TRAUMATIZED KIDS, TRAUMATIZED RESCUERS?

Pediatric patients can render your usual coping mechanisms less useful.

BY ATLE DYREGROV, PhD

Our capacity for concern, compassion and caring is never more evident than when we respond to victimized or traumatized children. In many respects, these calls bring out the best in us.

Pediatric calls can, however, take their toll. In certain instances, you may find yourself adopting the role of surrogate parent or older sibling, rather than rescuer. In other cases, your own "inner child" may be activated, and childhood memories of being alone, helpless and separated from your parents may flood you. If you respond to a scene where a child has died, the orderliness of your life may be thrown into turmoil.

When you respond to children, there may be a breakdown in your natural defenses. While you may be able to distance yourself psychologically from most emotionally challenging situations, you run the risk of becoming overly involved when a child is hurt. Your conscious efforts to maintain objectivity may fall prey to an overwhelming emotional reaction. Some EMS personnel report they function adequately until they come across a child's body or toy, at which point they operate less effectively or not at all.[1-3] In short, pediatric patients can render your usual coping mechanisms less useful.

COMMON REACTIONS

The reactions you may experience as a rescuer can surface at the scene or after an incident. Some reactions develop more gradually as a consequence of long-term exposure to traumatized children.

Helplessness. EMS personnel are eager to help, action-oriented and like to be in control. When working with traumatized children, they often feel utterly helpless, knowing there's little they can do to alter the situation. They may be overwhelmed by the magnitude of the trauma affecting such innocent victims and become frustrated when there's nothing they can do to console victims or survivors. What can you say to a surviving child whose mother has been killed in an auto accident when he asks, "How's my mother?"

Fear and Anxiety. Perhaps the most significant consequence of exposure to traumatized children is increased insecurity regarding the children in your own life: sons and daughters,

---

—Dr. Dyregrov is director of the Center for Crisis Psychology (Senter for Krisepsykologi) in Bergen, Norway, and the author of Grief in Children: A Handbook for Adults *(Jessica Kingsley Publishers, London).*

nieces and nephews, grandsons and granddaughters, brothers and sisters. When responding to a call, you may easily imagine how the trauma might have affected your loved ones. Since most EMS personnel occasionally worry that something disastrous could happen to the children they love, you may vividly replace the traumatized or dead child you see with the image of a special child in your life. A rescuer who responded to a bus crash here in Norway stated, "I have a son who's the same age as the children involved. The impression of happy children on a holiday instantly triggered thoughts about my son. It became so intensely close and real to me."

The illusion of invulnerability is shattered when children are victims. A badly burned child will stimulate thoughts like, "Could this have been my child?" After the bus accident mentioned, almost 75% of the on-scene personnel experienced anxiety over their loved ones. Comments like "I've felt very insecure when sending my own children by bus since the accident" and "I find myself nagging my children about being careful in traffic" were common. Rescuers sometimes feel the need to visit their children's bedrooms after bedtime just to make sure everything is OK, be there with their children, or hold them in their arms and hug them.

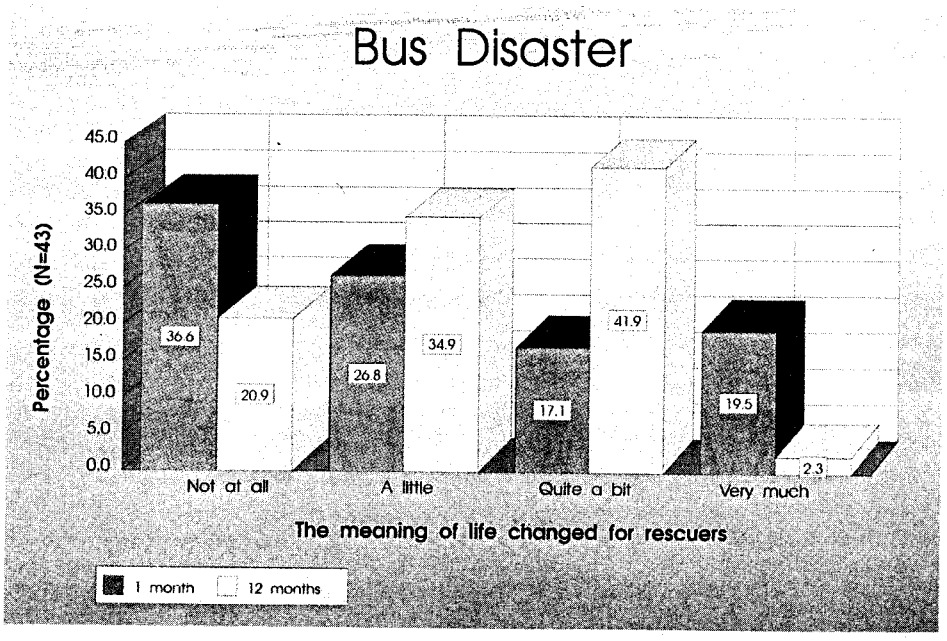

Figure 1: Rescuers viewed life differently after responding to a bus crash in Norway that involved children.

Existential Insecurity. More than any other situation, pediatric trauma and death

trigger thoughts about life's meaninglessness and unfairness. Such calls are a direct insult to any assumption of an orderly, just world. Since children are unable to protect themselves, their suffering is viewed as unfair. When they die from illness or trauma, or when they are murdered, the sequence of life's cycle is distorted; in our minds, children are supposed to outlive their parents, and their deaths shake a basic assumption about life. As one rescuer stated after a fatal accident involving children, "They died at the wrong end of life." After an intense pediatric call, some EMS providers may question the meaning of life in the same way bereaved parents do.

Rage. Pediatric trauma is sometimes directly caused by adults, leading EMS providers to feel anger and rage toward those responsible. When you respond to such calls daily, you may experience a change in your values as they relate to parents and adults. You may become more critical, intolerant and distrustful of others, as well as experience increased irritability. While listening to people around you talk about trivial matters like having a cold, suffering from a lack of sleep or being stressed out over a toddler's rambunctiousness, you may become annoyed that such details and frivolous concerns could upset anyone.

Sorrow and Grief. These emotions are common following the death of a child. It's not uncommon for rescuers to start crying when they return home from a tough pediatric call. The tears may come when they see their own children.

Some responders react openly at the scene of a child's death. Since this seems more acceptable when children are the victims, fellow workers don't view such an open display of emotions as unusual.

Intrusive Images. When rescuers are asked about a specific traumatic event they remember most vividly, they're likely to describe a call that involved children. Their mental images may incorporate all of the senses, although visual images seem to be the most dominant:

- "Gradually, the color of his skin changed. I could see he was dying. He died in my arms."
- "We carried two dead children in our ambulance. From one of the stretchers a leg with a yellow sock was visible. Now I see yellow socks everywhere."
- "The size of the shoes was what got me. The sight returns to me, and I keep thinking about my own child, who wears the same size shoe."
- "I still feel the curly hair of a small dead child in *my* hands."

Self-Reproach, Shame and Guilt. These reactions can be potentiated when treating children. You may contemplate what more you could have done, what could have been done differently or how you could have been more effective at performing your duties.

Greater Appreciation for Life. On the other hand, positive results can also be generated by pediatric calls. Many helpers experience a shift in their values after such calls. Approximately 1 month after the aforementioned bus disaster, more than a third of the rescuers acknowledged a change in life's meaning (see *Figure 1*). They reported a greater sense of appreciation and caring for their loved ones—particularly their children. They felt their lives were more intense and were awed by people's strengths. When we did follow-ups a year after the accident, these changes

had remained fairly stable.

WHAT CAN YOU DO?

How can you actively help a traumatized child and, at the same time, help yourself?

Remember the Fundamentals. Following these basic guidelines will help both you and your pediatric patients:

- Make sure your communication with children is honest, direct and open.
- Allow children to have the facts.
- Review what happened with them.
- Let children meet the rescuers and helpers who treat them.

Understand Possible Reactions and Ways Coping Mechanisms May Fail. It's essential for you to be emotionally prepared for such calls. Besides knowing about the possible reactions you may experience, you must also be aware of how your usual coping mechanisms may fail to function when a pediatric call is especially challenging.

Try to Avoid Reflecting on the Call While at the Scene. Mental preparation prevents you from engaging in too much reflection while handling a call. It's vital for you to avoid identifying with victims at the scene of an accident.

Participate in CISD. Over time, however, it's critical to face your thoughts and reactions triggered by an event. While emotional distance is important at the scene, you must contact your own emotions after an incident via critical incident stress debriefing (CISD), peer support and other stress-mitigating activities.

Table I: Effects of Traumatized Children on Rescuers

Helplessness
Fear and anxiety
Existential insecurity
Rage
Sorrow and grief
Intrusive images
Self-reproach, shame and guilt

Acknowledge the Value of Your Role. Giving yourself an emotional pep talk at the scene can also prove helpful. Remind yourself that you're extremely important in the injured child's life right now. You're there to help him at what may well be the most important event in his life. You possess the qualities to help him. You are in a position to fulfill his needs.

Help the Child Understand. View your role positively. You can help the child grasp what's going on by explaining what's happening and addressing his fears and misconceptions. In my experience, adults often overlook what children understand and the depth and duration of their reactions. Without being informed, a child's active imagination may lead him to draw erroneous conclusions about an incident. By lessening the child's sense of helplessness and uncertainty, you, in turn, reduce your own.

REFERENCES

- 1. Hershiser MR, Quarantelli EL. The handling of the dead in a disaster. *Omega* 7:195–208, 1976.
- 2. Jones DR. Secondary disaster victims: The emotional effects of recovering and identifying human remains. *Am J Psychiatry* 142:303–307, 1985.
- 3. Rayner JF. How do nurses behave in disaster? *Nursing Outlook* 6:572–576, 1958. ■