What are Mental Health problems of children, which emerge and are caused by traumatic events?

From the first day of their life, all children have to struggle with their own developmental tasks, with the normal limitations of their parents, and with the destructive human behavior in their social world. Even in so called "times of peace", daily interactions with tension and unhealthy patterns in their personal and material environment have the potential to cause a number of mental health problems. These psychological and social factors may be exacerbated by biological factors like genetic predisposition, anatomical abnormalities, or neurological problems.

In times of war, civil war, or other "man-made disasters", children, tend to be exposed to extremely overwhelming stimuli that may lead to suffering and specific mental health problems. Some children have a severe reaction to trauma, which is similar to the symptoms of Post Traumatic Stress Disorder (PTSD).

Each traumatized child will have his or her own experience and reaction to of trauma.
Despite their extreme vulnerability, children have very specific coping strategies, which protect them from the impact and threat of atrocities in their environment. Children with this ability create their own inner world, enriched with idealized persons, powerful beings, guardian angels, and fairy-tale figures. Within this inner world they are able to create a safe place where the traumatic events lack the power to destroy their trust in life and in the people they are dependent on. However, this coping strategy also is very fragile, and nothing can guarantee that it can prevent a child from suffering psychosomatic symptoms, grief, and even mental health disorder.[1]

Children will often respond to trauma with the same symptoms as adults, but because their perception of the world is different, and because they can not understand the traumatic events as adults sometimes do, they may respond more vulnerably and spontaneously.

Like adults, many children do not like to talk about their traumatic experiences. Very often they are afraid to share their feelings, especially if close relatives are involved, because they might feel guilty for their failure to prevent the traumatic event and to prevent the suffering of their parents and siblings. This can even occur in response to an event as great as a civil war.

Those who experienced or witnessed traumatic events in their childhood are at increased risk for a host of psychological problems, impacting all areas of functioning. For example:
- Impaired emotional, social, cognitive, and physiological functioning,
- Issues such as teenage pregnancy, adolescent drug abuse, school failure, victimization and anti-social behavior,
- Medical problems, such as heart disease and asthma. Childhood trauma has also been linked to increased risk for cigarette smoking.

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1 Information from DORSCH WITZEL, R., Psychotherapist for children, Zuerich 2006

- A higher incidence of neuropsychiatric conditions, such as post-traumatic stress disorder, dissociative disorders, and,
- A higher incidence of domestic violence.

  The incidence of domestic violence in child survivors of trauma is particularly troubling. For boys, witnessing violence as a child greatly increases the chances that they will grow up to act violently with their partners. For girls, it increases the chances that they will accept violence in her dating and/or marital relationships. Children who grew up in violent environments are effectively taught that violence is an effective way to gain power and control over others. Thus, children from violent homes are more prone to accept excuses for violent behavior, and are at increased risk of acting aggressively toward their peers and adults.

During childhood every individual must successfully navigate a series of psychosocial stages. At each stage, a particular developmental challenge (a so called crisis or conflict) comes into focus. Although each conflict never completely disappears, it needs to be sufficiently resolved at a given stage if an individual is to cope successfully with the conflicts of later stages. For example *E.Erikson 2*, identified eight stages in the whole life cycle of an individual. Until adolescence he identified five stages until adolescence and, as shown in *Figure 13.1*, at each stage a particular crisis comes into focus *[See Figure 13.1. in Khmer version: Five psychosocial stages of the childhood with the particular developmental challenges of each stage, adapted from Erikson (1963).]*

In his first proposed stage an infant needs to develop a basic sense of trust in his or her environment through interaction with caregivers. Trust is a natural accompaniment to a strong attachment relationship with a parent who provides food, warmth, and the comfort of physical closeness. But a child whose basic needs are not met, and/or who experiences inconsistent handling, lack of physical closeness and warmth, and the frequent absence of a caring adult, may develop a pervasive sense of mistrust, insecurity and anxiety. During the Khmer Rouge time, young children's basic needs were often unfulfilled, resulting in an adequate development of a basic sense of trust.

With the development of walking and the beginning of language in the second stage, there is an expansion of a child's exploration of objects and people. With these activities should come a comfortable sense of autonomy and sense of being a capable and worthy person. Extensive restrictions, which are common in times of war and starvation, may lead to severe self-doubts.

Children, who grew up during such times of permanent insecurity and lack of warmth – as it was during the Khmer Rouge years - may not resolve adequately this crisis or the crisis associated with the next (third, etc.) phase of development. When previous crises are left unresolved, aspirations remain unfulfilled, and the individual experiences futility, despair and self-depreciation.

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2 Erikson, E. (1963): *Childhood and society*, New York: Norton