Trauma responses in children

It can often be very difficult to recognise whether or not a child is being abused, both for parents and for professionals.

Children respond to sexual assault in many different ways according to their age, gender, personality and family circumstances. Their behaviour will always reflect how they feel as children tend to communicate through their behaviour. Children frequently find it extremely hard to talk about what is happening to them, especially when they've been told to keep it a secret or have been subjected to coercion, bribery or threats. Children very rarely lie about sexual abuse. They may underplay the effects of the abuse or change the identity of the perpetrator in an attempt to protect the family, but they have not been found to lie about the occurrence of the abuse itself.

Generally speaking there are two main behavioural indicators of trauma following sexual abuse. Regression to an earlier developmental stage or loss of developmental tasks previously achieved and failure to learn or distortion of new developmental tasks.

Signs of trauma responses in preschoolers (ages 2- 5)

• They may become anxious and clingy, not wanting to separate from their parents at day care or the baby-sitters house.
• They may seem to take a backward step in development, sucking their thumbs, wetting their beds, refusing to go to sleep, or waking at night when they passed those stages long ago.
• They may become aggressive in their play with other children, with their parents, or with their own toys.
• They may play the same game over and over, like piling blocks and knocking them down, dropping toys behind furniture and retrieving them, or crashing the same two cars over and over again.
• They may express 'magical' ideas about what happened to them which alters their behaviour. ("Bad things happen if I get too happy")
• Though they say they are having fun in an activity, they may look sullen, angry, intense in a way that to an adult doesn't look like they are having fun.

Signs of trauma responses in school age children

• They may revert to developmentally earlier coping mechanisms, such as an ego-centred view (i.e. thinking that someone died because they had bad thoughts about the person).
• They may compensate for feeling helpless during the crisis of the abuse by blaming themselves for what happened. Thinking that they caused the event gives children a sense of power and control while helplessness painfully reminds them of being young and totally dependent.
• Their lack of control over the abuse may make them feel that their future is unsure, which can lead some children to act recklessly.
• They may experience a significant change in school performance. It's not uncommon for children to have great difficulty concentrating and performing in school following trauma. On the other hand, they may become intensely focused on schoolwork to the exclusion of other activities in an effort to cope.
• They may test rules about bedtime, homework, or chores. School age children believe in rules. When something bad happens even if they obeyed the rules they become oppositional and testy.
• They may have interruptions in their friendships.
• They may experience sleep disturbances, nightmares and difficulty falling asleep.
• They may engage in reckless play. Where the preschool child will crash their truck a hundred times, the school age child might physically engage in dangerous games as a way of exhibiting a sense of control that was lost during the abuse.
Signs of trauma responses in teenagers (13 -18)

• They often feel that no one can understand what they are going through and there is a marked shift in relationships with parents and peers.

• They may get involved in risky behaviours, such as experimenting with drugs, sexual activity, or school refusing as a way of handling anxiety and countering feelings of helplessness. They feel their future is limited and may believe they are damaged for good by the abuse so planning for the future is pointless.

• They develop a negative self image because they were not able to avoid or alter what happened to them.

• They are likely to engage in revenge fantasies against the person or people responsible for the abuse and then feel guilty about their vengeful feelings.

• They may experience a shift (either an intensification or withdrawal) in the normal developmental tasks of their age, such as dating, friendships, or sense of autonomy. They may isolate themselves, be depressed and at risk of suicide.

Some more specific behaviours of children following sexual assault.

Wetting/soiling

Many young children lose bladder/bowel control following sexual assault. It can be frustrating for parents and cause extra work. It can be humiliating and embarrassing for children. It is easy for adults and children to focus on the consequences of wetting and soiling eg. changing sheets/clothes, washing, rather than the reasons why it happens.

All children bed wet from time to time when they are sick, stressed or anxious. Children who have been sexually assaulted will often bed wet every night and sometimes more than once a night. Bedwetting can be linked to feelings and may be a result of nightmares. Extreme fear can cause loss of bladder control and may serve the purpose of waking a child from a terrifying dream.

Bedwetting can also result from feelings of helplessness when children feel a loss of ownership and power over their body when it has been used by someone more powerful than they are. Bedwetting can be a reflection of children regressing in many ways, following sexual assault, when they lose a number of skills they previously had. Children may regress to a younger state to try and get their needs met. Bedwetting and soiling may also occur because a child separates from their genital/urinary/anal areas. They may lose the ability to respond to their body cues and therefore become less able to regulate their toilet habits. Sometimes children may be scared to actually go to the toilet. They may have experienced sexual assault in a bathroom or their fears may focus on the toilet itself.

Nightmares

All children have bad dreams from time to time but children who have experienced sexual assault often have nightmares every night sometimes more than once. They may have recurring dreams which are all the more frightening because they know what is coming. Nightmares can make children terrified of the dark and bed time leading to difficult behaviours.

Their dreams are likely to reflect their fears and their sense of lack of control. Looking at the content of their dreams can help them to talk about what has happened.

Persistent pains

Lots of children develop aches and pains that have no physical cause. These will often have a connection to an aspect of the assault. Sometimes if a child has experienced physical pain during the assaults their body can retain the memory of this pain, for example, one child who had been tied up continued to have tingling in his hands; another child had severe stomach pains after vaginal penetration. Another boy had blinding headaches because he felt he could not get the offender out of his head. Children may also think that something is broken inside of them. Repeated pain can also be a way for children to gain the extra love and attention they need at the time. Sometimes emotions manifest themselves physically for children because they do not have the ability to put it in to words.
Clingyness
A clingy child can test the patience of a saint! This behaviour which is so common after sexual assault is a communication of a real need to be reassured of being lovable and of being secure. Children are attempting to rebuild a sense of safety and trust through their relationships with close adults. They are trying to restore a sense of good touch by demanding affection and cuddles. In essence, they are trying to heal their wounds. Constant physical and verbal demands can be difficult for parents but can be modified by identifying what the child needs and putting limits on when and how they are met. Clinginess can also reflect fears which can be reduced by talking about them.

Aggression
Aggression in children after sexual assault tends to be related to fear and anger. It can be a direct communication that states "I am never going to be hurt again". Anger is a healthy response and a necessary part of the recovery process from any trauma. It needs to be expressed in a safe and constructive way with firm limits against hurting yourself or others. To do this, anger needs to be acknowledged and recognised by the child and the adult. A child needs opportunities to discharge their anger. If this, for whatever reason, does not happen then anger is likely to come out through aggression. This causes the child more problems as their aggression prevents other people seeing or understanding the child’s needs.

Aggression also stems from fear and a need to protect themselves from further hurt. This can be evident in boys who may believe they were weak because they did not fight off the offender. Sometimes they can make themselves feel more powerful by hurting other children or animals.

Being aggressive can also cause a child to punish themselves and confirm their low self esteem because they have no friends and are always in trouble.

Sexualised behaviour
When children are sexually assaulted their sense of what is right and wrong becomes distorted. What they had previously learnt about bodies and sexual activity becomes invalid. If a child was shown how to light a fire, for example, it is likely that the child will attempt to repeat what they saw. If children have learnt that they get attention by being sexual with one person they may well repeat the behaviour with another person. If children have experienced sexual feelings, which is common in children who have been sexually assaulted, they are likely to try and recreate those reactions. They may begin to sexually act out with other children to try and make sense of what has happened to them. Their curiosity about sexual matters may have been activated years before they develop the intellectual ability to understand. Children may want to sexually act out on other children to make them feel less vulnerable in the same way they may be aggressive. The trouble they may get into as a result of this behaviour then confirms their view of themselves as dirty and bad.

Sexual acting out by children needs to be distinct from what is natural curiosity. Sexual acting out usually involves a difference in power between the children and may involve coercion/force or blackmail and a repetition of an adult sexual activity.

Normal sexual activity between children is about exploration not gratification (Martinson 1991 in Hunter 1996). Up to the age of 5, children are interested in touching their private parts and looking and touching the private parts of others if they have the opportunity. From 6 to 10 children have learnt that sexual activity should be hidden and will masturbate secretly. They may create situations with their peers that involve looking and possibly touching. (Attempted or actual penetration and activities using force are not normal). They are likely to be curious about adult bodies. Early adolescents will masturbate and begin to develop relationships that involve a range of touching.

Sexual acting out in children who have been assaulted will involve either the child repeating what has been done to them on other children or getting other children to do to them what the offender did. It can also involve children approaching adults in a sexual way. It does not mean that the child automatically becomes an offender but it is an indication that professional help is needed.
Triggers & recovery

Everyone who has suffered a trauma will react when they are reminded of it. The things that remind us can be called 'triggers' and they cause similar feelings to those experienced during the trauma. Very often these 'triggers' are not known to the adult because they relate to an aspect of the assault the parent may not know about. Some examples include the smell of beer or smoke; the smell of engine oil for a girl assaulted by a mechanic; the feel of a beard; the colour of a car; someone resembling the offender; a song or a game. Some are obvious, others are not. One girl was triggered by the Port Arthur massacre because her fear was that the offender would shoot her. Often children can be triggered by unrelated things going wrong because that triggers their feelings of helplessness.

When children are triggered then their behaviour tends to reflect the fact that they are experiencing similar feelings to the ones they felt during the assaults. Parents should be encouraged to discuss with the child what sort of things trigger them, so they are all aware of situations when it may occur.

The behaviours that children exhibit after sexual assault do tend to pass in time as children regain a sense of safety and self control. When the feelings that drive the behaviour are explored, they become less powerful and the behaviour becomes more manageable. Establishing a link between the feeling and the behaviour is important as it gives you an understanding of what is happening.

Children can and do recover from sexual assault. The long term effects of sexual assault are often caused by secrecy, fear and denial of feelings. The more open and honest you can be about what happened the easier it is for children to be the same and the quicker the recovery.