

# Childhood Trauma

## Common Reactions for children

### **Ages 1 – 5 years**

Common reactions to trauma in this age group include:

- resumption of bedwetting
- thumb-sucking
- fear of the dark
- loss of appetite
- indigestion
- vomiting
- bowel or bladder problems e.g. diarrhea, constipation, sleep disorders
- nervousness
- irritability
- disobedience
- tics e.g. muscle spasms
- speech difficulties e.g. appearance of stammering, refusal to leave proximity of parents

### **Helpful responses:**

- Give additional verbal assurance and ample physical comfort, e.g. holding and caressing.
- Give warm milk and comfortable bedtime routines.
- Permit child to sleep in parents' room temporarily if necessary.
- If symptoms persist, refer to a professional.
- Provide opportunity and encouragement for expression of emotions through play activities such as finger painting, clay modeling, physical re-enactment of disaster.

### **Early Childhood Ages 5 to 11**

Common reactions to trauma in this age group include:

- irritability
- whining
- clinging
- headaches
- aggressive behavior at home or at school
- increased competition with younger siblings for parents' attention
- sleep disorders
- night terrors, night terrors, fear of darkness'
- school phobia/avoidance
- unusual social behavior e.g. fighting with close friends or siblings, loss of interest in previously preferred activities, inability to concentrate and drop in level of school achievement
- withdrawal from peers and friends
- withdrawal from family contact
- loss of concentration in school

- complaints of visual or hearing problems
- persistent itching and scratching

Regressive behavior is most typical of this age group. Loss of pets or prized objects is particularly difficult for them to handle.

**Helpful responses:**

- Patience and tolerance.
- Play sessions with adults and peers.
- Discussion with adults and peers.
- Relaxation of expectations in school and or at home (with clear understanding this is temporary, and that the normal routine will resume after suitable period.
- Provide opportunity for structured but not demanding chores and responsibilities at home.
- Rehearse safety measures to be taken in future disasters – or prevention and response after a traumatic event.
- Give gentle but firm insistence on more responsibility than would be expected from a younger child.
- Encourage verbal expression of thought and feelings about incident or disaster.
- Try to establish trust with the adolescent concerned.

**Adolescent Ages 11 to 14**

Common reactions in this group include:

- sleep disturbance
- appetite disturbance
- rebellion in the home
- refusal to do chores
- school problems: fighting, withdrawal, loss of interest, attention seeking behavior
- physical problems: headaches, vague aches and pains, skin eruptions, bowel problems, psychosomatic complaints

Peer reactions are especially significant in this age group. The child needs to feel that his/her fears are both appropriate and shared by others. Responses should be aimed at lessening tensions and anxieties and possible guilt feeling.

**Helpful suggestions for this age group:**

- Group activities geared toward the resumption of routines.
- Encourage involvement with same age group activity.
- Group discussions geared toward relieving the incident or disaster and rehearsing appropriate behavior in future incidents.
- Provide structures but undemanding responsibilities.
- Temporarily relax expectations of performance at home and at school.
- Additional individual attention and consideration.

**Note: Adolescent suicidal behavior is a real issue.**

## **Adolescent Ages 14-18**

Common reactions in this age group include:

- psychosomatic symptoms e.g. rashes, bowel problems, asthma, headaches and tension.
- appetite and sleep disturbance
- hypochondriacs
- amenorrhea or dysmenorrhea
- decline in interest in the opposite sex
- irresponsible and/or delinquent behavior
- decline in emancipatory struggles over parent's control
- poor concentration

Most activities and interests of the adolescent are focused in his/her age group peers. They tend to be especially distressed by the disruption of their peer group and the lack of access to full adult responsibilities in community efforts to recover from the incident or deal with it.

### **Helpful suggestions for this age group:**

- Encourage participation in the community rehabilitation or reclamation efforts in a disaster, or adolescent involvement in responses to traumatic incidents that directly affect them or their peers.
- Encourage resumption of social activities, athletics, clubs, etc. in an appropriate time frame
- Encourage discussion of trauma or disaster experience with peers, extra family significant others.
- Temporarily reduce expectations for level of school and general performance.
- Discussion of trauma or disaster fears within the family setting should be encouraged but not insisted upon.
- Consider using available resources e.g. peer-counseling models in the school or community, chat lines for teens, radio and television interactions, utilization of specialists and guest speakers on various aspects of the trauma, including grief counseling and suicide prevention areas.

Adolescent group can be particularly difficult to work with since they tend to access each other rather than adults at times. Use all available resources to reach out into this group, including community and peer resources that teens currently access. Encourage information sharing using media and print to which adolescents can respond.

Do not allow any adolescent to withdraw completely from peers or family. Take information regarding such teenagers seriously and reach out to them. If this requires breach of confidentiality then proceed with the view of caring for the best interests of that person. Acknowledge the need for confidentiality, especially if another peer discloses a threat, and take efforts to reassure the disclosing individual that they did the right thing and that the matter will be responded to in a confidential, caring matter.

If you cannot assess the potential for suicide, then consult and refer immediately to a professional, medical doctor, or emergency department or a hospital.