How trauma affects children and young people

This booklet is aimed at caregivers and frontline professionals

Priya Patel and Panos Vostanis

World Awareness for Children in Trauma (WACIT)

UNIVERSITY OF LEICESTER

What is trauma?

Psychological trauma is caused by exposure to adverse events, and can be viewed as similar to pain caused by a physical wound.

Complex trauma results from recurrent exposure to traumatic events such as:

- War
- Natural disasters
- Abuse (physical, sexual, emotional)
- Domestic violence
- Illness, death of loved ones or other loss
- Physical injury

Traumatic events…

- Are often inter-linked (for example, child abuse and domestic violence)
- Can have a cumulative (add-on) effect
- Often show dose-effect responses (dependent on the severity and proximity of the event)
- Are more likely to happen in the face of other risk factors and adversities
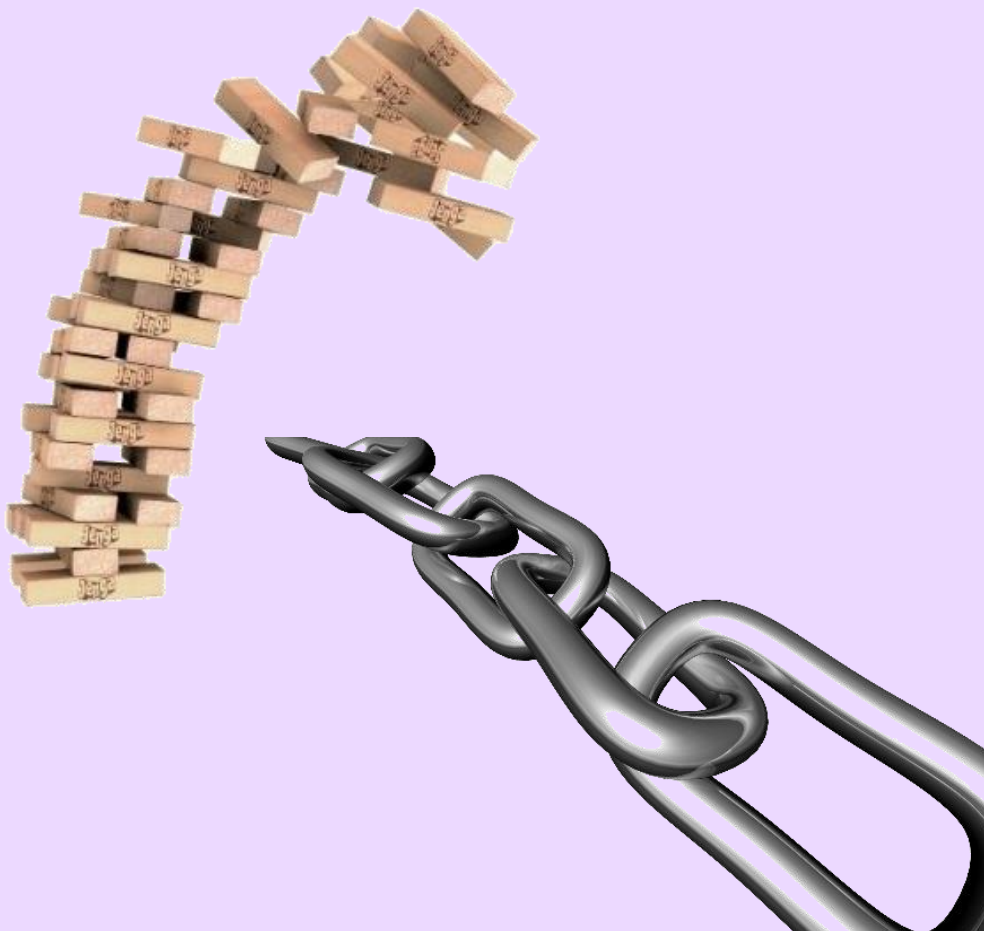
How does trauma affect children?

Children who have suffered from trauma can show:

- Delayed development
- Difficulty in regulating their emotions
- Difficulty in understanding other people's emotions
- Intense feelings of shame and rage
- Behavioural and neurological changes
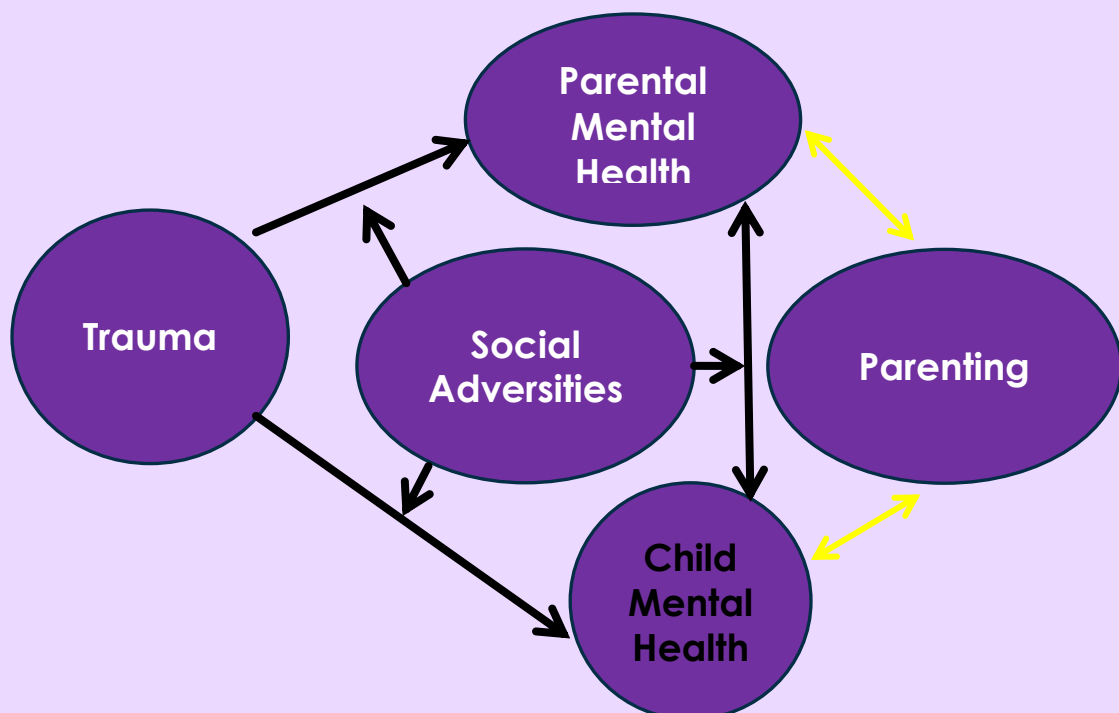- Mental health problems

Effects of trauma

This diagram below shows the **multiple interactions** involved such as:

- How trauma negatively affects child and parental mental health
- How social adversities (for example: unemployment, poor housing, unhealthy living environment) can mediate this negative relationship

This also highlights how important **parenting capacity** is as a key mediating factor

Risk (vulnerability) factors

Risk factors increase the likelihood of children developing mental health problems in the future:

- Poverty
- Social exclusion
- Exposure to violence
- Physical, sexual and emotional abuse
- Lack of family and social support
- Parental mental illness, drug or alcohol abuse

Protective (resilience) factors

Resilience factors help children deal with adversities and maximise their growth and potential:

- Secure attachment to carers
- Committed relationships (with family, friends and community)
- Educational achievement
- Coping strategies
- Access to child-friendly supports and services

Resilience framework

Resilience is the ability to respond positively to various traumatic or stressful circumstances.

- In the ecological systems model shown below, each level brings the opportunity to strengthen resilience
- The levels interact with one another in a dynamic process
- Therefore, it is important to identify resilience factors at each level

Services / Society

School/ Community
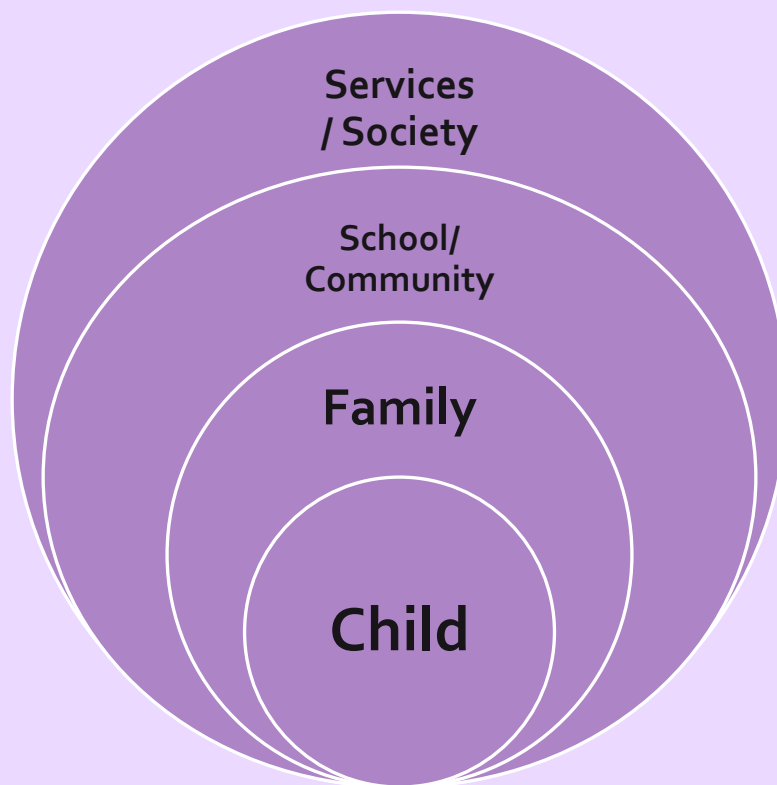
Family

Child

Applying the Resilience Framework

For example:

Level	Possible resilience factors
Child	Temperament, coping strategies, spirituality, faith, self-esteem
Family	Stability, secure attachment relationships, positive and consistent parenting
School/Community	Attainment and friendships
Services/Society	Safety and support networks

Services / Society

School/ Community
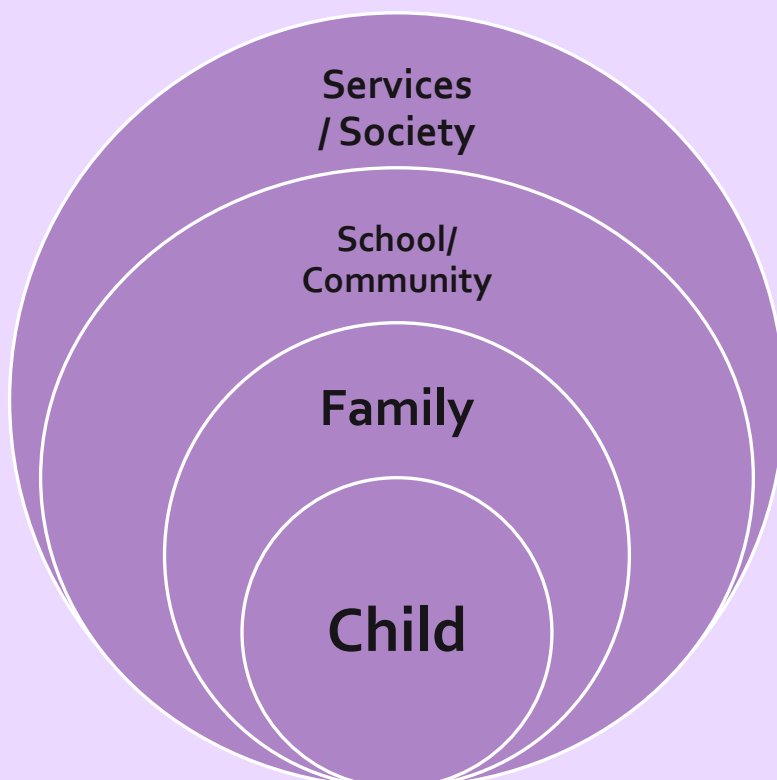
Family

Child

Task!

Think of one of these complex cases below, and consider resilience factors at each level:

1. Child of six years, exposed to domestic violence, undernourished, not going to school, has four siblings, family unemployed, living in a slum area, child becoming aggressive with other children and adults.

2. Child of 13 years in care home, history of physical abuse and neglect, learning difficulties, social isolated with no friends.

Common barriers to helping vulnerable children

- Lack of sufficient supports and services
- Limited number of professionals with appropriate skills
- Not enough resources
- Lack of communication between agencies
- Lack of supporting policy and legislation

o *'The funds that people are contributing is not enough to open these places'*

o *'Many a times counselling is done by teachers, not professional guidance and counsellors… sometimes we are not so much well versed with it. So, there are things that we may assume, or there are things that we may do the wrong way.'*

o *Quotes from Kenyan children, teachers, parents and professionals interviewed about child mental health needs (Getanda, Vostanis & O'Reilly, 2017)*

Societal barriers

Stigma and lack of understanding can also reduce children's desire to accept help.

- ➤ *'I am not mental problem'*
- ➤ *'They give you an injection and send you in the crazy hospital'*
- o *'They don't want, they don't want to share, because they fear maybe what if I tell this person, and this and this, how will he think about me? May be there is, they don't like, may be you make fun of them'*

- o *Quotes from Kenyan children, teachers, parents and professionals interviewed about child mental health needs (Getanda, Vostanis & O'Reilly, 2017)*

- ➤ *Quotes from unaccompanied refugee adolescents who were engaged with UK mental health services (O'Reilly, Majumder, Karim & Vostanis, 2015)*

For more information on WACIT (www.wacit.org),
please contact: Prof. Panos Vostanis (pv11@le.ac.uk)

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