Helping children after a traumatic bereavement



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A child's responses to death may be affected by the circumstances of the death, the loss that he or she has experienced, and the subsequent life changes which result. Though earlier studies have failed to identify the extent of children's difficulties after exposure to traumatic events, there is increasing evidence that most children react adversely. We believe that an early debriefing and therapeutic intervention by a child psychiatric team can be helpful, as well as the advice and support of a range of other professionals.

INITIAL SUPPORT

Shortly after a traumatic death, there are decisions to be made about viewing the body and attending the funeral. Here, cultural and family traditions are important. However, it is often helpful if the children have a chance to say 'goodbye' to the parent who has been killed.

Viewing the body may be a helpful part of this process, if the body is not grossly mutilated. Children require support before, during and after viewing a body. It may also be helpful for the children to visit the place where their parents died, and to have opportunities to say prayers, lay flowers, leave letters, and so on. The funeral service itself, or a memorial service, may provide appropriate ways for children to mourn.

After a traumatic bereavement such as murder, the family home may be locked up by the police while forensic evidence is sought. It is important for those helping the children to try to collect some of the children's personal belongings, such as toys, photographs and clothes, as soon as possible as these can be reassuring as well as useful.

It is normally best for siblings to stay together, if at all possible. The children should be asked what they would like their friends at school to be told. Teachers need to be advised of what has happened, and asked to keep an eye open for changes in behaviour, poor concentration, and other indications of possible distress.

Children bereaved by domestic violence are not well and happy; indeed, if they are behaving as though nothing had happened to them this should perhaps be regarded as a problem.

EDITOR'S NOTE

In a family where there has been a violent death, children are especially vulnerable. Their distress often goes unrecognised because it is repressed or disguised, and the surviving adults in the family are unlikely to be able to deal with it effectively. Without appropriate help, such children are liable to suffer long-term psychiatric disorder and academic failure. But what is the best sort of help in these circumstances? Martin Newman, who works at the Children's Traumatic Stress Clinic, London, offers some experienced answers. The Clinic was set up in 1993 to provide a specialist service to children traumatised by violence and to those who care for them. Since then, the multidisciplinary team there has seen over 280 such children

POST-TRAUMATIC STRESS DISORDER IN CHILDREN

It has been suggested by Yule and Williams[1] that the problems of children traumatised by acts of violence may not have been fully recognised by previous studies, because many of these did not use screening instruments which picked up symptoms of post-traumatic stress disorder (PTSD). Furthermore, they relied upon parent and/or teacher reports, which have been found to underestimate the level of disturbance in children. Nonetheless, the witnessing of violence and parental murder has been reported to result in PTSD symptoms in children[2,3].

The diagnostic criteria for PTSD are given in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DMS-IV)[4]. However, it is still unclear whether these criteria need to be modified for very young children. In young children, repetitive traumatic play, with re-enactment, imitation, risk-taking and revenge may be seen.

Therapeutic intervention

It seems that witnessing the act of violence is an important predictor for the development of post-traumatic stress disorder. To prevent the onset of PDST, the debriefing and therapeutic intervention should begin as soon as possible after the trauma.

Children should be given opportunities to talk about what has happened. They may be asked to draw a picture or tell a story about a picture of their choice. This may reveal that the child witnessed what happened. The drawings on the next page are by a child aged eight. Figure 1 was drawn about one week after father stabbed mother to death. The child's experiences should be explored, with particular attention to what he or she saw, heard, smelled, and what the child did and felt.

Children may have strong feelings of guilt, believing that they should have foreseen or prevented what happened, or should have done more.

It is important to remember that a child's concept of death will depend

on their age and experience[5]. Cultural and religious beliefs also need to be taken into consideration.

Children are often afraid that the parent who killed (usually the father who has killed the mother) will kill them, he will escape from prison, etc. They may express anger towards him, or express wishes for retribution against him. They may experience bad dreams, (see Figure 2).

It is often helpful if the father will apologise to the children for depriving them of their mother. For this purpose, it may be necessary for the children to be taken to see their father in prison. Such a visit requires careful preparation and planning. The father needs to be seen beforehand to prepare him for the purpose of this visit, and to ensure that he feels able to apologise. The children need to be accompanied throughout by persons that they feel safe with. This should include a professional who will ensure that the father does not use the meeting to justify what he did. The children should not be forced to go to such a meeting if they do not wish it.

LONG-TERM PROVISION

Children need proper legal protection and should have their own solicitor. Social Services should take legal advice about how best to provide this. In the UK, children who have been bereaved as a result of a criminal act can apply for Criminal Injury Compensation.

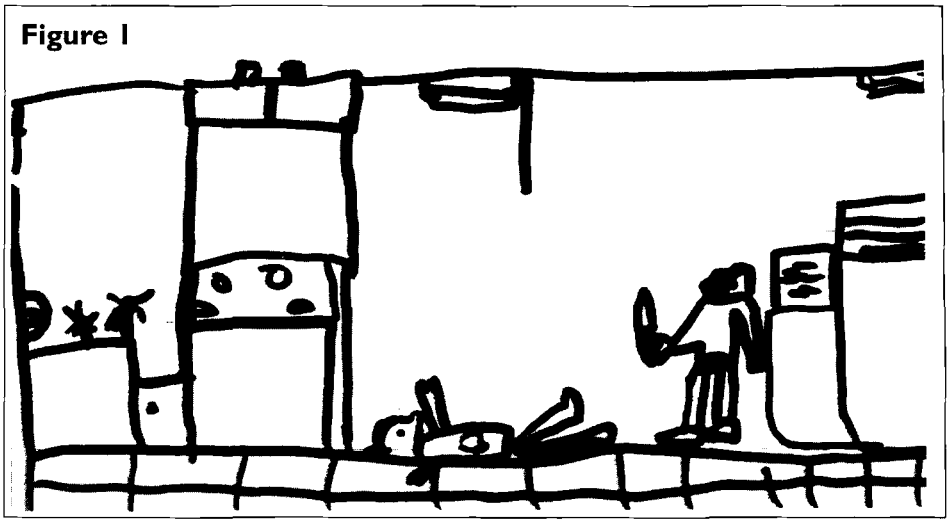
Issues around long-term placement also need careful consideration. There is a risk of emergency placements becoming extended ('parenting by default'). This should not be allowed to happen. As a general rule, children are best placed with relatives of the victim. Children should not usually be expected to return to the care of the parent who has killed

Decisions about contact with the father must be guided by what the children want and what is in their best interests, not what the father wants.

Figure 2



Figure 1



Further interventions should be planned according to developmental stage, circumstances, trauma pathology and bereavement recovery. There is a balance to be struck between working at a child's pace and colluding with two common circumstances which hinder psychotherapeutic help. First, adults are reluctant to disturb a child further, fearing that speaking of, or otherwise awakening, memories about a traumatic event will cause damage. Meanwhile the children, in need of caretaking, are reluctant to disturb or distress their caretakers. An unwitting conspiracy of silence results. Numb, compliant children are helpful to those around them, who unintentionally reinforce this aspect of PTSD.

Long-term supervision is advisable, since problems may become apparent at a later stage. For example, anxiety may develop shortly before the father is released from prison.

CONCLUSIONS

After a traumatic bereavement, children need understanding, communication, advocacy, legal protection, legal advice, financial advice, compensation, and clear, long-term plans.

Children who have experienced trauma may be separated from home, possessions, nurture, familiar routine, siblings and key adults. As early intervention is so important in preventing the development of a post-traumatic stress disorder, we would recommend that professionals involved in seeing such cases keep time available to see referrals urgently. We believe that the needs of children should be kept uppermost in the minds of all professionals who become involved in such cases.

References

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3. Black D, Kaplan T. Father kills mother: issues and problems encountered by a child psychiatric team. *British Journal of Psychiatry*, 1988; 153: 624-630.
4. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders 4th Edition (DMS-IV). Washington DC: American Psychiatric Association, 1994.
5. Speece MW, Brent WW. Children's understanding of death: a review of three components of a death concept. *Child Development*, 1984; 55: 1671-1686.

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FORTHCOMING EVENTS

Mind and Mortality: Professional Psycho-Social Care in Life-Threatening Situations. 30 November 1995. London, UK. Inaugural meeting of a forum for professionals trained in the care of the dying, the bereaved, and those affected by disasters Further details from: Ms Su Madge, Mind and Mortality, The Hospital for Sick Children, Great Ormond Street, London WC1N 3JH.

Survivors of Bereavement by Suicide. Annual Conference. 15-17 September 1995. Needler Hall, Cottingham, Yorks, UK. Details from: Miss Alice Middleton, SOBS, 82 Arcon Drive, Anlaby Road, Hull HU4 6AD, UK. ☎ 01482–569660.

Healing Grief. Workshop on Loss and Recovery. 13-15 October 1995. Hawkwood College, Stroud, Glos, UK. Barbara Ward and Dr Uthe Ernst-Muth. Details from: Barbara Ward, 3 Wheelwright Court, Walkhampton, Yelverton, Devon PL20 6LA, UK. ☎ 01822–855619.

CRUSE BEREAVEMENT CARE
Bereavement and Loss Study Days

1995: 20 Sept, 18 Oct, 29 Nov.
1996: 6 March, 20 March.
Cost: £50 per day. Venue: London
Details from Cruse Bereavement Care, 126, Sheen Road, Richmond, Surrey TW9 1UR. ☎ 0181 940 4818