

The medium to longer-term effects of trauma seen in children following natural disasters.

**Child psychotherapist Ruth Wraith speaks about the medium to longer-term effects of trauma seen in children following events such as the February 2009 bushfires in Victoria and the floods in Queensland.**

We are now 8 weeks after the bushfires that ravaged Victoria. Moving forward we need to be very sensitive to children who have any continuing reactions to their experience of the bushfires. Those [reactions] that haven't resolved can begin to interact with the child's pre-existing vulnerabilities, with their personality style and with current contextual issues. We also need to be mindful that the trauma the child has experienced can become fused with the developmental process of the child and impact on it. This can be quite subtle as it's occurring and often only becomes an issue sometime down the track when the reactions have become interwoven with the child's lifestyle, relationships and development.

**So what do we see in children in this medium to longer-term phase of post-trauma recovery?**

Thinking of medium term from this phase - 8 weeks through to the end of the first year - we may see that:

- (1) The short-term reactions persist:  
e.g. Sleep disturbance and nightmares - A result of disturbed sleep is the interruption of sleep patterns with their own physiological effects. The child can also become chronically tired and this can interfere with school performance, cognitive development and academic achievement. It can also translate into peer relationships, irritability, lack of resilience, and interfere with physical development and other more subtle reactions in terms of autoimmune state.

That's one example of how one reaction to the bushfire can have multiple and long-term consequences on a number of parameters for the child. We can also see:

- (2) The loss of developmental pathways because of interference with learning, peer relationships and academic achievement. So, the child does not fully engage in the new age specific and age appropriate demands and challenges, therefore does not have these experiences to consolidate into their maturation process.

**At this 8-week marker, how does trauma impact upon child development?**

At this stage we often see children with interference to development, which may be at any of the developmental stages, on any of the developmental lines. We may see, in some of the areas of the child's functioning, developmental arrest - where the child becomes frozen in one or a number of aspects of development. We may also see developmental regression as a result of the impact of the particular disaster experience, or as a response to what is happening for them in the context of their lives.

All of these signs are often very subtle in their presentation. I have an example of one little boy whom I worked with after a natural disaster where a parent had died, and the child himself had experienced the disaster. He was a well functioning little boy in a well

functioning family, with sufficient skills and capacities to be able to move forward in all aspects of his development and his recovery in the first 12 months. However, the demands of coping with his own stressors in the context of the distress in the family meant that he was not able to engage with the developmental tasks for his age during that first year. Because of what was happening in the wider context of his family and his community, neither was he able to receive the support of processing opportunities that he needed in the first year. By the time the child entered the second year post the traumatic event, the skills that he had attained plateaued. By the third year he was falling behind his peers in his level of functioning. In the fourth year, issues and problems were identified and it was not until the fifth year that help was sought. The changes, rather than being attributed to the original cause and process, were related to current contextual issues and seen in behavioral terms, rather than being attributed with understanding. It took a lot of work to support this young lad. But sad to say, too much time had passed and he did miss out on some grounded developmental work.

**So one thing we learn from that young lad is that regardless of time between trauma and presentation to counseling services, for whatever cluster of symptoms, we have to look for a trauma history.**

It is very important that we stop and take a good history, with a very sensitive understanding of when these problems arose, why they arose, how they're being maintained and how the environment post-disaster has actually supported consolidation of some of these problems.

**The impact of the trauma will be individual, different in its degree, severity, trajectory, and specific to each individual child. But Ruth, what symptoms should we generally be on the look out for at this medium to longer-term?**

We need to have in mind that the short and medium term responses may persist for, not all, but for some children. At this stage we can see quite clearly some deviations. We can also see where poor social functioning and often performance start to become obvious. The impact may be obvious in personality changes, as the child struggles to deal with the demands of everyday life. We can see the emergence of chronic peer problems – this is one of the troubling presentations in the longer-term.

For some children we see a preoccupation with other traumas. So post bushfire we may see in some children an over engagement with fire, fire prevention, with fire protection – in a way that takes time and energy away from normal developmental tasks and experiences.

We can also see in the longer-term identity changes, and (as I mentioned earlier) as children's reactions become entrenched, they come to think of themselves as "always frightened", or parents or teachers or peers think of the child or react to the child as "the child who is short-tempered", or "the child who prefers to be alone", or the child who might be identified as "lazy", but may in fact be suffering from poor concentration because they are on hyperalert or they're not interested in joining in new activities.

We also see with children of all ages in the longer-term that the experience of a major event, such as the bushfire, can contribute to the development of their philosophy about life; their understanding of people's attitudes to each other; how they relate to each other; value systems as they are articulated, and value systems as they are engaged upon in relationships.

**Ruth, can you think of a case example to illustrate the vigilance and preoccupation with trauma at this phase posttraumatic recovery?**

I remember one little girl (who was involved in a holdup at the age of four) wondering how the legal system and the penal system, when the perpetrator was convicted, would make this "bad person into a good person" – so she would be safe when he was released from custody. This little girl spent a lot of time engaging in trying to understand the rights and wrongs, the values, the rehabilitative quality of our judicial and penal system.

**And finally Ruth, what are three goals in this medium to longer-term phase of posttrauma work with children?**

1. Find ways to try and resolve some of the high arousal affects.
2. It's also important to understand the factors that are contributing to the maintenance of reactions and also contributing to any problems arising as a consequence of the disaster experience.
3. We must put time, attention and energy into maintaining the developmental trajectory, and the engagement with the developmental tasks. If it's not possible for the child to do this, we need to understand why - to ensure that the child can get back onto the developmental pathway and catch up with any developmental tasks that have been missed.

Although recently retired as Head of Child Psychotherapy at The Royal Children's Hospital Melbourne, Ruth Wraith remains an internationally recognised expert in child psychotherapy and trauma. Ruth was the inaugural Vice President of the Australasian Society for Traumatic Stress Studies and its second President. Her disaster work commenced with involvement in the Ash Wednesday Fires, and she has been a psychosocial consultant to the Victorian State Emergency Recovery Unit and the Medical Dis-plan for many years. Ruth is a member of the National Mental Health Disaster Task Force and the Child Task Force.

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