviour alone.

For example, any amount of food insecurity in infancy or early childhood may lead to problems around food (taking and hiding food, and then reacting with aggression when food is taken away or withheld). See these behaviours as adaptations to be able to survive in a hostile or neglectful environment where needs were not met or caregivers were frightening and inescapable.

Ordering the Environment

Let’s begin by considering how to create and maintain an environment that feels both physically and emotionally safe to the child. Safety is often perceived through the senses, so enter the spaces your child spends the most time in (both at home and school) and try to experience these spaces with her eyes and ears. What is there to look at, listen to, touch and even smell in the environment that produces a sense of safety, security and calm to your child? Consider the colors and patterns on walls and furniture, photos, textural elements available and access to sounds, music and scents that calm your child. Work with the school to bring as many of these elements into the school environment as possible.

In addition to physical surroundings, consider how time can be used to create a sense of safety. Establish routines for transitional periods. Predictability and structure (without rigidity) when paired with meaningful rituals enhance safety and reduce risk of communicating via aggressive behavior. A ritual can be as simple as asking the same question daily. One of my daughters asks her children each day, “What was your rose and what was your thorn today?” They spend the ride home from school recounting the high – and low – points of their day and arrive home ready for a snack and some play time in a regulated and calm state.

Immediately De-escalating Behaviors

When your child’s threat response system is aroused and behavior begins to become more challenging, the capacity for your child to respond to verbal instructions diminishes. In these moments, your child needs you, the safe adult, to help her. Start with breathing. Take several intentional slow, deep breathes. Count them aloud. Use a bottle of bubbles. Your direct and clearly observable efforts to regulate breathe and body may become contagious. When you are able to co-regulate your child’s breathing you are half-way to re-setting the threat response, reducing the need for using behavior to communicate. Remove sensory over-load to

the extent possible. Walk with the child to another room, or outdoor space, or have others leave the room so your child doesn't have to save face in front of an audience of peers or adults. Gently encourage your child to use her words, offer a drink or snack. Provide a safe outlet for physical aggression such as a "punching pillow".

Longer Term Parenting Strategies

Physically aggressive behaviors will diminish when your child feels physically and emotionally safe. With multiple outlets for expressing hard feelings, she will learn to rely on her caregiver to regain feelings of safety and calm. Find activities that engage your child's whole being – body, mind and spirit. Participate together. Sports, music, dance, nature walks – these are all valuable both for building relationship and for enhancing your child's repertoire of communication options. Often children who "act-out" lose opportunities for recess or participation in extracurricular activities. This is a mistake as children need these activities in order to re-set and regulate their brains and learn new, more effective methods for expressing their feelings and needs.

Getting help

It is important that your child does not injure members of her family. Reduce the chance that "I am a person who hurts the ones I love" becomes part of her identity and self-concept. Have a plan for when your child is dysregulated and expressing defensive aggression. Make all members of the family aware of the plan and what part each person plays. Sometimes, you may need to call for help. The presence of another family member or a neighbour may calm the situation. Get professional support quickly; frequent aggression in children is a sign that your child needs some help perhaps to resolve past trauma and parents may need therapeutic parenting strategies. As a last resort, call the police if anyone is at risk of injury and you feel you cannot keep everyone safe. It may be important to have a conversation with local supports before a crisis occurs. And most importantly, look after you so that you safeguard your child's greatest resource.