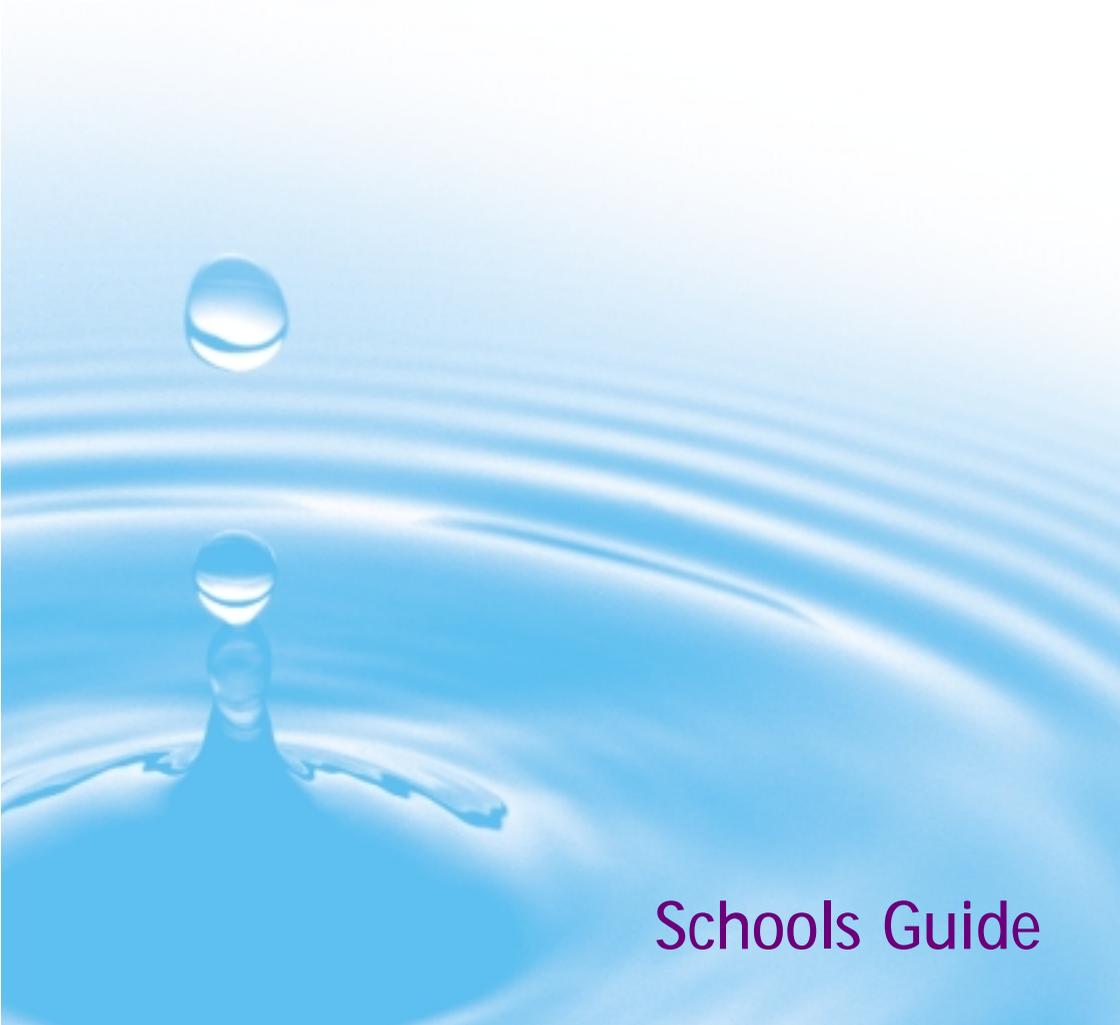


Traumatic grief middle childhood Ages 5-10



Schools Guide

This booklet has been produced by:

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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 Children become more sensitive to groups outside the family, and can become withdrawn or agitated in different social circles following trauma.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 can develop a range of specific symptoms – following a traumatic bereavement children often develop disturbing symptoms which are not always obviously connected to the event. These include poor concentration, disorganised memory, and low motivation which all have an impact on adjustment to school. This can have a lowering effect on the child's self-esteem and give rise to other difficulties. Some children may be more withdrawn while others might act out their difficulties appearing to be unconcerned by what has occurred. In all cases of traumatic bereavement, it should be expected that children experience a range of reactions; not all of which will be obvious in their behaviour in school.

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.

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 school or after-school activities and link with home.
- Maintain a routine as far as possible and prepare the child for any changes to this – where changes are necessary they should be planned and predictable for the child.
- Be alert to the child's needs and provide emotional reassurance as necessary.
- Listen to what the child has to say and address their anxieties and concerns (these are very important to children)

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. Older children will be able to understand death but may become preoccupied with fairness or inequality.

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.

- If children ask questions about death try to answer as honestly and clearly as possible. Be aware that they may revisit this topic on many occasions.
- Use language you know a pupil will understand – clear, consistent, and not misleading (remember younger children may need simplified language).
- Give explanations suitable to the age and level of understanding of the child.
- Reduce confusion by giving clear, consistent explanations when asked.
- Be aware of the family's own belief systems and maintain links with the family.

Make the loss real – parents are advised to prepare and encourage young children to participate in rituals (e.g. funeral), not to hide their own feelings, and to 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.

- The child may participate in rituals (seeing the person who died, attending the funeral). They may need to be prepared for what they see or how they could react to it afterwards.
- Allow the child to remember the person who died (e.g. through drawing, talking, playing, etc).
- It is alright to show your own feelings but be aware of the impact of excessive or overwhelming reactions.
- Some children may want to keep a personal reminder of the person who died, and may want to have this with them in school. This is a normal behaviour.

Long-term needs

Children need to understand – 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. Parents are usually encouraged to 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.

- 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.
- Accept that children may only want short conversations.
- Look at and talk about photographs and other mementoes if children bring them to school.
- Accept children's play that reenacts trauma or events associated with it.

Coping with emotions – talking with the child about their feelings helps provide reassurance. Share grief with children, but try not to expose them to panicky or uncontrolled outbursts.

- Talk to address any issues or anxieties the child might bring up (e.g. anxiety about something happening to their parents or themselves)
- Talk with children about guilt feelings if they express them. Help them see the limits of their own role more clearly.
- Provide soothing or reassurance that what children 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 young child's reaction. Teachers and care-givers can provide support to children in returning to

social settings such as school and playgroups. They can also answer questions of other children with whom the bereaved child has to interact, and prepare for the bereaved child's return.

- Inform relevant adults in school settings and ensure that all staff are aware of what has happened to the pupil and that a system is in place for substitute figures to be informed of the situation.
- Keep a record of a) date of bereavement, b) relationship of the person who died to the pupil, and c) dates of relevance (e.g. birthdays and anniversaries).
- Attach a sticker to the outside of the pupil's file and put the information on a label on the inside cover – for easy access. This way there is less likelihood of any member of staff missing it.
- Keep in touch with home so that there is communication with parents.
- Be prepared for any questions they might have.

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.

- 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 will most likely affect children (e.g. concentration, memory, mood, and behaviour changes).
- Think about how to deal with reminders and triggers should they arise
- Provide reassurance that reminders and triggers will become weaker and less frequent over time.

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.

- Children change their opinions, memories, and worries over time.
- Children will react to anniversaries and special occasions.
- Be aware of children's needs – they may become vulnerable or confused.

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- Children may want to hold onto mementoes and keepsakes (this includes art or written work done at school which relates to the trauma or person who died).
 - Be prepared for children to have new questions about the death again in the future – children and adolescents may prefer to ask people outside the family as time goes on.
 - Encourage a sense of optimism about the future.

Classroom issues

Traumatised and bereaved pupils react in a variety of ways as they try to come to terms with their experience. You may notice changes in their concentration and behaviour over the next two years. Be mindful that they will revisit the death as they move through their developmental stages. Teachers cannot change the events that have happened but by their support they *can* make a difference. Returning to school following a traumatic bereavement should be planned for to minimise potential difficulties:

- Talk with parents and the child about when to go back to school, what information to share with classmates, and any specific worries or requests they may have. Some children will need to be prepared for what their classmates already know about what happened or how they reacted. They will also need to know how to deal with questions or comments from other pupils.
- Talk with the class or group about what happened. Use age-appropriate explanations and let them know when the bereaved child will be coming back. Check with the family and/or the bereaved child beforehand to ensure they are happy with your information.
- Be prepared for your own reactions – children will be very sensitive to the reactions of familiar adults in their lives.
- Be aware that the pupil may become withdrawn and isolated from their peers (they have gone through an experience that most of their peers will not be able to comprehend fully). Their outlook on the world may have changed.
- Concentration and memory are affected and will only return to normal levels as the underlying bereavement and trauma issues are resolved (this can last up to 2yrs – sometimes much longer).
- Some bereaved pupils may throw themselves into their work and

become model pupils. These pupils also need care – it is unlikely that they will be able to maintain this in the long term.

- Expect the pupil to function but be flexible with their workload. Be sympathetic, gentle, and firm.
- If the need arises ensure that there is a quiet place where they can talk to you or just be alone (but supervised).
- Bereaved children are more likely to be bullied by other pupils.
- Continue to offer a supportive structure in school.
- Be aware that grieving parents may not always be able to support their children as well as they used to. For some children school can be the most safe or predictable time during their day.
- Encourage peer group support – children with similar losses may be able to support each other. Talking and sharing in groups helps normalise experiences and eliminate social isolation.
- If a child in the class has died, other classmates may wish to make a memory book, box of thoughts, or other such gift for the bereaved family. If the class is to participate in a funeral or other ritual, they may need to be prepared for what will happen.
- Be sensitive to special dates (e.g. Mother's/Father's Day), anniversaries, or events where parents usually attend. These will affect the child and their family. If pupils are making Mother's/Father's Day cards, younger children should be encouraged to make them for a parent who has died. Allow them to keep these cards or give them to a trusted adult for safekeeping.
- Be aware that children will revisit their grief as their understanding grows, leading to possible changes in temperament, capacity, and behaviour which will not always be obviously connected to traumatic grief.



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, 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.

“When a personal tragedy befalls someone it is often difficult to know what is best to do or say. Teachers in schools are in much the same dilemma – when should they talk about it to the young person? When should they leave well enough alone? There are no easy answers; but it is clear that not facing the dilemma can often make things worse”

*– Yule and Gold, 1993**

* 'Wise Before the Event: Coping with crises in schools' by William Yule and Anne Gold, published by the Calouste Gulbenkian Foundation (1993) p.21

Books for teachers

"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

"Coping with bereavement: a handbook for teachers" by John Holland.

Publisher: Cardiff Academic Press. ISBN 1-899025-057

"Wise before the event" by William Yule & Anne Gold.

Publisher: Calouste Gulbenkian Foundation. ISBN 0-90331-966-7

Books for 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



Authors:

P. Donnelly	Consultant Clinical Psychologist	The Royal Hospitals, Belfast
G. Connon	Assistant Psychologist	The Royal Hospitals, Belfast

Editorial Group:

N. Rooney	Consultant Clinical Psychologist	The Royal Hospitals, Belfast
A. Healy	Therapist; Director Family Trauma Centre	South and East Belfast HSS Trust
E. Smyth	Senior Educational Psychologist	South Eastern Education and Library Board
M. McCann	Director/Counsellor	Cruse Bereavement Care
T. Costello	Senior Social Worker	North and West Belfast HSS Trust

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

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Sleep disturbance

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Self care for workers supporting
the traumatically bereaved

Guidelines for the immediate response
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Relatives Guide

Dealing with sudden death in early
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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