Responding to Child-Sized Trauma

By Dr. Beverly Yahnke

We are both captivated and horrified by disaster. It swoops down in cruel ambush creating a whirlwind of chaos. Disaster steals away security, lives and possessions, often taking emotional and spiritual hostages of those who survive. Life is changed and souls are tested mightily. We wag our heads sadly with great compassion. Helpers are often dwarfed by the sheer magnitude of the catastrophes to which they must respond.

Disasters happen. Buildings collapse, architecture fails, machinery malfunctions, cars crash together in the fog, boats capsize and planes fall out of the sky. Disaster, dysfunction and despair spare no one. Lives, homes, churches and schools are lost and the casualties climb to staggering new heights one hour at a time. School buses bearing precious cargo plunge off roads into ravines and kill the most innocent of victims, leaving communities beyond grief. Increasingly common disasters feature angry, deluded or radicalized souls bearing arms and slaying others in rampages at elementary, high school and college campuses.

People need safety, rescue, food, clothes, roofs, roads, health care, comfort, compassion and clergy so as to receive prayer, blessing and reassurance of God's love in the face of whatever the horror may be. Victims need trained and capable people to parachute into the very epi-center of the travail to assist them, to keep vigil with them, to comfort them, to provide for them, to give them reasons to keep living when they believe that they have lost everything or everyone worth living for.

Amid all of the crisis, loss and sadness it is entirely possible to overlook the littlest ones. Many first responder strategies are choreographed to assist communities and "people." In the opinion of many, children are among the most underserved in disaster response settings. (The elderly are underserved as well.) Among the disaster's many victims we find the most vulnerable, most needy and most frightened souls of all: the children. In the midst of countless important matters to consider, sometimes response plans overlook children, as though they are simply small extensions of the adults for whom responders provide care.

This essay will provide an overview of some of the wisdom available regarding a child's response to disaster and how helpers might best respond to child size trauma. Years of experience have taught that we are wise to attend to little ones, whose lives can bear immediate and long-term large hurts.

We dare not imagine that trauma is something that happens to other communities and other people's children. The data are actually surprising. Research tells us that 26% of children in the United States will witness or experience a traumatic event before they turn four."[1] By age 16, most estimates suggest that up to two thirds of all children have experienced at least one major trauma. By college age, 84% of students have experienced at least one major trauma. The high incidence of trauma may strike us as unexpected. Many have concluded that exposure to traumatic events has become so commonplace among children that the phenomenon should now be regarded as a normative part of child development.

Yet, not every exposure to danger or frightening experiences should be considered traumatic for a child. Some children engage in dangerous behavior for fun as they skateboard down the

[1] *Childhood Trauma and Its Effect on Healthy Development*, National Center for Mental Health Promotion and Youth Violence Prevention (2012).

center of roads or climb rocks and trees. Other children will pay to be frightened in a house of horrors at the state fair. They seek the thrill and leave giggling, gasping and bragging to one another about being scared to death.

Hence, there is a great deal of evidence disproving that any child exposed to situations of fear and danger will necessarily develop an Acute Stress Disorder or PTSD.

PREDICTORS OF A CHILD'S VULNERABILITY TO DISASTER

Level and Severity of Exposure

Ordinarily, the child's degree of exposure to an event, as well as the severity of the disaster, is predictive of a child's ongoing vulnerability. Imagine a continuum of involvement in a disaster experience. At the lowest level of exposure, some children may simply hear adults speak of the event. Others, at a higher level of exposure, may have media access to disaster accounts and a few children may even know of an individual actually affected by the event. Children with very high levels of personal exposure to a disaster are those who have suffered personal losses of property or possessions. The children at the highest levels of exposure are likely to be those who were actually in harm's way, those who may have lost a family member or friend and who may have feared for their well-being.

Trauma is the result of exposure to fear and danger which can cause lasting emotional damage to psychological development. What we do know about traumatic events in the lives of children is that children can be changed, almost in a heartbeat. There is no way for them to make the event stop, there is no way for them to be sure they're safe and there is a very real possibility that the child or someone he or she loves will be seriously harmed. In trauma, children become unwilling witnesses to destabilization of their world. Perhaps worst of all, in the midst of the fear and loss of control, the people that they love most in the world cannot protect them and sometimes cannot even reassure them

Children can be changed, emotionally, neurologically and perhaps spiritually as well.

Circumstances Immediately Following the Disaster

A child's well-being following a disaster will be influenced greatly by the response of his parents or caregivers. Emotion contagion is real, particularly for children. As a result, when a parent speaks words of depression and hopelessness or if a parent is routinely anxious or upset in the child's presence, there is a greater likelihood that the child's emotional response will mirror that of the parent. Even when a parent makes multiple inquiries daily about a child's level of anxiety, the child's anxiety level can be expected to increase. Parents who model confidence, prayer, strength and hope will establish a strong foundation upon which their child can build. Children are also benefitted when parents are very present in the life of the child after the disaster, speaking words of encouragement and continuing to serve in ways that the child sees as protective. Children need to have their parent(s) listen carefully to their accounts and recollections of the event.

Diathesis Stress

Every child brings a different personal history to the disaster. "Diathesis stress" is the language used to identify the sum of a child's pre-existing exposures to biological, social, economic, emotional, familial or personal life stressors. Such stressors will predispose the child either positively or negatively for responding to trauma. A child securely attached to his or her parents, with

no previous emotional stressors and good problem solving skills is likely to be more resilient in the face of a disaster than is a child who has experienced neglect, depression, rejection or abuse. Resilience matters. Children will be more vulnerable to a PTSD diagnosis in the wake of a disaster if they or their family has been engaged in a history of ongoing stressful events. Stressors and disasters are additive in their impact on a child, increasing a child's vulnerability and complicating his recovery. If a child has a history of any mental health challenges or chronic behavior issues, he or she will be more vulnerable to a PTSD diagnosis after the period of acute stress has ended. Those children with a history of anxiety are the most likely to struggle significantly and to develop PTSD symptoms after the disaster has passed.[2]

Coping and Problem Solving Skills

Traumatologists have come to understand that a child's coping ability will be a good predictor of how children respond to disaster. Research confirms that "children who exhibited a negative coping style (i.e., externalizing, internalizing, and avoidant coping strategies) displayed increased symptoms of PTSD eight months after Hurricane Katrina.[3]

The wide array of differences among children's coping skills and strategies can explain why, even when most children are doing reasonably well after a "limited impact disaster," responders can expect that some children are likely to be experiencing distress which is disproportionately high, given the impact of the actual situation.

AN ARRAY OF RESPONSES FROM CHILDREN EXPOSED TO NATURAL DISASTERS

Those interested in the clinical assessment of children will benefit from a careful reading of the Diagnostic Statistical Manual –V[4] which outlines with precision the specific signs and symptoms of Acute Stress Disorder and Post-Traumatic Stress Disorder in children. Such determinations are made only by appropriately trained professionals. As a result, it is simply not appropriate for first responders to talk with children, teens or their parents about specific diagnoses which may be suspected.

Trauma is a natural response to disaster; by definition, trauma actually refers to injuries or wounds. A child's developmental level predicts some of the trauma and behaviors one could reasonably expect following exposure to disaster.

It is entirely normal for most traumatized children to experience sleep disturbances, no matter what their level of development. The youngest children (preschoolers) are likely to exhibit regressive behaviors with a return to behaviors such as thumb-sucking, bed-wetting, "baby talk" and needing assistance with many tasks they had previously done independently, such as dressing. The preschooler is particularly vulnerable to developing new fears and may once again begin to cling to parents for ongoing reassurance. Separation anxiety would be a normal response during these days of adjustment. The youngest children are also likely to be re-creating and processing the disaster intermittently through their play.

FEMA[5] and the National Institute of Mental Health[6] have published a remarkably helpful guide to child responses outlining developmentally normative responses in response to disasters

[2] Weems, C. F., Pina, A. A., Costa, N. M., Watts, S. E., Taylor, L. K., & Cannon, M. F. (2007), "Predisaster trait anxiety and negative affect predict posttraumatic stress in youths after Hurricane Katrina," *Journal of Consulting and Clinical Psychology* 75: 154–159. doi:10.1037/0022-006X.75.1.154.

[3] Terranova, A. M., Boxer, P., & Morris, A. S. (2009), "Factors influencing the course of posttraumatic stress following a natural disaster: Children's reactions to Hurricane Katrina," *Journal of Applied Developmental Psychology* 30: 344–355. doi:10.1016/ j.appdev.2008.12.017.

[4] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

[5] FEMA. A child's reaction to disaster by age *fema.gov/pdf/library/children.pdf.*

[6] National Institute of Mental Health (NIMH). (2006). Helping children and adolescents cope with violence and disasters: What parents can do (NIH Publication No. 07-3518). Retrieved from *nfocenter.nimh.nih.gov/pubstatic/NIH%2013-3518/NIH%2013-3518.pdf*

The elementary school child is also likely to experience an array of fears as a normal response to a disaster. Fears mastered earlier in development (e.g., fear of the dark, fear of being alone) may well re-emerge. Some children will suffer with a host of vague complaints about bodily aches and pains without any genuine medical origin. Other children may simply appear sad or numbed-out by what has happened. A few may actually believe that the disaster is the result of something that they said, thought or did, in which case they may suffer unnecessarily from guilt and shame. Such responses are not pathological; they are within the range of normal responses immediately following a disaster.

Junior high and high school children are likely to experience some flashbacks, in addition to any sleep disturbance. Since older children age can think abstractly and are more fluent verbally, they are likely to ruminate about the countless dimensions of the events and may discuss the disaster in great detail. The older child's emotional response tends to be reflected in depressive thoughts. In the most serious cases, teens may engage in self-harming behaviors such as cutting or behaviors that are increasingly impulsive or risky. A few may be having suicidal thoughts or thoughts of revenge. Children with any thoughts about self-endangerment must be referred for immediate assessment and care. Some high school youth may feel guilt for not protecting others from harm.

As Christian first responders, it is important to recognize that very often one of the areas of collateral damage is missed entirely by much of the disaster literature. Anyone who has worked therapeutically with children will understand that bearing witness to a disaster can also result in significant spiritual implications for the child's recovery, as well. A child's concept of God, God's love and His protection can be influenced radically by times of loss and profound sadness sandwiched between environmental turmoil and domestic instability.

PROVIDING ASSISTANCE TO CHILDREN

Avoiding Temptations

Parents and responders alike can provide significant assistance to children across the age span. Yet, adults may be tempted help in ways that ultimately undermine a child's well-being. As in any situation, one's best intentions don't always contribute to the best possible outcomes.

Responders on the scene may be inclined to "debrief" a child. Ordinarily, debriefing a child is best left to individuals who have been carefully trained to work with traumatized children. Responders may actually believe that the child will benefit if he or she is simply forced to "tell the story." In fact, some models of trauma care dated ten to fifteen years earlier endorsed precisely that strategy. The current wisdom suggests that children will offer small morsels of their story when they are ready to do so, or when they have the assistance of trained facilitators. In the interim, children are served best by careful listeners who do not question, probe or criticize. Listeners can, however, be helpful and correct any clear inaccuracies with truthful information about the situation. Children are likely to weave the accurate information into the event tapestry they are creating in their heads.

There can surely be a temptation to assume that all children will respond to disasters in essentially the same ways and will benefit from receiving an identical response. Yet, evidence makes clear that countless variables will influence a child's perception of the event and his or her response to the event. Some on-site helpers, for example, have believed that it is valuable to separate all of the children and encourage them stay together and support one another since they will all be experiencing the same thing. Whenever possible, children should remain

with family members in whom they have confidence and should not be separated from family as it is likely to increase anxiety. Children who are not in the company of family or a trusted adult will benefit from being gathered together with confident, reassuring adults.

As responders interact with parents and their children, there may be a temptation to point to a child's early distress or emotional responses and identify them as cause for concern, implying that the child's immediate response is pathological. It is not appropriate to discuss diagnoses or to predict that traumatized children will have a difficult recovery, or that some are likely to require counseling, if not medication. Identifying and responding to a child's needs in the moment will be of far greater benefit than offering clinical hunches or speculations about what their future may hold.

A final temptation for well-meaning adults is to say whatever may be required to provide reassurance and to give children the immediate impression and hope of safety. Responders ought not to promise anything that they cannot reasonably expect or deliver. Children require reassurance which is grounded in certainty. Children want evidence that the situation is becoming safe or is nearing a conclusion. As a result, children are benefitted significantly by having parents and responders point out countless helpers: police, fire fighters, neon-vested responders, pastors and even ambulances and attendants. Evidence matters to children. Misrepresenting the safety of a situation or falsifying the facts results in a crushing loss of trust for a child, making it all the more difficult for a child to believe what anyone says.

STRATEGIC PLAN FOR ADULTS HELPING CHILDREN

Keeping Vigil

The responder gives one's self up to those in need. Keeping vigil in the world of the child is a concrete sign of caring and safety. The responder's physical presence ensures that the child is not alone and that he is receiving the protection of a capable adult. The message is that comfort and help is physically available right now. Keeping vigil is simply that. No probing. No examination of traumatic symptoms, but a keen sensitivity to immediate needs including, "Would you like some water?" "Would you like this blanket to help keep you warm?" The child may not be chatty and may not actually appear to be responsive to or comforted by the presence of another. Yet the child knows that there is a helper present. That fact matters quietly at first — and it significantly benefits one's pathway to healing later. The responder can't expect that the child will be interpersonally responsive. Nor should the responder expect that the child will provide any meaningful feedback regarding how well one is doing in meeting the child's needs. Responders do well to bear in mind that the moments during and after the disaster are not "about you."

Normalize the Child's Responses

A child is without an emotional GPS in the time of disaster; all information regarding "appropriateness" is absent. He has no way of determining whether his responses are childish, foolish, responsible, "stupid" or acceptable. Teens may feel that they are absolutely "going crazy." Junior high school kids may be crying and yelling for their parents. Children are binging on adrenalin — stress hormones are exploding through their bodies, their perceptual experienced is heightened and everything about the event is remarkably intense. Often they are not thinking logically or clearly and they may fear that in addition to the disaster, something is going horribly wrong with them. The responder is present to let them know that "Of course it's OK to cry when you're scared." Responders reassure them that, in the midst of disasters, "of course kids/

teens do all kinds of things to help them get through these awful moments." Encourage them to vent, "You are saying what you need to say and doing what you need to do." You reassure them that "you are feeling what you need to feel right now. It is completely, 100% OK." You assure them that "Everyone needs some help right now and there are all kinds of helpers here. Look around. I can't even count the number of people who are here to help keep all of us safe!

Help to Stabilize the Child

Depending on the age of the child, a destabilized child is very easy to detect. The youngest children may be screaming, struggling to get away, sobbing or entirely non-responsive. Some may actually be hiding. Older children may vacillate between trying either to avoid everything, and trying to see everything all at once. Their minds are spinning and their fears and fictions are tumbling over one another. Feelings of anger, confusion, fear, abandonment and helplessness are colliding in their heads and it is very difficult for them to think clearly.

A child can be assisted to move towards greater stability by snatching him out of the tumult of thought and fear. Stabilization is the act of tethering a child to what is happening in the moment. Focusing on the present moment reduces remembrances of horror and discourages the exploration of future fears. The responder can help to slow the flight of thought and fear. The responder can gently ask the child questions about his experience in the current moment. "Is there anything that is scaring you right now? Is there anything that is worrying you right now? Are you thirsty now?" Children will listen carefully for any information allowing them to conclude that they are safe right now. NOW is safe. The past is horrific and the future is unknown. Yet, in this moment the child has an adult's undivided attention, helping him to focus on the present — which may be the safest place to be. Comfort dogs can be a wonderful way for children of all ages to be anchored in the interaction with a dog whose wags and gentle nature both distract the child from the larger picture of chaos and invite the child to decompress with hugs, pats and occasionally the desire to talk with the dog and reassure the dog (and himself) at the same time.

Respond to anxiety calmly and with confidence

A child's fear is consuming. It is a clenching of the tummy, pounding in the head, teeth grinding together, fingers bunched into fists and the sense that one's heart is racing and could burst out of one's chest. Responses to anxiety may require that responders invite the child to move away from rehearsing the countless fears and speculations running through his mind. Responders can help the child to stop the train of anxiety-laden thought. Anxiety immediately escalates destabilization of a child. Hence, distractions of food, water, comfort dogs, and stuffed animals invite the child to derail the fearful thoughts. You can invite smaller children to "tell me five things you see"; "tell me five things you hear;" "tell me five things you can touch right now." If a responder is familiar with some basic breathing relaxation exercises for children, these are the moments to offer them. "Lots of children have found that this will help them to feel a little better — would you like to give this a try?" Guiding a child to a quiet and protected area can be very helpful in reducing his impression of relentless chaos. Always point to the presence of helpers as evidence of safety in the effort to combat anxiety with reality.

Control a child's access to media accounts of the disaster

Children have marinated in media for most of their young lives and teens are increasingly reliant on media to report and to interpret what is happening in their worlds. Media has the capacity to vivify everything. With countless cable channels, tweets and Facebook posts, a disaster can take on a never ending quality. Even children who have not participated in the disaster can become preoccupied with the event and suffer an increase in fears and anxiety.

The research findings are unexpected. Two years after the bombing of the Federal Building in Oklahoma, 16% of children and adolescents who lived approximately 100 miles from Oklahoma City reported significant PTSD symptoms. Bear in mind that these youths were not directly exposed to the trauma; they were never at risk of danger and were not related to victims who had been killed or injured. Even among adults consuming wall-to-wall news coverage, the greater one's exposure to media, the greater the likelihood that adults would develop PTSD symptoms. The more graphic and prevalent the media coverage, the more disturbing the information will be to children and teens.

The younger the child, the more limited the child's exposure to media should be. During the 9-11 terrorist attacks, many young children who continued viewing the video of the planes hitting the Twin Towers did not understand that it was a video replay. Younger children were terrified because they believed more and more and more buildings were being destroyed. For the youngest children — a video blackout might allow the greatest comfort and freedom from distress and from the information they cannot interpret properly. Media can be used effectively to soothe children as they watch familiar videos, movies and DVDs which have always calmed them.

Whenever possible, with older children and teens, parents will want to watch media with them. Children will benefit when their parents discuss media presentations, asking children what they think and inquiring what their feelings are about the disaster. Inviting some critical thinking grounds children in reality as they determine whether or not the media have provided a fair and accurate report. Parents can profitably inquire from older children/teens what they've seen on Facebook and other social media as well.

Spiritual Care Responses for Children of Faith are Essential

This is where Christian responders have an extraordinary opportunity to come to the rescue of God's baptized children. Children who have been brought to faith by the Spirit can also find comfort in God's promises in the midst of disasters. A responder doesn't have to be an ordained pastor to pray with and for a child. Any adult can remind a child that Jesus has promised to be with her every single minute and that He will never leave her.

Routine spiritual care, of course, is provided in the Divine Service wherein God's children receive Christ's gifts of forgiveness of sins, life and salvation. Spiritual care in the field is the fine art of bringing the comfort of the Gospel of Jesus Christ to wounded hearts, one heart at a time. Yet, it is important to begin with the observation that children who have been traumatized may not respond to spiritual care as they have responded previously when they were wrapped in the safety of their family, sitting in their favorite pew in their church.

Occasionally, Christian responders might imagine that the only thing they can do is talk at the children and tell them things about God and recite Bible verses. As well intentioned as that may be, spiritual care for the child in a disaster usually begins in listening to the child, answering questions frankly, listening again, answering more questions and inviting the child to talk with

God in prayer about what is happening in these difficult hours. Adults should never leave the company of a traumatized child without inquiring, "Is there anything else that you wanted to share? Is there anything else that you wanted to ask?"

Spiritual care is likely to include prayer for the child, for the child's family, the child's friends and the child's community. When the responder offers in prayer the feelings and fears the child has just acknowledged, prayer takes on special significance for the child. Prayer using the child's name brings him before the very throne of God for a recital of the child's fears, his anger, his confusion and his helplessness, in a psalm of lament fashion. Prayer reminds the child of the Christian's confidence in God's love and providence and invites the child to surrender his fear, rage, and hopelessness to an omnipotent Father who will comfort, heal, sustain, draw near, protect and help the child in accordance with His will. The prayer confirms the child's expectation that God will help and that God will provide.

Admittedly, there will be mixed responses to such prayers. Some children will be quietly compliant, others will be distracted or ambivalent while some seem disconnected from the prayer entirely. The goals of spiritual care for children include an effort to help the child recall his baptismal identity in Christ. Spiritual care will also underscore the child's comfort in relying upon God's promises, even in situations where a child is experiencing uncertainty and confusion; God is changeless and we can put our trust in Him. The first responder can point to an expectation of the presence of Christ in His Word — as nothing can separate us from the love of God in Christ Jesus (Romans 8).

Responders can hear the child's anger and the child's needs and the child's fears and reassure the child that, "Jesus loves you and has promised to be with you. Even now. Especially now."

If it is possible to identify any cause for thanksgiving, prayerful expression of thanks reminds a child that God has preserved her from death, that God has preserved their home, that God has kept her parents safe and she can look forward to seeing them in the hours ahead. Children gather evidence during disasters; Christian responders help children enter evidence of blessing into their recollection of the event.

Using the Our Father as comforting and familiar prayer invites the child to pray aloud as he has done in safety hundreds of times before. The very act of praying reminds children of their history of prayer and their confidence in prayer. The act of praying aloud reminds them that they are, indeed, talking to God and can expect His loving attention.

Pastors are best equipped to provide spiritual care for the junior high and high school youth who are likely to be asking the most difficult questions: Why did God let this happen? Why did God let my father die? What have we done to make God so mad? If God loved us, why couldn't he have protected us from this? Why is he punishing us? The theology of the cross requires translation in a very tender fashion for young souls that have been crushed by disaster. What teens learn about God in response to these soul-piercing questions is likely to be burned onto their hard disk for the rest of their lives. Teens require simple, truthful answers. Neither pastors nor responders ought to be in the business of apologizing for God, second-guessing God or providing a rationale for why anything may have happened. We cannot give answers God has not revealed to us. We know only what He has told us about Himself and His love for us, seen most clearly in Jesus' death on the cross for our sins, so that we might be with Him for all eternity.

Pastors may choose to conclude their time with a child with a blessing, placing their hands on the child's head and making the sign of the cross on his forehead. It is a concrete representation of precisely what the child requires most.

MOVING BEYOND DISASTER TO PREPAREDNESS

Christian day schools will be wise to provide training for teachers regarding how they can enhance Christian resilience across the curriculum, beginning with preschool children and continuing all the way through high school. Consistent among research findings is the observation that resilient children have the best overall outcomes in the wake of a natural disaster. Excellent resources and core competency programs are available to guide Boards of Education. Principals should be endeavoring to discern how best to equip faculties to teach children an array of adaptive life skills, including such things as optimism, responding to mistakes and failure, emotional regulation, impulse control, empathy, self-efficacy and critical thinking. (Some colleges are currently reporting that many of their students do not seem to have developed the resilience or self-efficacy required to manage even predictable challenges when they move away from home.) Resilience training would be a gift Christian day schools give all children, whether or not they'll face a natural disaster.

Finally, the very best gift anyone can give a child in preparation for whatever may befall him is a spiritually vigorous family, active in worship, active in the life of the church and faithful parents who have a vibrant devotional life that they share with their children at home. Well catechized children who have acquired the habit of worship, who know the prayers and the creeds and who are familiar with the hymnody of the church have the best resources for responding to fear, uncertainty and calamity. Godly resources are essential to assist the Christian child in recovering from trauma. When God's love has been at the center of a child's life he or she will not be insulated from pain and terror, but will be more likely to cling with confidence to the promise of a loving Lord who has promised His baptized children that He will be with them always.

BIOGRAPHY

Beverly K. Yahnke, Executive Director for Christian Counsel

Dr. Beverly Yahnke is a licensed clinical psychologist who has provided consultation to District Presidents, pastors, principals, teachers and congregations for over two decades. She is known throughout the church as a compassionate counselor, articulate speaker and engaging teacher.

She has recently concluded five years of service as Professor of Psychology and Department Chair at Concordia University Wisconsin. Previously she spent 20 years in private practice at the clinic she founded, Christian Counseling Services. CCS was devoted to providing care for countless church workers and their families. Dr. Yahnke has written numerous articles about psychology, education and faith, and is a frequently invited speaker for clergy and educator conferences. She served the LCMS for 12 years on the South Wisconsin District Ministerial Health Committee prior to her six years of service as a nationally elected member of the LCMS Board for Higher Education

Dr. Yahnke is a frequently invited, high-energy speaker for clergy, educator and mental health conferences.