

# Helping Children and Young People to Cope with Trauma

## The Psychological Service



Education Resources

## What effect does trauma have?

Trauma symptoms tend to be grouped under three main headings: **intrusions**, **hyper-arousal** and **avoidance**. **Intrusions** include flashbacks (where people experience the trauma as if they are actually still there) – and nightmares. In **hyper-arousal** people's emotions, particularly panic and anger, are triggered by quite trivial situations. **Avoidance** is where people do all they can to avoid being reminded of the trauma. This includes avoiding situations that will trigger the memories, withdrawing from contact with other people, and using drugs, alcohol etc. to dull the emotions. Depression is not a specific feature of reaction to trauma but it is a very common experience.

## What you may notice about the child or young person you are trying to support

### 1. Behavioural reactions may include:

- Tearfulness.
- Unwillingness to be left alone.
- Aggression.
- Anxiety.
- Over active behaviour/restlessness.
- Apathy.
- Lack of co-operation.
- Irritability.
- Return to younger, more immature behaviour.
- Excessive concern for others.
- Difficulty coping with changes.
- Showing greater awareness of adult issues, particularly in play.

## Who is this leaflet for?

This leaflet is primarily for parents and carers, but it would be useful for anyone who is involved in helping a child or young person who has experienced trauma and is in need of support.

## What is trauma?

Traumatic experiences can be overwhelmingly intense and terrifying. Some experiences are clearly traumatic – such as being in a car crash or witnessing a violent attack on somebody we love. Other experiences are less obviously traumatic but can have a deep impact on the people involved – getting lost, going into hospital or having someone we love disappear from our lives when a relationship ends. Trauma can affect people of any age from tiny babies to adults.

People respond to trauma in many different ways. Some people can have a minor reaction. Others can react strongly. For some the experience is so overwhelming that their mind will not allow them to remember what they saw or what they felt and these memories may only return very slowly. Some people may get over trauma quickly while others may still be affected many years after the event.

## Risk Factors

These include:

- The intensity of the trauma (being stabbed is worse than being punched).
- Closeness to the trauma (being a victim is worse than being a witness).
- Having previous traumatic experiences.
- Being a person who already experiences strong emotions.

## **2. Physical reactions in younger children may include:**

- Sleep disturbance (including a need to sleep in parent's room).
- Bowel and bladder difficulties.
- Small ailments requiring comforting.
- Increased jumpiness and uneasiness.

Older children and adolescents may show these effects plus:

- Headaches.
- Aches and pains.
- Appetite disorders.
- Skin disorders.

## **3. Impact on thinking**

Younger children may show:

- A reduced attention span.
- Reduced ability to play constructively.
- Active fantasy life, including replaying the events and changing details.

Older children and adolescents may show:

- Recall of vivid disturbing images .
- Radical attitude changes.
- Problems with memory.
- Poor concentration.
- Distorted memories of the events.
- Pre-occupation with trauma.

## Older children and adolescents may show these effects plus;

- Decreased school performance.
- Truancy.
- Attention seeking behaviour.
- Rebellion at school or at home.
- Competition with brothers or sisters.
- Loss of interest in usual activities.
- Lack of emotion.
- A need to repeatedly go over details of the event.
- Detachment, shame, guilt.
- Fear of being labelled abnormal.
- Becoming self conscious about showing emotion.
- Increase in self destructive, accident prone behaviour (drugs, sexual experimentation).
- Life threatening re-enactment of the trauma.
- Premature entrance into adulthood.
- Becoming reluctant to leave the house.
- Friends becoming even more important - the need to react the same way as friends have done in relation to the event.
- Mood swings.

# What can families do to help?

## Safety, comfort and support

1. In order for children to feel safe they need to actually be safe. It is important that families do their best to ensure that this happens and for the helping organisations to do their best to assist them.
2. Parents/Carers can then reassure children that known adults will help to keep them safe. If parents can be calm and confident, then the child is likely to follow this lead.
3. Families need to think carefully about the things children are watching on TV – especially things which relate to the trauma the family has suffered. Visual images can be particularly disturbing for children. If older children are watching the news, it is best that a member of the family watches with them. It is natural for adults to want to be informed of the latest news. However, when children are with their parents/carers, listening to the radio may be considered rather than watching television.
4. Families should give children extra time and attention and plan to spend more time with them in the following months. Helping children calm their bodies (e.g., through cuddling, rocking) is particularly important. During the day, provide opportunities for physical activities – children frequently have extra energy when they have experienced traumatic events, and may need to run and play more than usual. Bedtime may be a particularly important time to help children soothe themselves, through hot baths/showers, story time, backrubs, etc. Expect some children to need more reassurance at night. Try to stick to routine, but be flexible with small battles – if a child needs extra time or attention at night, give it to him or her. Re-establishing safety for children is the immediate priority, and bedtime may be a place or time where the child is in need of extra comforting. It can be very difficult for children (and adolescents) to sleep on their own and parents may have to consider different arrangements.
5. Families need to keep regular routines for activities such as eating, playing and going to bed to help restore a sense of security and normality. It is important to allow children to continue with out of school activities and to try to avoid unnecessary changes.

6. Parents/carers should try to avoid putting children in other stressful situations. Children may be easily overwhelmed, particularly after exposure to initial traumatic events. Children may also be reactive to sounds, places, smells, or feelings that remind them of the initial event. It is important to be aware that these triggers may elicit emotional reactions for a long time after the initial traumatic event.
7. Parents and carers need to seek extra support, particularly if they are very upset. They will be more helpful to their children if they have enough support for themselves.

## **Communication**

This is a very difficult thing for parents to get right. Parents want to reduce the distress their children are suffering and provide reassurance that everything will be fine. They will often be very distressed themselves and find it hard to talk about the things which have happened. Children, too, can sense parental distress and try to protect the adults they love. As a result, adults and children may avoid talking about things which need to be discussed.

There is a lot of evidence that talking about the events is a vital part of recovery. Going over the events and building up a coherent story is vital and the repetition of this story seems to be an important part of coming to terms with the trauma.

It is really helpful if parents can convey that

- It is OK for children to be upset.
- It is OK for parents to be upset. Being upset doesn't mean they can't cope.
- It is OK for children to say things which distress their parents.
- Parents will be as honest as possible in talking about the events.

What parents say will depend on their child's age and maturity.

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8. Some general guidelines for parents
    - a) **Toddlers and preschoolers:** Parents can simply acknowledge that, ‘Something bad happened, and Mummy and Daddy are upset, but we are all okay and we will keep you safe’. Children this age should not be watching images on television which can distress them.
    - b) **Primary school:** It is helpful for parents to make sure they know what their children think, what they have heard in school and from other children, etc. Listening for misunderstandings is important. Children at this age will develop idiosyncratic explanations if not given more accurate, age-appropriate information. Children have a need for logic and understanding. They may ask questions that seem unusual: ‘What was the pilot wearing?’ ‘Does that fireman’s mum know he’s there?’ Parents need not be afraid to say that they do not know the answer. At this age, in a developmentally appropriate way, you can help your child to understand what happened. For younger children in this age group, make it concrete. ‘People at school will keep you safe, Mommy and Daddy will keep you safe,’ etc. Reassure younger children that nothing they did caused this to happen.
    - c) **Secondary school:** At this age, parents/carers can share information that they know. Try to have a back-and-forth discussion; again, make sure that you know what it is that they are hearing from other sources, including school. Engage in rumour control. It may look as if some adolescents are not affected and say they are fine, or, at the other end of the spectrum, appear very emotional. Both are typical of this age group. It is helpful to model appropriate reactions, but not to force the child to talk before he or she is ready.
  9. Parents/carers should let their children ask questions, talk about what happened and express their feelings. They can help their children to give a name to his or her feelings and communicate to them that all thoughts and feelings are normal and OK. It is helpful to try to make sure that children have access to age appropriate materials (art materials, clay, diary etc).
  10. It is helpful for parents/carers to talk to the important people in their child’s life. This is a particularly important time to be in touch with the teacher, scout leader, after-school play leader, etc. It is also helpful to know if a child is showing unusual behaviours.

11. Children may need to talk about important events – especially those involving bereavement – many times as they grow up. There are questions which 12 year olds have which they would not have thought of at age 7.
12. Boys may react differently from girls. They may talk less or talk only when they are engaged in some kind of activity. They may be helped by participating in practical ways e.g. doing a website, helping with a memorial garden or by writing.

## Recovery

13. Parents/carers can play with children who can't talk yet, to help them work out their fears and respond to the atmosphere around them. They can respect their child's fears, but help them find ways to cope with them. 'I know that you're feeling very afraid of \_\_\_\_\_ right now. Let's think of ways to make it less scary.'
14. Parents/carers should expect their child to repeat or repetitiously play out the story over and over again. Children gain mastery through this repetition but it can be difficult for parents to tolerate. Parents/carers should remember that children will pay attention to their reaction. If a child feels that their parent/carer is unable to listen, he or she may feel that they are unable to cope and then the child, in turn, may feel more overwhelmed. Children need an opportunity for this retelling in a safe, loving atmosphere. If this retelling appears 'stuck' – if the play is repetitive, without relief, and lasts for many weeks without changing, parents should think about getting professional help to assist their child with resolution.
15. Parents/carers could consider how they and their child can help. Children are better able to regain their sense of power and security if they feel they can help in some way. Children can draw pictures for the rescue workers, collect food for food drives, or help collect money among friends. They might attend local vigils or find ways to connect with others in their community.
16. A range of rituals may take place after tragic events. They may be formal (funerals, memorials) and informal (flowers, websites, photo albums). Children can be greatly helped by participating but it is essential to involve them in decisions about taking part. They need to know exactly what is involved and also what is expected of them. It may help to have an adult they trust, but who is not overwhelmed by the occasion, to support them through the experience.

## **Important message for parents/carers**

**Remember that children do survive and recover from traumatic events. Give your child – and yourself – time.**

*Thanks are due to Ian Pennicard, Depute Principal Psychologist, for his research in the compilation of this leaflet.*

## **South Lanarkshire Council Psychological Service Centres**

### **Hamilton Psychological Services Centre**

Woodside Primary  
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### **East Kilbride Psychological Services Centre**

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### **Lanark Psychological Services Centre**

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