REFUGEE TRAUMA HELP

Caring for traumatized children

Note: It has deliberately been avoided to use expert language and expert terminology. Instead it has been tried to explain the topic in layman's terms, to enable you to take appropriate action when working with children who have lived through war and flight. (Along the lines "What do you need to know about cars, if you just want to drive one!)

What does trauma exactly mean?

Trial of definition:

- An overwhelming, life-threatening, terrible and frightening experience which is way out from any other "ordinary" human experience.
- It is tied to the feeling of helplessness, to the feeling to be at someone else`s mercy, to having lost control.
- It is mentally and/or physically extremely painful.
- It has been split off from our brain and can thus only be remembered in fragments or not at all.

Depending on subjective perception of each individual person incidents may be perceived as traumatic or not. For example, it may be traumatic for a child who only thinks his/her parents were killed in a destroyed house – even if it is reunited with them a couple of hours later.

Traumatypen – mögliche Einteilungen

A short and unique versus a long lasting and recurring event

or

Fateful event versus caused by human beings, **collective trauma** (e.g. war).

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The three worst types of trauma:

1. Participating in a war (no difference to be made between soldiers and civilians)
2. Rape
3. Physical and emotional violence, sexual abuse in childhood

Typical attitude to life of NON-traumatized children:

- Are convinced to be “invulnerable”
- Perceive the world as significant, comprehensible and controllable
- Perceive themselves as positive and valuable

Typical attitude to life of traumatized children:

- Consider themselves to be wounded and vulnerable in the future
- Perceive the world as hostile, incomprehensible and uncontrollable
- Perceive themselves as defective and worthless

How does a traumatic experience affect the brain?

A **normal Event** is stored in the “standard” memory area of our brain.
We are able to recall the event in chronological order relating to it as a part of ourselves.
We are able to recount the event reactivating our emotions and thoughts.
(“This and that happened to me at this time and place … I thought this and felt that …”)

A **traumatic event** “floods” the normal stress management ability (“fuses” disconnect), the memory of the trauma is fragmented and filed in different brain areas. The memory does not have a chronological order; the connection to our speech center is blocked.
Memory fragments can easily be “triggered” being experienced at that moment as a real event by the person affected (e.g. individual smells, emotions). Sometimes traumatized persons experience film-like flashbacks of the dreadful memories, as if they were occuring here and now—similar to having a nightmare.

During stress the function of our cerebrum is severely impaired by stress hormones (e.g. memory functions like storing and recollecting experiences and knowledge, learning). This reaction was definitely useful in earlier eras of human evolution when bodily reactions like fleeing and fighting, e.g. fighting for food, escaping from a bear, initially had a higher priority.

Different stages of physical trauma reactions

1. **Flight or fight,** circulatory functions and stress hormones are “at full blast”
2. **Freeze,** the so-called “play dead reflex”, in order to possibly get a chance at escape
3. **Submit,** “inner surrender”, body and circulatory functions “shut down”, inner “withdrawal”

Note: Traumatized children may show individual elements of these physical responses, e.g. physical tension, aggression, slowdown, emotional or physical numbness, “withdrawal”.

➢ The more steadfast (mature/adult personality) a person is, the better are his/her chances to categorize and cope with dreadful experiences. **As a consequence, trauma is especially hard on children.**

Possible traumatic experiences of children having gone through war and flight

- Threats, physical violence, torture, pain, fear
  - Within their family, community or having been threatened by perpetrators in the political/religious sphere in their home or host countries
  - Sexual violence (rape), forced prostitution
  - Displacement, escape
- Living in war zones or conflict areas, witnessing/listening to reports of bomb attacks, fights, violence (secondary traumatization), witnessing cruel deaths
- Violent death of parents, siblings, friends
- Having been a (voluntary or forced) offender (e.g. child soldier)
- Frequent changes of place / relationship breakups **(may also happen here)**
- Getting lost, being left behind alone, not knowing how to go on.
- Loss of security, poverty, hunger, thirst, cold, diseases, natural disasters, brutalization
- Powerlessness is one of the most important causes for traumatization.
- Feelings of guilt or shame related to threatening events, even though the child is entirely innocent (e.g. “If I hadn’t gone to play, my father wouldn’t have looked for me in the cellar, when the bomb hit our house…”)

Current everyday life of refugee children

- As they are operating in “survival mode” – (feelings and emotions
- Or the exact **opposite:** They cannot regulate nor control themselves, snap easily, are very thin skinned, easily distractible and cry easily.
- Stress and trauma may result in memory and concentration disorders (the children do not “comprehend”, forget what has been already explained, are late for school).
- The do not feel that they are in a safe place yet **(reliable caregivers / continuity are important!)**
- No opportunity to retreat, frequently: cramped living conditions
- **Distrust,** fear of strangers (= enemy? dreaded/experienced xenophobia, e.g. in Germany). In their home countries police and authorities often were offenders.
- Children may be severely threatened by having to walk alone to/from school (separation from their family).
- Bad sleep in collective accommodations (e.g. having to listen to other people screaming due to nightmares)
- Persisting fear, e.g. for relatives, friends in their home countries
- Grieve for relatives who have died (and virtually the loss of everything in their familiar surroundings).
- Potentially heavy responsibility (already experienced by small children): “I need to succeed in staying here in order to help sustain my family at home or have them follow.”
- Children and women staying at refugee hostels are especially vulnerable often experiencing sexual abuse or rape. More often than not, showers and toilets are not gender-separated and not lockable. Women and children often have to share a sleeping accomodation with male strangers.
- These conditions often contribute to an additional trauma or the children are overwhelmed by traumatic memories (flashbacks).
- Traumatized parents cannot comply with their parental responsibilities, cannot offer a safe haven (risk of neglect!) which puts strain on the children and frightens them. The parents are depressed or apathetical, have aggressive outbursts which they cannot control. In response the children may turn aggressive (frequently boys) or over-compensate (frequently girls), they may seem to be adjusted or very fun-loving in order to support and exonerate their parents.

Conclusion: Children who have lived through war and flight are possibly traumatized, but they certainly continue to be in an exceptional situation which unsettles and often frightens them. Most certainly, it severely strains and often over-strains them.

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Possible symptoms shown by children suffering from traumatic fears/trauma?

- Crying, screaming, trembling, without an actual reason.
- They are hyper-sensitive when faced with new things/situations and normal demands.
- They wet themselves, grind their teeth, chew their nails, harm themselves.
- Outbursts of aggression **without an actual** reason
- Fatigue, inactivity, withdrawal, emotional numbing, shyness
- Anxiety, sleeping disorders, inability to concentrate
- Permanent repetition of certain movements (defensive movements, turning, drumming with hands and feet, washing, …) which may, e.g., be a partial action taken from the original traumatic scene or may be a means of calming them.
- Horrible phantasies or dreams.
- Recurrent recollection of a traumatic event (flashbacks), e.g. triggered by certain sounds or noises. For example: A child throws himself underneath the desk when hearing an airplane passing by, expecting a bomb attack. The child screams, cries and kicks needing a lot of encouragement in order to be responsive in the here and now and to be able to feel and know that he/she is safe. Possible trigger situations, e.g., at school: cramped conditions and noise at assembly areas, overcrowded school hallways and wardrobes, emotionally charged situations, e.g. during sports, disputes or at schoolyards.

Conclusion: All kinds of stress and frightful reactions, sudden changes in behavioural patterns, too much or not enough activity or strange behaviour, even days, weeks or months after the frightful event may be signs of a trauma response (also shown by local children as a sign of domestic/sexual violence).

Note: When noticing these reactions with refugee children, please inform their parents, whenever possible, organize help—the sooner the better. However, support may also be helpful after years, since their parents are often not able to take the necessary steps and measures for their children—they may be overwhelmed or do not know the help system. If you suspect domestic/sexual violence, notify child protective services after consulting with your superiors (as a back-up for yourself).

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How do I help children to come out of traumatic flashbacks and return to reality?

Note: No matter how committed you are to offer maximum support and help to refugee children, it is extremely important to be aware of the setting/frame in which you are dealing with these children. Schools do not offer room for therapy! (Trauma therapy requires a safe setting, time and specialized therapists.) In case of acute trauma symptoms, you can act similar to an emergency service in a car crash whose purpose it is to get the child out of an dangerous (inner) situation and offer safety (in the presence).

Flashbacks are inner emergencies for these children!!

Do not leave the child alone and do not ask what the child is experiencing at this moment. This would enable the "frightening" images and feelings to stay active or be re-activated and will consequently make him/her feel powerless again. The child would experience another loss of control feeling incapable of acting and may be re-traumatized.

Specific advice

1. Change of position – change of place – change of subject
   Different stimuli/demands to the body and the brain from the outside make it easier for the brain to regulate the emotional experience down giving priority to logical reasoning and functioning of current everyday life. This may include such actions as, e.g. to help a sitting child who is affected to get up, to leave the place where the flashback was triggered and try to divert the child's attention to other things which are not frightening.
2. Call the child by his/her name, if known. Do not simply touch the child!
3. Take the child out of the trigger situation!
4. Soothing voice
5. Offer reassurance
6. Initiate physical activity (to redirect brain activity)
7. Offer something to drink (to redirect brain activity)
8. Container exercise, adapted according to age and language skills (see imagination exercises)
9. Then distract with a different activity or subject.

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How can I help to support and stabilize these children?

***(Important:** Look for the "RIGHT" reason for each behaviour to be able to understand!)*

Create reliability for the child:

☺ Give the child the feeling to be accepted even though he/she shows unusual behavioural patterns.

☺ When bad memories are haunting the children, let them talk, listen quietly, show sympathy **(do not actively ask for details!)**, you may gently distract them, depending on your capabilities (Do I have time and space, do I have sufficient inner stability right now?)

☺ Exude serenity, assurance

☺ Be kind, smile

☺ Be emotionally predictable, smother your own emotional sensibilities

☺ Be consequent (reliable), "I will do as I said"

☺ Offer help, reassurance, if the child shows signs of fear

☺ Offer continuity with regard to caregiver, premises and routes

☺ Reliable daily routines

AND:

☺ Convey a feeling of control and having options

☺ Convey a sense of achievement

☺ Create opportunities for sports/physical activity for stress reduction

☺ Offer distraction (to draw mandalas, allow for and promote creativity)

☺ Develop opportunities to create positive (inner) counter-images