

Coping with trauma in children

Some
practical
advice

The Cardiff and Vale
Traumatic Stress Initiative



This leaflet is based on a leaflet developed by a working group from the liaison Psychiatry Section of the Royal College of Psychiatrists

Practical suggestions for assisting children following trauma

Tragic events affect our communities, be they major events such as 9/11, Dunblane or Aberfan which involve large numbers of people, or events such as road traffic accidents or house fires which involve smaller numbers of people but are no less traumatic for those directly involved.

- When such events occur, we often wonder how we should speak about them.
- Should we shield them from such horrors or talk to them?
- How can we help children make sense of a tragedy that we ourselves cannot understand?
- How will children react?
- How do we help our children recover?

How do children respond to trauma?

There is a wide range of emotional and physiological reactions that children may display following a disaster. From previous research we know that more severe reactions and closer proximity to the event can be associated with a range of factors.

Young children (1-6 years)

- Helplessness and passivity; lack of usual responsiveness.
- Generalised fear.
- Heightened arousal and confusion.
- Difficulty talking about the event
- Nightmares and other sleep disturbances.
- Separation fears and clinging to care givers.
- Regressive symptoms (e.g. bedwetting, loss of acquired speech and coordination skills)
- May have an inability to understand death as permanent.
- Anxieties about death.

- Grief relating to the death of a caregiver.
- May complain of symptoms (e.g. stomach ache, headaches) not related to physical illness.
- Startle response to loud or unusual noises.
- "Freezing" (sudden immobility of body.)
- Avoidance of our alarm response to specific trauma related reminders involving sights and physical sensations.

School aged children (6-11 years)

- Feelings of responsibility and guilt.
- Repetitious traumatic play and retelling.
- Feeling disturbed by reminders of the event.
- Nightmares and other sleep disturbances.
- Concerns about safety and preoccupation with danger.
- Aggressive behaviour and angry outbursts.
- Fear of their own feelings.
- Close attention to parents' anxieties.
- School avoidance.
- Worry and concern for others.
- Changes in behaviour, mood and personality.
- May complain of symptoms (e.g. stomach ache, headaches) not related to physical illness.
- Obvious anxiety and fearfulness.
- Withdrawal.
- Specific trauma related fears; general fearfulness.
- Regression (behaving like a younger child)
- Separation anxiety.
- Loss of interest in activities.
- Confusion and inadequate understanding of traumatic events (more evident in play than in discussion.)
- Unclear understanding of death and the causes of "bad" events.
- Giving magical explanations to fill in gaps in understanding.
- Loss of ability to concentrate at school, with lowering performance.
- "Spacey" or distractible behaviour.

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Pre-adolescents and adolescents (12-18 years)

- Self consciousness.
- Re-living the event through play.
- Rebellion at home or school.
- Abrupt shift in relationships.
- Depression and social withdrawal.
- Decline in school performance.
- Reckless risk taking behaviour, e.g. sexual activity and substance misuse.
- Effort to distance oneself from feelings of shame, guilt and humiliation.
- Excessive activity and involvement with others, or retreat from others in order to manage stress.
- Accident proneness.
- Wish for revenge.
- Self focusing and withdrawal.
- Sleep disturbances, including nightmares.
- Eating disorders.

The following are suggestions that you can use to help children:

- **Create a safe environment.** One of the most important steps you can take is to help children feel safe. If possible children should be placed in a familiar environment with people that they feel close to. Keep your child's routine as regular as possible. Children find comfort in having things be consistent and familiar.
- **Provide children with reassurance and extra emotional support.** Create an environment in which children feel safe enough to ask questions, express feelings, or just be by themselves.
- **Be honest with children about what happened.** Provide accurate information, but make sure it is appropriate for their development level. Very young children may not need to understand because they are not old enough to be aware that something bad has happened.
- **Monitor exposure to the media.** Do not over expose children to television and radio, especially preschool and primary children. This is certainly the case when the images are graphic and live. Use alternative audio and video materials to distract them from live television viewing. You may also channel their feelings and curiosity into some form of helping behaviour. Adolescents will have a better idea of what has happened. It may be appropriate to watch selected news coverage with an adolescent.
- **Try to put the event into perspective.** Although you yourself may be anxious or scared, children need to know that such events are rare. They also need to know that the world is generally a safe place.

More specific advice for the various age groups

The following is guidance you wish to adopt;

Infancy to two and a half years

- Maintain the child's routine around sleeping and eating.
- Avoid unnecessary separations from important caregivers.
- Provide additional soothing activities.
- Avoid exposing child to reminders of trauma.
- Expect child's temporary regression, don't panic.
- Don't be concerned if children play out the event.

Two and a half to six years

- Listen to and tolerate child's retelling of the event.
- Respect child's fears; give child time to cope with fear.
- Protect child from re-exposure to frightening situation.
- Accept and help the child to name strong feelings during brief conversations (the child cannot talk about these feelings or the experience for long.)
- If child is fearful, avoid unnecessary separations from main caregivers.
- Maintain household routines that.
- Avoid introducing experiences that are new and challenging for the child.
- Provide additional night time comforts when possible e.g. night lights.
- Explain to child that nightmares aren't real and that they will occur less frequently over time.
- Monitor the child's coping in school and day-care by communicating with teaching staff and schools nurses.

Six to eleven years

- Listen to and tolerate child's retelling of the event.
- Respect child's fears; give the child time to cope with fear.
- Permit child to try out new ways of coping with fearfulness at bedtime; extra reading time. leaving the radio on, listening to a CD in the middle of the night.
- Reassure the older child that feelings of fear and behaviours that feel out of control or babyish (e.g. bedwetting) are normal after a frightening experience and that they feel better with time.

Eleven to eighteen years

- Allow adolescents of all ages to talk about the tragic event with family members.
- Provide opportunities for the young person to spend time with friends who are supportive.
- Reassure the young person that feelings e.g. guilt, shame, embarrassment or a wish for revenge are normal following a trauma.
- Help the young person find activities that offer opportunities to experience success, control and self esteem e.g. physical activities.

When should you seek professional help for your child?

Many children and adolescents will display some of the symptoms listed above as a result of trauma. Most children will likely recover after a few weeks with social support and the aid of their families. Other children, however, may develop longer term anxieties.

There are a range of professionals who can advise at this time. If you are concerned you might want to contact one of the following;

- School Nurse
- School psychologist.

Further copies of this leaflet can be obtained from your child's school.