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Children, Trauma and Death

Age Guide to How Children React, What They Know, What to Say

Children and teens are affected by trauma and death in particular ways.

Their reactions and symptoms can be expressed through:

- * behavior
- * emotions
- * physical reactions
- * thoughts

Not all children exhibit all symptoms and their reactions may change over the first days or weeks after a crisis. Some symptoms of distress and grief are short-lived, whereas others linger or even occur months or years after a trauma or death.

Although they may take different forms, stress reactions in children at any age can typically include:

- * worry and anxiety about people or events
- * re-experiencing of images of the traumatic event or recurring thoughts, sensations, talk or play related to the event
- * arousal or heightened sensitivity to sights, sounds, smells and exaggerated responses or difficulty with usual activities
- * avoidance of reminders, thoughts and feelings related to the event or the death
- * searching for reminders of loved ones

Posttraumatic stress is the most common problem for children following a trauma, but they may also develop depression or anxiety disorders. Bereaved children may also have some of the same symptoms as children who have experienced a trauma, but the source of the problems and course of the symptoms may be quite different. Further, if a death has been traumatic, a child may exhibit signs typical of both trauma and grief.

Children's fears, anger, sadness and guilt about a traumatic event or death can vary according to their:

- * experience of the event
- * ability to understand the situation
- * gender
- * functioning prior to the event
- * worry about others' physical and emotional well being
- * desire to protect those who are living
- * changes in roles and expectations
- * reactions to changes in home life
- * feelings of being different, alone, isolated
- * sense of injustice
- * concern about being taken care of and about the future

Following, according to age, are:

- * some of the more **common reactions** children have to both trauma and death
- * descriptions of **what children know and feel about death**
- * suggestions for **what to say and do**

When the reactions interfere with everyday activities at school, at home and with friends, and with age-appropriate development, outside guidance and assistance can be beneficial.

INFANTS AND TODDLERS: BEFORE AGE 3

Common reactions to trauma and death

- * crying
- * searching for parents/caregivers
- * clinging
- * change in sleep and eating habits
- * regression to earlier behavior (e.g. bed-wetting, thumb sucking)
- * repetitive play or talk

What they know and feel about death

- * little understanding of the cause or finality
- * react to separation
- * respond to changes in their immediate world, curious about where things go, as in peekaboo, if something is not visible it does not exist

What to say and do

- Offer simple explanations for injury: "When someone has a heart attack it means blood got stuck going to the heart like when cars are in a traffic jam; doctors can clear up the traffic jam in the heart."
- Relate information to the child's own world: "Daddy goes to the doctor to help his leg feel better like you went to Mommy when you fell."
- Describe things in terms of the senses and everyday activities: eating, sleeping, smelling, listening, running, talking, singing and laughing.
- Use analogies to similar situations or experiences such as injury or death of pets or changes in flowers in the garden.
- Expect repeated questions, as if information has never been heard before.
- Reassure children that they will be cared for.
- Explain that adults are always around to care for children until they get old enough to take care of themselves.
- Maintain routines as much as possible.
- Soothe and comfort in familiar ways by rocking, cuddling and singing/playing songs.

- Maintain limits.
- Involve them in play.
- Use picture and story books to explain concepts on their level.

PRESCHOOLERS AND YOUNG CHILDREN: 3-5 YEAR OLDS

Common reactions to trauma and death

- * separation fears (e.g. from parents/loved ones)
- * clinging
- * tantrums, irritable outbursts
- * fighting
- * crying
- * withdrawal
- * regression to earlier behavior (e.g. bed-wetting, thumb sucking)
- * sleep difficulty (e.g. nightmares, difficulty sleeping alone)
- * increased usual fears (e.g. the dark, monsters)
- * magical thinking, believing the person will reappear
- * acting and talking as if the person is not sick or is still alive

What they know and feel about death

- * focus on concrete details
- * personalize the experience; believe they may have caused it
- * seek control
- * believe that death is punishment
- * equate death with things that are still and life with things that move
- * inability to manage time and finality
- * believe death is reversible
- * believe the dead person still has living qualities

What to say and do

- Monitor adult conversations around children.
- Correct misinformation and fantasies.
- Give honest and clear answers; use simple explanations about causes of the event or death; "some people do harmful things," "when people die we can't see them anymore but we can look at pictures and remember them."

- Relate similar experiences: "When you hurt your foot, you skipped T-ball practice for 3 days until you felt better; Mommy got hurt when she fell on the street and had to go to the hospital for 3 days."
- Make clear distinctions between a child's experience and that of a parent: "When you got an ear infection the doctor had one right medicine to make you better fast, but the doctors have a lot of different medicines to try to make Daddy better so it will take longer."
- Use real vocabulary for the trauma or death, avoid euphemisms.
- Use concrete terms to describe places and situations (e.g. "IVs are like straws to give medicine").
- Help label emotional reactions and feelings.
- Reinforce the fact that the child is not at fault; that thoughts, words, behaviors don't make people get hurt or die.
- Reinforce the fact that disasters and death are not forms of punishment.
- Accept fluctuations in mood.
- Accept regressed behavior, but help the child regain control.
- Provide limits for inappropriate behavior (e.g. "You can't stay up until 11 o'clock tonight, but I'll sit next to you until you fall asleep.>").
- Establish consistent, secure, stable care-taking.
- Allow participation and choice, as desired by the child, for hospital or funeral/memorial-related activities.
- Expect repetition of questions.
- Expect that they may think someone who has died will come back.
- Tell stories and show pictures of the person who died to create connections and solidify memories.
- Allow for fun and release activities.
- Look for and encourage expression of feelings in play, art.
- Use outside resources such as books.

**EARLY SCHOOL-AGE CHILDREN:
6-9 YEAR OLDS**

Common reactions to trauma and death

- * anger, fighting, bullying
- * denial
- * irritability
- * self-blame
- * fluctuating moods

- * fear of separation, being alone, or events recurring
- * withdrawal
- * regression to earlier behavior
- * physical complaints (e.g. stomachaches, headaches)
- * school problems (e.g. avoidance, academic difficulty, difficulty concentrating)

What they know and feel about death

- * fascination with details
- * increased vocabulary and understanding of concepts for germs, contagion, etc.
- * increased understanding of personal health and safety
- * personification of death; belief in boogeyman
- * incongruent/mismatch between emotions and understanding of death
- * belief in power of own thoughts to cause death
- * "perfect child" (to correct or prevent death) or "bad child" syndrome (being bad as punishment for past death and anticipation of future punishment)
- * wish to be reunited with deceased

What to say and do

- Provide clear and honest information, describing what you know and even admitting that no one knows the answer to certain questions, such as why the incident happened.
- Find out what a child already thinks and knows and ask the child questions rather than make assumptions about the child's needs.
- Be concrete rather than vague; use simple diagrams and pictures to explain such things as the body and injuries.
- Describe the event and/or death accurately.
- Prepare the child for anticipated changes such as a need to attend a new school, destruction of a playground, and talk about what it will mean for the child.
- Prepare the child for changes in routines or in the household functioning; let the child know about different car pool arrangements or if Daddy will be out of work for a few months. Explain it will be nice to be together more but they may not eat as many dinners out.
- Encourage communication of unpleasant, confusing feelings.
- Validate and normalize reactions and difficulties in school, with peers, with family.
- Allow for repetitive questions and a search for answers.

- Be sensitive to clues of child's self-blame and correct myths and misunderstandings.
- Monitor changes in other areas of life: academic, social, sports.
- Cooperate with adults in the child's larger network who will be affected by and can help with changes in the child's life (e.g. teachers, coaches, friends' parents).
- Encourage participation in memorial-related activities according to child's wishes and timetable; find out if, how and when a child wants to contribute to the situation. Ask at different intervals as situations and feelings change. Give them permission to withdraw and re-enter family events as they need.
- Use calendars & charts to visually describe, predict and plan for normal events.
- Encourage involvement in typical and familiar age appropriate recreational and social activities.
- Encourage expression of feelings: verbally, in play or in art, in private, with parents or peers.
- Help children in dealing with others. Discuss preferences regarding desires to keep things private, practice what to say when explaining the situation.
- Use outside resources, such as books, for explanations of information and feelings.

**MIDDLE SCHOOL-AGE CHILDREN:
9-12 YEAR OLDS**

Common reactions to trauma and death

- * crying
- * longing for someone who has died
- * aggression, irritability, bullying
- * resentment
- * sadness, isolation, withdrawal
- * fears, anxiety, panic
- * suppressed emotions, denial, avoidance
- * self-blame, guilt
- * sleep disturbance
- * concern about physical health and physical complaints
- * academic problems or decline, school refusal, memory problems
- * repetitive thoughts or talk with peers
- * "hysterical" expressions of concern and need to help

What they know and feel about death

- * mature understanding of death: its permanence, irreversibility, inevitability, universality and nonfunctioning of the body
- * adult-like responses (e.g. sadness, anger)
- * exaggerated attempts to protect/help caregivers and family members
- * sense of responsibility to family conflicts with desire to continue social involvement
- * feelings go underground
- * feeling different than others who have not experienced a death

What to say and do

- Engage in more specific discussions about the cause of the event or death and invite questions. Allow the child to express his or her personal story of events.
- Look for opportunities to address feelings when the child is ready or as different situations arise. Let children choose their own pace.
- Support and accept expression of all types of feelings.
- Educate children about common reactions (anger, sadness etc.) and the risks involved in avoiding difficult feelings.
- Offer and seek various people and outlets for expression; some children feel uncomfortable expressing strong emotions to their parents for fear of upsetting or hurting them.
- Discuss changes that will occur in the household; ask for input when negotiating new ways of handling situations. Avoid unnecessary changes.
- Encourage discussion about managing new responsibilities.
- Ask children how and what they want to say to others (e.g. friends, teachers).
- Accept help from others.
- Encourage and allow involvement in outside activities.
- Encourage memorialization of someone who died in ways that are personally meaningful.
- Share aspects of one's own response and ways of coping.

**EARLY TEENS AND ADOLESCENTS:
13-18 YEAR OLDS**

Common reactions to trauma and death

- * numbing, re-experiencing
- * avoidance of feelings