

HOW TO ... RECOGNISE AND RESPOND TO TRAUMA

The following article is adapted from chapter 3 of WORKING WITH STREET CHILDREN – AN APPROACH EXPLORED which a relational approach. Definitions and concepts underpinning a relational approach are considered before examining the following processes;

- Entering the world of street children,
- Engaging with street children,
- Forming authentic relationship and
- Hearing **and** listening.

RECOGNISING AND RESPONDING TO TRAUMA

This is a huge topic. Those working with street children will inevitably encounter the impact of traumatic events and need to be prepared to deal with it professionally, to invite specialist experts in or refer children to them. The latter requires humility and confidence and is not always feasible where resources or commitment to child psycho-social support are limited. Ability to recognise and respond to trauma must be developed.

Terms and words are often absorbed into everyday language without being fully defined or understood. Trauma is one such word. Many projects claim to 'deal with' trauma or emotional wounds street children have. Tools which encourage creative means to enable a child to open up are commendable if there is an understanding of traumatic experience. It is potentially dangerous to open up a physical wound and leave it exposed. In the same way, additional damage can be done if emotional wounds are opened up and then simply left exposed or given the wrong kind of attention.

The first stage should be to define trauma.

*"Diagnostic texts which offer definitive statements about trauma ... lead us to conclude that there are two components to traumatic experience. First there must be an external event, in which the person is confronted with actual or realistically perceived threat to the life or personal integrity of self or others. Then there must be a response to the event which includes fear, helplessness or horror. Thus **trauma is by definition a combination of an external event and an internal experience.**"*

Attachment, trauma and resilience by K Cairns

This is absolutely critical in dealing with street children. Almost without exception street children will have experienced external traumatic events. Note that these can be to self or others. Witnessing domestic violence between parents even if the child is not physically harmed can be as much an external traumatic event as direct abuse. It is likely that a street child will have responded to a traumatic event with an internal experience which may result in trauma-related behaviour and emotions. However, do not jump to conclusions. The degree and nature of internal experience does vary and may no longer be an issue. If the child is now safe, has or had strong support networks, is at a certain age or stage of development and has been able to express what happened he or she may no longer be "experiencing trauma". We should not assume that every street child is at the same stage or in need of the same approach. A secure, authentic and potentially long term relationship is the only context in which a worker can effectively assess whether a child is experiencing or has experienced both dimensions of trauma – external event and internal response.

There is no "one size fits all" tool for dealing with trauma and we should be wary of any that claim to be. I witnessed children who had experienced traumatic events but who were stable and well, being counselled resources intended for those still experiencing trauma. Children's stories and experience must be valued and treated with respect. It is not *always* appropriate to encourage street children to share past hurts and memories.

More positively, street child workers equipped to recognise and respond to trauma should have a range of tools and resources available to reflect the spectrum of traumatic experience and the differences between children in terms of interest, ability, personality and resistance.

So how do we recognise the internal experience of trauma? There are both signs or symptoms to look for and also strengths and attributes of children that may be absent. That's why relational workers with street children should understand development processes (portrayed in models such as Erikson's stages of psychosocial development, cognitive development and Bowlby's attachment theory) and patterns that transcend culture.

Children who develop in secure and stable environments without any major disruptions want to be with other human beings and have an intrinsic tendency to trust others. They will be attentive and responsive according to their maturity and development and able to interact with others socially. Children who have not experienced secure and stable environments may struggle with forming strong social relationships and have difficulty trusting others. Much research has been done looking at the impact of trauma on the brain and its functions. Trauma – an immediate event or lack of attachment – has been shown to restrict functioning in the thinking and problem solving part of the brain which also controls emotional responses. Challenging behaviour by children who have experienced trauma may have physiological roots we need to

be aware of. It may relate to the body's natural defence system when faced with danger or stress. The impact on that system was manifested in some attitudes and behaviour we witnessed in our work with street children.

Thea Wilshire sums it up as follows,

"Reports on the types and forms of emotional problems among street children have included anxiety, attention and concentration difficulties, cognitive delay, conduct disorders, depression, destructiveness, developmental delay, learning disabilities, opposition and aggression, post traumatic stress disorder, school problems, sexual acting out, sexual identity problems, somatic complaints, substance abuse and suicide attempts."

Street Children; A Guide to Effective Ministry Edited by P Kilbourn

Those living and working with street children day in day out face the behaviour and issues described. It makes hard reading but is important to emphasise the complexity of challenges faced by street children. If you are embarking on working with street children it is important to go in with a clear idea of what lies beneath the often vibrant and cheerful surface! The following story has a tragic ending and illustrates behaviour and beliefs indicative of traumatic experience.

Teachers at the learning centre identified the challenges Noah was having in the classroom and his lack of confidence more generally. Although he had a smile as wide as his face we didn't see it often. He was reserved and nervy much of the time. Our work was cut short one morning with the news that Noah was dead. He had been very low and reacted harshly to a security guard who moved him on from a nightclub doorway in an aggressive way. According to the other lads who witnessed what happened, the guard told him he might as well be dead. Noah replied, "OK I'll die and then you'll feel bad" and lay down in the road near to the club. The first car driving past was a police vehicle. By the time they had got the body to the station Noah had died. Along with seventy street and former street children we buried Noah at the council cemetery. The boys rallied round with the preparations and those studying bricklaying built and designed a stone to "Noah – our friendly guy". We took the opportunity on the return journey to engage with lads about their own fears, about death and about who would care if one of them died. It was a fascinating discussion as it revealed information that increased our understanding and strengthened relationships.

Therapeutic social workers use the concept of the INNER WORKING MODEL when referring to someone's beliefs and feelings. These are as significant as any behaviour and are seriously affected by experiences of trauma. These beliefs may be about self;

- *I am in danger*
- *I am unlovable*
- *There is something wrong with me*
- *I am bad*
- *I am the source of problems [in some contexts this may be spiritualised with "I have brought a curse"]*
- *I'm on my own*
- *I have no control*

Or they may be about the world;

- *I need to be on my guard*
- *The world is not safe*
- *No one knows what will happen next*

One family therapist recently talked to me about "children and adults with walls" in reference to those who had suffered trauma through long term neglect or even less overt insecure attachment in childhood. It was a useful phrase as I reflected on some of the street boys and youths who seemed so resistant to what was being offered, so indifferent to the possibility of relationship or so desperate to be in control. It is equally important for child care workers and project leaders to be aware of and address possible impact of trauma – in whatever form – on their own beliefs, behaviour and social relationships.

RESPONDING TO TRAUMA

Having examined what trauma is and how to recognise it, this section considers some building blocks or elements of a response to it.

CREATE SAFETY

I suggested that some children may recover from trauma naturally. If they are safe and stable, able to form strong attachments and express all that has happened the chances of this happening are high. It is possible to make sense of what has happened and to reframe it in order to face the future. The chances are reduced if strong networks or opportunities don't exist.

Some street children we worked with formed great attachment with their new foster families or with relatives they had not previously lived with, experienced security and stability and, during the process of assessment and moving off the street were able to share what had happened. They made sense of the past and were able to reframe it in order to face the future.

When a child's story involves trauma, simply telling it can increase the level of stress hormones. That means children may suddenly stop sharing in order to avoid further memory-invoked responses. Workers should be attuned to this and ready to suggest a break or another activity. The environment and professionalism of the worker are core ingredients to this part of dealing with trauma.

"The process of making narrative out of terror...can take place because being in a safe place among safe people allows us to take this little bit of memory and relive it safely, without crossing the threshold in to being overwhelmed by the totality of the original disintegrative experience"

Cairns (2002)

Cairns mentions the words safe or safely three times. Street children need to know they are safe before they will share the narrative of their journey. When questioned about their past, street children may give versions of their story carefully adapted according to how safe they feel. In our context they were quizzed by police, local leaders, market traders, magistrates, journalists, researchers, donors and visitors to NGOs. It was fascinating to hear and read the range of accounts that could be offered by the same child and often there were elements of the truth in all of them. Only within the safety of a secure, professional and authentic relationship were they willing or able to reveal some of the emotional scars they carried from the past – the resentment, fear, anger, suspicion and sense of guilt. It could take months for social or key workers highly skilled in creating a relaxed and safe environment, for children to reach that point.

In terms of structures and programmes, many responses to street children create and ensure safety by establishing long term residential units away from the horrors of the city. A new environment is developed and a notion of safety is achieved. Such places offer refuge and the prospect of harmony although they can easily become so overpopulated that behaviour and discipline threaten both. Although appealing in many ways, creating an alternative environment in this way would have compromised the **transitional** aspect of our approach. Being transitional entails commitment to empower children to thrive in their natural environment. When a child could not return to his village of origin he had to adapt to norms and face demands of life in a foster family some of which resembled previous experience. In the case of second generation street children it is about transitioning rather than returning to mainstream community life.

In both institutional and community-based approaches there has to be stability, security and safety to enable a child to start dealing with trauma.

INCREASE KNOWLEDGE

There also needs to be an awareness or knowledge about trauma and its effects. It is not about excusing challenging behaviour but explaining it and dismantling some of the deeply held beliefs about self as listed above. So a street child begins to realise, *"Even though I do certain things it is not because I am mad or evil"*. At the same time, street child workers and project managers must accept the reality and effect of trauma which means street children have needs that may differ from other children in difficult circumstances. Our criteria and indicators for measuring success must reflect that fact and we need allies and supporters who grasp it. It is why our response to street children was to work at a deeper level, for a longer period of time with a smaller number of children than if we had caved in to pressure for ever greater numbers. Action For Children capture the same intention in their carefully worded strap-line, *"As Long As It Takes"*. What a powerful message for donors who demand ever-increasing numbers of children to be 'dealt with' in a fixed period of time.

UNDERSTAND FEELINGS

Some children who have suffered trauma find it hard to understand their feelings and some become emotionally numb. It is a survival mechanism that we saw time and time again. The process of feeling and being able to recognise and name feelings needs to be revived. Games, role plays and activities such as 'eco-maps' or the Road Of Life are excellent for identifying events and the emotions that were felt at the time.

GAIN CONTROL

Street children who experience trauma, either before or whilst living on the street, may feel powerless. In contexts where choices and options are already limited, there may be little sense of self-determination or control over not just the long term future but each day's activities and outcomes. Working with street children should involve offering alternatives and choices to street children and empowering them to respond in the best way for them. Alternative ways of responding to their own feelings need to be encouraged too. The rules at the drop in centre in Kampala reflected this. Rather than a set of Do Nots we asked the boys to imagine more positive messages. For example, instead of simply putting up a sign saying "Do Not Fight", a poster was designed by a lad gifted at art with the strap line, ***"When we are angry we don't fight – we talk about it"***. Formal and informal counselling incorporated and reflected the same aim - to enable those still dealing with trauma to discover other ways of dealing with stress or challenges and regain a sense of control.

FIX THE PAST

An old adage says you can't change the past but you can stop the past from changing you. This part of dealing with trauma is ensuring the past is past. It's the thinking behind many therapeutic approaches to behaviour change and addiction. Street children often face multiple and complex difficulties and ascribing negative events to memory is challenging. The belief that more bad things will happen may be deep and

hard to surrender. Having a future focus is especially challenging in unstable or poor environments and the prospects of change seem remote in settings which embrace a fatalistic view of our position and destiny.

CHANGE BELIEFS

We referred earlier to our “inner working model” and the foundation of this is what Janoff-Bulman calls ‘fundamental assumptions’ or the beliefs that we have about the world around us and ourselves. Trauma – the event and the response – can shatter these assumptions and a child or young person may replace them with other beliefs. Each person involved in the life of a street child can help him or her transform damaged beliefs in to constructive ones. Simply contradicting or dismissing negative beliefs alone is not enough.

*“The key to helping the child to be free of... negative constructs is to **introduce choice**”*

Cairns (2002)

Many street child organisations aim to increase options and opportunities for street children, which is commendable but to enable a child to deal with trauma we need to increase the ways they see the world, those around and themselves. Some street children have ‘heard’ the message that they are unwanted from an early age or even before they were born. The message that they are of little or no value has been ‘shouted’ at them by all kinds of people from relatives to dismissive city workers. They may now believe labels they have been given – ‘rubbish’, ‘evil’, ‘ugly’ or ‘guilty’. Possibilities must be introduced to provide the child with evidence that such beliefs are wrong. Affirmation and applause, healthy and loving relationships, realising they are not alone or that others face challenges too all contribute to a street child discovering his worth and bravely changing his beliefs.

BUILD POSITIVE RELATIONSHIPS

Street children may appear to crave relationship and many visitors to our projects commented on how attached boys became – sometimes within minutes! Less discerning visitors relished this attention and failed to recognise that blind trust can reflect deep insecurity. Other street children have difficulty trusting anyone and are constantly looking over their shoulder or reacting in a harsh way. Attention span may be very low, which is challenging for anyone implementing education programmes. It may take years for a street child to realise that relating to and with others can be a positive experience.

One aim of our halfway home was to enable residents to build positive relationships. Reviews and reflection often focussed on relationships with peers and residential care workers. They indicated how ready a child was to move on. In order to ensure the sustainability of a child returning home or being placed in a new family, he or she needed to believe in and experience positive relationships. For some children, such as Kinobe, it took much longer than the intended six months to do so.

Kinobe Moses was mute when we first met him. He showed developmental delay in many areas and was frequently unwell. As he settled at the emergency refuge, he began to make screeching sounds. Hearing tests concluded there was no diagnosis of hearing loss. His fellow street children were keen to teach him to communicate more. Kinobe’s speech did eventually return but his behaviour continued to be challenging throughout his time at the halfway home. It became clear that he had suffered both physical and sexual abuse. He had been continually blamed for misfortunes in his home area and had experienced punishments such as being tied up with ropes and dragged along the ground. Kinobe had experienced trauma and even when an alternative to the street was found, workers wondered whether he would ever be able to build positive relationships and so create new and positive beliefs about himself and the world.

BOOST CONFIDENCE

Once beliefs are transformed and relationships built, the ground is ready for self esteem to flourish. Encouraging street children to take personal pride in their work, appearance or environment perpetuates the process of developing self esteem but also provides indicators for progress in this area. Clean up campaigns, inspections, incentives and rewards, providing facilities to wash both bodies and clothes, setting standards and examples are all ways we have found work. We borrowed an idea from a street child agency in Sri Lanka and installed full length mirrors in key locations around the site. For some street children it was the first time they had properly seen themselves. Their impressions from looking in shop or car windows were not as full or clear as those in the mirror and it was encouraging to catch them unawares admiring themselves or trying the latest dance moves. Each cottage at the halfway home had a small plantation for boys to grow vegetables and fruit which they did with pride. On occasions lads presented **their** tomatoes or cabbages or livestock which after careful cultivation and attention, were often impressive. Congratulations and thanks added to the process of nurturing a strong sense of worth, positive self-esteem and confidence.

HAVE FUN

It has to be stated – children who have experienced trauma must have **fun!** After describing heavier aspects, it is important to stress that part of the therapeutic process is enabling children to rediscover and name joy in their lives. All social work is emotional work and has intense and difficult times so embrace the times when recreation and fun are on the agenda! Games and tournaments, outings and visits, arts and crafts, sports and dancing are all opportunities to generate joyful experience. At residential camps for boys who were fostered we were not always confident certain silly games would succeed. We were proved wrong and the explosion of laughter meant they were often the most talked

about parts of the weekend! The same was true of swimming in Lake Victoria, visiting a wildlife Centre and even the airport - many lads had never seen planes on the ground and showed real delight witnessing take-offs and landings. Reliving the moments, keeping records through journals, photos and posters all helped to reinforce the positive work done on such occasions.

❖ CONSTRUCTING AND TESTING A HYPOTHESIS ~ MAKING AN ASSESSMENT

Meaningful social work engagement involves both forming strong, authentic relationship and making professional judgement. The link between the two is made in *Working with Street Children* in sections on hearing the child and on recognising and responding to trauma. This section deals with the purposes or 'ends' of relational work – to construct and test a hypothesis or several hypotheses and to make an assessment in order to take or facilitate action.

Assessments and hypotheses were the raw material of the care planning meetings or "barazas" and street child workers need to develop skills in forming or constructing them.

A hypothesis is a theory which provides an explanation of facts and how they relate to each other. In relational work it is important to be bold and make a hypothesis. The hypothesis should then be tested against other peoples' findings and how the child himself reflects on it or responds to decisions made as a result of it.

In working with street children hypotheses may include;

- why a child is living on the street,
- what occurred at home and
- what are the chances are of sustainable reintegration,
- the nature and significance of risk-taking behaviour (substance misuse, violent outbursts etc)
- reasons behind developmental delay
- reasons for inability to form strong relationships,
- causes of a breakdown of foster placement or
- reasons behind resistance to opportunities.

"A social work assessment is an analysis of the ways in which various elements of a problematic social situation interconnect"

Working with Young Offenders - J Pitts

The worker, who has observed, listened, interacted and responded to a street child, now needs to analyse all she has learnt. The aim is to understand background, personality, abilities, development, social relations, behaviour, aspirations and expectations and how all of these relate to each other. Being both holistic and relational in our approach is necessary to make a quality assessment. Assessment, even in contexts where there is a managerial rather than relational emphasis on procedures and systems, must involve relationship and a holistic understanding or view of a street child. Parker concludes,

*"..social workers must strive to engage with service users and seek a relationship based on exchange of information; a joint activity that guides the process .. **the underlying spirit of assessment concerns engagement and exchange.**"*

Blackwell Companion to Social Work (2008)

TRANSFERENCE

Social and relational workers should understand the concept of **transference**. It is

“the idea that in our current relationships and interactions we may ‘transfer’ feelings into the here and now which actually belong in our previous relationships.”

Ruch, Turney and Ward [2010]

It sometimes manifests as ‘projection’ and in everyday life and stable relationships may not be significant. Working with street children – like any social work – involves past hurts, difficulties, anxiety and insecurity. In that context it is extremely significant and workers, particularly those in counselling situations or who spend many hours with individual street children, need to develop skills in identifying transference and working with rather than against it. In our context, the emergency refuge warden, residential care workers or field social workers were those likely to encounter transference.

In a previous setting, I worked in an intensive way with children in an assessment centre. Had they been of criminal age, many would have been serving long custodial sentences. One boy had set fire to two schools and attempted a third attack on a home.

Matthew’s behaviour was dangerous to himself and others but until the impact of trauma in his life had been dealt with, there was little hope of lasting change. His inability to control anger was one indication of previous experience. One of the most fascinating episodes of a relationship-based assessment was when that anger began to be ‘transferred’ into the here and now. At first it was generalised anger, then it was targeted or transferred to a specific school teacher, then towards a fellow pupil and finally to me as his key worker. He quite suddenly turned and began to ‘hate’ me and outbursts became difficult to manage. At one stage he set fire to the room we were in. In discussions with a child psychiatrist it became very clear that this was transference seen in an overt and clear way. After eight years of both physical and sexual abuse, Matthew was powerless and angry. Fire-setting was a manifestation of the need for power and control and his angry outbursts were transference.

A street child who has been constantly let down or treated in a hostile way by relatives may bring their responses to that into a healing relationship. It could mean they resist help with an unconscious question in mind - “*why should I trust anyone in authority?*” Residential care workers and social workers in Kampala sometimes felt they were being pushed away or being pushed by specific individuals to test their limits. This was transference-related behaviour.

Counter-transference is when a worker or counsellor acts or reacts according to previous relationships or events. If a child is beginning to relate to you as if you are the aggressive parent, counter-transference is when you start to behave like the aggressive parent. In working with Matthew, it was important to de-personalise what was happening and remain professional throughout.

It is not easy dealing with transference. It implies a level and intensity of relationship that is meaningful. Hurtful things can be said – like the time one lad told me I had ruined his life and he would have been better off not knowing me. He had benefitted massively from several areas of the project. The Ugandan staff encountered transference from hostile reactions by lads who had begun to trust them and open up. One group of older boys threatened to poison staff and their families at a stage when they were approaching ‘graduation’. Rather than celebrating achievement, they projected previous thoughts and fears of abandonment and rejection onto current relationships with key workers. If you are currently working in a meaningful way with street children you will have similar experiences so be assured you are not alone!

SUMMARY

Recognising and responding to trauma has been considered within the context of a **relational approach** to working with street children which acknowledges the value and power of relationships. A relational approach is reflected in both relationship-based frontline social work and a whole organisation commitment to authentic and positive relationships. Modelling such a commitment is a duty of the Board to its executive leaders, of leaders to frontline workers and of frontline workers to street children themselves. After defining trauma as both event and experience, ways of recognising it were highlighted before key steps in responding to it were described.

‘Working with Street Children – An approach explored’ is available on www.amazon.co.uk or if you want multiple copies for workers on the field please contact me at andrew.williams@workingwithstreetchildren.com. Thank you.