

Helping Children and Teens with a Traumatic Past

Caring for kids from hard places: Transforming the hearts and minds of those who serve

By David and Jayne Schooler

Alex, screaming at the top of his lungs, had a meltdown at second base when he was called out. He picked up the base and threw it into the outfield. The practice stopped until he calmed down and returned to the dugout.

Afterward, the coaches got together. This had become a common occurrence since the twelve-year-old had joined the team. Alex's behavior was challenging, to say the least; if he didn't get his way—or worse, if he was called out—the result was usually a major explosion.

"I don't see how we can keep this kid on our team," one of the coaches remarked. "He is a bad kid and so disruptive. I have no idea why he acts like this and no idea what to do." What those coaches didn't know was that due to a history of early-childhood trauma, Alex had a very short fuse when it came to disappointments, especially his own. He had learned early on in his birth family that failures or mistakes were costly and usually resulted in harsh physical consequences.

How do we view challenging children and teens in our programs or classrooms? Do we label them as "bad" kids? Do we respond with frustration and disconnection? Are we actually glad when they don't show up, or are we grateful for the opportunity to make a difference in their lives?

In her book *The Deepest Well*, Dr. Nadine Burke, former surgeon general of California, states an incredible truth: "Trauma isn't a zip code."¹

We often associate children and trauma with poverty and other socioeconomic issues. Until a gym teacher discovered Alex's physical abuse, no one would have guessed that the boy endured severe abuse, especially considering the nice, middle-class neighborhood where his parents lived. Alex is safe now, living in a new town with his grandparents—but that means he's also far from friends and familiarity.

Kids from all socioeconomic levels, even from families who appear healthy and stable on the outside, can and will experience trauma. The global community recently came through a coronavirus pandemic that caused significant trauma for millions. But even before the pandemic, the mental and emotional health of our children and families were already cause for alarm. Here is what we know:

- Nearly 40 percent of American kids have been direct victims of two or more violent acts, and one in ten have been victims of violence five or more times.²
- More than three million American kids are victims of bullying each year.³
- It's estimated that 94 percent of kids have viewed pornography by age fourteen.⁴
- Almost 10 percent of children have witnessed one family member assault another family member, and more than 25 percent have been exposed to family violence during their lives.⁵
- Most adult drug addicts began using before the age of eighteen.⁶
- Suicide is the second leading cause of death for people ages 15 to 24.⁷

Whether we are teachers, coaches, ministry workers, or parents, we will likely encounter children and teens who've experienced some degree of trauma. Some live in dysfunctional home environments, and others are witnessing painful divorces. Some of those children and teens have experienced domestic abuse—either physical violence or emotional abuse or both. Some try to downplay the pain of bullying, yet it comes out in their behavior. Others live in foster or adoptive homes where they have encountered heart-wrenching abuse and neglect. The list is endless.

So how do we *react* to out-of-control behavior? Are we like Alex's coaches, who wondered, *What is wrong with him?* There is a better response, however—one that requires careful consideration: *What happened to him?* ⁸ Acknowledging the difference between the reaction and the response can lead to a paradigm shift in our relationships.

The immediate *reaction* (*What's wrong with him?*) leads us toward negativity and judgmental attitudes. It's quick, it's often unthinking, and it looks at nothing beyond the immediate behavior. This misunderstanding happens in our schools and churches, and it happens to teens who find themselves in juvenile court. Ongoing misunderstandings of trauma-related behavior have had a profound effect on our educational, mental-health, and juvenile-justice systems.⁹

The thoughtful response (*What happened to him?*), however, asks God to help transform our minds and fill our hearts with newfound compassion for wounded ones whose behavior is their vocabulary. A carefully considered response completely changes our perspective as we work with every troubled youngster, teen, or adult we encounter.

What adjustments should we make in how to help these wounded kids? Once we understand that the same concepts for working with people from adverse experiences apply to virtually everyone, there are three key principles that form the foundation for a trauma-informed program. These principles have grown out of twenty years of work with children and teens who came to us from very hard places.¹⁰

Three Foundational Principles for Creating a Trauma-Informed Environment

First Principle: Examining the Mindsets Where It All Begins

“What are some of the beliefs we have about the difficult kids in our ministry?” This is the first question Kim Botto, former Kids’ Club director for Crossroads Church in Cincinnati, Ohio, asks as she begins training program volunteers about childhood trauma.

“I ask them to be real and write down things that come to mind,” Botto says. “We have to start here because what we believe will impact everything we do.” It can be a tricky question, she admits, but she says that it’s vital for adults to consider their beliefs about working with troubled kids.

These are additional questions Botto asks:

- Do you ever think a child is a waste of time and energy?
- Do you ever think a teen has gone too far and any effort expended on that kid is wasted?
- Do you ever think, *This is just a bad kid?*
- Do you ever say to yourself, *This kid is going to be just like her parents?*
- Do you ever say to yourself, *This kid is unreachable?*¹¹

It’s critical to consider how our belief systems influence how we interact with children exhibiting behavioral problems. What we believe about them impacts our emotions (what we feel) and directs our behavior (what we do).

Second Principle: Embracing Boundless Hope

Another of our essential transformational principles is that we believe in something called *boundless hope*.

“People with boundless hope are interested in a child and his story,” says Botto. “They imagine what he could become in the future and commit to a relationship of walking alongside.” This means that “any kids’ ministry, or anywhere a child or teen is, is a place where we invite every kid regardless of their unique needs, background, or energy level. We want people who have a growth mindset to believe that no child, teen, or even adult is too far gone and that we have boundless hope for every child.”¹²

What does a “growth mindset” look like for adults who work with children and teens? To explore this question, let’s first compare two different mindsets: growth and fixed.¹³

- A **growth** mindset says, *I am willing to learn what a child needs.*
- A **fixed** mindset says, *We have always done it this way.*
- A **growth** mindset says, *I have never served in that type of ministry, but I am open to new ways of interacting with wounded children.*

- A **fixed** mindset says, *I would never work with those types of children.*
- A **growth** mindset sees potential in every child and says, *I will love that child the way Jesus does—in a way that is compassionate and connecting.*
- A **fixed** mindset never allows one’s heart to be open.

We can think of few things more exciting than learning how to reach the hearts and minds of hurting kids, using methods found in both science and Scripture. We have learned that having a growth mindset is indeed a scriptural principle. “An intelligent heart acquires knowledge, and the ear of the wise seeks knowledge” (Proverbs 18:15).

Third Principle: Seeing the World through the Lens of a Wounded Child

Our final essential principle involves building empathy. Willy is a fifteen-year-old boy from a broken home, and he looks mad whenever he attends teen ministry meetings at church. Willy lives with his grandparents, who, if asked, would say they don’t want Willy to live with them. But they had no choice—it was their house or foster care.

Every Sunday morning Willy’s grandparents insist that he join them at church. Willy slouches in the back seat on the drive there, grumbles when they arrive, and shuffles inside with his eyes glued to his phone. Willy invariably sits in the back of the room, slumps in his chair, and scowls.

One’s first reaction to a teen like Willy might be to simply ignore him and hope he keeps his attitude to himself. Yet a trauma-informed response, one of curious compassion based on empathy, would seek to know his story.

Why empathy? According to Jason Weber, national director of the Foster Care Initiative for the Christian Alliance for Orphans, empathy is the starting place for seeing the world through the eyes of a wounded child:

We cannot even address the issue until we feel, to some level, what kids have experienced. When we know more about the why and the cause of the things that hurt them, it goes a long way in helping us feel with them and understand them. It is like the idea of God with us as Immanuel, and we carry that into empathic relationships with our kids.¹⁴

Let’s make it clear that there is a difference between empathy and sympathy. Michael Miller of Six Seconds—an organization dedicated to promoting the skills associated with emotional intelligence—writes, “Empathy means experiencing someone else’s feelings. It requires an emotional component of really feeling what the other person is feeling. Sympathy, on the other hand, means understanding someone else’s suffering. It’s more cognitive in nature and keeps a certain distance.”¹⁵

Viewing life through the lens of a wounded child requires empathy and can help us better understand the child’s behavior. It means we know at a much deeper level that abused and emotionally neglected kids do not see through a clear lens, untarnished by life. Instead, they

see through a broken lens, distorted by the abuse and neglect that has stolen their innocence. On this journey toward understanding a wounded child's needs, we've learned some life-changing lessons from studying under Dr. Karyn Purvis.¹⁶ Two of Dr. Purvis's statements transformed our belief system, our emotional reaction, and our behavioral response to children and adults:

- Behavior is the language of children who have lost their voice.
- There is always meaning behind the behavior.¹⁷

Many children learn early on to adjust their behaviors to mask their feelings—mostly fear. They learn to adapt, to survive, through responses like fight, flight, or freeze. “Many children who manifest acting-out behaviors have inner needs they are unable to vocalize,” writes Jackson Nakazawa, “and therefore the needs continue to go unmet, and the negative behavior continues.”¹⁸

Neither Alex nor Willy viewed adults as safe people. And why would we expect otherwise? They've had no safe adults around to demonstrate the empathy and compassion they need in order to heal. The people they've interacted with (and that might include those of us who work with vulnerable children) likely have little understanding of the impact of trauma.

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Notes

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