

CHILDREN AND TRAUMA.

A child's reaction to a traumatic incident will involve not only the impact of the catastrophe on his/her life, but also a sense of crisis over the parents' reactions. Thus, how parents respond to a traumatic event strongly influences their child(ren)'s ability to recover from the event.

A child is likely to experience an overwhelming amount of stress following a traumatic incident. Most of the problems that manifest themselves during this time are directly related to the incident and are transitory in nature. It is helpful for parents and care workers to be aware of potential reactions children may have; this will allow them to be better prepared to accept the behaviors of the child in the aftermath of a traumatic incident, and if necessary will be able to help the people on the base make necessary adjustments.

When those closest to a child are able to show that they understand the child's feelings, the intensity and duration of the child's reactions are likely to decrease more rapidly. The parents' understanding and support or care worker will allow the child to redevelop his/her ability to cope with situations.

Most parents have the ability to help their child overcome fears and anxieties that manifest themselves following a traumatic incident. However, it is best to keep in mind that when a parent or adult feels that they are unable to cope with the situation, there are other means to assist the child. Parents may want to explore the kinds of assistance that are available in the community through government, religious and private agencies.

RESPONSE BY AGE GROUP:

Each child will react to a traumatic incident differently. It's important to remember that children will interpret experiences within the context of their current stage of development. Reactions vary according to age.

Preschool: Five Years Old and Younger

Children in this age group are particularly affected by parents' reactions to a traumatic event. Parents may notice children returning to behaviors exhibited at earlier ages; this is known as regressive behavior. They may experience:

Anxious attachment behaviors toward caretakers, including the fear of being separated from the parent and excessive clinging.

Sleep disturbances, particularly nightmares. A child may not want to sleep alone or may wish to keep the light on.

Immobility accompanied by trembling and frightened expressions.

Regressions in physical independence such as refusing to dress, feed or wash themselves, forgetting toilet training, and bed-wetting.

Additional regressions in behavior such as thumb sucking, whining and loss of acquired speech.

Repeated periods of sadness.

In addition, they may engage in reenactments and play about the traumatic event.

Elementary School Age: Six to Eleven Years Old

Regressive behaviors are common. Children may revert to previous developmental stages.

They may find it difficult to concentrate in school, and may even refuse to attend school.

They may complain of stomach aches or other bodily symptoms that have no medical basis.

Depression, anxiety, feelings of guilt and emotional numbing are often present.

They may have difficulty controlling their own behaviors.

Outbursts of anger, fighting, and other disruptive behaviors could occur.

Sleep problems, perhaps nightmares, may persist.

They may show extreme withdrawal from surroundings as well as a withdrawal of trust from adults.

Adolescence: Twelve to Seventeen Years Old

There may be a tendency to become more childlike in attitude.

They may be very angry at the unfairness of the traumatic incident.

They may try to avoid reminders of the traumatic event.

They may also try to suppress thoughts and feelings to avoid confronting the event.

They may have a sense that their existence is meaningless or purposeless.

They may feel anger, shame, and betrayal, and act out their frustrations through rebellious actions in school.

Extreme guilt over their failure to prevent injury or loss of life could be present.

Withdrawal and isolation are common.

They may be judgmental about their own behavior and the behavior of others.

They may exhibit responses similar to adults in their post-traumatic stress reactions such as flashbacks, nightmares, and emotional numbing.

Eating and sleeping disorders may develop.

CHILDREN & DEATH

Losing a loved one is never easy. Children may find it difficult to understand the concept of death and to process their feelings of grief. The following list includes suggestions on how adults can handle the concept of death with children and help them with their grief.

Have a parent tell the child.

Assure the child that he/she is loved and is not alone.

Be completely honest.

Give the child permission to figure out what has happened for themselves.

Encourage the child to remember and talk about the person who is gone.

Explain the funeral and burial process in honest terms and include the child in whatever way you can.

Correct any magical thinking such as, "I wish they were dead," and then the person dies.

Encourage the child to ask questions.

Always put yourself on his/her level.

ADDITIONAL SUGGESTIONS

After a traumatic incident, the family is the primary source of support for children. Parents and other caring adults can assist children by:

Explaining the traumatic episode as well as you are able.

Encouraging children to express their feelings and listen without passing judgment. Help younger children learn to use words to express their feelings.

Not forcing discussion of the traumatic event.

Letting children and adolescents know that it is normal to feel upset after something bad happens.

Allowing time for them to experience and talk about their feelings.

Gradually returning to a routine at home.

If behavior at bedtime is a problem, giving the child extra time and reassurance. Let him or her sleep with a light on or in your room for a limited time if necessary.

Reassuring children and adolescents that the traumatic event was not their fault.

Not criticizing regressive behavior or shaming the child with words like "babyish."

Allowing children to cry or be sad. Do not expect them to be brave and tough.

Encouraging children and adolescents to feel in control. Let them make some decisions about meals, what to wear, etc.

Watch their play often there view of the incident could come through in there play.

Ask them to draw some pictures if necessary it helps at times for children to move on and let go.

Taking care of yourself so you can take care of the children.

Much of this information was taken from the Book.
Helping Children and Adolescents Cope with Violence and Disaster
Speier, Anthony H., Ph.D., Psychosocial Issues for Children and Adolescents in Disasters.

Other Resources:
www.theological-conference.org
www.sats.edu.za