



### **Covid-19 as a traumatic experience**

We know that most children who have lived through traumatic experiences such as wars, natural disasters and terrorist attacks will recover. We expect that most children will bounce back from this difficult time in their life, and whilst having a short-term impact, most will not have long term symptoms.

However, some children and young people have experienced the period so far as being traumatic. Traumatic experiences involve the exposure to terrible events which are outside the range of daily human experience, and which are emotionally painful, intense and distressing.

According to DSM (Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition) the criteria are as follows:

*"Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:*

- *Directly experiencing the traumatic event*
- *Witnessing, in person, the traumatic event*
- *Learning that the traumatic event occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event must have been violent or accidental*
- *Experiencing repeated or extreme exposure to aversive details of the traumatic event (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)" (pg. 271)<sup>2</sup>.*

For these children the following may be useful to consider:

- Trauma blocks higher cognitive learning processes (Van der Kolk, 2014)
- As levels of traumatic stress increase, the ability to problem solve decreases (Cioer et al, 2014)
- Continued exposure to high levels of stress hormones can manifest into inability to calm (Cicchetti & Toth, 2005)
- Hypervigilant, highly aroused, hyperactive - can appear like ADHD (Brendtro, 2015)
- Inability to de-escalate at a typical rate (Van der Kolk, 2014)
- Struggle in school academically, behaviourally and socially (Merritt & Klein, 2014)
- Difficulties in forming relationships
- Concentration difficulties



- Inability to conform – appears as oppositional behaviour (Fecser, 2015)
- Trauma affects the development of skills, emotions and values (Amendola & Oliver, 2013)

(Trauma in schools: Identifying and working with students who have experienced trauma, Berg, 2017)

Considering developmental aspects are also important:

- Children of all ages are vulnerable, but react in age-specific ways
- Each developmental stage provides both protective self-healing processes and vulnerabilities
- Traumatic experience may slow down or expedite developmental transition
- The target of worries and threats age-specific
- Families respond as a system

Uniqueness of children in traumatization :

- Personality: temperament
- Age
- Family relations
- Meanings of trauma
- Cognitive capacity
- Developmental concerns

(European Network Traumatic Stress)

To identify children who need additional support, it is helpful to understand more about post-traumatic stress disorder. The most common symptoms are:

Re-experiencing: This is when a person involuntarily and vividly relives the traumatic event in the form of flashbacks, nightmares, repetitive and distressing images or sensations, physical sensations such as pain, sweating, feeling sick or trembling

Avoidance and emotional numbing: Trying to avoid being reminded of the traumatic event

Hyperarousal (feeling on edge): Someone with PTSD may be very anxious and find it difficult to relax. They may be constantly aware of threats and easily startled.



Other problems, in children in particular trouble sleeping, upsetting nightmares, losing interest in activities they used to enjoy, physical symptoms such as headaches and stomach aches. Other symptoms in children include difficult behaviour, avoiding things related to the traumatic event, re-enacting the traumatic event again and again through their play.

(<https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/symptoms/>)

The school environment when children return needs to be made as safe as possible, and this refers to both their physical safety as well as their psychological well-being.

Please see guidance on 'supporting your class when returning from Covid-19' for ideas on how to make some adaptations: <https://www.norfolkepss.org.uk/wp-content/uploads/2020/05/Supporting-your-class-after-returning-to-school.pdf>

If you are concerned that a child is experiencing acute stress reactions due to Covid-19, please ensure that appropriate services are accessed:

Child's GP: details on child's records

Norfolk First Response: 24/7 helpline offering immediate advice, support and signposting for people with mental health difficulties: 0808 196 3494

Chathealth: texting service for 11-19 year olds: 07480 635060 (9-5 Monday – Friday)

Point 1: support for children experiencing mental health or emotional problems: 0800 977 4077

Kooth: An online mental health platform for young people: <https://kooth.com>

Trauma Response Network: <https://www.traumaresponsenetwork.org/turn-to-us2>  
(free therapy for those experiencing acute anxiety or PTSD due to Covid-19)