

# **Children's Reaction to Trauma**

## **I. Caveats about Children**

- A. Regression
- B. Double Loss
- C. Live in Present
- D. Growth
- E. Change

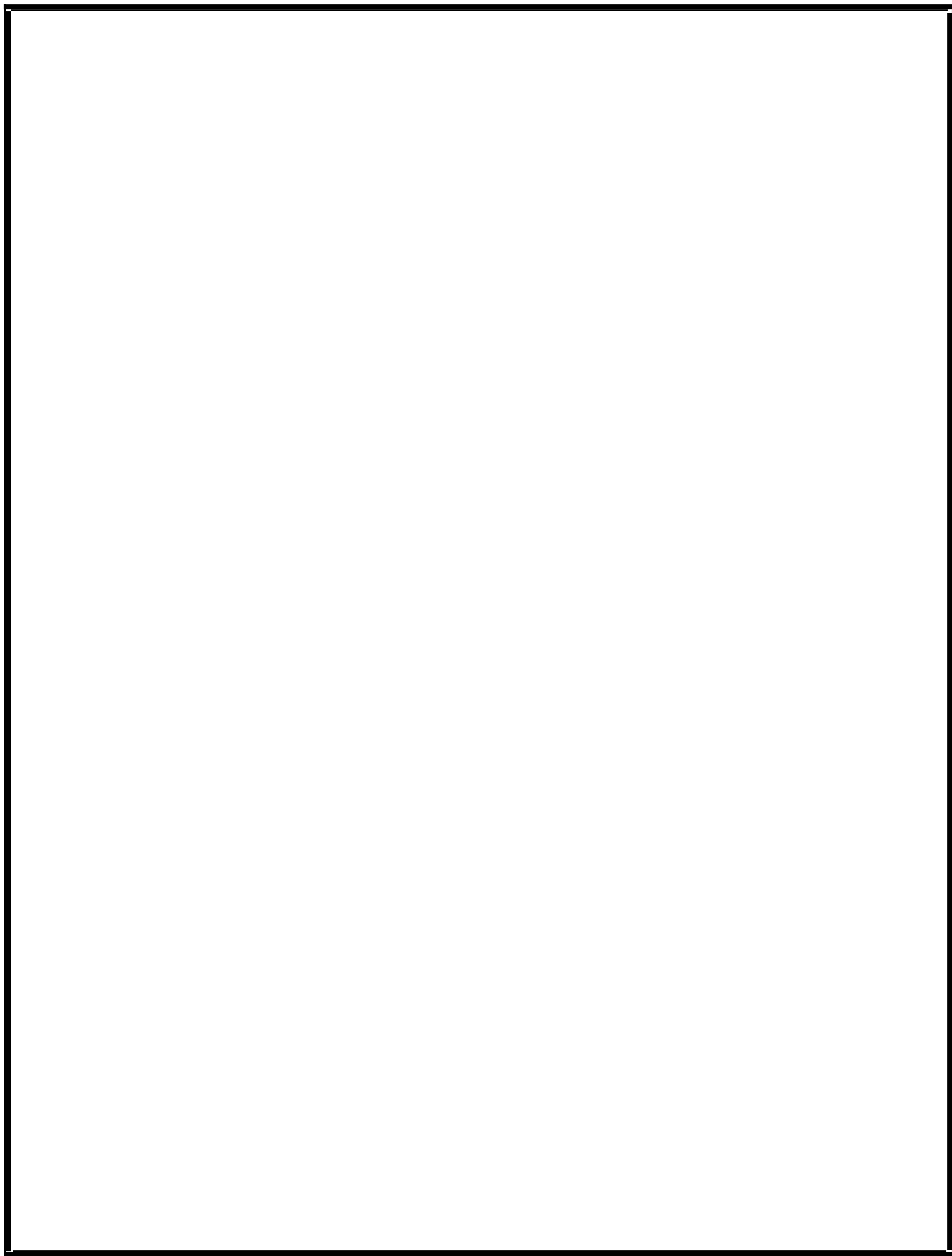
## **II. Developmental Stages of the Child**

### **A. Age: Birth- 2 Years**

1. Language Capability: pre-verbal.
2. Communication Mode: physical activity.
3. Thought Process: distinguishes self from others and other things.
4. Growth Emphasis: sensory perception and response.
5. Primary Need: physical human contact for reassurance.
6. Primary Relationship: with caretaker(s).

### **B. 2 Years- 6 Years: Pre-School**

1. Language Capability: development of language/ verbal expression
2. Communication Mode: expression of feelings primarily through play, but communication of needs often through words.
3. Thought processes:
  - Pre-conceptual thinking but engages in primitive problem solving.
  - Active imagination but grounded in reality- fantasies are about things similar to those they have experienced.
  - Minimal concept of time and space
  - Inability to concentrate on any one thing for more than a few minutes.
4. Growth Emphasis: physical independence; dressing feeding, and washing self.
5. Primary Need: need for nurturing.
  - "Who will take care of me?"
  - Who want structure and security
6. Primary Relationship: with family.



### **C. 6 Years- 10 Years: School Age**

1. Language Capability: language well developed.
2. Communication Mode: Still used play for primary expression but supplements play with emotive language.
3. Thought Process:
  - Uses problem-solving techniques but also trial and error approach to problems.
  - Understands time and space concepts.
  - Strong orientation to the present but has some sense of future and past.
  - Makes choices.
4. Growth Emphasis: toward independence in establishing new relationships; exploring new environments.
5. Primary Need: trust
6. Primary Relationship: still family but movement toward establishing strong peer relationships.

### **D. 10 Years-12 Years: girls' pre-adolescence 12 Years-14 Years: boys' pre-adolescence**

1. Language Capability: Language may be more advanced than concepts.
2. Communication Mode: "acting out" is a common form of expression; poetry developing.
3. Thought Process:
  - Prone to extreme feelings and idealized emotions or lifestyles.
  - Judgmental about the world and self.
  - Thoughts become integrated with feelings and engender beliefs, biases, and prejudices.
4. Growth Emphasis:
  - Toward emotional independence: involves swings back and forth from childlike states to imitations of adult life.
  - Growth of sexuality and concern with sexual identities.
  - Emotional turmoil heightened by physical changes.
5. Primary Need: support and self-esteem.
6. Primary Relationship: back and forth from family to peers.

## **E. 12-14 Years- Adult**

1. Language Capability: Uses and creates language to express self
2. Communication Mode: Drama and physical activity is preferred recreation since it provides a socially accepted way of acting out feelings; poetry still intense.
3. Thought Process:
  - Understand “cause and effect.”
  - Can consider possibilities and explore options without experiencing them.
  - Judgmental about everything- sees things in black and white.
  - Can conceive of future activities but does not think of future in terms of self- the Peter Pan Dream.
  - Prone to taking irresponsible risks and failing to think through the consequences of actions.
  - Reflection on symbols and possibilities.
  - Decentering
  - Development of critical faculties.
  - Emotional turmoil may include periods of depression and euphoria.
4. Growth Emphasis: Independence from adult world- particular target of conflict is usually parents.
5. Primary Need: Stability, limits, and security.
6. Primary Relationship: With peers.

## **III. Child Reactions To Trauma**

**A. Overview:** Children’s reaction to trauma will involve not only the impact of the catastrophe on their lives (what they saw, heard, felt, smelled, and so on) but a sense of crisis over their parents’ reactions. The presence or absence of parents and terror over a frightening situation- one that has rendered the children’s parents helpless- all contribute to children’s distress.

“A central theme that emerges from exploration of children’s responses to disaster situations is that, in a way that is not generally appreciated, they, too, experience fear of death and destruction... Particularly influential in the young child’s experience are the presence or absence of their parents and terror of overwhelming physical forces that seem to render the “all powerful” adult parents frightened and powerless.”

## **B. Birth- 2 Years**

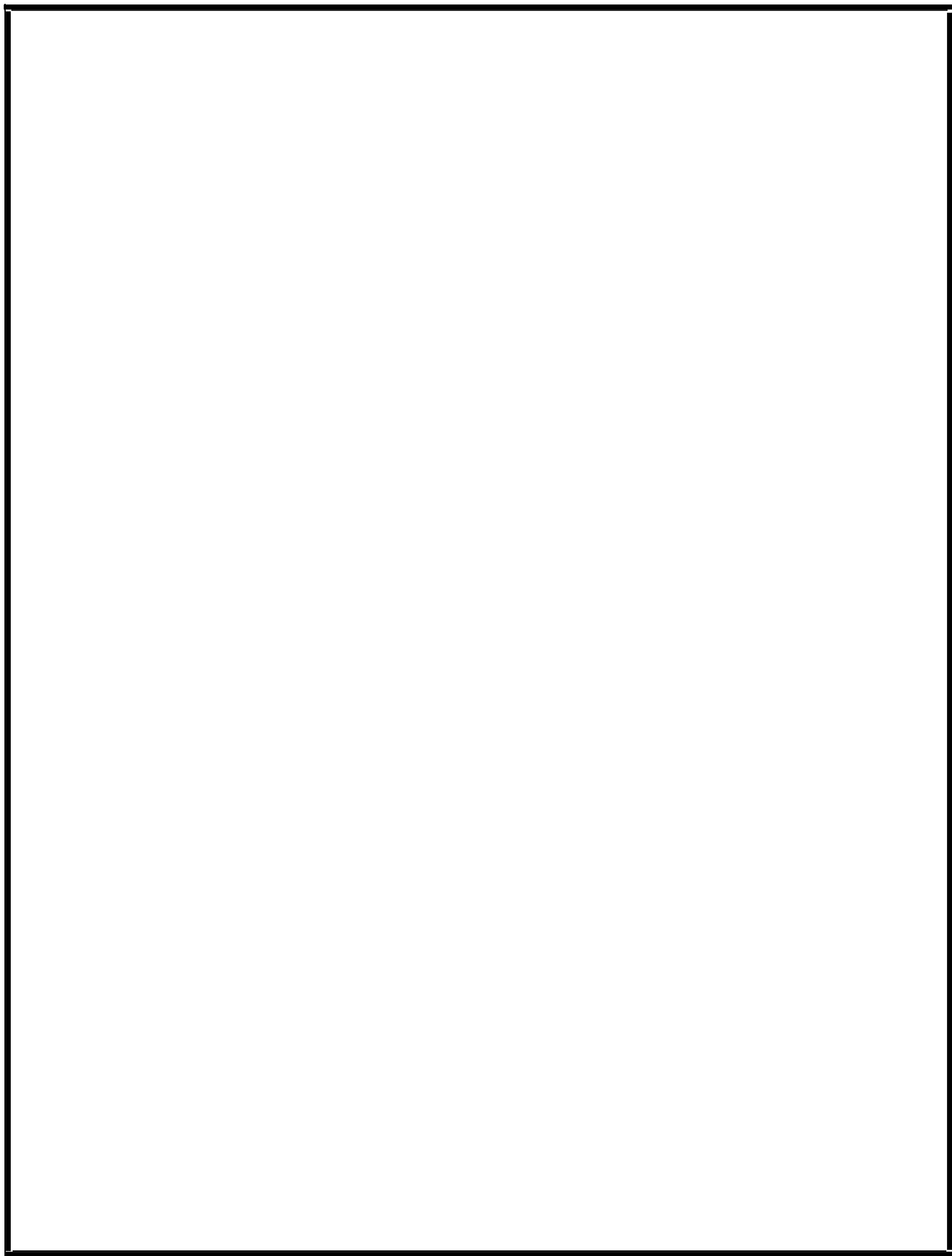
1. High anxiety levels manifested in crying, biting, throwing objects, thumb sucking, and agitated behavior.
2. While it is unlikely that the child will retain a strong memory of the trauma, the child may retain a physical memory.

## **C. 2 Years- 6 Years: pre-school**

1. Child may not have the same level of denial as do adults so they take in the catastrophe more swiftly.
2. Engage in reenactments and play about the traumatic event- sometimes to the distress of parents or adults.
3. Anxious attachments behaviours are exhibited toward caretakers- may include physical holding on to adults; not wanting to sleep alone; wanting to be held.
4. May become mute, withdrawn, and still.
5. Manifest a short "sadness span" but repeat sadness periods over and over.
6. Regress in physical independence- may refuse to dress, feed, or wash self; may forget toilet training; may wet bed.
7. Sleep disturbances, particularly nightmares are common.
8. Any change in daily routine may be seen as threatening.
9. Does not understand death (no one does) and its permanency- reaction to death may include anger and a feeling of rejection.

## **D. 6 Years- 10 Years: School Age**

1. Play continues to be the primary method of expression. Often art, drawing, dance, or music may be integrated in to the play.
2. The sense of loss and injury may intrude on the concentration of the child in school.
3. Radical changes in behaviour may result- the normally quite child becoming active and noisy; the normally active child becoming lethargic.
4. May fantasize about the event with "savior" ending.
5. Withdrawal of trust from adults.
6. May become tentative in growth towards independence.
7. Internal body dysfunctions are normal- headaches, stomach aches, and dizziness.
8. May have increasing difficulty in controlling their behaviours.
9. May regress to previous development stages.



**E. 10 Years- 12 Years: girls' pre-adolescence**  
**12 Years- 14 Years: boys' pre-adolescence**

1. Becoming more childlike in attitude.
2. May be very angry at unfairness of the disaster.
3. May manifest euphoria and excitement at survival.
4. See symbolic meaning to pre-disaster events as omens and assign symbolic reasons to post-disaster survival.
5. Often suppress thoughts and feelings to avoid confronting the disaster.
6. May be self-judgmental about their behaviour.
7. May have a sense of foreshortened future.
8. May have a sense of meaningless or purposeless of existence.
9. Psychosomatic illness may manifest themselves.

**F. 12-14 Years- 18 Years**

1. Adolescents most resemble adult post-traumatic stress reactions.
2. May feel anger, shame, betrayal, and act out their frustration through rebellious acts in school.
3. May opt to move into adult world as soon as possible- to get away from the sense of disaster and to establish control over their environment.
4. Judgmental about their own behaviour and behaviour of others.
5. Their survival may contribute to the sense of immortality.
6. They are often suspicious and guarded in their reaction to others in the aftermath.
7. Eating and sleeping disorders are common.
8. Depression and anomie may plague the adolescent.
9. May lose impulse control and become a threat to other family members and him/herself.
10. Alcohol and drug abuse may be a problem as a result of the perceived meaninglessness of the world.
11. Fear that the disaster or tragedy will repeat itself adds to the sense of a foreshortened future.
12. May have psychosomatic illnesses.