

Everyday Magic:

16 Ways Adults Can Support Children Exposed to Violence and Trauma



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Introduction: Impact of Trauma and Violence on Children & Youth

Everyday, too many children and youth are exposed to violence in their homes and in their communities. Studies suggest that 15.5 million children in the U.S. witness domestic violence annually (Whitfield et al., 2003). By age 17, over one-third of America's children will have been exposed to domestic violence (Finkelhor et al., 2009). Over 60% of children and youth have experienced at least one direct or witnessed victimization of violence generally in the previous year and almost half had experienced a physical assault in the study year (Finkelhor et al., 2009).

Growing evidence from scientific studies indicates that exposure to violence and other forms of trauma can be harmful to children of all ages (Futures Without Violence, 2013; Garner & Shonkoff, 2012). We define violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (Listenbee et al., 2012). Exposure to violence can result in the experience of trauma – hurt or harm to a person's body or mind (National Institute of Mental Health, 2006). Potentially traumatic events include being the victim of and/or witnessing the following: natural disasters, family violence, child abuse and neglect, dating violence, sexual assault, school violence or community violence (e.g., shootings and gang violence), and violence or bullying as a result of homophobia or affiliation with other social or cultural identity groups that face discrimination.

There are two different types of trauma – acute (a single event lasting for a short time) and chronic (multiple events over a longer period of time) (Grillo & Lott, 2010). Chronic trauma is also known as “complex trauma,” with the occurrence of multiple negative events, often at a young age, that are either perpetrated or allowed by a child's caregiver(s) (Lieberman, Chu, Van Horn, & Harris, 2011). For children and adolescents, trauma can be particularly detrimental. They are still in the process of developing physically, mentally, and emotionally and may not have the capacity to grapple with the events experienced (National Institute of Mental Health, 2006). Chronic exposure to trauma results in the over stimulation of the stress response systems of children and can lead to toxic stress. According to the Center for the Developing Child (2014), “toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, sexual abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to severe community or gang violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years”.

Exposure to violence and other forms of trauma can impact children in a variety of ways. Recognizing some of the signs can help you identify children and adolescents who may need assistance and support. The following behaviors may indicate that a child or adolescent is experiencing problems related to trauma or chronic and on-going



stress (National Institute of Mental Health, 2006; Kisiel & Lyons, 2001; Grillo & Lott, 2010; Listenbee et al., 2012; Brymer et al., 2006):

- Anxiousness and irritability
- Trouble concentrating and/or sleeping
- Easily startled (e.g., jumping in response to sudden noises that do not bother other children)
- Hyper vigilance (watchful and “on guard” for possible dangers around him)
- Withdrawal from social interaction
- Dissociation (e.g., black outs, detachment from reality, forgetfulness, emotional numbing, personality changes).
- Challenging behavior (e.g., aggressive outbursts, picking fights, yelling, disobeying authority figures, difficulty sleeping, trouble concentrating, sexual aggression)
- Refusal to return to the site of the trauma and/or avoidance of any trauma reminders
- Physical signs of abuse or self-injury (e.g., black eyes, cuts, limps, broken limbs, self-inflicted wounds)
- Feelings of powerlessness and having “no future”
- Traumatic play (e.g., reenacting a traumatic event with toys and/or playmates)
- Trouble developing and maintaining relationships with peers
- Delays or regression in development, (e.g., speech acquisition, bed-wetting)
- The use of drugs or alcohol
- Onset of risky sexual behavior

These behaviors can begin after a single traumatic event, or can appear to be characteristic of children who live with persistent or chronic trauma. Children who live in communities with high rates of gun violence may exhibit challenging behaviors that aren't new or are not connected to a specific incident, but are still cause for concern as they could be a result of experiencing chronic trauma. For other children, any out-of-character behavior may be indicative of a larger issue such as child or adolescent trauma and should not be taken lightly.

Every child is different, and every child responds differently to trauma. Age, developmental stage, gender, and culture can all influence how a child responds to a traumatic event. There can be an overlap of traumatic symptoms across ages – all children and teens can become depressed, exhibit aggression, have nightmares, experience feelings of guilt – but some age groups can have unique responses. For example, younger children may cling to caregivers and other adults, cry and scream, and resort to behaviors they had previously outgrown (e.g., thumb-sucking, bedwetting, and fear of the dark) while adolescents may resort to drug and alcohol use, have suicidal thoughts, and wish to seek revenge (depending on the trauma) (National Institute of Mental Health, 2006). Teens that have experienced multiple traumatic experiences in childhood are also more likely to engage in risky behaviors during adolescence such as using drugs and alcohol (Dube et al., 2006). Challenging behavior is often common in adolescence, which is why adolescent trauma symptoms are sometimes overlooked (Crane & Clements, 2005). Adolescents are in the process of



creating their identities, which may lead to risky behavior and potentially traumatizing experiences.

Considering gender, boys tend to respond to trauma differently than girls and have different rates of exposure to potentially traumatizing events. Girls are more likely to experience sexual assault, dating violence, and child abuse while boys are more likely to witness death or injury, scenes of war, fire, and natural disasters (Tollin & Foa, 2006). Studies indicate that as many as two-thirds of adolescents who become pregnant were sexually or physically abused some time in their lives (Liederman & Alom, 2001). Studies have also shown that girls are more likely to experience ,-traumatic symptoms than boys – a fact that you should consider in your daily interactions with children (Green et al., 1991; Tollin & Foa, 2006).

Children from certain backgrounds and experiences (e.g., racial, ethnic, religious, sexual or gender identity, and language diversity) may be exposed to a greater number of potentially traumatizing events (e.g., refugee experiences, immigration, racism, homophobia, and acculturation – getting accustomed to a new culture). For American Indian and Alaska Native children and youth, historical or intergenerational trauma should also be taken into account. Historical trauma is cumulative and collective. Domination and oppression of native peoples increased both economic deprivation and dependency through retracting tribal rights and sovereignty. Consequently, American Indian and Alaska Natives today are believed to suffer from internalized oppression and the normalization of violence (Burbar & Thurman, 2004). The impact of this type of trauma manifests itself emotionally and psychologically, in members of different cultural groups (Brave Heart, 2011).

African American children and other communities of color also experience historical trauma and are impacted by structural racism and institutional violence. For example, African American students are suspended and expelled at a rate three times greater than white students (U.S. Department of Education Office for Civil Rights, 2014). As a collective phenomenon, those who never even experienced the traumatic stressor, such as children and descendants, can still exhibit signs and symptoms of trauma or experience internalized oppression (SAMSHA, 2012). For some communities the legacies of historical trauma is a current and on-going traumatic experience. For certain children, there may be certain risk factors – language barriers, family conflict over cultural differences, struggling to fit in at school, and mistrust of police and systems – associated with reconciling their new culture and their cultural origin that may exacerbate any posttraumatic symptoms (The National Child Traumatic Stress Network, 2013).

Negative attitudes toward lesbian, gay, bisexual, transgender, and queer people (LGBTQ) result in an increased risk for victimization of violence for LGBTQ people, compared with other children (Coker, Austin, & Schuster, 2010). LGBTQ children are also at a higher risk for suicidal thoughts, ideation, and attempts as they may feel rejected by their peers or family and often internalize feelings of shame and isolation. A nationally representative study of adolescents in grades 7–12 found that LGBTQ youth were more than twice as likely to have attempted suicide as their heterosexual peers (Russell & Joyner, 2001).



While trauma and exposure to violence can impact children in a variety of ways, many children are not traumatized or permanently harmed – a sign of resiliency. Resilience is an amalgam of “genetic predispositions and personal, familial, and environmental risk and protective factors” (Rutter, 1999, as cited in Lieberman et al., 2011). A child’s protective factors are attributes that reduce the effect of stressful and/or traumatic events on a child’s life (Center for Disease Control, 2013). Protective factors promote resiliency and include individual strengths (e.g., conflict resolution skills, temperament, and the ability to make sense of difficult experiences); family strengths (e.g., strong child-caregiver relationships, a physically and mentally healthy caregiver, and a stable living environment) and community strengths (e.g., a positive school climate and feeling connected to their school, role models, safe places to play in their neighborhoods, and mentors who create safe, nurturing environments). Children need “consistent, supportive, and loving” adults who create resilient environments (Futures Without Violence, 2013; Masten, 2009). The following 16 recommendations were developed to foster the strong relationships and safe, nurturing environments that support that resiliency.

It is important to note that, in your supporting role, you should never pressure a child to relive or disclose their traumatic experience. Follow their lead on the level of detail they choose to share. As a non-clinician, you should be aware of your limits and when to help a child obtain professional clinical services. If a child shows acute mental health issues (e.g., an inability to function in his daily life or threatening to harm himself or others) or continues to exhibit posttraumatic symptoms 4 weeks or more after a traumatic event, connect him and his caregivers with professional clinical services as soon as possible (Brymer et al., 2006). Places you may refer them include their school (connect them with a teacher, social worker, or guidance counselor), child welfare services, local community health centers/clinics, non-profit organizations, neighborhood centers, domestic violence programs, tribal organizations, and faith-based organizations. Any health care organization in your community should have the resources to meet their needs, or the knowledge to help the child and their caregiver access needed services.

Mandatory Reporting

In addition, if you work for a child-serving institution (e.g., a school, a law enforcement agency, a child welfare agency, health care organization), you are likely a mandated reporter – obligated by law to report any evidence of child abuse and neglect to child protective services (CPS). Please refer to your state’s child protection laws for more information. In the event of any violent act committed against a child, a mandated reporter should do the following: (1) inform a non-offending caregiver about your obligation to file with CPS; (2) evaluate the safety needs of the child; and (3) inform CPS in a detailed report about the nature of violence and the perpetrator (his possible response and level of danger) (Futures Without Violence, 2004). Even if you are outside of the purview of mandated reporting, you should report any sign of abuse or neglect to the authorities because the situation may need to be evaluated by professionals to determine if the child is safe in their current living situation. If the situation is not dire, you may discuss options for the child, her siblings, and/or any non-offending caregivers (e.g., family therapy, shelter services, legal action) instead of filing a report.



The following recommendations are designed to help kids exposed to trauma and violence, but they could also be useful to help *all* kids develop resilience for current and future challenges. Providing care and support, you can be a powerful force for good in children's lives!

Recommendations

- 1. Take care of yourself.** Working with children can be uniquely rewarding, but there is no question that it is also hard work. This is especially true of working with children exposed to trauma, violence, or adversity. Dealing with difficult behaviors can be stressful, and listening to a child's traumatic story can be troubling in the extreme, and sometimes listeners can become vicariously traumatized (Cole et al., 2005). Vicarious trauma, also called secondary trauma, can be defined as the emotional impact of hearing trauma stories and becoming witnesses to the pain, fear, and terror that survivors have experienced, (American Counseling Association, 2011). Vicarious trauma can lead to compassion fatigue, numbness, trouble sleeping, hyper arousal, and other physical or emotional issues. Working with children who have experienced trauma can also trigger your own past experiences with violence or trauma and can interfere with your ability to support and engage with certain children or youth. Beyond these specific stressors, we all face stress and anxiety related to work, finances, and family. Violence in the media and on the Internet can also add to this stress and become overwhelming for adults as well as children (Groves, 2002). Sometimes it can be easy to allow stress to seep through into other parts of your life. Remember that children are observant. They notice if you are irritable or impatient with them or with other children or adults. Taking care of yourself will help you be at your best – calm and caring – to meet the needs of children you encounter each day. Make self-care a priority: get enough sleep, exercise, or talk to a trusted friend, faith leader, or mental health professional to process and manage your stress.
- 2. Reach out, connect, and support.** Check in regularly with the children you encounter each day – kids exposed to trauma may become socially isolated and not receive the social support they need (Kataoka et al., 2012, p. 125). Studies have found that feeling supported by others strengthens resiliency in children (Masten, 2009). Something as simple as greeting a child by name (or in some Indigenous cultures, call the child by a kinship term) every morning can make them feel seen, known, and valued. By creating a welcoming environment, you can help a child develop a sense of belonging in his community (Cole et al., 2005). The children that need us the most often push us away the hardest, so continue to try to connect. Think about your role in relation to this child's life and make that role supportive and involved.
- 3. Be a good listener.** In your day-to-day interactions with children, listening sympathetically and respectfully shows a child that they are heard and valued. Actively listening – showing “interest, empathy, and availability” – shows a child you respect them and can prevent their social isolation (Kataoka et al., 2012, p.124). Establishing an emotional, non-judgmental connection with a child is a way to build their trust in you (Paris, 2012). When it comes to discussing trauma, allow the child



to take the lead and set the tone of the conversation. Some children may not wish to discuss what has happened to them. Do not pressure a child to talk; they may not wish to share, and it is not your responsibility to make them do so (Grillo & Lott, 2010). If a child wants to talk about a difficult topic, whether they are elementary age or an adolescent, listening is a critical tool that you can use to help them express their thoughts and makes sense of their experience. Consider your own background, perspective, and biases – think about how they may impact a child with whom you are engaging (Paris, 2012). Try to be supportive yet neutral – focus solely on the child’s needs without judgment (Strasburger, Gutheil, & Brodsky, 1997). If a child wants to share their story, allow the child to share without interruptions. When they have finished, you may request permission to ask follow-up questions (Paris, 2012). Observe the child’s requests and body language to determine the best approach to respond. Some appropriate language examples include: “From what you’re saying, I can see how you would be...” and “It sounds like it’s been hard for you...” (Brymer et al., 2006). Younger children may want to tell stories or draw a picture describing the events (Groves, 2002). Helping children to identify their emotions through words can promote healing. Consider your environment if a child wants to talk, and consider moving to a location with privacy to avoid other people from over-hearing your conversation. As a reminder, if a child discloses abuse, you are held to your state’s mandatory reporting laws.

- 4. Answer a child’s questions honestly but age appropriately.** The age of a child will determine how you talk to him and respond to any questions he may have regarding a recent or on-going traumatic event (National Institute of Mental Health, 2006). For example, for an elementary-age child, you should use basic, understanding language. If a child says, “I don’t know why this bad thing happened (or is happening)”, you could answer with, “Sometimes bad things happen that we can’t explain.” (Groves, 2002). For adolescents, you can use more direct language that is informative, yet supportive, and matches the adolescent’s emotional state. If they are hostile, or expressing aggressive and impulsive behaviors – as teens often do; try to remain calm and through dialogue, attempt to get to the root of their aggression (Crane & Clements, 2005).
- 5. Respect a child’s cultural background.** Even if there are cultural and/or language barriers between you and a child, you can still be a supportive presence through reassuring body language and basic conversation that shows your interest (The National Child Traumatic Stress Network, 2007). Ask if the child has any family/cultural traditions that make them feel happy (e.g., singing, dancing, praying) and if they would tell you about them. A strong cultural identity can be a powerful protective factor for children and should be supported (Futures Without Violence, 2013). In terms of resources, many cities have organizations that connect newly immigrated individuals with mental health professionals/cultural brokers such as Project SHIFA in Boston, MA, which supports the physical and mental health of Somali immigrant families. For American Indian children, organizations such as Indian Country Child Trauma Center or the National Native Child Trauma Center offer many resources for serving Native families. Health care centers, community cultural organizations, and local non-profit organizations may offer similar services.



- 6. Don't make promises you can't keep.** After experiencing a traumatic event(s), children will need to feel safe, and they will look to adults such as you for that safety (Groves, 2002). However, you cannot *promise* children safety because that may be impossible, especially in the case of children who live with chronic gang or community violence. But, you can use careful, specific language such as the following: "I will do everything in my power to keep you safe" (Brymer et al., 2006). Children see and comprehend more than you think. If possible, use concrete and positive language to establish a sense of safety. For example, you could say, "When I am sad, I do [insert activity] to make myself feel better" or "I have some ideas about what we can do to help you feel better" (Brymer et al., 2006). You can also brainstorm ideas for what children can do if they feel unsafe, scared, or overwhelmed. For example, where are safe places they can go at home or at school? Are there alternate routes to and from school that avoid known gang territory? Who are people that make them feel safe? Discuss with children what they should do if they ever feel in danger. Brainstorm a plan to stay safe together, including when it would be important to call 911. Remember to encourage them to talk to a trusted adult when situations or experiences are scary or troubling to them. At the end of the conversation, remember to thank them for sharing what was likely a difficult issue with you, offer words of praise, such as, "It was really brave of you to share [insert issue talked about] with me. Thank you for trusting me with this information."
- 7. Reduce stress and build coping skills.** Chronic stress can have a negative impact on a child's development, but "supportive adults who create safe environments" can help children reduce chronic stress and overcome adversity (National Scientific Council on the Developing Child, Working Paper #3, 2005, p. 1). You can help a child develop his own problem-solving and coping skills to manage stress (e.g., "When I feel stressed, I [insert soothing activity]") (Grillo & Lott, 2010). Help a child identify ways to find support at home, at school, and in her community by asking the following questions: What has helped you feel better in the past? Does talking with your caregiver, friend, teacher, etc. help? Do certain kinds of music help you calm down, or cheer up? How about playing a sport, making art, writing in a journal, playing with a pet, or going for a walk? (Fox et al., 2012, citing IASC, p. 251). For older children, using technology or breathing apps on their phone can help them in moments of stress or crises. If a child is currently escalated or agitated, suggest some simple ways to relax in the moment. Pause together, and take several long, deep breaths (Grillo & Lott, 2010). Or, you can ask a child if they have a favorite place where they feel safe and see if they can imagine being there, doing a favorite activity. Sometimes children (especially adolescents) turn to unhealthy coping devices, such as drinking, taking pills, or smoking, to manage overwhelming stress. Try to divert them to safer, more productive outlets. All children need patient, supportive guidance to help them better manage stress and develop healthier behaviors (Cole et al., 2005). Some children may be managing their stress by engaging in behaviors that are unproductive in certain environments. For example, they may tap their pencil on their desk repetitively, ignoring the teacher's request to stop. This young person needs safe adults to support them in replacing that behavior



with one that meets the same need for soothing/stress reduction, and is appropriate for the environment.

- 8. Connect children to what they love.** As a supportive adult in a child's life, you can help a child identify their strengths and natural talents, and you can connect them with programs to help them develop these strengths. For example, are there art or dance classes, clubs, slam poetry nights, or teams at school or in the community that might be a good fit for this child? Perhaps volunteering or giving back to the community in some way could help a child develop a sense of purpose? Mastering a skill or expressing themselves through art or music can be a powerful experience that fosters resiliency (Masten, 2009). Help a child find an activity through which they can believe in themselves or develop and practice their leadership skills. By listening and learning about a child, you can discover the activities they most enjoy, allowing you to make useful suggestions if they become stressed in the aftermath of a trauma. Being involved in extra-curricular activities can also help break their isolation and help them create relationships with peers and other supportive adults.
- 9. Help children manage their emotions.** Children who have experienced trauma may exhibit challenging behaviors and have difficulty seeing the connection between their behaviors, feelings, and thoughts; understanding their own emotional reactions; and reading other people's emotions (Grillo & Lott, 2010). Recognizing and regulating one's emotions is a key part of resilience for all children and adolescents (Payton et al., 2000). You can help build emotional health in children by teaching them to differentiate between their thoughts, emotions, and feelings (Pool, 1997). You can be a model of emotional expression and behaviors. Establish trust by validating a child's feelings and helping them identify the emotions behind their actions (e.g., "I hear what you are saying and I understand" and "How did that make you feel?") (Grillo & Lott, 2010). You can use tools like a feelings thermometer (have them draw how "hot" or angry they are feeling), games, or storybooks to discuss how the child can regulate emotions when they feel stress. If the child identifies feelings related to a trauma and their challenging behavior, use supportive language such as, "If that happened to me, I might feel the same way too. It is okay to be sad, but it is not okay to [insert unsafe behavior]."
- 10. Support peer relationships for children exposed to trauma.** Children exposed to trauma may be reactive, impulsive, regressive, or withdrawn – characteristics that may inhibit their relationships with others, including friends (Cole et al., 2005). Inquire about the child's friend network and help them identify friends that make them feel happy and confident (Masten, 2009). Modeling healthy relationships can be beneficial to any child who can derive support by seeing examples of healthy relationships at school, at home, and in his community. If children struggling with the aftermath of a trauma or are facing on-going trauma have access to supportive peers, they may feel inspired to mimic the behaviors of their peers (Cole et al., 2005).
- 11. Be a role model.** You can be a role model for the children you interact with every day. Show them how to deal calmly and productively with any stressors that may arise in their daily lives. By example, you can demonstrate productive ways for



children to problem solve in their own lives and treat others with respect (Kataoka et al., 2012). Set an example of the behaviors you expect and praise the child when they exhibit those behaviors (Grillo & Lott, 2010). Signs of positive relationships include: respecting others, listening to others, showing affection for others, demonstrating compassion, and being optimistic (Stosny, 2011). You can also talk with the child about signs of unhealthy relationships such as emotional abuse (yelling, name calling, disrespectful language, harassment) and physical abuse (hitting, kicking, sexual coercion, or use of weapons).

12. Be a mentor. One proven way to enhance resiliency in kids is through mentoring. For children exposed to trauma, positive and nurturing relationships with adults are especially important (Cole et al., 2005). Mentors can provide consistent, caring support over the long term (relationships of at least one year have a greater impact). Mentorships can be formal or informal, and mentors can serve as role models, resources, and givers of advice. In the United States, more than 5,000 mentoring organizations connect approximately 3 million youth with caring adults annually (Interagency Working Group on Youth Programs). Take direction from the child you are mentoring and suggest activities for the two of you that draw on their individual strengths and interests. The National Mentoring Partnership offers a comprehensive definition for what makes a good mentor (e.g., a sincere desire to support kids, respect, active listening, empathy, and flexibility) as well as resources for starting and joining mentoring programs in your community.

13. Identify a child's "anchors." An "anchor" is a member of a child's support network. Potential anchors can include: parents, grandparents, relatives, foster parents, siblings, mentors, parents, faith leaders, coaches, teachers, other school staff, friends, caregivers, neighbors, and others. Discovering who the child has in their life or who they look up to or trust is important to establish the strengths and weaknesses in the child's network (Kataoka et al., 2012). You are part of this team of anchors working to create a resilient environment for this child. By sharing information and working together, this team can support a child more effectively. A child's primary caregivers are the most important sources of resiliency, so think about ways you can also support the caregivers (Masten, 2009). When a family has experienced trauma, research has shown that maternal posttraumatic symptoms can perpetuate similar symptoms in children. Therefore, offering support to a traumatized child's caregiver is critical (Shonkoff & Garner, 2011; Ostrowski, Christopher, & Delahanty, 2007). Sometimes a simple check-in will suffice. For instance, does a child's mom look like she could use someone to talk to? Are there small ways you could help out, such as giving the family a ride home if transportation is a struggle (if appropriate given your relationship or role with the child)? You can serve as a supportive conduit for a family in need by connecting a child's caregiver to resources in the community, such as community mental health services or a domestic violence shelter.

14. Create calm, stable, and predictable environments. Children exposed to trauma may be hyper vigilant or in a constant state of sensory overload as they are always scanning the environment around them for possible threats. This heightened state of



alertness can affect their attention and ability to engage with material at school, home, and in other settings (Cole et al., 2005). To create a calm, stable environment, minimize unnecessary noises (e.g., loud music, yelling, slamming doors, etc.) that kids exposed to trauma may find threatening or distracting. In addition, try to calm the physical environment through lower lighting; warm, soft color schemes; and inviting furniture arrangements (Grillo & Lott, 2010). Ask the children what kind of space works best for them as there may be some stimuli in the environment that may trigger reminders of their trauma. Create structure by helping children know what to expect (e.g., supporting a regular schedule or letting them know in advance if someone is leaving or someone new is coming) (DeBoard-Lucas, Wasserman, Groves, & Bair-Merritt, 2013). In the case of peer relationships, establish a no bullying or teasing environment. “Most traumatized children do best in a calm environment that accepts no bullying or teasing and in which firm limits are set on negative behavior” (Cole et al., 2005, p. 35). Creating predictable environments is important for all kids but particularly for children exposed to trauma (Grillo & Lott, 2010).

15. If a child uses challenging or difficult behavior, do not resort to shaming or isolating punishments. Acts of aggression in children may be signs of struggling to cope with trauma (National Institute of Mental Health, 2006). If a child acts aggressively, they may be testing the authority of adults for possible underlying reasons such as avoiding trauma reminders and the emotions associated with that trauma – “a sense of powerlessness and vulnerability...hypersensitivity of danger or...identification with the aggressor at home” (Cole et al., 2005). While misbehavior should not be tolerated, it should also be recognized as a potential sign of posttraumatic stress. Traumatized children exhibiting challenging behaviors need to feel safe, secure, and in control, so try to set “clear, firm limits for inappropriate behavior and develop logical – rather than punitive consequences” (National Child Traumatic Stress Network Schools Committee, 2008, p.5). These kids may not be able to establish control and need supportive adults like you to help them regain a sense of control and stability, which should help inhibit negative behavior.

16. Be pro-active and search out child-supporting resources in your community. You are not a clinician and are not expected to provide clinical support to the child. It is important to be clear with children about your role regarding how you can and cannot help them (National Institute of Mental Health, 2006). However, you can be pro-active and find the clinical resources available in your community (local community health and mental health organizations, school social workers, faith-based organizations, child advocacy groups). One resource is the “Map My Community” tool at <http://findyouthinfo.gov/maps/map-my-community>. For children or adolescents who have experienced sexual abuse, their health and healing may be supported by connecting them to a community health care provider who has a trauma-informed practice. Help children and adolescents connect with available resources. Depending on your role, you may find it easier to access some resources than others. If there are inadequate mental health services in your community, maybe you should try to organize programming that supports children affected by trauma.



Additional Resources for Community Members

“Map My Community” tool: <http://findyouthinfo.gov/maps/map-my-community>.

Substance Abuse and Mental Health Services Administration’s (SAMHSA) Mental Health Treatment Locator.

<http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/quickSearch.jspx>

Find mentoring resources in your area:

http://www.mentoring.org/get_involved/become_a_mentor

How community members can support children and adolescents:

<http://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-community-members/helping-children-and-adolescents-cope-with-violence-and-disasters-what-community-members-can-do.pdf>

BE SAFE: A Program Climate Self-Assessment Tool to help you assess the nature of your environment and the youth with whom you work:

http://barcc.org/assets/pdf/BeSafe_Program_ClimateSelf-Assessmen_Question.pdf

The National Child Traumatic Stress Network Acculturation and Trauma Assessment Tool for Children and Adolescents:

<http://learn.nctsn.org/mod/book/view.php?id=4518&chapterid=17>



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Futures Without Violence, formerly Family Violence Prevention Fund, works to prevent violence within the home, and in the community, to help those whose lives are devastated by violence because everyone has the right to live free of violence.

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