

Trauma and primary school age children

Public health information

Summary

For children, as for adults, a distressing or frightening experience can challenge their sense of security and the predictability of their world. Such events can include life-threatening car accidents, bushfires, floods, sudden illness, traumatic death in the family, crime, abuse or violence.

Children's responses to these experiences depend on a wide range of factors. Some of these include their age and stage of development, and the impact on their parents or significant others including siblings or carers.

Children will 'fill in the blanks'

It's a natural reaction to want to shield children from harsh realities. However, keeping a child 'in the dark' doesn't protect them from the emotional impact of a distressing or frightening event. It may even make it worse for them as

children are keen observers and will realise that something is wrong, even if no one in the family talks to them about it.

If a child hasn't been given the facts they need, they will fill in the blanks from previous knowledge or experience or from their imagination. Since children are naturally self-centred, they may assume the tragedy was somehow their fault, for example, a child may think that God sent a bushfire to punish them for disobedience. In some cases, the child's construction of the events may be far scarier than what actually happened.

Children's reactions change with age

Every child reacts differently and typical reactions change with age. Your child may not react the way you expect. Depending on their age and stage, they may not have acquired the skills to articulate their thoughts and feelings to those around them. Depending on their level of distress, they may not be able to make use of their language skills to articulate their thoughts and feelings to those around them. Sometimes, distress reactions surface weeks or even months after the event.

Common reactions include:

- Physical reactions – children often react to distressing or frightening events in physical ways
- Sleep problems such as not wanting to go to bed at night or difficulties getting to sleep, staying asleep, staying in their own bed and with nightmares
- Changes in eating habits
- Going back to behaviours from earlier developmental stages – becoming more 'babyish' and attention seeking
- Becoming more clingy, demanding or difficult
- Fear at being separated from their parents or carers
- Changes in their relationships with siblings, such as becoming more competitive or aggressive
- Needing to 'relive' the trauma, for example, they may draw pictures of it or act it out
- Mysterious physical ailments, such as headaches and stomach aches
- Not wanting to go to school
- Behavioural problems at school

- Drop in academic performance
- Withdrawal – for example, the child may not want to discuss their thoughts or feelings in case it upsets their parents or carers, or they may spend more time alone, perhaps in front of the TV or computer.

What parents and carers can do

Children look to their parents and carers to gain understanding of a situation and find appropriate ways to deal with it. General suggestions include:

- Give your child the facts about what happened and why, using age-appropriate language.
- Assist your child to play or talk about their thoughts and feelings. This also helps you to gauge whether or not they understand what actually happened or whether they have another interpretation.
- Allow your child to express their feelings to the person of their choosing and in whichever way they need to. Demanding that they do what you want will lead to friction and misunderstandings.
- Reassure them that their feelings are normal.
- Tell them how you're feeling too, but don't 'overload' or burden them with the details of how you're going.
- You may need to explain adult reactions to stress. For example, your child may feel distressed by a crying parent or carer unless they know the reason for the upset.
- Keep up regular household routines, if possible.
- Make time for pleasurable family activities.
- Remember that your child's distress reactions are usually short-lived.

When to seek professional help

It may help to seek professional advice if:

- The family as a unit is finding it difficult to cope with the impacts and demands of the events and the follow-on
- The child's reactions, changed patterns and behaviours are intense, do not settle in a week or two or become worse, or if new ones develop
- The child talks about harming themselves or tries to harm themselves
- You are worried about your child or their wellbeing
- You are finding it a struggle to manage your reactions to the situation in your child, your family or yourself.

If at any time you are worried about your mental health or the mental health of a loved one, call Lifeline 13 11 14.

Where to get help

- Your doctor
- Counsellor
- Psychologist
- Local community health centre
- Lifeline Tel. 13 11 14
- Nurse-on-Call Tel. 1300 60 60 24 – for expert health information and advice (24 hours, 7 days)
- Australian Psychological Society Referral Service Tel. 1800 333 497
- Parentline Tel. 13 22 89

Things to remember

- Children's responses to distressing events depend on a wide range of factors including their age and stage of development, previous experiences, the current situation and the impact of the crisis on their parents and significant others.
- Children will realise that something is wrong, even if no one in the family talks to them about it. If they aren't given the facts, they will fill in the blanks from their own knowledge, experiences and imaginings.
- Sometimes distress reactions surface weeks or even months after the event.

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