

Traumatic grief in middle childhood

Ages 5-10



Professionals Guide

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The ROYAL
HOSPITALS



Victims Unit: Office of the First Minister and Deputy First Minister



General development

Children between the ages of 5 and 10 have different means of understanding their emotional, social, and physical worlds – they understand the world better than younger children and will attempt to develop their own skills and sense of competency. Understanding and development progress gradually and at different rates as children mature across the age-range.

Children socialise beyond the family unit – a milestone for children at this stage is the beginning of social independence. Children become more sensitive to groups outside the family, and can become withdrawn or agitated in different social circles following trauma.

Children learn about rules and fairness – their play changes to include rule-based games and more organised sports/activities than younger children. Incidents such as trauma and bereavement can be seen as unfair, and prompt the questions “Why me?” or “Why my family?”

Children with special needs or circumstances have normal responses to traumatic bereavement – responses are influenced by the child’s level of understanding and access to emotional resources over time. With care and understanding, children can recover from traumatic grief, and will respond best to care-giving which is tailored to meet their strengths and address their fears. This may require giving simplified explanations of death and trauma, and encouraging the child to discuss any areas of the death they are unclear about. You may wish to refer to other guidelines which best reflect the level of understanding or behaviours of the individual child.

Children's understanding of death

Death is unavoidable and irreversible, with concrete causes – children begin understanding that death happens to everyone at some point and that you cannot bring someone back from the dead. Death is caused by old age, illness, trauma, etc rather than through magical or mysterious means.

Unwillingness to consider it as a possibility for themselves – children don't like to think about their own death or the death of others around them in a realistic sense.

Children can empathise with others, but (boys especially) are likely to hold back own feelings – children of this age are developing the ability to consider and share in the feelings of those around them, but don't always share their own concerns. They understand that death brings sadness for people who cared about the deceased.


Children may assume the person who died can still see/hear them – there can be a persistent belief that they are being watched over or followed by the deceased, either closely or from a distance. This can be either reassuring or unsettling.

Children can become occupied with unfairness – children of this age can feel a sense of injustice and view traumatic deaths as unfair to them or undeserved. They may feel singled out by their loss and different from others around them – particularly if they've lost a parent.

Children's reactions to trauma

Children's reactions to trauma are not solely based on actual memories or exposure to trauma (although these are major determinants). Children who do not fully understand the methods or motives behind traumatic events attempt to fill in the gaps through fantasy, imagining worst case scenarios and believing them to be true. These fantasies are traumatic in themselves, and must often be confronted with the help of a trusted adult.

Children experience trauma as fright – children of this age are old enough to recognise a traumatic situation as threatening both to



themselves and others. Their bodies react with a pre-programmed fright response. This strong bodily response is unsettling, and can reoccur later when the child feels unsafe. Children find it difficult to control these reactions even with the help of an adult. They may cry, over- or under-react, become preoccupied with the trauma in some way, or feel and behave in an agitated manner.

Children can believe there are secret or unseen reasons behind the trauma – Children of this age often blame themselves. They may believe the traumatic event was caused by something they did or said (such as being angry at the victim of the trauma), or that they could have somehow prevented the trauma.

Children need to understand what happened – they may ask why the person had to die in traumatic circumstances, and question the fairness of their situation. Children use fantasy to replay the traumatic scene in their heads. Sometimes the trauma or death is avoided or reversed in these re-enactments, as children wish to undo the unpleasant consequences of trauma.

Children can experience stress – they may show signs of having low concentration, being irritable, fatigued, easily startled or clingy, nervous of anything that reminds them of the trauma, or otherwise distressed. Nightmares and difficulties with friends and school performance are common signs of stress in children of this age range. This stress is often the result of reminders of or intrusive thoughts related to the trauma, and the pressures involved in avoiding further reminders of the trauma in the child's environment (which may be unknown to parents).

Children's Experience of Traumatic Grief

Children's experience of traumatic grief will vary according to how emotionally close the dead person was to the child and how exposed the child was to the circumstances of death.

Children react to separation – younger children are biologically programmed to be distressed when separated from their care-givers for long periods of time. This means that all children can undergo grief, even if that grief is not expressed in the same way as an adult's. This is

especially true if bereavement is a traumatic one, which will put the family and their children under additional stress.

Children react to trauma – children become intensely frightened by traumatic situations, but are not usually in a position to physically prevent the trauma occurring. As a result, children can feel that they, or their family, are more vulnerable to future trauma, and can experience periods of prolonged nervousness and need for safety. This can interfere with the attainment of important emotional and developmental milestones such as a sense of competency and control.

Memories and feelings of trauma are hard to forget – these can be frightening, and are not always easy to control. They leave children nervous, expecting an unsafe future, and lead to important changes in the body's chemical system. The experience (and later re-experiencing) of traumatic memories is multi-sensory and provokes a strong fright reaction which is difficult for children to describe or understand (e.g. children would have difficulty in describing a wave of panic or heartache). These reactions can be unsettling, and lead to headaches, abdominal pains, and tiredness.

Children become fatigued by fright – prolonged exposure to or experience of fright causes children to react in ever stronger ways. Usually, children who feel safe only experience a moderate jolt of extra energy when they get a fright. However, the fright response becomes stronger the more it is used, so when children are traumatically bereaved they use up a lot of energy when they feel unsafe or experience traumatic memories. Over days and weeks this can drain the body of resources and leave it vulnerable to illness or infection.

Children can be overwhelmed – the overall effect of grief and trauma is more difficult to deal with than either grief or trauma alone. The effects of traumatic grief are prolonged, and can be re-experienced as children develop and understand more of the world around them. Families may also be overwhelmed, and settings such as school can become a refuge where a sense of normality and competency can be achieved.

What affects the experience of traumatic grief?

Traumatic deaths which are witnessed will have a more direct impact on children – seeing a traumatic death as it happens is intensely stressful and frightening for children, and can be made worse if they do not understand what was witnessed. However, memories of trauma need not only be visual – children who did not see a death occur may have heard, smelled or felt it, and be just as distressed by the memory of these sensations. Children who witness deaths most often need reassurance, good information and support in understanding what happened as soon as possible. Initially, the memories of what occurred may be a greater source of stress than the bereavement itself, preoccupying the child and preventing normal grieving.

Children create traumatic fantasies to fill in gaps in their knowledge – traumatic deaths that are not witnessed directly or that leave surviving children with unanswered questions about the death (or person who died) often lead to traumatic fantasies. Traumatic fantasies are the explanations children create to fill in gaps in their knowledge of the events surrounding the death. These might include fantasies that the death took longer than it actually did, or that the person suffered for a long time. They may also believe that they could or should have done something simple to avoid the death, or place undue importance on the last disagreement they had with the person who died. Traumatic fantasies can be distressing and provoke strong emotional reactions. They usually focus on the worst possibilities, and fade with time as children learn more about what happened. Children who have traumatic fantasies need good information (with appropriate levels of detail) conveyed with reassurance and in a private setting.

Children have private or unseen beliefs – they may believe that the death was somehow related to or brought on by their own actions or thoughts. They may also believe that the deceased can still see or hear them. However, these beliefs are not always shared openly. Children may need encouragement to talk openly about these beliefs without fear of reprisal or ridicule, as they are often associated with strong emotions such as anger or fear.

Children listen to the reactions of parents and family more than others realise – they use the reactions of people around them, and in

particular the primary caregiver, as cues for how they should react. They may be more affected than they seem by excessive adult displays of emotions such as anger, anxiety, blame, and sadness. It is well recognised that children's adjustment to traumatic distress is significantly affected by the coping of the main caregiver.

Children's grief and trauma can be unseen – children can be reluctant to talk about traumatic death for fear of upsetting or saddening family members. They may also feel it inappropriate to talk about with friends, teachers, or significant others. As children grow older there will be a greater need for privacy and control, so children need to be given permission and encouragement to express their concerns and emotions. This is necessary as their underlying reactions can be masked by other behaviours (such as playing the clown when they are actually very upset).

Children can become pre-occupied with safety – in the aftermath of traumatic death, children's fears about safety can be intense. Often, children appreciate concrete reassurance that they are safe (e.g. allowing them to lock doors and windows at night before they go to bed). Helpful reassurance is necessary, especially in the short term, if settings such as home, school, or social/sports clubs are connected to the traumatic death. For example, death in a school can pose particular problems as parents may not be aware of the extent to which their child has been affected.

Children are sensitive to daily routines – children feel safest when they are with a trusted adult and know what their daily routine is. Participation in home, school, and familiar recreational activities give the child's life a sense of predictability and stability. Deaths in the family can disrupt these routines, and make the child's world less predictable and secure. Children of this age may also need to know the routine of their parent figures or family members in order to feel secure.

Children are sensitive to the reactions of other children – following a traumatic death there is often extensive media involvement with much of the detail of what has occurred being known to other children in the community. This exposes the child to risk, particularly on their return to the school environment, if they themselves are unsure of the information or they have not been prepared to deal with questions and comments.¹

¹See adult guidelines also available in this series



Guidelines

It is important to remember that children are more sensitive and emotionally connected to their family and environment than is generally realised. Children will watch the reactions and coping of people around them, and think about what they know or fear about death without necessarily communicating this to adults. Because children from 5 to 10 years of age normally face a variety of new challenges, they can be especially vulnerable to false impressions and fantasies about trauma.

Immediate needs

Promote a safe environment – it is important for children to feel as safe as possible both immediately after a traumatic death, and in the long term. Ideally, daily routines with trusted adults should be re-established for the child as soon as appropriate. Avoid unnecessary separations, give affection, and adopt a flexible approach to reassuring children of their safety.

- Work for continuity in home, school or other activities.
- Avoid unnecessary separations – where separations are necessary they should be planned and predictable for the child.
- Give hugs and emotional reassurance, allow children to share a bed or go to sleep with a light on.
- Develop a concrete safety plan which addresses the child's concerns about safety.
- Take children's fears about safety seriously

Clear communication – children need simplified and consistent explanations to reduce their confusion about death. Death is best explained as meaning that a person stops moving and thinking. Their hair and fingernails don't grow and they don't breathe or feel any pain. Families need to use their own beliefs to explain that whatever happens to people after death, once a person dies they cannot come back to life. Older children will be able to understand death but may become preoccupied with fairness or inequality.

- Explain the meaning of death as early and immediately as possible, and be prepared to repeat this explanation when children need to revisit the topic.
- Use language you know young children will understand – clear and not misleading.
- Give age adjusted explanations.
- Reduce confusion – give clear, consistent explanations.
- Use the families belief systems to explain death.

Make the loss real – let children participate in rituals (e.g. funeral), do not hide your own feelings or the feelings of others, and keep mementoes of the dead person for future years. Although children should be strongly encouraged to participate in funerals and other mourning rituals, their choice in the matter should be respected so as not to re-traumatise them.

- Let the child participate in rituals (seeing the person who died, participating in the funeral). They may need to be prepared for what they see.
- Encourage the child to do something individual for the person who died (e.g. putting a drawing, letter, or present for the person who died on the coffin).
- Do not hide your own feelings.
- Keep reminders of the person who died present (some children may want to keep a personal reminder of the person who died).

Long-term Needs

Allow time for understanding – allow questions and short conversations, time for the child to repeat questions on confusing topics (such as fairness or justice), and play that re-enacts the trauma or events associated with it. Although this may be upsetting to watch, it is normal for children to use play to explore confusing or emotional topics. Let the child visit the grave and other places in which the child feels close to the person who died. Looking at photo albums can also be helpful.

- Accept short conversations.
- Look at albums and photographs.
- Let the children visit the grave and other relevant places.
- Accept children's play that re-enacts what occurred.

- Allow questions and conversations – some questions will be asked repeatedly as the child works through the issue for themselves. These should be answered as clearly and consistently as possible. Picking up on particular things the child has said and asking them more about what that means to them, helps to ensure the child has understood what had been said.

Re-establish routines or build new ones – children feel a strong sense of security through the predictability of routines. It is therefore essential to bring some organisation to the family's sense of chaos.

- Encourage the development of routines around mealtimes and bedtimes.
- Plan for an early return to school.
- Return to clubs and interests the child previously spent time on.
- Encourage friendships and play activities.

Stimulate emotional coping – talk with the child about their feelings. Confront fears and provide reassurance and emotional support.

- Talk with children about their anxiety about something happening to their parents or themselves
- Talk with children about guilt feelings and help them see the limits of their own role more clearly.
- Reassure children that what they feel is normal.
- Reassure children that it is okay to have fun and continue with normal activities.
- Encourage individual or creative ways of coping in the child (e.g. through art or story-telling).

Inform relevant people – other people who are important in the child's life will need to be told about the death and the child's reaction. Teachers and care-givers can provide support to children in returning to social settings such as school or outside activities. They can also answer questions of other children that the bereaved child has to interact with. This sharing of information should be done with the agreement of the child, especially when informing peers, as this will affect the child's interpersonal relationships.

- Inform relevant adults in school or other settings.
- Inform relevant adults in the neighbourhood or community who will have contact with the child.
- Be prepared for any questions they might have.
- Discuss with the child what information you wish to share with others.

Deal with reminders – unsettling reminders of the death or trauma can come at random or in response to triggers in the life of the child.

Managing reminders and triggers can provide the child with more stability and a sense of greater emotional control.

- Develop a plan to avoid or minimise unnecessary exposure to reminders which are unsettling
- Significant dates such as anniversaries or birthdays should be prepared for in advance.
- Events such as court cases, coroner's investigations, or media coverage involving the traumatic death should be prepared for and discussed. It is helpful for the child to know in advance the topics which will be covered at these events, and whether or not they have to participate.
- Develop a plan to deal with reminders and triggers when they arise
- Provide reassurance that reminders and triggers will become weaker and less frequent over time.

Facilitate the coping of the main caregiver – the wellbeing of the main carer is essential to the wellbeing of the child. Adults need to take time and accept support to manage their own reactions to trauma and grief.²

- Seek support for adult caregivers in their own right.
- Be aware of the impact of the main carer's coping on the child.

Look to the future – be prepared for new feelings and understandings of death to emerge as children grow and realise more about the world. Keepsakes and anniversaries will be special to children in the future.

- Let children change their opinions and worries over time
- Hold onto mementoes and keepsakes
- Involve children in anniversaries and significant occasions

² see adult guidelines also available in this series

- Be prepared for children to have new questions about the death again in the future, although children and adolescents may prefer to ask others outside the family as time goes on.
- Encourage a sense of optimism about the future

Outcomes

Most children will recover from traumatic grief, but there is no set response to trauma or bereavement that is successful. There is no definitive timetable for the conclusion of grief, indeed bereavement is often seen as a lifelong influence on development. However, the most intense reactions tend to be experienced in the first two years.

Children who are traumatically bereaved can be helped to manage their difficulties, to reduce their confusion about death and trauma, to increase their sense of safety, and to form healing emotional bonds with family and peers. In this way, the most acute consequences of traumatic grief can be worked through with the child by a small number of people (often but not always family members).

Children can work through the effects of traumatic grief with the support of family, a re-established sense of safety, and a positive appropriate understanding of what happened based on fact and not emotion. However, parents must be prepared for children to revisit their trauma and bereavement again throughout childhood as they understand more about themselves and the world.

Books for younger children

“Mum, will Dad ever come back?” by Paula Hogan.
Publisher: Blackwell Raintree. ISBN 086256-002-0

“Remembering Mum” by G. Perkins & L. Morris.
Publisher: A&C Black. ISBN 0-7136-4541-5

“The goodbye boat” by M. Joslin. Publisher: Lion. ISBN 07459-3693-8

Books for professionals

"Grief in children" by Atle Dyregrov. Publisher: Jessica Kingsley. ISBN1-85302-X

"Helping children cope with separation and loss" by Claudia Jewett.
Publisher: Free Association Books. ISBN 0-7134-7766-0

"Good grief: exploring feelings, loss and death with under elevens" by Barbara Ward and associates. Publisher: Jessica Kingsley. ISBN 1-85302-161-X

"Good grief: exploring feelings, loss and death with over elevens and adults" by Barbara Ward and associates. Publisher: Jessica Kingsley. ISBN 1-85302-162-8

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What else?

There may be a need, from time to time, for specific help to manage or control certain excessive intrusions or distress. These are best discussed with your GP, health worker, or social services representative, who will be able to consider your options and information available to you. Referral to bereavement/trauma groups and voluntary agencies can also be arranged through these sources.

Professionals guide

Traumatic grief in early childhood
Ages 0-5

Traumatic grief in middle childhood
Ages 5-10

Traumatic grief in adolescence
Ages 10-18

Traumatic grief in adults

Traumatic grief
Anger management

Traumatic grief
Dealing with intrusions

Sleep disturbance in adults
and adolescence

Sleep disturbance
in children under 10 years of age

Self care for workers supporting
the traumatically bereaved

Guidelines for the immediate response
to children and families in traumatic
death situations

Relatives Guide

Dealing with sudden death in early
childhood Ages 0-5

Dealing with sudden death
in middle childhood Ages 5-10

Dealing with sudden death in adolescence
Ages 10-18

Dealing with sudden death for adults

Sudden Death
Anger management

Sudden Death
Dealing with intrusions

Sudden Death
Insomnia and sleep disturbance
in adults and adolescents

Sudden Death
Sleep disturbance
in children under 10 years of age

The Coroner

Schools Guide

Traumatic grief in early childhood
Ages 0-5

Traumatic grief in middle childhood
Ages 5-10

Traumatic grief in adolescence
Ages 10-18

Sudden death
Information for pupils

Individual booklets are available from your local health centre, library or school
The full series can be downloaded from www.royalhospitals.org/traumaticgrief