

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




Professionals Guide

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The ROYAL
HOSPITALS



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



Children will understand death and traumatic events differently according to their age and level of understanding. Reactions to traumatic bereavement can be equally severe in children regardless of whether or not they witness the traumatic event. They will be sensitive to the distress around them as well as to their own distress at what they have seen, heard, or believe. Most children will develop fantasies about what has occurred unless time is taken to explain the situation to them (in language appropriate to their level of understanding). Children of preschool age and younger often only allow themselves to be comforted by a parent or trusted adult, and can spread, and be sensitive to, anxiety among the remaining family when upset. Younger children can also become equally distressed by a disturbance to their routine. Adolescents and some people with learning disabilities will have more difficulty showing emotion, but can show similar upset as younger children.

Each child will react differently and their responses are not always obvious.

1. Promote safety

- **Keep family members together** – children will feel safest with a parent or trusted adult; siblings can support each other when kept together as a group.
- **Communication and predictability** – age-appropriate explanations from familiar adults will make separations more predictable and less threatening for children.
- **Take children's fears seriously** – adult reassurance with suitable information can address immediate fears about safety (and the safety of other family members – especially those not present).
- **Take appropriate action** – take clear action to assure children and families of their safety (lock doors and windows, call a relative or trusted adult to stay with the family or in the home); allow children to use comfort objects (favourite toy, blanket or doll).

2. Communicating with families

- **Concentration and memory** – can be drastically and immediately affected by trauma; information must often be repeated or given in written form to be remembered properly. Information communicated to a family member or friend who is less affected by the trauma is more likely to be remembered. This can be relayed to the family by that person at a later stage. This person needs to be acceptable to all sides of the family, and must keep children informed of what is happening.
- **Personal contact information** – nominating one or more persons to be a follow-up contact allows families to gather information and ask questions at a later date (written or printed contact information is useful).
- **Prepared information and handouts** – printed information on coroner's procedures, specialist services, and advice relevant to traumatic death can be useful for families in both the long and short term.¹
- **The media** – media involvement is not unusual and may lead to the reporting of specific details to the public. Interviews and personal statements to the media are voluntary and the families should be made aware that they have a choice in this. Some families later regret early statements released to the media – they should be advised to discuss various options with other family members or a trusted friend. Families should consider whether they would prefer radio, television, or printed media involvement, if they would like to release pictures, and what details they wish to share. Once information is released to the media, families will have no control over what is finally broadcast. Once families give one interview, they will most likely come under pressure to give others (which they have the right to refuse). Once information is in the public domain other children will be aware of the detail of what has occurred so children in the family need to be prepared for this.

¹ See other guidelines in this series

3. Make the loss real for bereaved children

- **Encourage age-appropriate explanations** – give clear, definite explanations of what occurred and what is going to happen next; explanations should match children's level of understanding; the more children know about what really happened, the less time they will spend imagining scarier possibilities. This applies even when the child is believed to have witnessed the incident, as they are not always able to understand what they have seen.
- **Children need to participate in rituals** – family and social rituals (e.g. funerals) allow both children and adults to come to terms with difficult situations, and should be encouraged. Families often try to protect children from these experiences, but children are much less likely than adults to be distressed in such circumstances. Many families have the tradition of viewing the body. This can be a sensitive issue, but usually children react better than adults as long as they are prepared for the experience. Viewing the body may or may not be advisable depending on the circumstances of death; funeral directors and religious representatives can offer good advice on such matters.

4. Agencies

Fire and Ambulance

Injured children and families require different emergency treatments – with severely injured people most likely to be separated from the rest of the group (e.g. going to a different hospital). Avoiding separations (if possible) will reduce potential confusion and worries about safety, and keeping everyone informed, particularly children, about what is happening to other family members and what will happen to them.

Police services

Inevitably with a traumatic death, police will attend the scene. As this is a confusing time for adults and children, printed information containing useful contact numbers or information on likely courses of future action (criminal or medical investigation) can be helpful. Keeping families and children advised of what is happening to everyone will help reduce confusion. Avoiding unnecessary separations of children from each other or their families will help control anxiety and distress. Within the police

service there is expertise in taking witness statements from children. Families may also need help in understanding the work of the Coroner's Office (see guidelines in this series on the coroner) which are often explained at this time.

Hospital services

Once an injured family member is admitted to hospital, staff become aware of the need of other family members to be kept informed about what is going on. Within the hospital there are staff with skills and expertise which are useful both at the time of admission and following traumatic bereavement (e.g. Clinical Psychology, Chaplaincy, Social Work Dept., Counselling Services – see local referral guidelines). It is often during this time that advice needs to be given about post-mortem, coroner, and funeral arrangements.

GPs

Family GP should be alerted to offer help and short-term medication where necessary. It is inadvisable for other family members or friends to offer medication to the family affected as these may cause unintentional side effects. This is best discussed with the family doctor.

Out of hours social work service

Emergency social workers may be called for child placement or protection issues, and are a good source of information and support².

Faith ministers/religious representatives

The family may want early contact with their minister or representative, who will be a source of advice and support for family members.

Funeral directors

The funeral director is a source of support to bereaved families at times of crisis, by assisting in providing options for funeral arrangements and assisting decision making. In particular they can advise on aspects of the rituals that children can be involved in, such as drawing pictures, writing letters, or selecting photographs to be used in the funeral service or placed in the coffin.

² The EHSSB service can be contacted through The Contactors Bureau on 028 9066 8246



Coroner

As the death of the family member was unexpected and may be unexplained, it falls within the remit of the Coroner. As such it is likely that a post-mortem examination will be conducted, resulting in a slight delay in the body being released for burial (see Coroner's guidelines). Although consent is not required for post-mortem examinations, the process should be explained to the family, with written guidelines if possible.

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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

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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
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Relatives Guide

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Dealing with sudden death
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Dealing with sudden death in adolescence
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Dealing with sudden death for adults

Sudden Death
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The Coroner

Schools Guide

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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