

TRAUMA, RESILIENCY AND RECOVERY IN CHILDREN: LESSONS FROM THE FIELD

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SUMMARY

War atrocities, natural disasters, community violence, physical abuse and catastrophic illnesses are many faces of trauma and are endemic and the children are the most vulnerable victims. Since 1994, this author has visited war zones and disaster areas 80 times in 18 different countries and has collected data on children's reactions across cultures. Most children around the world show similar responses to the exposure to traumatic experience. Sleep disturbance, nightmares, flashbacks and re-enactment of traumatic events are common. Most children recover from these symptoms in couple of weeks depending on the resiliency and vulnerability factors that they may or may not possess. This author also studied resiliency in children across cultures. In this presentation, the author will present the current understanding of PTSD including the role of amygdala, medial prefrontal cortex and hippocampus in symptom formation. Drawing from the lessons learned during his work with children around the world, the author will discuss the role of resiliency in recovery from trauma.

Key words: trauma – amygdala – resiliency - hope

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INTRODUCTION

Natural Disasters and Wars are endemic and children are often the most vulnerable victims of these events. In 2004, 108 natural disasters struck worldwide, the deadliest being on December 26 in the Indian Ocean following an underwater earthquake which set in motion a deadly tsunami killing over 289,000 people mostly in Banda Aceh, Indonesia, Sri Lanka, India and Thai land; but also in ten other countries on three continents. In August 2005, hurricane Katrina hit the gulf coast of the United States and killed 1417 individuals and caused over 70 billion dollars worth of property damages (Wikipedia 2005). Two months later a 7.7 Richter-Scale earthquake struck Northern Pakistan and Kashmir killing 74,000 people, almost half of them children, and making 3.3 Million homeless (Wikipedia 2006). More recently, the earthquake in Japan and consequent tsunami wrecked that country. May 27, 2011's tornados wiped out one third of the city of Joplin in Missouri.

At any given time at least 50 armed conflicts rage around the world and account for a large number of human casualties, destruction of homes, mass displacement of people and blatant violation of human rights. Armed conflicts, between 1980 and 2005, have killed 3.5 million children, disabled 7.8 million, Orphaned 1.75 million and made 21 million children homeless (State of the World's Children 2005). It is evident that the children are the most common victims of the atrocities of war.

In 1994, in an effort to respond to the special needs of children living in war zones, this author, founded "International Center for Psychosocial Trauma (ICPT)" at the University of Missouri-Columbia and has lead teams of mental health professionals and educators to war torn and disaster afflicted areas around the world to train teachers and Mental health professionals. The

ICPT team has visited Bosnia, Kosova, Russia, Palestine, Afghan refugee camps in Pakistan and several countries in the Middle East, where armed conflicts have ravaged the areas and profoundly disrupted the lives of the children. The ICPT team has also visited areas hit by natural disasters such as Gujrat, India; following the January 2001 earthquake; Banda Aceh and Sri Lanka after the 2004 tsunami and Northern Pakistan and Kashmir after the 2005 earthquake. In the United States, the ICPT team has conducted training workshops in Baton Rouge, Louisiana and Houston, Texas in response to the 2005 hurricane Katrina disaster. In this paper an effort is made to summarize the current understanding of the impact of catastrophic events on children, the findings of research conducted in the war zones by the team and the lessons they have learned during their work.

PHYSICAL AND PSYCHOLOGICAL CONSEQUENCES OF TRAUMA

Wars and disasters have a devastating effect on the physical and mental health of the victims and significantly increase the burden of disease in the survivors. Studies of combat veterans have shown that the trauma victims suffer from serious physical symptoms over and above any injuries that are sustained during the combat. In 1999 Boscarino and Chang found a link between exposure to severe stress and the onset of coronary heart disease in Vietnam War veterans. Other studies have shown that traumatized individuals more frequently suffer from headaches, seizures, chronic pain and gastrointestinal symptoms that result in more physician visits and hospitalizations.

The psychological reactions are even more devastating and have overwhelming effects on children

profoundly disrupting their emotional world. Traumatic stress has the ability to stunt their physical and psychological growth, and has the potential to destroy their hope in the future.

Bosnia & Herzegovina is a prime example where atrocities inflicted during the war had deleterious impact on children. During the ethnic cleansing, Sarajevo, the capital of B&H, was put under siege and thousands of shells were dropped on the city on a daily basis. Snipers hiding in the high rise buildings would shoot at the children walking on the streets or standing in the water lines killing 1400 children and wounding 15,000. Ninety percent of Sarajevo children witnessed people being seriously wounded and forty-one percent saw people killed. Seventy-two percent were exposed to the shelling of their homes. Eighty-one percent reported that they were in situations where they thought they might be killed. Fourteen percent of the children thought they might die of the cold.

The ICPT team made 25 trips to Bosnia during and after the war. We collected data on 791 children belonging to one school district in Sarajevo. In our study 18% of children were diagnosed with PTSD, 40% suffered from depression and 92% reported having suicidal thoughts. We encountered children whose growth was stunted by the severe trauma they had endured. One seven-year old girl's hair turned gray after her father was tortured and killed in front of her eyes. We observed some unusual symptoms among the Bosnian children that made perfect sense once we knew more about the war. In fact, they were not symptoms at all, but merely adaptations to extraordinary circumstances. For example, while children in most countries are sometime afraid of the dark, the children in Bosnia became afraid of the light. Light meant that snipers sitting in the high-rise apartments could see them and shoot at them. Girls as young as 6, 7 or 8 were gang raped and those who became pregnant were forced to bear the child.

From our work, it became evident that the core reactions to traumatic events are similar across cultures. A large percentage of children develop disabling psychological symptoms initially, depending on the extent to which they were exposed to the threat of death, loss of loved ones, or horrific scenes. For example, in the aftermath of Hurricane Andrew 95% of children who had lost their homes suffered from post-traumatic reactions.

According to the DSM-IV, the psychological symptoms following exposure to a life-threatening situation generally fall into one or more of the following three categories:

- Re-experiencing or Intrusive Symptoms.
- Avoidance and Numbing Symptoms.
- Hyper-Arousal Symptoms.

Many children in Banda Ache and Sri Lanka experienced disabling intrusive thoughts recalling those moments when they thought they were going to drown during tsunami. Others experienced flashbacks that

were dramatic and involved a sudden and involuntary appearance of the disturbing images and recollections of the actual catastrophic event as if it is occurring again. Sleep disturbance and nightmares involving the replay of the traumatic event are also common. Re-experiencing symptoms may also appear in children's play as a re-enactment of behaviors surrounding the trauma.

I met a young boy in an orphanage who spent most of his waking hour frantically knitting. He had witnessed his mother killed by a grenade explosion on their front porch where she was sitting and knitting a sweater for him. The boy took up knitting soon after this tragedy struck him. This knitting behavior of this child is an example of playing out a memory surrounding the traumatic death of his mother. Knitting also represented for this child a connecting link with his mother.

Most children exposed to a traumatic event tend to avoid places, sights, sounds and smells that remind them of the trauma they have endured. For example, on the east coast of Sri Lanka and in Banda Ache, children who grew up on the beaches and loved swimming and fishing at the sea refused to return to the ocean after the tsunami of 2004. In fact, any activity involving water such as taking shower and flushing toilet, created an overwhelming anxiety. In Northern Pakistan and Kashmir, children refused to return to schools where most fatalities had occurred during the October 8, 2005 earthquake.

Some children had difficulty remembering the details of the traumatic event; and yet they suffered from nightmares and intrusive thoughts. The failure to recall the traumatic event - a symptom called "numbing", is an example of extreme avoidance. It is human nature's adaptation to spare the survivors the painful memories of trauma and loss.

One seven-year old boy, who witnessed the torture and the murder of his parents, lost all the memories of this tragic event. He was a member of a therapeutic play-group for traumatized children run by a local teacher trained by the ICPT team. This child would walk around the room in a daze, and never took part in any discussion when the children talked about their traumatic experiences and losses. And yet, he would wake up in the middle of the night frightened and in terror from his nightmares. This extreme avoidance of a traumatic memory is a classical example of numbing and presents a major barrier in the recovery from trauma.

HYPER-AROUSAL SYMPTOMS

Hyper-arousal is a common reaction to experiencing a life-threatening event and underlies some very disruptive behaviors in children. After the Oklahoma City bombing, some students began to show uncharacteristic aggression during the recess and became more disruptive in the classroom. The teachers were relieved to learn that those behaviors were due to a state of hyper-arousal that sat in as direct result of the bombing.

In Sri Lanka and Banda Ache, children displayed severe anxiety triggered by the sounds of rushing water. As mentioned earlier, even the flushing of a toilet caused children to run out of the bathroom. In Gujarat (India) following the January, 2001 earthquake that killed over 80,000 citizens, children were afraid of planting their feet on the ground to avoid feeling the earth shaking under their feet whenever a car drove by and produced some vibration.

In the midst of these horrible tragedies and chaos, occasionally we came across cases where the underlying explanation for the symptom formation was not directly related to the trauma. In fact, at times the cause of symptoms was humorous enough to bring few smiles on every one's face.

We evaluated a young boy who would wake up in the middle of the night from his sleep in terror and rush to the basement where he and his family took refuge during war time shelling. While it seemed likely that this boy was waking up from nightmares of his earlier experiences, in fact his terror was triggered by a much simpler cause. The boy was sleeping in the same bed room as his grandfather. Every night at about mid night, his grandfather would start snoring producing a sound remarkably similar to the whistling sound of a mortar round flying through the air. His grandfather's nightly snoring triggered a traumatic reminder. Having the boy sleep in a separate room solved the problem of his nightly flights to the cellar.

SURVIVOR GUILT

Sometimes, the clinical picture of traumatic stress and loss is complicated by a co-existing depression and suicidal ideation in children who saw their loved one killed and blame themselves for not having done more to save them. They are tormented by a feeling of guilt and may believe that they caused the death of their loved one. This survivor guilt may lead to severe depression and suicidal ideations.

A preadolescent girl from a town in Bosnia developed severe depression and serious suicidal impulses since her older brother was killed in a bomb explosion in a market place. She strongly believed that she had caused her brother's death. During the interview, she confided that she did not like her brother because he used to physically abuse her. She admitted that at times she wished that he were dead. On the day of the explosion, that killed him, her brother had asked her to accompany him to the marketplace for shopping but she declined, claiming that she had a headache. She believed that she would have saved her brother had she been with him. Her survivor guilt was further complicated by her legitimate anger at her abusive brother. During interview she was reminded of her religious belief that only God has the power to give life and death to all living beings. By claiming responsibility for her brother's death she might be compromising her faith. The girl admitted that she was familiar with this

article of her faith and but no one had explained to her brother's death to her from a religious perspective. She felt relieved from the burden of her imagined guilt from this explanation.

A young woman in Banda Ache survived the tsunami but her best friend did not. She started having a recurrent dream in which the best friend would emerge from the sea and invite her to join her in the other world. Earlier, the best friend had given this woman a necklace as a friendship gift that the woman wore around her neck all the time. A faith healer she consulted attributed her recurrent dreams to the necklace and suggested to throw it in the sea where her best friend drowned. The woman, however, considered this solution a betrayal of her loyalty to her best friend. She did not follow his instructions. We spent some time talking about the tsunami in which both were trapped and her best friend was killed. She admitted that often she felt she could have done more to save her. This session led to a discussion of survival guilt and the possibility of its having been expressed through her recurrent dreams. She reported that she has maintained a close contact with her best friend's father who lives in a town near by. She was still struggling with what to do with the necklace and liked my suggestion to give it to the best friend's bereaved father as some thing for him to keep his daughter's memory alive. During a follow up visit the woman reported that her best friend's father was very pleased to receive her daughter's necklace to keep his daughter's memory alive. The woman also stopped having the recurrent dreams.

RESILIENCY IN CHILDREN

Although most children react adversely to a catastrophic event and manifest symptoms such as sleep disturbance, intrusive thoughts and fearfulness, the majority of them recover quickly because of their resiliency.

Resiliency is defined as the ability of a child to bounce back from an experience of adversity and trauma. It is a quality that a child possesses that functions like an antidote to the many adverse events encountered during a lifetime

Many factors contribute to the resiliency in a child. Positive temperaments, secure attachment during early childhood, a supportive family and a special and positive relationship with an adult are worth mentioning.

Vulnerability, on the other hand, involves a wide range of child and family-related factors that may increase the risk of developing behavioral and psychiatric problems. Poverty, early bereavement, physical and sexual abuse and a broken family may increase the vulnerability of a child to mental illness.

Vulnerability and resilience are like the opposite ends of a continuum counterbalancing one another in a delicate dance that at any given time may be weighted more heavily on one side than the other. The long-term response to a traumatic event may largely depend on factors such as temperament, intelligence and upbringing.

By upbringing, one means culture, that whole tapestry of experiences and relationship that transform the unique child to the unique adult. All children experience a variety of cultures in their lives ranging from the culture within the family to that in the school setting, to that within the friendship network, and to that of the larger society in which the children live.

I met a group of teenagers in Sarajevo who became self-styled experts on artillery. They were used to hearing the sound of the different guns bombarding the city from the surrounding hills and had learned the characteristic noise that each gun made. They could differentiate one gun from the other by its sound. They knew their make and location. They could even tell from the shrapnel the kind of weapon had launched it. They gave names to each gun “Dino”, “Garfield” etc. and used this knowledge to protect themselves from the assault of these weapons. When they heard the retort of a particular gun, they would say to each other, “He is all the way across town, he can’t get us here”. How accurate their knowledge was could not be ascertained, but their approach to handling the shelling gave them a sense of control over their lives. Giving name and personality to the guns transformed their fear into play. As they became expert at this game, it reduced the negative psychological impact of living in fear. They were truly resilient children.

STRATEGIES FOR PROMOTING RECOVERY IN THE CHILDREN

Although, a majority of the children bounce back after experiencing a traumatic event, a significant number have an inherent vulnerability and if not provided help early are prone to developing disabling psychiatric disorders that may become chronic. There is a general agreement among experts that early intervention accelerates the recovery process and improves the prognosis. This view is supported by the neurophysiological studies that show that individual suffering from chronic PTSD develop heightened responsivity of amygdala and medial prefrontal cortex, diminished hippocampal volume and its impaired function.

Children are especially in need of early psychosocial help. Their dependence on adults and a need for secure and safe environment in which to grow and prosper make them vulnerable to the adverse effects of traumatic experiences. If the situation does not change, a sense of hopelessness may set in, leading to depression, suicidal ideation, substance abuse and academic failure.

LESSONS LEARNED FROM THE FIELD FOR THE HELPERS

From our work across cultures we learned few important lessons for work in different countries to help children exposed to traumatic events.

- It is important to find a group of local volunteers on site for collaboration. It is also important to include the local experts in identifying the problems and planning the strategies to help the children. We acknowledge and take advantage of their expertise about their culture, their children’s needs and the kind of problems that children are encountering. They also have a better understanding of cultural nuances that are important to consider in therapeutic planning.

In Mansehra, the worst hit area by the 2005 earthquake in Pakistan, we trained over 100 participants. They included 45 principals of schools and about 20 mayors of towns. We recognized that this group had a great deal of knowledge about how children and their families are reacting to the horrific experience they had gone through. They were very eager to tell us their stories. We asked them to put together a list of problems that their children were encountering. We also asked them to discuss ways to help their children to cope with their fears. We noticed that the discussions among the groups were intense and animated.

They reported that the children were very afraid and many were suffering from sleep disturbance and nightmares. Most children were refusing to go to school. The teachers felt that children and their families’ fears were further compounded by the rumors about another earthquake striking soon. Many children and their parents were feeling the earth shaking under their feet. We helped the teachers put these symptoms into the three clusters of symptoms of PTSD. The children’s fear to go to school represented an avoidance of the places where most children were killed or injured during the recent earthquake. Nightmares represented the re-experiencing symptoms and feeling tremors in the ground and sleep disturbance were the manifestations of hyper-arousal. Explaining their reactions in clinical terms legitimized their symptoms. Their experiences were not indicative of a mental illness, but a normal reaction to an abnormal experience. It reassured them to know that people in similar situation in other part of the world also have similar reactions to catastrophic events and that they were not unique in their responses.

Their solutions were also remarkably appropriate: (1) encourage children to resume normal activities and encourage them to return to school; (2) build tent classrooms in the school playgrounds gradually have them spend more time in the school building. (3) Secure the cooperation of the media to minimize the rumors and educate the citizens about the facts about earthquakes.

We applauded the volunteers for their contribution and recommendations. With their permission, we translated their findings and recommendations into the local language, distributed them to the teachers and the humanitarian worker in the affected area. This exercise was very empowering to the participants and helped them regain some control over the care of their children.

During my subsequent visits to the area, I discovered that many recommendations made had been implemented. For example, tent classrooms had been pitched in the playgrounds of schools and the children were attending the classes with out fear.

- Gain the trust and cooperation of local authorities, professionals and UN agencies.

Local authorities are wary of the fly-by-night experts, the fame and fortune hunters and those who are motivated by a desire to become a home town hero. Many helpers, touched by a tsunami of compassion, rush to help without knowing the details of what, where and how. They become a hindrance instead of help. Often, untrained volunteers become discouraged when they don't receive a warm and grateful response at ground zero. Our team spends a considerable time to coordinate our efforts with the local authorities. We educate our hosts about our expertise, track record and specific details of what we have to offer. We also keep in touch with various UN agencies such as UNICEF, and WHO. We make available to them of our schedule and training manuals. On occasion we seek their advice on matters of mutual concerns.

- Perform a need assessment by conducting a scientific survey of the nature and extent of trauma so that appropriate psychosocial programs can be developed.

The Package of Needs Assessment includes several standardized tests routinely used in research. We also train teachers to administer these tests. The data can be analyzed and the results can be used to understand the current needs of the children. A pre and post intervention approach can help in obtaining accuracy and the outcome of our interventions.

- Training materials should be updated periodically and modified according to local situations and cultural variations. It helps if the training materials are available in the local language. We have training manuals in Bosnian, Albanian, Russian, Arabic, Indonesian and Urdu languages.
- Training of the Interpreters:

Since our team travels to many countries where English language is not spoken or understood, we rely absolutely on the interpreters to communicate with the trainees. Soon, we learnt that the effectiveness of our training depended on the qualities of our interpreters who served as our ears and our tongue. Occasionally we came across interpreters who would editorialize our presentation to suite their opinions. Similarly, sometime an interpreter would modify or change the response of a trainee thinking that the actual question or comment was inappropriate or offensive. Since realizing this possible problem, we designed an approach that involves giving the interpreters translation of the material being presented before hand to review and ask questions about complicated concepts or phrases. We also give them instructions to translate our spoken words verbatim and not to add their opinions in the translated version. We

also plant a local bilingual volunteer in the audience to give us an assessment of the accuracy of the translation. These steps have reduced the communication problem to a minimum.

COMPASSION FATIGUE

All our programs include training in handling the compassion fatigue under the title "Helping the Helpers". Compassion fatigue is a psychological reaction commonly encountered amongst the relief workers who show up at ground zero with out having a plan of action or skills that are necessary to do an effective relief work (Husain & Anderson 2006). After 9/11 in New York, more people were available to help than needed thus causing a hindrance (Langewiesche 2002). Many volunteers have difficulty setting up reasonable limits on their desire to help people in difficult situations. When the wave of their compassion to help exceeds their physical and emotional resources a sense of failure and guilt sets in. Listening to the tragic and heart wrenching stories of deaths, destruction, violence and helplessness as told by the survivors produces secondary-traumatization in the relief workers. This phenomenon also known as "burn out" is very common amongst the relief workers. The compassion fatigue is preventable if certain steps are taken before embarking on the trauma work. Care must be taken in selecting volunteers who are not vulnerable to the effects of stress due to a variety of pre-existing factors such as a presence of a previous mental illness etc. The volunteers selected for the relief work should receive intensive training in trauma psychology and relief work and must have adequate knowledge about the conditions at the ground zero. Daily debriefing and discussion with fellow volunteers about the successes, failures and the frustrations of the day are extremely important. They should also be encouraged to find time for personal care including recreation and exercise. On all our trips to war zones we routinely save aside time at the end of the day for debriefing. We identify the goals and objectives accomplished and develop strategies to overcome barriers encountered. It also helps to keep our trips short to avoid unnecessary exposure to traumatic situation. We visit the affected areas frequently enabling our team to provide follow up to our trainees and train more people. At the end of every trip we celebrated our accomplishments. After each trip to war torn Bosnia, we tried to make an overnight stop over in Vienna and enjoyed the food and the ambience of the city. On one occasion after returning from Sarajevo, I ran into a colleague in a grocery store where I was shopping for my family. Looking at my cart full of groceries, my colleague asked me if I felt guilty at having so much available to eat while in Bosnia people were starving. I replied that I do not feel guilty but feel grateful for being able to feed my family and myself abundantly. I am also grateful for the opportunity to serve Bosnians to my capacity.

I realize that my efforts to help Bosnian in the war zones may amount to a drop in the bucket, but I know that every bit helps no matter how little it may be. If I stop eating while in USA because people elsewhere do not have enough to eat, I will become weak and will not be able to help as much as I am able to. I also assured my colleague that while in Bosnia, I eat the same meals that are available to my Bosnian colleagues.

HOPE FOR THE CHILDREN OF THE WORLD

The focus of our work in the disaster areas and war zones, are children. This is based on our conviction that children are the most precious gift of the creator to the mankind, a conviction shared by most people of the world.

The world summit for children proclaims that, “The children of the world are innocent, vulnerable and dependent. They are also curious, active and full of hope. Their time should be one of joy and peace, of playing, learning and growing. Their future should be shaped in harmony and cooperation. Their life should mature as they broaden their perspectives and gain new experiences.” Wars and disasters shatter the dreams of children and leads to hopelessness and foreshortened future.

Our general strategy to promote wellness in children is to instill hope. We try to accomplish that goal in a variety of ways.

Giving children a sense of purpose is one way to instill hope. This is important because unlike many resiliency factors that protect children from trauma are inherent or inherited, a sense of purpose can be acquired even in the face of adversity. Engendering a sense of purpose in children is one of the central goals of the therapeutic interview that I teach to our trainees.

Children, who survive catastrophic and life threatening experience are helped to see the future as an opportunity to live out the interests and talents that make each one of them unique, an opportunity that would not exist if they had not survived. Children who feel a survivor’s guilt are helped by knowing that they are not betraying a loved one by living life to its fullest, but instead are carrying on the trust that is implicit in having survived. Possibly the most hopeful change I have seen among the traumatized children who reclaim their sense of purpose is the way they can suddenly let go of their destructive guilt and begin to live their own lives again.

When I talk to children about their purpose in life, I can almost watch this idea reverberate for them as they think it over. Some children have belief that may add a religious interpretation to their sense of purpose. Regardless, the idea seems to provide meaning, comfort and hope to most children.

I was approached by a mother of a ten year old boy from a refugee camp near Tuzla. She was concerned about her son’s deepening depression and hopelessness

since her family was forced out of their home town. The mother reported that her son was a very happy child before they were expelled from their town. During the interview, the boy looked depressed, sat in front me crouched over in the chair and had only intermittent eye contact. He spoke in a soft whispering voice. He told me that while growing up in his home town, he was considered as an outstanding young soccer player. He had a dream to one day play for his country and his coach, parents and friends shared his dream with him. He practiced hard to maintain his strength and skills. This all came to a sudden halt due to the war and resulting displacement. He lamented that he has not been able to practice soccer for a long time. His father is unemployed and had no money to spend on equipment and a transport to take him to the nearest soccer field that was twelve miles away. Having missed valuable training time, he was beginning to lose hope of ever becoming a national soccer player. “I might as well die if I am unable to follow my dream”. It was heart breaking to hear the boy’s story and seeing him lose hope. Being a soccer fan myself, I had read the biography of Pele, the world famous soccer player. I asked the boy if he had heard of Pele. He responded that he did and that he had hoped to emulate Pele as a grown up player. I told him that Pele was a poor boy whose parents could not afford a soccer ball. His mother made him a soccer ball out rags and since the soccer field was not nearby, he hung the ball with a string from a limb of a tree low enough that he could dribble the ball with his feet. In addition, Pele skipped rope to build his stamina. As I was telling the story of Pele to the boy, I noticed that the boy perked up and his stature in the chair straightened out. He looked me into my eyes with amazement and blurred out “Pele did that?”. I answered that Pele indeed did that. He jumped up from his chair and stood straight in front of me and said “Then I can do that too”. I responded that he could do that too. At that he hugged me and I hugged back. He left the room smiling. The next day I went to Tuzla, bought two soccer balls and took them back to the camp. I told the boy to round up few other kids who are interested in playing soccer and their parents and clean up an area in the camp where they could practice soccer. He liked my suggestion. The story does not end there. Few months later when I re-visited the camp, I learned that they have cleaned up a full size soccer field in the camp and have formed a youth soccer team. A year later, this team was winning all the neighborhood tournaments and was making headlines in the local newspapers.

Helping children regain a sense of purpose and hope after a traumatic event and loss is one of many ways that they can be motivated to recreate a future for themselves. Catastrophic event, especially when accompanied with the loss of a family member is so devastating for the child because it takes away not only his/her past and present, but also the future. Each of these three losses must be addressed. This is why, during our training seminars, we teach teachers and

mental health professionals to help children focus on good memories of a loved one as they knew them during the happy times and avoid recalling times when the memories are shrouded with injuries, pain and fear.

Overcoming symptoms of flashbacks, withdrawal, and hyper-arousal is part of regaining the present and potential of each moment as it unfolds for the traumatized individual. And finally the future can also be retrieved, especially if teachers and mental health professionals help children reconstruct their dreams for the future lay ahead of them. Some children inevitably find that there are pieces missing from the dreams they used to have. But the content of dream is less important than the ability to generate and cherish them. Giving a child a sense of her uniqueness-the fascinating collage of interests and talents that make her who she is whether these talents include writing a poem, kicking a football, or knowing how to tell a joke, helps her begin to build these dreams again. Giving her sense of purpose to fulfill her dreams helps her regain the self-reliance and hope for the future.

I often have very short time with the children that I work with. I had time only to give them a few crucial ideas that they could take and build on. That's why, no matter how many other things must be left unsaid, I never fail to let the children know how special they are and how valuable. I openly applaud the strength and courage that has brought them this far. And finally, I encourage them to make their dreams for the future come true.

CONCLUSION

Wars and disasters routinely shatter the lives of millions of children and create an environment that is incompatible with growing up in peace and harmony. There are other children around the world who live in abject poverty. They experience physical, sexual and emotional abuse in virtual isolation. Possibly, the largest difference between the war traumatized children and the children of impoverished and abusive families is that they the impoverished children are devalued and disenfranchised. They face the indifference of the society and the world on a daily basis. In Bosnia, the enemy of the children was outside. In the case of children from impoverished and abusive homes, the abusers are often those who are supposed to protect them.

Children are our message to tomorrow. In the absence of an appropriate psychosocial help these children will grow with a view of the world as a dangerous and untrusting leading to deviancy, suspiciousness and fundamentalism.

We have learned many lessons from our work with children- the most important being that we must take responsibility for our children. But when I say "our children" I don't mean just the children in my own home or in my community or even in my country. The children of the world are our children. Just as the

interest of all the countries of the world are becoming intertwined in a global village, so is our future as individuals. Each child is precious-whether she is from Bosnia, India, Israel, Palestine, Pakistan or Rwanda. We must take responsibility for each one of them.

Although events like wars, disasters, community violence and physical and sexual abuse stretch the limits of our capacity to imagine a positive future; it is essential that we do not ignore the challenges implicit in such tragedies. If we can stop ourselves from turning away from these challenges because they are too painful then there is hope. If we can greet difficult questions with compassion and courage even though we may not know the answers then this hope will grow. I believe strongly that hope is like a brave flame burning in our hearts. If we can keep this flame alive anything can be accomplished. Around the world there is so much that needs to be done for the children, But with the hope for the children, I know we can make it happen.

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