

Trauma

Parents :

- That the one word which best describes grief is sadness.
- That the one word which best describes trauma is terror.
- Trauma reactions are different from and in addition to any grief reactions a child may experience following a significant loss.
- That trauma reactions can be delayed for some time. They frequently don't begin to appear until approximately two years after the incident. Children often make visible the impact of the trauma for the first two to six weeks, then appear to be doing well. Problems may begin again after one or two years, sometimes even five to ten years later.
- That children can be traumatized in the same way as adults.
- That children experience reactions similar to traumatized adults.
- That posttraumatic stress creates reactions in addition to and different from grief.
- That children do not need to be the victim or the witness but only related to a friend or peer of a traumatized adult or child to be traumatized themselves.
- That violence is not the only kind of incident that can induce trauma in their child.
- That car accidents, house fires, serious surgical procedures, terminal illness of a loved one, drowning accident, finding a body, divorce, separation from a parent, plane crashes, floods, hurricanes can all induce trauma in a child.
- That a family trauma such as a murder of a family member can traumatize the entire family.
- That each member of that family will have his/her own individual reactions.
- That similar reactions will be intense for some and not for others.
- That the longer trauma victims go without trauma specific help the more chronic and severe those reactions can become.
- That trauma reactions cannot be prevented, but their negative impact on the child's learning, behavior, personality and emotional development can be minimized when help is provided as soon as possible.
- That children, when given an opportunity, are eager and can face the details of their trauma.
- That traumatized children generally need to be seen periodically over a period of years, as reactions can take years to emerge.
- That trauma specific help can help the child find relief from their terror as well as regain a sense of control and power over the "monsters" that their experience induced.
- That children, when taken for trauma specific help, will be forever grateful to the parent for acknowledging their need to talk with someone who understands what their terror is like.
- That not every psychiatrist, psychologist, social worker, school counselor or doctor knows what a trauma is or how best to help.
- That there are very specific ways they can respond to their child's specific reactions.
- That their traumatized child desperately needs their patience, provision of safety, security and basic nurturing.
- That they themselves also will need support.



Terror On Top of Grief

Trauma reactions are different from and in addition to grief reactions. Only recently has it been verified that children are vulnerable to experiencing posttraumatic stress disorder (PTSD), a disorder once attributed to only adult survivors of war.

We recommend that you read *Kids on the Inside Looking Out After Loss* (Steele, 1995) for a dramatic description of what happens to children who are traumatized as told by the children themselves through their drawings and stories of the incidents that left them terrorized.

The one word that best describes grief is sadness; the one word that best describes trauma is terror. Terror induces reactions not often seen in children who are grieving. These reactions can include:

- trouble sleeping, being afraid to sleep alone or be left alone even for short periods of time,
- being easily startled (terrorized) by sounds, sights, smells similar to those that existed at the time of the event - a car backfiring may sound like the gun shot that killed someone; for one child, his dog pouncing down the stairs brought back the sound of his father falling down the stairs and dying,
- becoming hypervigilant - forever watching out for and anticipating that they are about to be or are in danger,
- seeking safety "spots" in their environment, in whatever room they may be in at the time. Children who sleep on the floor instead of in their bed after a trauma do so because they fear the comfort of a bed will let them sleep so hard they won't hear the danger coming,
- becoming irritable, aggressive, acting tough, provoking fights,
- verbalizing a desire for revenge,
- act as if they are no longer afraid of anything or anyone (and in the face of danger, responding inappropriately) verbalizing that nothing ever scares them anymore,
- forgetting recently acquired skills,
- returning to behaviors they had previously stopped i.e. bedwetting, nail biting, or developing disturbing behaviors such as stuttering,
- withdrawing and wanting less to do with their friends,
- developing headaches, stomach problems, fatigue, and other ailments not previously present,
- becoming accident prone, taking risks they had previously avoided, putting themselves in life threatening situations, reenacting the event as a victim or a hero,
- developing school problems including a drop in grades and difficulty concentrating, or
- developing a pessimistic view of the future, losing their resilience to overcome additional difficulties, losing hope, losing their passion to survive, play, and enjoy life.

While these changes are not unusual, they often go unnoticed or fail to bring a helping response from adults. These changes can and do become permanent when the child does not receive appropriate help. Often children suffer silently for years with their terror until one or several of these changes become so intense and problematic that someone says something. Unfortunately, years later few people are likely to associate these reactions to the child's earlier trauma. The help given often misses the mark. This further increases the child's sense of helplessness and failure.