

CHILDREN AND TRAUMA

By John Leverington, LPC, LMFT, LMSW

Director, Olive Tree Counseling Center john@olivetrecounseling.org

Crisis events such as natural disasters, violent acts and serious accidents are frightening to children and adults. It is important for parents, teachers, hostel parents and other care takers of children to know how a crisis can effect children and how to help them deal with the trauma. Children who experience an initial traumatic event before they are eleven years old are three times more likely to develop psychological symptoms than those who experience their first trauma as a teenager or later. Children's ability to deal with a traumatic event is primarily dependent on the reaction of the parent or those people who are in a care-taking role, such as school personnel or hostel parents.

Remember that children are good observers but poor interpreters. Children see, hear and feel the impact of a crisis and the reactions of others to the event. The way they understand their parents' or teachers' responses are very important. Children are typically aware of adults' anxieties and worries, but during a crisis they are particularly sensitive to the feelings of significant adults around them. As adults we need to acknowledge our concerns to children in appropriate ways, but balance this with clear explanations of the ways we together can cope with the situation successfully. Neither falsely minimizing the danger or failure to sufficiently answer the child's questions regarding what happened out of a false sense of protection is helpful. It is important to invite them to process what they are hearing, seeing and feeling by listening supportively without judgment or correction of their feelings.

Children vary in how they respond to trauma. Some children may not experience distress. Many will effectively process their distress in the days and weeks following the event if given the opportunity in a supportive environment. Others may not give evidence of being upset for several weeks or even months. Children may not show a change in behavior, but still need help. Thus it is important to talk the incident through with the child, and watch for signs of trauma.

A young child having less experience in distinguishing a real threat from an imaginary one is likely to be plagued by fears with no basis in reality. It is important to understand that fantasized danger can be as real and as threatening as "present danger" to these children, and thus needs the same supportive response. Adults are often surprised that even in the absence of physical injury, children may experience significant fear and exhibit unusual behaviors. Rather than being troubled that the child's behavior disrupts or interferes with daily routine, adults must allow the child safe and therapeutic opportunities to talk or work through the trauma through counseling or play therapy. **One must recognize that a child who expresses or acts out fear is afraid and take the necessary steps to get the child help.**

Several factors affect a child's response to a crisis.

A child's reaction depends a lot on how directly the child was involved in the crisis event. If the child experienced destruction and/or death of others it will have a more profound effect. If the catastrophe involves a family member, friend, classmate or someone close to the child it is more difficult. This could include a family pet. Also,

if the event involves destruction of the child's home, school, church or any place that is a part of the child's daily routine there is a greater chance that the child will experience difficulties.

A child's age is also an important consideration in how the child will respond to a disaster. The younger the child the less ability the child has to understand the event. Typical reactions of:

pre-school children (babies to 5 years old) are crying a lot, clinging behavior, chewing clothing, sitting in one place for prolonged periods of time, becoming overactive or acting out the trauma in play.

Elementary age children (6 to 12 years old) often show a regression in behavior. Formerly mastered behaviors such as thumb sucking, bed-wetting, toilet training or sleeping alone become more evident. The elementary age child may also demonstrate stress by either becoming involved in fighting, being wild or overactive, or by isolating himself, refusing to do things or eating poorly. Watch also for symptoms of heightened anxiety including stomachaches, nightmares or difficulty in carrying on the regular routine. This can happen to people of all ages but children need special attention to help them through it.

Adolescents may show symptoms of trauma by changes in mood, being more irritable than usual, lacking concentration, not completing assignments or not following directions. They may also become self-critical and experience survivor guilt.

Widely varying behaviors and emotions are normal reactions in the first days and weeks following a traumatic event and are experienced by most children. The long term effects of trauma depend on the child's age, maturity, ability to communicate and relate to others, where the event takes place and if the child is injured. However, the single best predictor of how well children deal with a trauma is the parent's or significant adults' response. Balancing appropriate expression of emotion with a plan to overcome the trauma together will facilitate the child's processing of the event.

Regarding safety, it is important to reassure children of safety measures you have taken, asking them what they need to feel safe and acting on them, but not guaranteeing things you can't provide. Keep your answers to children's questions simple and age appropriate.

Remember that young children can employ "magical thinking" and may believe that they somehow caused the trauma. Reassure them that you know that there is nothing that they could have done to cause it or prevent it. Also reassure them that there is no right or wrong reaction, and encourage them to talk about their feelings, fears, and questions with you. They may need to tell their story over and over again. Writing, drawing, and play are effective mediums for children to process trauma. Allow them many ways to tell their story. Just as for adults, children often need to process the event numerous times before they can move beyond it effectively.

A child who was experiencing problems, particularly anxiety, before the crisis is more vulnerable to developing serious symptoms after a traumatic event. Pay particular attention to this child's reactions as it is likely he or she will need additional professional attention and support.

Responses to help children deal with a crisis.

- Debrief children after a crisis to let them tell their story and reveal any wrong assumptions, fears, personal blaming, they may be experiencing. After listening supportively, adults can help reframe the crisis for children without implying judgement.
- Help children learn to use words that express their feelings, such as sad, scared, angry or happy. Remember you as a teacher or parent have also been affected by this event so be sure the words fit the child's feelings and not yours.
- Re-establish a sense of order and routine. One way may be to try to keep to the daily structure as much as possible. A regular schedule helps recreate a sense of security for the child.
- Plan and carry out activities that will calm the children. Encourage young children to use art (drawing, painting, clay modeling, and collage) to express their emotions. Older children can be offered opportunities to draw, write poems or journal their feelings. Display the children's work or have them describe or read it to others.
- Reassure children that the event is being dealt with appropriately by people getting medical attention, police response to the criminals, clean up or repairs to buildings being made, and support being offered to those affected by the trauma.
- Organize playtime to allow children to be children in order to overcome the emphasis the trauma has had on their lives. Develop play therapy activities through the use of puppets, art, music or drama to facilitate the expression of feelings the trauma generated and develop effective coping strategies. Provide clothes, toys, and art materials so children can and express creatively both their concerns and how others (nurses, police, fireman) are helping those hurt. After a crisis just the freedom to play and be children is important.
- Read stories about crisis situations and how people helped those involved. Stories that illustrate how God provided for those involved and how other people cared for them after the disaster are especially effective.
- Help children to be involved in caring for those affected by the crisis through writing letters, sending pictures, baking food, or otherwise helping in a way that fits with their abilities. Actively doing something to help others refocuses children's thoughts or emotions in healthy ways without minimizing them. Think together with the children about ways to contribute to the needs of others by collecting some needed goods, clothing, food or money that can be given to those who need it. Include the children in the planning.
- Parents and teachers should consider an increase in transition time between activities. For example, lengthening story telling or cuddling at bedtime may be necessary in the first few nights after a trauma. In the classroom teachers can help students transition by allowing extra time to prepare students for a field trip

or for taking a test since trauma decreases one's ability to think clearly and effectively.

- Secondary reactions may emerge, such as fear of riding on a plane, going by the location where the trauma occurred, or leaving parents. Anticipating these and preparing for them, as well as being observant of children's reactions in various situations after the trauma will help you continue to help children process the trauma's effects.
- Remind children that they have support of people throughout the world. Share letters or newspaper articles from others who are empathizing with them and praying for them. This will reassure them that others care about them, making them feel less alone and vulnerable.
- Establish positive anniversary activities to recognize the event and commemorate those who died or the losses that were experienced, as well as progress in overcoming the effects of the event, and God's provision in the midst of it. It is important to acknowledge and accept that there is still pain and sadness but also celebrate survival.
- Find practical ways to incorporate Bible promises that God is with us even in trauma (Isaiah 43:5 and Psalm 139). Together discuss ways God evidenced that care in this trauma and thank him for his provision.
- Pray with the children regarding their fears. Help them with memorization of Bible verses regarding fear.
- Help children work through their normal questions regarding why God didn't protect them from this trauma. Use this difficult situation to teach a more in-depth understanding of God's sovereignty, man's free will, and the work of Satan in the world.
- Look at scriptures that express feelings and how people dealt with them, like the Psalms and the example of David in I Samuel 16-18, 20 and 21.

How to determine if a child needs professional help

If, after a few days the child's symptoms continue to substantially interfere with his daily functioning to the point the child is not eating, sleeping or able to perform typical daily tasks, professional consultation is warranted. This does not mean the behaviors, fears or anxieties have to be gone, but that you can see continued gradual improvement. Four to six weeks after the event there should be definite signs of improvement in the child's ability to deal with fears or anxieties related to the trauma. If the problems continue with no improvement for more than six weeks or if behavior problems increase it is important that professional help be obtained. The longer this behavior continues without any improvement, the more difficult it will be to resolve. Getting help in a timely manner prevents more severe problems from developing. Seek help from personnel who have specialized training in treating children's trauma, from medical staff, from CHED or from mental health professionals such as Wycliffe/SIL counselors.

Additional Resources available upon request: john@olivetrecounseling.org

Books and Articles

Traumatic Stress and the Expatriate Part II: Children and Families

By Richard W. Baggé, M.D. SIL Counseling Hand-Out March, 1996

Sojourners: The Family on the Move *by Ruth Rowen and Samuel Rowen*

Soaring into the Strom *by Alison Asher, Life Skills Press, 1996*

Helping Traumatized Families *by Charles Figley, Jossey-Bass Inc.*

Trauma in Missionary Life *by Robert Grant in Missiology: An International Review, Vol.23, #1 pp. 71-83*

Web Sites

http://fema.gov/kids/tch_aft.htm

<http://www.connectforkids.org>

<http://www.talkingwithkids.org/television/twk-news.html>

www.aap.org/advocacy/releases/disastercomm.htm

aacap.org/publications/factsfam/ptsd70.htm

aacap.org/publications/factsfam/disaster.htm

http://www.parentcenter.com/general/34754.html?CP_bid=

<http://www.mediaandthefamily.org/family/talkingwithchildren.shtml>