

After the shocking experience...

picking up the thread again

*Information for **parents** of children that have been involved in a shocking
experience or dramatic event.*

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Information for **parents** of children that have been involved in a shocking experience or dramatic event.

This information is given by the PSHO (Psycho Sociale Hulpverlenings Organisatie) and the ROJ (Regionaal Opvangteam Jeugd) in the region Gooi en Vechtstreek.

You may also show this leaflet to members of the family or relatives, neighbours, teachers, friends or other persons involved.

Folders about this situation are/will also be available to: teachers, parents and children and to those who refer persons to other care institutes.

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Stadsgewest Breda

What are shocking experiences?

It can happen that children have to deal with death, violence, threats or parting with someone. Events that come from outside, that have a short duration and that affect them deeply. But events that seem less serious may also leave a deep impression on them. Think of a pet that has died, a father being laid off from work, moving to another house or to a new school. Or a friend moving away. Children need time to come to terms with drastic or shocking events. The better your child copes with the shock, the sooner it will fall into place. You, the father, mother or guardian, can be a big help in this process.

No one remains unmoved when involved in a shocking event. No one is really prepared, and if it happens it has drastic consequences for everybody. When children go through a gripping experience together with their parents, it will be even twice as bad for the parents. Not only will they have to cope with their own reactions and grief, but they will also want to support their children as much as possible.

What can parents do to help their children as much as possible to cope with a shocking experience? This folder will go deeper into this issue.

During the event, and just after

At the crucial moment, most children react automatically, without thinking. It is as if they switch on the automatic pilot. This assures that they don't do any silly or dangerous things. It enables them to deal with the situation as best they can, in order to survive. It is quite normal that children shut off their emotions during the event. The way this is done is for every child different. The one feels unreal and different than in its normal state, or has the idea that it is watching a film. The other feels nothing at all, and stands petrified as if pinned to the ground. Occasionally a child may panic, or cannot suppress its feelings of rage. When the first shock is over, there is at first disbelief and amazement. After that there are often hefty reactions, such as fear, anger, grief, trembling or quivering. These reactions take some time: for some children a few minutes, for other children a few hours, or even a few days. It may also happen that a child does not express these feelings at all, and remains as if frozen in the situation of the shocking experience. Then you should say to the child, clearly and firmly, that all is over and that it is safe. This helps to release the emotions.

All these reactions may be necessary to cope with the event. These are normal reactions to an abnormal event.

If the child seems to have no explicit reactions, it does not mean that the process of coping with the experience is not going well. As it is, all children react differently.

What children or youngsters may find shocking

- divorce of their parents;
- the death of a relative, friend or acquaintance;
- sexual abuse;
- the death of a pet;
- moving to another town or area;
- a new school;
- illness, their own or their father's or mother's;
- their father's or mother's redundancy or incapacity for work;
- violence on television;
- aggression, such as adults fighting in the street;
- burglary;
- being teased at school;
- being hit by children or adults.

For each age group the following specific reaction may be noted

Babies

Babies react to restlessness and noise. As soon as the normal routine is restored, a baby will be its normal self again.

Toddlers and pre-schoolers

- may behave helplessly and passively and may have general fears and fear of separation;
- may seem to be less quick on the uptake and may mix things up;
- may have trouble with putting things into words;
- may display regressive behavior or start bed wetting again, or start talking poorly, they have less appetite, they no longer want to play outside, they have troubled sleep and are listless.

Primary school children

- feel responsible for the event and may have feelings of guilt;
- strongly react to events that remind them of what happened;
- see grief and fear in others, which worries them;
- have physical complaints.

Adolescents

- have feelings of shame and guilt;
- may become more aggressive and more cheeky;
- are more prone to smoking, alcohol and drugs;
- tend to make very marked changes and decisions.

It may happen that children show these complaints and symptoms only **after a few months**. Parents must keep this in mind. This is even more important if the parents have already coped with the event themselves. For this reason, they may not connect their children's complaints with the shocking experience.

To cope with it: how does it work?

Activities may help. Drawing, writing and playing provide a good way for children to handle shocking experiences. Toys (dolls, toy swords, toy cars, dress up clothes, etc.) and creative material stimulate their coping with the situation and provide distraction and activities for children.

You may also help your child by doing something together. For example, you may bury the dead pet or write a farewell note together. After having moved to another place or having changed schools it may help if your child visits the old school or the former friends once again. To say farewell to loved ones it may help the child if it can witness the burial or cremation. Such 'rituals' prove to be very supportive for children and adolescents. In dealing with the situation children need their parents' emotional support and wise understanding very much. The way in which your child deals with it, such as in dreams or in changed behavior, may sometimes not be easily recognizable for you. Some children deal with it by crying or talking, other children by playing roughly and breaking things in the process. Many children don't realize that they re enact the shocking experiences during their play.

For you, the parent, it is important to watch how your child reacts to TV images or images in the newspaper after the shocking experience. Such images may amplify their bad experiences. But if healthily dosed, they may be helpful in dealing with it. They may also facilitate talking about it with one another. Let your children tell their own stories: what they heard, what they saw, what they smelled, what they were thinking, what they were feeling and how the others reacted. Talking about it, perhaps even time and time again, helps handle the problem. After a shocking experience it is quite natural when your child sleeps uneasily, is afraid of the dark, doesn't want to be alone any more and cannot concentrate. When taking it to bed, create a familiar, safe atmosphere. Tell your child that other children, too, may sometimes have similar experiences and that even bad dreams can have a happy ending. Try to resume the normal routine as much as possible. That is good for the children and also good for you. Again: all above mentioned reactions and complaints are quite normal after a shocking experience.

What are 'normal reactions' in children and adolescents?

- being unusually quiet and withdrawn;
- being very busy or exuberant;
- decreased interest;
- troubled sleep, nightmares;
- frightened behavior, not daring to be alone;
- crying or getting angry about "small matters";
- diminished performance at school;
- losing skills such as eating, talking and toilet training;
- physical complaints, listlessness, edginess;
- feeling (co)responsible or guilty about what happened;
- suddenly wanting to make drastic decisions.

In short: these are normal reactions to abnormal events.

What you, the parent or guardian, can do:

- Support your child with patience and understanding. Explain to teachers and members of the family what has happened to your son or daughter.
- You yourself may be so shocked that you cannot support your child adequately. Seek help for your own sorrow. And see to it that your child has an outlet for itself.
- Encourage your children to seek support from you, the parent, or from others who are important to them.
- Encourage them to express their feelings and their thoughts. It's alright to feel sad!
- Allow your child, for the time being, to display different behavior, such as playing too wildly and to be sometimes 'unruly'. Don't fuss about it for a while.
- Let your child talk (e.g. with the children's helpline), write letters or stories, draw pictures, play or give them books that deal with this subject.
- Reply honestly to any questions your child has. Children will make their own stories when things are held back from them. This may be often more harmful than the 'painful' truth.

However, you may not need to tell them EVERYTHING, and not every question has an answer.

- Keep on doing nice things! It is important to divert oneself once in a while as a way of balancing the attention given to the event with doing nice things for yourself and/or the children.
- If necessary, seek counseling or help for your child if things aren't back to normal within a few months

And when this doesn't pass?

It is quite normal when children are not themselves for a while after a shocking experience. You should not worry too much about it. It may be that, after a couple of months, you still have the impression that your child is not coping. Or that your child keeps on overreacting to the shocking experience for weeks, or that the thought (fear, grief, sleeplessness, etc.) of the experience takes control of your (family) life. In these cases, or if you feel the need of support, it may be wise to contact professional help

Addresses for assistance and advice

- your family doctor

- your school team

- GGD Gooi & Vechtstreek
the school doctor/school nurse
jeugd@ggdgooi.nl / www.ggdgooi.nl
Tel. (035) 692 63 50
Fax(035) 692 62 20

- Regionaal Centrum Kinder en Jeugd Psychiatrie (RCKJP)
Tel. (035) 626 02 43
Fax. (035) 691 48 46

- Slachtofferhulp Nederland (Help to Victims),
location Hilversum / www.slachtofferhulp.nl
Tel. (0900) 0101

- Versa Welzijn (Social Work)
location Hilversum, tel: (035) 683 01 54
info@versawelzijn.nl / www.versawelzijn.nl
Tel. (035) 623 11 00
Fax. (035) 623 73 91

- Sensor Telephonic Helpline, 24 hours a day
Tel. (0900) 0767

- Kindertelefoon (Childrens Helpline)
every day between 11.00-20.00h
Tel. (0800) 0432

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