



# HELPING CHILDREN COPE WITH TRAUMATIC EVENTS

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*This booklet provides practical guidance for caregivers—including parents, family members, teachers, clergy, staff, and volunteers—on how to help support children after a traumatic event. It also provides readers with an overview of common reactions to traumatic acts, including a breakdown of common signs and symptoms by age. Concrete steps for caring for children’s emotional and spiritual needs in the wake of a traumatic event are also provided.*



# HELPING CHILDREN COPE WITH TRAUMATIC EVENTS

## **PURPOSE AND INTRODUCTION**

The aim of this booklet is to help parents, family members, teachers, clergy, and volunteers learn how to recognize stress reactions, listen, and help support children amidst trauma.

Traumatic events can leave children feeling frightened, confused, and insecure. Whether a child has personally experienced trauma, has merely seen the event on television or has heard it discussed by peers or adults, it is important for parents and teachers to be informed and ready to help if reactions to stress begin to occur.

Children may respond to trauma by demonstrating fears, sadness or behavioral problems (e.g., aggression, hyperactivity, defiance). Younger children may develop physical symptoms or return to earlier behavior patterns, such as bed wetting, sleep problems and separation anxiety. Older children may also display anger, aggression, school problems or social withdrawal. Some children who have only indirect contact with a trauma, witness it on television, or are exposed to expressions of severe distress by others, may develop distress. Watch for any changes in a child's behavior following a traumatic event.

## **PREPARING TO CARE FOR YOUR CHILD**

Parents are almost always the best source of support for children after a trauma event. Children's coping with emergencies is often tied to the way parents or caregivers cope. They can detect adults' fears and sadness and take their cues from grownups about how to respond. However, parents or caregivers may find their own thinking and emotions are strongly impacted. Rather than being an occasion for guilt, adults can make events less traumatic for children by taking steps to engage in positive coping behaviors.

When traveling in an airplane, parents are instructed to put on their own oxygen masks before assisting their children in an emergency. Similarly, adults may need to take opportunities to communicate their own distress in the presence of another adult in order to effectively care for their child. Intense expressions of fear and grief by caregivers can overwhelm and frighten children.

However, developmentally sensitive, low intensity expressions of sadness and concern by parents can provide positive modeling. Hence, caring for the caregiver is important. Parents benefit their children by sharing their own concerns with a friend, clergy, or counselor.

## **RECOGNIZE RISK FACTORS**

For many children, reactions to a traumatic event represent normal reactions to abnormal events. A smaller number of children can be at risk for more enduring psychological distress as a function of four major risk factors:

- Direct exposure to a traumatic event, such as being evacuated, observing injuries or death of others, or experiencing injury along with fearing one's life is in danger.
- Loss/grief: This relates to the death or serious injury of family or friends.
- On-going stress from the secondary effects of trauma, such as temporarily living elsewhere, loss of friends or teachers, and social networks.
- Previous exposure to trauma or violence.

## **VULNERABILITIES IN CHILDREN**

In most cases, distressing responses are temporary. In the absence of severe threat to life, injury, loss of loved ones, or secondary problems such as loss of home, moves, etc., symptoms usually diminish over time. For children who were directly exposed to the trauma, reminders of the event, such as loud noises or sirens, may cause upsetting feelings to return. Having a prior history of mood or behavior problems, or exposure to some type of traumatic event or severe stress may contribute to these feelings.

Children's coping with emergencies is often tied to the way parents cope. Children can detect adults' fears and sadness. Parents and adults can make the events less traumatic for children by taking steps to manage their own thoughts, feelings, and plans for coping.

## **MEETING THE CHILD'S EMOTIONAL NEEDS**

Children's reactions are influenced by the behavior, thoughts, and feelings of adults. Adults should be aware of their own feelings and monitor their own reactions, and seek help themselves if necessary in order to provide as safe and calm of an environment as possible for children. Adults should encourage (but not push) children and adolescents to share their thoughts and feelings about the incident.

Caregivers also need to be careful not to dismiss the way a child is feeling (e.g., "don't be sad"). Clarify misunderstandings about risk and danger by listening to children's concerns and answering questions.

Maintain a sense of calm by validating children's concerns and perceptions and with discussion of concrete plans for safety. Listen to what the child is saying. If a young child is asking questions about the event, answer them simply with clear language and without the elaboration needed for an older child or adult. A simple, factual response is most helpful. Avoid telling young children that a deceased person has gone away on a long trip or is sleeping.

Some children are comforted by knowing more or less information than others; decide what level of information your particular child needs. If a child has difficulty expressing feelings, allow the child to draw a picture or tell a story of what happened. Try to understand what is causing anxieties and fears.



Be aware that following a traumatic event, children are most afraid that:

- The event will happen again.
- Someone close to them will be killed or injured.
- They will be left alone or separated from the family.

## **MEETING THE CHILD'S SPIRITUAL NEEDS**

Listen for and be open to spiritual concerns and issues that acts of trauma might raise for children. Examples of steps for providing spiritual support to children after a traumatic event include:

- Be open to questions, thoughts, and feelings children might share about faith (e.g., don't make children feel guilty for asking questions or feeling uncertain about certain spiritual issues).
- Take a developmental approach to addressing spiritual issues. For example, a child might ask, "Why did God let this happen?" Before responding, the caregiver might ask the question back to the child (e.g., "That's a good question. Why do you think God let this happen?"). This helps the caregiver to gain a better understanding of how the child is interpreting and making- meaning of the event. This will help the caregiver respond in a more age appropriate manner.
- Look for potential changes in beliefs or how the child talks about spiritual issues.
- Be aware it is common for children, especially those directly impacted, to experience spiritual struggles (e.g., doubts about nature of God, conflicts with others at one's congregation, desire to refrain from spiritual practices).
- Consider sharing encouraging stories, songs, scriptures or prayers. Discuss the proactive and redemptive things that also sometimes occur during and following traumatic events.
- Seek to maintain spiritual routines or practices in the home and community.
- For older children, some may benefit from journaling about spiritual challenges arising from the event, where as younger children might draw pictures as a way of expressing spiritual concerns.

## **REASSURING CHILDREN AFTER A TRAUMATIC EVENT:**

Suggestions to help reassure children include the following:

- Reassure the child that schools are a safe place. Give examples of steps taken in your child's school to keep them safe.
- Personal contact is reassuring. Hug and touch your children.
- Calmly provide factual information about the recent trauma and current plans for insuring their safety.
- Encourage your children to talk about their feelings.
- Help children identify appropriate coping strategies.
- Spend extra time with your children such as at bedtime.
- Re-establish your daily routine for work, school, play, meals, and rest as soon as possible (consistency is an important source of security for children).
- Involve your children by giving them specific chores to help them feel they are helping to restore family and community life.

- Praise and recognize responsible behavior.
- Understand that your children will have a range of reactions to tragic events.

If you have tried to create a reassuring environment by following the steps above, but your child continues to exhibit stress, if the reactions worsen over time, or if they cause interference with daily behavior at school, congregation, at home, or with other relationships, it may be appropriate to talk to a professional. You can get professional help from the child's primary care physician, a mental health provider specializing in children's needs, or a member of the clergy.

## **CONSIDERATIONS FOR CHILDREN WITH DISABILITIES:**

Below are recommendations for helping to support children with special needs:

- Explanations of traumatic events should be adapted toward the child's strengths. Teachers and parents may wish to work together to develop the best means of communicating information to the child based on his or her cognitive processing or emotional capabilities.
- When answering questions or providing information regarding a traumatic event, it may be useful to present the information in small chunks and ensure understanding before moving on.
- Be prepared to help children with emotional or behavioral problems appropriately manage their reactions to traumatic events. It may be useful to supply concrete instruction for coping, and provide reinforcement of appropriate coping behavior.
- Maintaining structure and a routine can be especially beneficial for children with neurodevelopmental disabilities.
- Directly teach children how to manage difficult situations that may arise, and ensure they are aware of a safe place to go if they feel overwhelmed in a school or community setting.

## **MONITOR AND LIMIT EXPOSURE TO THE MEDIA:**

News coverage related to a disaster may elicit fear and confusion and arouse anxiety in children. This is particularly true for large-scale traumas where significant loss of life has occurred. Particularly for younger children, repeated images of an event may cause them to believe the event is recurring over and over. If parents allow children to watch television or use the Internet where images or news about the disaster are shown, parents should be with them to encourage communication and provide explanations.

Young children's media exposure should be very limited. Parents may wish to monitor their child's use of social networking sites (e.g., Facebook, Instagram) as these may be sources for further exposure to incorrect information and angry, fear-inducing comments. This may also include parents monitoring and appropriately limiting their own exposure to anxiety-provoking information.

Most members of the media are professionals who do not wish to add to the trauma. Some members of the media may be less aware of their impact, asking questions that elicit more anxiety and pressing for details that can be difficult to talk about. In such cases you will need to put limits on whom you will talk to and what you will respond to. If someone asks open-ended questions of you or your child ("How are you feeling?" or



"What was it like?") this can evoke more stress or increase the trauma. Also, consider:

- You have no responsibility to talk to any media; you have the right to say no. If you have any doubts, err on the side of caution.
- If you do wish to be interviewed, or allow someone to speak with your child, screen them first. Ask what they want to know and what they plan to ask. If you have any misgivings, do not proceed with the interview.
- If you are uncomfortable with any questions (e.g., they feel too intrusive or evoke too strong emotions) it is okay to end the interview.

## **A CHILD'S REACTION TO TRAUMATIC EVENTS BY AGE:**

Below are common reactions in children after a crisis event:

- **Birth through 2 years:** When children are pre-verbal and experience a trauma, they do not have the words to describe the event or their feelings. However, they can retain memories of particular sights, sounds, or smells. Infants may react to trauma by being irritable, crying more than usual, or wanting to be held and cuddled. The biggest influence on children of this age is how their parents cope. As children get older, their play may involve acting out elements of the traumatic event that occurred several years in the past and was seemingly forgotten.
- **Preschool - 3 through 6 years:** Preschool children often feel helpless and powerless in the face of an overwhelming event. Because of their age and small size, they lack the ability to protect themselves or others. As a result, they feel intense fear and insecurity about being separated from caregivers. Preschoolers cannot grasp the concept of permanent loss. They can see consequences as being reversible or permanent. In the weeks following a traumatic event, preschoolers' play activities may reenact the incident or the disaster over and over again. Preschoolers may also express physical rather than emotional symptoms (e.g., stomachaches).
- **School age - 7 through 10 years:** The schoolage child has the ability to understand the permanence of loss. When speaking about death to children, use simple, direct language, avoiding euphemisms (e.g. "passed away," "with the angels") that can be confusing or anxiety provoking. Younger children with no previous experience with death may have more questions, think in terms of familiar experiences (e.g., the person is asleep), and have difficulty grasping key features (e.g., that death is irreversible). Some children become intensely preoccupied with the details of a traumatic event and want to talk about it continually. Preoccupation can interfere with the child's concentration at school and academic performance may decline. Children may also hear inaccurate information from peers. They may display a wide range of reactions — sadness, generalized fear, or specific fears of the disaster happening again, guilt over action or inaction, anger that the event was not prevented, or fantasies of playing rescuer.
- **Pre-adolescence to adolescence - 11 through 18 years:** As children grow older, they develop a more sophisticated understanding of the event. Responses are more similar to adults. Teenagers may become involved in dangerous, risk-taking behaviors, such as reckless driving, or alcohol or drug use. Others can become fearful of leaving home and avoid previous levels of activities. After a trauma, the view of the world can seem more dangerous and unsafe. A teenager may feel overwhelmed by intense emotions and yet feel unable to discuss them with others.

# ABOUT

**Spiritual First Aid** equips you and your organization with practical tools to provide spiritual and emotional care, using a peer-to-peer helping model called BLESS CPR. Gain the practical tools, framework, and skills you need to help people in your life and community who are hurting with this on-demand course. More at [www.spiritualfirstaid.org](http://www.spiritualfirstaid.org)

**The Humanitarian Disaster Institute (HDI)** is the country's first faith-based academic disaster research center. More at [www.wheaton.edu/hdi](http://www.wheaton.edu/hdi)

**The M.A. in Humanitarian and Disaster Leadership at Wheaton College** equips students to lead by integrating faith, evidence-based practice, and experience to serve the world's most vulnerable people and the global church. More at [www.wheaton.edu/hdl](http://www.wheaton.edu/hdl)

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