



Talking to children and young people about trauma

This tip sheet provides some information about talking to children about trauma, particularly interpersonal trauma. Interpersonal traumas are those events that occur between people, such as abuse or domestic violence. These types of trauma have been found to be particularly damaging to children and young people.

The problem with thinking about traumatized children is that traumatized children are hard to think about. It is hard to turn the mind to think of the many terrible experiences that children may encounter and may be faced with each day. However, this is the reality for many young people in Australia. And while it remains difficult to think about, it is essential that it is thought and spoken about in order to address the needs of these vulnerable children.

Children are vulnerable to exploitation, there is no question about this. Children rely on the safety, protection and security that adults offer them. And while most children, most of the time are safe, secure and protected, some are not.

How do we talk to a child about whether they have experienced trauma and how do we help them to sit with this trauma?

Many children who are affected by trauma present to community, education and health workers with a range of 'behavioural' or 'emotional' difficulties and are treated for these, sometimes with and sometimes without success. The range of traumatic experiences that a child has possibly faced may not be asked about, until it has become obviously apparent that the child is the victim of some type of abuse. However, having someone ask about the possibility of traumatic experiences that the child may have encountered is the first step in helping the child. In many cases children and young people who

present for treatment for mental health difficulties or behavioural difficulties will not disclose the presence of a traumatic event during assessment, unless they are directly asked about this. However when asked, many children will feel that it is a relief that someone has finally asked them about what has happened to them.

So how do you ask about trauma?

Jeremy is a 10 year old boy who presented to a child and health worker at the local health centre in the company of his mother. His mother was concerned that Jeremy seemed irritable at home, was not very interested in his schoolwork and was having trouble with some kids at school that he had previously been quite friendly with. Jeremy's mother had taken him to see their GP, who seemed to think that Jeremy was depressed and referred him for further assessment and treatment. Jeremy had a history of trauma that the clinician did not know about when they first saw Jeremy. Jeremy had witnessed severe domestic violence at home between the ages of 3 and 6. His parents had then gone through a traumatic separation and divorce and Jeremy no longer had contact with his father at all. Jeremy had also been bullied at school for the past two years.

During the assessment it became apparent that Jeremy had many of the symptoms of depression and that these were significantly impacting on his quality of life. The clinician who assessed Jeremy asked him the following questions:

"Jeremy, can you think of anything that has happened that might have led to you feeling down?"

"Why do you think that you are feeling so down?"

Jeremy's responses were no and that he did not know why he was feeling down.



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Some ways that the clinician seeing Jeremy could have asked Jeremy about his trauma history include:

“Jeremy, have any of the adults around you done anything to hurt you or make you feel unsafe?”

“Sometimes bad things happen in families or to kids and it can make them feel really down, or sad, or angry. These things aren’t the kids fault but they feel really bad about them anyway. Maybe one, or even more, of these things have happened to you?”

This can then be followed by a list of some of the things that may have been experienced such as mum and dad fighting a lot at home, somebody hurting you, other kids at school giving you a hard time, someone in the family is really sick or has died. By asking direct questions such as these, it gives the child the opportunity to agree with what the clinician is saying rather than to say the words aloud themselves.

Helping the child

Often children who experience trauma and adversity feel that they are alone, that they are the only ones this has happened to and that there is something wrong with them that has caused this to happen. The child may also feel that they are to blame for the bad thing that happened, and that this has happened because they were ‘naughty’ or were not ‘good’.

One of the most critical ways to support the child is to be a safe, supportive adult that can hold the child’s emotions and reassure them, even when they may be telling you the most difficult stories. The child needs to feel that someone else is also able to take on some of the terrible experiences that they have been through.

It is important for the clinician to acknowledge that bad things happen to other children as well. They

are not the only ones. Often traumatized children are left feeling that there is something wrong with them or that they have brought the trauma upon themselves. They come to feel this way when they see that their friends are treated differently from them, and in the case of interpersonal traumas they are often told that there is something wrong with them, or they may be excessively criticized. Some children are told that they need to keep their trauma a secret and that it has happened because they are ‘bad’. But this feeling that they have done the wrong thing, or there is something wrong with them, is exacerbated when the many adults around them, who may be able to help or protect them, turn a blind eye, or do not want to know what they are going through.

It can be helpful to children if you allow them to realize that the adults around them have made the wrong choices and decisions in treating them badly. It is often not helpful for the child to blame the parent or to point out to the child what a terrible person their parent may be, as many children will feel love, loyalty and affiliation to the parent despite the way they have been treated and even though there may be a joint unspoken understanding that their parents are not great, or even truly horrible.

Children need to have hope that their future will be better. They often do best when they have a number of protective supports around them. This does not necessarily need to be their parents and can be other trusted adults, such as grandparents, uncles, aunts; teachers and others at school; members of a community group; and the parents of friends. You can help to build a network of support around the child so that there are many people that they can turn to during tough times.

It is important to remember that many children are resilient and that children have an enormous capacity to heal, given the right support.



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For further information and resources about trauma and adversity:

The Australian Child & Adolescent Trauma, Loss & Grief Network

www.earlytraumagrief.anu.edu.au

For resources and information for families about trauma:

Trauma & Grief Network: Supporting Families

www.tgn.anu.edu.au

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