

Understanding Children's Mental Traumas: Causes and Prevention Strategies

Firdevs Savi Çakar and Sevil Savi-Karayol

¹ Mehmet Akif Ersoy University, Turkey(firdevssavi@hotmail.com)

² MSc Student in Speech, Lan. and Com. Needs in Schools, London

Abstract: *Children face many traumatic experiences, and due to unforgettable and irreversible effects, these experiences result in children's developing long-term mental trauma. Although protecting children from trauma and ensuring them live safely and healthily are main purposes, the real problem is insufficient psychological assistance and consulting services provided to children who are victims of trauma and exposed to many traumatic experiences. Children are more vulnerable due to many risk factors such as their inability to deal with the traumatic experiences compared to adults, their dependence on adults and their inability to control their experiences. Therefore, traumas have more permanent negative influence on children and they cause serious mental problems. In this respect, it is necessary to protect children from traumatic experiences and to have wider effective intervention studies towards children who are victims of trauma. Experts, families, educators and administrators must take more responsibility within scope of protecting and improving children's mental health. On this topic, extended prevention programs and psychosocial interventions seem to be necessary in which national and international level of cooperation is provided.*

Keywords: *Traumas, Crisis, Children's Mental Trauma, Prevention Strategies.*

1. Introduction

1.1. Children's Mental Trauma

Today, while millions of children are exposed to trauma either directly or indirectly and such traumas could be; natural disasters/events and accidents, domestic abuse, loss of parents; many mental problems are experienced based on these traumas due to necessary precautions are not taken. Traumas include a negative process that contains threats against children's basic rights and in which children's basic needs are not met. Therefore, it is necessary to meet children's psychological support needs for protecting them from such traumas and help them to cope with traumatic experiences effectively and get better. Since childhood period are risky in terms of traumatic experiences and when these experiences become insoluble spiritually, their effects will continue negatively in later life.

It is indicated that traumatic experiences constitute 49% of reason for death during childhood period and 25% of lifelong traumas are observed during childhood years [1]. It is indicated that rate of exposure to a traumatic event during childhood ranges between 14 to 43% and children are injured, seriously hurt emotionally and mentally and die for this reason [2]. Concept of mental trauma is indicated to consist of negative situations in which coping skills are insufficient in crisis or other threatening cases, general functionality is disrupted and traumatic reactions emerges; it is also indicated that mental trauma emerges as a result of events threatening or disrupting integrity of an individual's life [3].

It is possible to face so much distress and sorrow in life, but not all of these events create mental trauma. In mental trauma, if an event resulted in feelings of fear, terror or helplessness, if the danger of death or personal injury exists for the child or any of his/her relatives, mental trauma may emerge in child. Events, often unusual and unexpected, that frighten, terrifying, create helplessness for an individual and may result in mental trauma. Children experience traumatic events in three ways; directly experiencing a traumatic event; witnessing such events; traumatic event happening for a loved person. Reactions such as fear, terror, helplessness, shame and

guilt experienced during or after traumatic events are reactions frequently given responses to traumatic events [2]-[4].

These reactions may be more severe and long-lasting based on severity and fearsomeness of traumas experienced by children. Events that can lead to mental trauma are classified as follows; deliberate events by a person, natural disasters/events and accidents. Compelling events including natural disasters such as earthquake and flood, wars, experienced exposure to sexual or physical harassment and rapes, being tortured, forced abduction, traffic accidents, diagnosis of a life-threatening disease, seeing a dead body or body part and loss/death of a loved one that all exceed a person's coping ability can be given as examples of traumatic events [2]. Among other experiences that may cause mental trauma in children, there are school violence and gang events, domestic violence, abuses, terrorism, war and peer bullying [5]- [6].

1.2. Risk Factors Related to Abuse and Neglect

Abuse towards children can be observed in every age, gender, race, ethnic group and socio-economic level. However, some characteristics of parents, children and family increase the risk of mistreatment. These risk factors include:

- Risk factors related to parents: Low self-esteem, feelings of incompetency, depression, anxiety, substance use/abuse, poor impulse and anger management, stress related to being a parent, other psychological disorders (e.g. personality disorder), being a parent at an early age, low level of education, being externally-controlled, attributing negativity to child's behaviors, being less empathetic to children, intergenerational abuse or domestic violence, damage to devotion to the child, lack of knowledge about child's development, having expectations not suitable to child's developmental level and incompetencies in parenting skills.

- Risk factors associated with children: Being at a young age, challenging mood and behaviors, physical and mental deficiencies.

- Risk factors associated with family: Low socio-economic level, being a single parent, large family, social isolation, poor bond among family members, more verbal and psychological conflicts among family members [7]- [8].

1.3. Effects of Traumas on Children

Analyzing effects of traumas on children, in general, these effects are collected under four groups: These reactions include:

- 1- Emotional Reactions: Fear, anger, despair, sense of emptiness, numbness, guilt, grief reactions, despair, worthlessness, furiousness, pessimism, insignificance, shame and sadness.
- 2- Cognitive Reactions: Difficulty in concentrating, indecisiveness, creating false beliefs, having complex thoughts, failure in self-respect, self-accusation, being worried.
- 3- Physical/Somatic Reactions: Fatigue, exhaustion, sleep problems, excessive somnolence, psychosomatic complaints, tension, lack of appetite.
- 4- Behavioral and Social Reactions: Avoiding stimuli reminiscent of the trauma, euphoria, sudden startle, alienation, social retreat, conflicts in interpersonal relations, mistrust and skepticism for people [3].

It has been known that children react to mental traumas differently than adults. For instance, various reactions are mentioned in the literature including excessive crying or screaming, attention seeking behaviors (positive or negative), retardation in skill development, hypervigilance against environmental stimuli, fear of separating from mother/father, alienation from classmates/friends and activities, indifference, decrease in sensitivity or sudden and extreme emotional reactions, aggressive behaviors, failure in fulfilling developmental tasks, learning problems, frightening dreams with uncertain contents, re-experiencing a traumatic event in dreams [3]- [5]-[9]-[10].

Traumas experienced during early childhood have a lot of results in prominent long term. Traumatic memoirs under the age of 18 (parental divorce, separation, beating, humiliation, failure in doctor visits at the time of sickness, neglect, threats, sexual harassment, etc.) have relationship with serious health problems during adulthood. It is emphasized that, as the number of bad life experiences that a person may face during his/her life increases, rates of suicide attempt, cigarette use, alcohol abuse, increase in number of sexual partners, sexually transmitted diseases, depression, substance abuse and even death also increase [11].

1.4. Causes of Formation of Mental Traumas in Children

It appears that the causes of mental traumas in children could be results of various factors and these are important factors occurring based on severity of a traumatic event. For instance; level of threatening life, intensity of physical injury and losses, length of traumatic event, exposure to traumatic images through media, traumatic events created by humans and severity of symptoms experienced during trauma, severity of subjective response to trauma, being a member of a traumatized group, neglect or abuse (physical/sexual/emotional) by a caring person especially during childhood [3]- [12]. It is also indicated that effect of trauma is more destructive under some circumstances. Some non-functional coping efforts and psychological factors such personality characteristics, gender (being a girl), being member of a minority, poverty or low socio-economic level, low level of education, personal or familial history of psychiatric illness, having multiple childhood traumas, low resilience, some personality traits (introversion and high outer control focus), wrath and guilt are among these conditions [2].

Another reason for developing trauma is basic life assumptions we have, and these assumptions are discussed under three main groups: Assuming world is good, world is meaningful and self value. Traumatic events primarily destroy our assumptions and lead to questioning of positive beliefs related to world and ourselves and realizing our vulnerability. In studies conducted with trauma victims, it has been indicated that victims never thought of the possibility of experiencing such an event and they felt vulnerable, insecure and unprotected after that event. The reason is found as the fact that individuals usually live their lives based on “illusion of invulnerability and idea that it would not happen for me”, and as a result of traumatic experience destroying these basic assumptions, individuals begin to face their illusions and to understand that bad things can also happen for them and their beloved ones. Trauma and disasters destroys these basic beliefs and assumptions. Therefore, for a person with mental trauma experience, the world becomes a place filled with insecurities and threats. This process is more complex in terms of children, and considering the fact that children are more vulnerable in terms of developmental level compared to adults, it can be understood that mental traumas have more devastating effect for children [13].

1.5. Mental Trauma Prevention Strategies

For protecting and improving children’s mental health, primarily it is necessary to focus on children’s mental health needs, to prevent traumas, to cure trauma victim children. In this context, practitioners, experts, families, educators and managers must take more responsibility to prevent such traumatic experiences. In addition to this, extended prevention and intervention programs and psychosocial interventions seem to be necessary in which national and international level of cooperation is provided.

Since children’s developmental process continue in mental traumas and due to devastating effects of traumatic life experiences, children’s coping skills remain inadequate, and children do not have the ability to understand, define and prevent trauma. The fact is that children are the most affected age-group from trauma and they most vulnerable population against traumas. That is because children’s level of vulnerability is higher. However, children are again those who can heal and recover the fastest during an effective prevention and intervention process. Therefore, it is the job of adults, families and mental health experts to identify children’s psychological traumas and to configure psychological support process to support their needs. On this subject, understanding children’s mental needs and curing their traumas emerge as a significant need.

Things to be done within the scope of psychological trauma preventive mental health services are as follows:

- Children should be provided with effective coping strategies
- Structured intervention programs should be applied to improve children's psychological stability.
- To strengthen children psychosocially before traumatic experiences by promoting effective and healthy living conditions.
- Studies should be conducted to improve children's subjective well-being.
- Development of mental traumas can be prevented by conducting more effective psychological support studies in schools.
- Children and adolescents are against the most neglected group in widespread traumas with high social effects including, in particular, natural disasters, wars, poverty and violence. Processes during which adults try to cope with their own traumas are periods when children are more exposed to secondary traumas. Therefore, children should be the main priority in all traumatic events.
- Children may feel helpless and hopeless due to effect of trauma, they may think that no one could help them. They need reassurances to cure their wounds and experienced due to trauma and to believe and trust again. Therefore, experts skilled in effective interventions that can work on children are needed.
- Studies should be conducted to make parents and teachers aware of children's mental health needs and way to cure mental traumas.
- If children experience a trauma, their healing process should be the main focused, That is because mental traumas effect their childhood and later life stages and prevent them to become healthy individuals. Therefore, children's mental traumas should be noticed, risk factors should be eliminated and healthy growth environments should be provided.
- Considering the role of adults in relation to children's mental traumas, preventive studies towards traumatized adults should be conducted. Without resolving adults' own traumas, they cannot exhibit healthy behaviors to children. Therefore, studies towards curing adults' traumas should be conducted.

In recent years, children face many traumas experiences, therefore, international cooperation and prevention studies are required in this field. In this context, children's mental health needs should be met, a safe and healthy life should be the priority for all societies and children should be protected against all kinds of threats, traumatic life experiences and risks.

2. References

- [1] Günaydın, M. "Trauma in Children". Pratik Acil Tıp Cep Kitabı. Editors: Orhan Yücel. Derman Tıbbi Yayıncılık, pp.1-5. online- www.jcam.com.tr. 2015.
- [2] Aker, T. "Temel Sağlık Hizmetlerinde Ruhsal Travmaya Yaklaşım". Türkiye Psikiyatri Derneği Ruhsal Travma ve Afet Psikiyatrisi Çalışma Birimi Yayını. Ankara. <http://koutab.kocaeli.edu.tr/dosyalar/>
- [3] Erdur Baker, Ö. "Afetler, Travmalar, Krizler Ve Stres Tepkileri". Eds: Erdur Baker, Ö. & Doğan, T. Afetler, Travmalar, Krizler Psikolojik Yardım. Türk Psikolojik Danışma Ve Rehberlik Derneği Yayınları. Ankara. 2017.
- [4] Calitz, F.J.W., de Jongh, N.J., Horn, A., Nel, M.L. & Joubert, G. "Children and adolescents treated for post-traumatic stress disorder at the Free State Psychiatric Complex". South African Jour of Psychi. 20(1): 15-20. 2014.
- [5] Scheeringa, M.S., Zeanah, C.H., Cohen. J.A. "PTSD in children and adolescents: toward an empirically based algorithm". *Depress Anxiety*. 28(9):770-82. 2011.
- [6] Örsel, S., Karadağ, H., Karaoğlan-Kahiloğulları, A. & Akgün-Aktaş, E. Psikiyatri hastalarında çocukluk çağı travmalarının sıklığı ve psikopatoloji ile ilişkisi. *Anadolu Psikiyatri Dergisi*. 12:130-6. 2011.
- [7] Horton, C.B. & Cruise, T.K. "*Child Abuse and Neglect*". The Guilford Press, New York. 2001.

- [8] Şahin-Demirkapı, E. “Çocukluk Çağı Travmalarının Duygu Düzenleme Ve Kimlik Gelişimine Etkisi Ve Bunların Psikopatolojiler İle İlişkisi”. Yayınlanmamış Yüksek Lisans Tezi, Adnan Menderes Üniversitesi. 2013.
- [9] Ray, J.” Post-Traumatic Stress Disorder in Children: What elementary teachers should know”. *Kappa Delta Pi Record*. 50:109-13. 2014.
- [10] Simonelli, A. “Posttraumatic stress disorder in early childhood: classification and diagnostic issues”. *Eur J Psychotraumatol*. 4. 2013.
- [11] Fırat, S. & Baskak, B. “Gelişimsel Travmanın Uzun Dönem Etkileri ve Bunlara Aracılık Eden Nörobiyolojik Mekanizmalar”. *Kriz Dergisi*. 20(1-3):25-41. 2012.
- [12] Curtis, C.A. “Understanding Complex Trauma, Complex Reaction and Treatment Approaches”. *Psychotherapy: Theory, Research, Practice, Training*. 41(4). 412-425. 2004.
- [13] Yılmaz, B. & Aker, T. *Ruhsal Travma Ve Kuramlar*. Edt: Aker, T. Temel Sağlık Hizmetlerinde Ruhsal Travmaya Yaklaşım. Türkiye Psikiyatri Derneği Ruhsal Travma ve Afet Psikiyatrisi Çalışma Birimi Yayını. Ankara. <http://koutab.kocaeli.edu.tr/dosyalar/TREP.pdf>. 2012.