# 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 processes: 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?"

• wants 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 uses play for primary expression but supplements play with emotive language.

3. Thought processes:

• 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 common form of expression; poetry developing.

3. Thought processes:

• prone to extreme feelings and idealized emotions or life styles.

• judgmental about the world and self.

• thoughts become integrated with feelings and engender beliefs, biases, and prejudices.

4. Growth emphasis:

• towards 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 modes: Drama and physical activity is preferred recreation since it provides a socially accepted way of acting out feelings; poetry still intense.

3. Thought processes:

• understands "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.

• ego-orientation and self-centeredness.

• feels strong need for privacy and secrecy.

• body and sexual image is highly important.

• sense of immortality.

• creation of dance, style, world.

5. Primary need: stability, limits and security.

6. Primary relationship: with peers.

# Child Reactions To Trauma

A. **Overview:** Children's reaction to a 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 his parents and the 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 mental memory of the trauma, the child may retain a physical memory.

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

1. Children 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 attachment behaviors are exhibited toward caretakers _ may include

physically 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 routines 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 the play.

2. The sense of loss and injury may intrude on the concentration of the child in school.

3. Radical changes in behavior may result _ the normally quiet child becoming active and noisy; the normally active child becoming lethargic.

4. May fantasize about 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, dizziness.

8. May have increasing difficulty in controlling their own behaviors.

9. May regress to previous development stages.

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

***12 Years - 14 Years: boys' pre-adolescence***

1. Become 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 judgmental about their own behavior.

7. May have a sense of foreshortened future.

8. May have a sense of meaninglessness or purposelessness of existence.

9. Psychosomatic illnesses 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 behavior and the behavior 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.

l2. May have psychosomatic illnesses.

## Some Coping Strategies for Children

A. Rebuild and reaffirm attachments and relationships. Love and care in the family is a primary need. Extra time should be spent with children to let them know that someone will take care of them and, if parents are survivors, that their parents have reassumed their former role as protector and nurturer is important. Physical closeness is needed.

B. It is important to talk to children about the tragedy _ to address the irrationality and suddenness of disaster. Children need to be allowed to ventilate their feelings, as do adults, and they have a similar need to have those feelings validated. Reenactments and play about the catastrophe should be encouraged. It may be useful to provide them with special time to paint, draw, or write about the event. Adults or older children may help pre-school children reenact the event since pre-school children may not be able to imagine alternative "endings" to the disaster and hence may feel particularly helpless.

C. Parents should be prepared to tolerate regressive behaviors and accept the manifestation of aggression and anger especially in the early phases after the tragedy.

D. Parents should be prepared for children to talk sporadically about the event _ spending small segments of time concentrating on particular aspects of the tragedy.

E. Children want as much factual information as possible and should be allowed to discuss their own theories about what happened in order for them to begin to master the trauma or to reassert control over their environment.

F. Since children are often reluctant to initiate conversations about trauma, it may be helpful to ask them what they think other children felt or thought about the event.

G. Reaffirming the future and talking in "hopeful" terms about future events can help a child rebuild trust and faith in his own future and the world. Often, parental despair interferes with a child's ability to recover.

H. Issues of death should be addressed concretely.