

**Psychological
First Aid for children,
adolescents and
families experiencing
trauma**

A GUIDE FOR FIRST
RESPONDERS



Children in South Africa are exposed to a lot of trauma, violence, abuse and neglect. In these situations, children have little control, and they need someone to step up and hold their hand through the storm that trauma brings.



“
You don't need superpowers to be someone's hero.”

All caregivers have a responsibility to protect and care for children. First responders are heroes (who don't wear capes) and are able to reach out with their insights and skills to provide comfort and to help soothe the child's pain and confusion. First responders may include community workers or leaders, nurses, child and youth care workers, teachers, social workers, paramedics and police officers.

This guide is divided into sections. It talks about the need to care for yourself so you can care for others. It discusses trauma – what it is, how it affects us and children - and provides information about how trauma affects children in various stages of development. The guide shares information on Psychological First Aid (PFA) for children. It tells you what needs to be reported and to whom. As a bonus, there is a short section about personal reflections and a list of resources about PFA you might find interesting.

And remember, caregivers and those being cared for are all in this together.

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About this Guide

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The way people respond to our trauma immediately after it happens is important in helping us cope better in the future.

Why this guide?

The first response to trauma significantly impacts a child's healing, and perception and experience of how adults provide safe and caring spaces for children to heal.

Although your job as a first responder is not to be a counsellor to children, the first response and interaction after a trauma provide critical healing opportunities that can change the impact the trauma has on the child and family.

When traumatised (and often confused, overwhelmed and in a state of shock) we need others to guide and direct us, and take on some of the decisions – kind of pave the way to make things easier for those who are traumatised, the child and the caregiver (e.g. parents). Our ability to think clearly in times of trauma is diminished, and guidance from trusted others is very important and needed. This is where you come in.

Who is this guide for?

It is for all first responders such as community workers or leaders, child and youth care workers, teachers, social workers, paramedics and police officers. This guide is for any person who deals with a child after a trauma.

What is helpful after trauma is to have someone provide calm guidance and support.

What's in the guide?

We have divided the guide into sections, and you can read the guide from beginning to end or just pick the sections you are most interested in at any given time. At the end of the guide, we have included some 'personal reflection exercises' to assist you in consolidating what you have read and some Psychological First Aid (PFA) resources. Feel free to jump to the personal reflections anytime or leave them until the end when you have familiarised yourself with all the nitty-gritty of PFA related to supporting children in trauma.

- We know the importance of caring for ourselves before and at the time of caring for others, and so we refer to support, and acknowledge your feelings.
- We introduce you to a concept involving Head, Heart and Hands (HHH): the thoughts we wrestle with, the feelings we have and the actions we take to deal with traumatic events.
- The guide elaborates on what trauma is and how it affects us. It also gives concise information about trauma as it relates to children and their developmental stages.
- We provide you with information about PFA and Jelly Beanz' PFA and what we like to call The Five Cs (Contact, Containment, Current Concerns, Connecting, Continued Collaboration).
- We include contact details of organisations to which to report any worrying behaviour and situations involving children.
- To wrap up the guide, we have included some personal reflections exercises, and we've given you some additional resources regarding PFA.

Phew, this is a lot of stuff! But we hope it gives you the confidence to provide psychological first aid to a child in trauma.

Topic 1:

Taking Care of Yourself So You Can Take Care of Others

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In a storm we may feel alone, afraid and confused.

In a storm you need to find ways to protect and care for yourself



Often, situations come into our lives out of the blue (e.g., the Covid-19 pandemic that no one seems to have been prepared for). These situations, or let's call them storms because they pass, bring wind, rain, lightning and sometimes even hail. Some storms are devastating and leave lots of destruction in their wake. Others pass with only a dark cloud.

In most storms, there is not much we can control. We cannot choose where storms go or where they hit the hardest or always know how fierce they might become.

But we are not helpless, even though we know we cannot guarantee that nothing will touch our loved ones or us. We can do our best to prepare for the storm and protect ourselves and others we care about.

You, as first responders, are providing so much help, especially to our most vulnerable. We know you may be standing in the storm trying to help those around you and are at risk yourself. We appreciate you so much.

Like any other courageous person fighting a storm, you will need to find ways to protect yourself physically, emotionally and psychologically. The most important preparation to help you get through the storm will be finding ways to stand strong and not let things overwhelm you.

Some of you have been through other storms; this storm might be just another. It is important to realise that what you have relied on in previous storms might not be helpful right now. But you can build on the resources you used before.

To stand strong does not mean you cannot be afraid or sometimes feel down. But it does mean that you ought to pay attention to these feelings and thoughts and use them to stand back up again every time.

You may be carrying a big stress load even from your childhood. It is as if there is layer upon layer of stress. Having many layers do not determine how we will cope with the storm. Sometimes these layers have taught us vital skills to cope.

- Take a little time to care for yourself.
- Take a little time to understand where your strength comes from and how to build it up.

Our feelings and thoughts also affect our bodies, not only our state of mind.

Think about these:

- Where in your body do you experience your feelings?
- Do you tense your shoulders, or is your stomach in a knot?
- Do you get tired easily, or maybe you cannot focus on important things?
- Does it happen that you cannot remember where you put your phone, or are you quick to lose your temper?



When our bodies are constantly under stress, and we do not take care of them (e.g., through exercise and eating healthy), we can become sick more easily.

Head, Heart, and Hands (HHH)

We like the HHH concept.



Head: Our thoughts about ourselves and the world are in our heads.



Heart: Our feelings are in our hearts, and



Hands: Our hands represent two things:

- (i) This is where our feelings are figuratively held - the sensations in our bodies resulting from trauma, the behaviours we engage in and the actions we take during and after trauma.
- (ii) The helping hand caregivers and first responders provide through your insight and knowledge.

Head, Heart, and Hands are linked. When one changes, it affects the others. For example, if we are overwhelmed and not thinking straight (Head), we might do something rash (Hands).

Head, Heart and Hands – one affects the other as they are all interlinked

- Trauma can affect how we store and process memories linked to an event (Head).
- Our thoughts directly impact our feelings (Heart). We may have a range of feelings in response to trauma. At various times, one feeling may be stronger than at others.
- Trauma (along with what we think and feel) has a significant impact on our bodies, the sensations and emotions we experience, the actions we take (Hands). We can say the body 'remembers', as every traumatic memory will have associated sensations or experiences in our body. For example, when you are afraid, your heart rate increases, you may start sweating and have a dry mouth.

Now, onto the nitty-gritty.

To better understand Psychological First Aid (PFA), we need to look at the trauma that precedes it.

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What are you thinking?
What are you feeling?
What sensations are in your body and what action are you taking?
Head, Heart, Hands

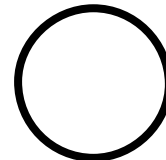
Head. Heart. Hands.

This concept is also critical when dealing with children in trauma (and we elaborate on this for you).



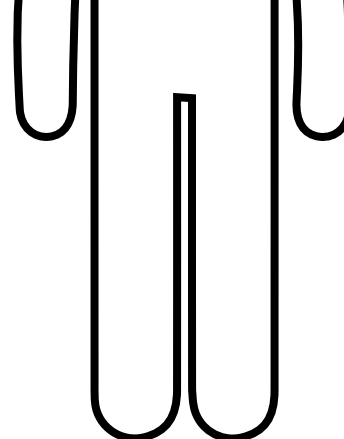
Head:

Our thoughts about ourselves and the world are in our heads.



Heart:

Our feelings are in our hearts



Hands:

Our hands represent two things. Our behaviors as a result of trauma and how we can respond in a supportive way.

Topic 2:

Understanding Trauma

Trauma can impact how we think, feel, behave, interact with others and learn. It can impact every part of our life.



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South Africa has high rates of trauma – in children and in adults.

What is trauma?

Trauma results from a bad experience and is accompanied by negative thoughts and feelings that are overwhelming and challenging. Trauma is often life-changing. It can be from a single incident or many incidents over a long time.

Continuous trauma is when you live in situations of ongoing danger, for example people in abusive relationships or communities surrounded by gang violence or living in war zones.

Trauma can occur in relationships because of violence, abuse, neglect, death or natural disasters like floods, storms, or pandemics such as Covid-19. Trauma can include illness, the loss of loved ones, unemployment, limited social resources and the loss of people, relationships, and places we used to have access to, for example school or church.

Trauma impacts our physical and emotional health, behaviours, and relationships, and it affects how we learn.

The impact of trauma will be different for every person. It is influenced by the intensity and duration of the trauma and the number of times the trauma occurs; and for children, their age, previous experiences, supportive relationships, and the relationship to an offender (where relevant).

Our response to a child's trauma, especially when it first takes place or is disclosed, can make a big difference to how they finally process this moving forward.

Types of trauma in the South African context

More than 60% of South African children live in poverty which means that many children are hungry, are unable to attend quality schools, have poor medical care, and live in unsafe housing and environments.

South African children are also at high risk of abuse. One in three children will experience sexual abuse before age 17, and one in three physical abuse in their home. New forms of abuse are emerging which include cyberbullying (where the internet is used to bully children, often by other children) and online sexual exploitation of children (involving children in sexual abuse, etc.).

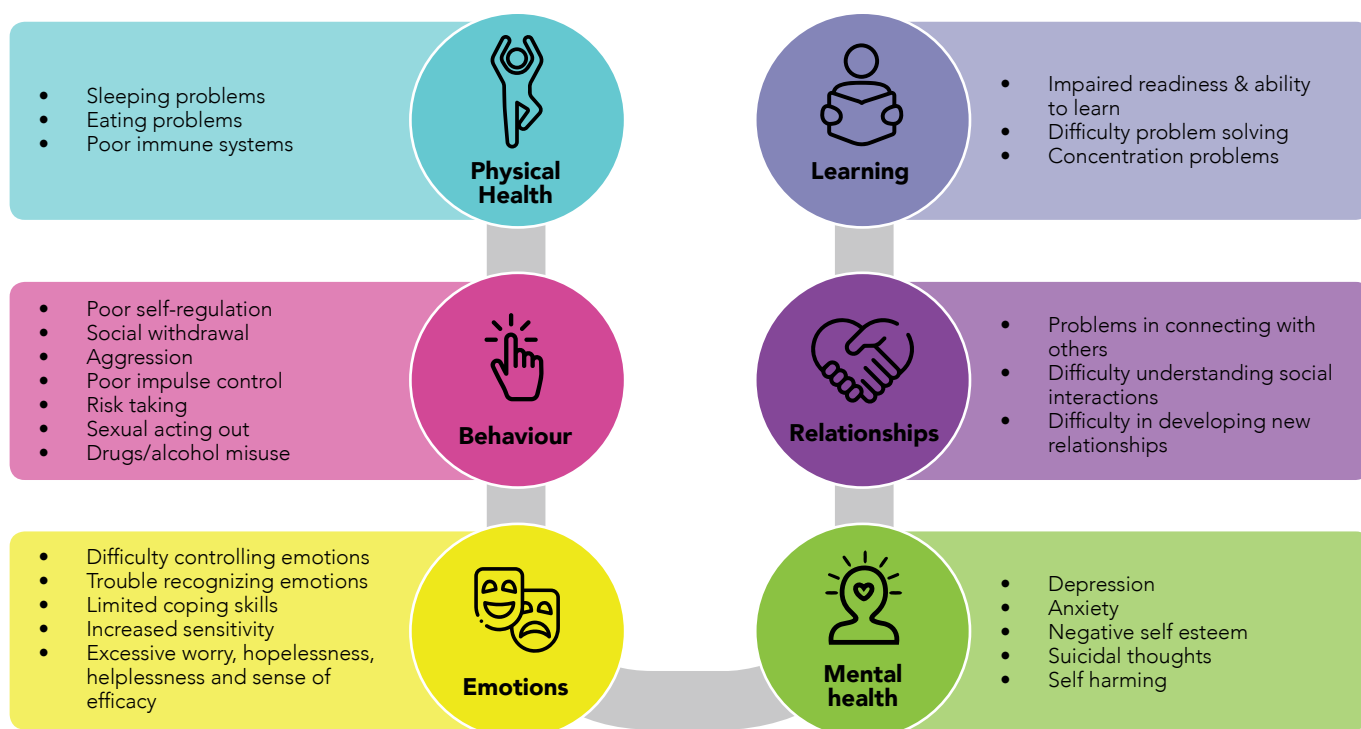
Many South African children have huge mental health challenges. In young adults, suicide is the second leading – and fastest-growing – cause of death in South Africa. Post-traumatic Stress Disorder (PTSD) is common due to violence in homes, communities and schools. Substance abuse is also increasing a lot. It is estimated that 15% of our children are living with disabilities.

Any psychological first aid responder needs to keep in mind that a child may have one traumatic event with which you are helping, but this may be only one of many other traumas the child and their family has or is experiencing. Children may respond differently if it is a once-off trauma compared to ongoing multiple traumas and may also be affected by the trauma of parents and caregivers and vice versa.

The type of trauma may also influence the impact on children and families. For example, trauma caused by nature versus by people, trauma caused by strangers versus caregivers and parents; and traumas that are once off time-limited versus ones with no specific end, e.g., war.

How does trauma affect us and children?

The impact of stress and trauma



Two central systems in the brain

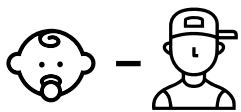
There are two central systems in the brain: The **'safety system'** and the **'threat system'**.

- The **'safety system'** helps a person feel calm with an overall sense of well-being. A person's safety system is activated when they have all their basic needs met - food, shelter and connection with others. This leads to emotional and physical safety for the person. The person can think clearly, be creative and problem-solve.
- When a child lives in this safety system, they are generally calm, able to pay attention, happy and playful and more likely to be cooperative.
- The **'threat system'** is activated by events that are distressing to us, such as various experiences of trauma. This leads to us feeling unsafe. When we feel extremely unsafe, we react with fight-flight-freeze: 'fight' (fight to protect ourselves), 'flight' (try to get away) or 'freeze' (as if frozen on the spot, not able to quickly think of ways to plan to get away or protect ourselves).
- This experience of a threat and the resulting 'unsafeness' happens in our thinking (Head), our emotions (Heart) and our bodies (Hands). This can cause us to panic, feel disconnected from others and be confused. We cannot think clearly or creatively or come up with plans to solve problems.
- When a child operates from the threat system, the whole child is affected (represented by Head, Heart, Hands), and may react in unpredictable ways. They may become withdrawn, anxious, overly emotional, show difficult behaviour, aggression, become clingy, or stop talking.

Trauma and a child's developmental stages

We know that trauma affects children in different ways at different ages and developmental stages. It is important to know the HHH responses for each age group.

The table in the following two pages gives information about developmental stages in terms of social and emotional development, typical behaviours at each stage, reactions to stress, loss, trauma and crisis, and what children need from caregivers and others.



Developmental stage in terms of social and emotional development

Typical behaviour at this stage

Behaviour/Reactions in situations of stress, loss, trauma and crisis

Children's needs from caregivers and others

0 – 2 (first 1000 days)

Key developmental questions for this age group are:

Do you see me?

Will you take care of my needs?

Am I safe?

- Express themselves through body language (non-verbal)
- They are highly responsive to the non-verbal language of others - emotions, body tension, tone of voice, facial expression
- Need to interact with consistent, significant other/s and receive nurturing responses to develop
- Need movement to develop

- Excessive crying
- Withdrawal/non-responsiveness
- Separation anxiety, very clingy
- Sleep disturbances
- Refusal to eat
- Hypersensitivity to touch

- Nurturing, responsive care
- To be protected
- Physical touch (e.g., to be held)
- Connection with a consistent caregiver
- To be played with

3 – 7 years

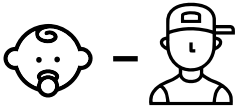
Key developmental question for this age group is:

If I separate from you to become me, will you still love me the same?

- Have same feelings as adults
- Often express feelings through body language
- Developing verbal skills
- They are concrete thinkers
- They have a short concentration span
- Developing their independence as separate people

- Can only think about the world from their own point of view. They cannot put themselves in other people's shoes yet. This means they will most often think that trauma and stress is their fault
- They engage in 'magical thinking'; (this is about control). They believe their fantasy thoughts can negatively and positively impact reality. They think that their fantasy thoughts can change the situation

- Boundaries, routine, consistency and connections
- Moving and playing to express themselves
- Encouragement to name their feelings and emotions
- Need to be listened to (including their fantasy or 'magical thinking')
- Answer their questions honestly (age appropriately)
- Support/encourage their desire for independence and mastery
- Patience



Developmental stage in terms of social and emotional development



Typical behaviour at this stage



Behaviour/Reactions in situations of stress, loss, trauma and crisis



Children's needs from caregivers and others

7 – 11 years

Key developmental question for this age group is:

How much do you believe in me so that I can believe in myself?

- Are better able to see another's point of view and empathise
- No longer fully concrete thinkers but also not yet fully developed abstract thinking. This means they may identify and express their feelings verbally but not always understand what these concepts mean
- Have a curious, questioning mind
- Peer relationships have become very important to them
- They are more easily shamed about their behaviour as they are more aware that their behaviour impacts others. This shame can have a lasting and shaping impact on the child

- Might take on too much responsibility in a crisis or loss as they start to feel empathy for the adults in their lives and try to step in to help
- Might also not show any emotion to cope and to 'protect' others around them
- There may be more acting out, aggressive type behaviour for children of this age group. (They can verbalise what they feel on the surface, but they need help to process the deeper, more long-lasting impacts of loss and trauma on their lives)
- They have a more heightened awareness of their actions affecting others around them

- Play and expression (opportunities to process their experiences non-verbally through games/activities that engage their five senses)
- Affirmation (they need to know that no matter what, they are loved)
- Age-appropriate, honest information
- Psycho-education around normal stress/loss/trauma responses
- Participating in decision-making and need to be given reasonable choices e.g., asking where and when they would feel comfortable talking.
- Validate feelings: "I can see that you are upset by this"; "It is all ok/normal to feel upset" Do not say: "Don't be angry"/"don't feel sad". Allow the feelings to surface

12– 16 years

Key developmental question for this age group is:

Who am I?

Am I worthwhile?

- Reason and logic are well developed
- They have much more of a future focus; they think about their lives in 1 to 5 years' time
- They are developing a 'story about themselves' in their own minds, and they are looking for others to validate this. Peers are central to this process
- Adult caregivers and significant adults are still crucial in their lives (even though it may not appear so!)
- Peers are their focus, but home is their security
- They are refining their belief systems and values about themselves and the world

- They don't wish to be treated like children, yet technically, they are
- Adolescents will have much the same reactions to trauma, stress, and loss as adults; however, trauma can have a lasting impact on emerging identity and belief systems in adolescence
- Depression/withdrawal
- Anger shown in behaviors and words
- Self-harm – e.g., cutting themselves

- Provide support and acknowledge their feelings/responses
- Allow space for adolescents to express and explore doubts and beliefs without judgement
- "Open door" policy (speak when you are ready)
- Opportunities to make informed choices regarding their own engagement in healing
- Psycho-education around normal loss/trauma/stress responses

Topic 3:

Trauma in Children (including adolescents)

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The thinking, feeling and behaviours shown by Head, Heart and Hands (HHH) are vital to understand when dealing with children in trauma.

Children will try to do whatever they can to regain a sense of safety, including engaging in what might seem to be challenging behaviour.

This is why it is essential to look for indicators that a child's threat system has been activated. If it has, helping to create emotional and physical safety is vital. Using Head, Heart, and Hands (HHH) is a helpful way to remember to look at the child's holistic response to trauma when helping them.



Head



Over time, children may have many different thoughts about their trauma, including nightmares and flashbacks, negative thinking, and distorted thoughts (blaming themselves or fearing that the trauma will happen again). These thoughts can make them feel unsafe and reactivate their threat system. Sometimes, the thoughts may be based on misinformation or no information; for example, they may blame themselves for something outside of their control. Thoughts often have a 'domino effect' where one thought leads to another and may spiral into more negative thinking. Trauma can also affect how we store and process memories linked to an event.

Children might have these kinds of thoughts:

'Everyone is going to die'

'It's all my fault'

'The trauma happened to me because I am a bad child'

'Everyone is angry with me'

'I am powerless to change anything in my life'

'This is so confusing'

'I don't understand why I can't play with my friends'

'My body is damaged forever'

Heart



We know our thoughts directly impact our feelings. We may have a range of feelings about the trauma. Sometimes a feeling may be much stronger than other times. Some feelings may feel too BIG (difficult) to cope with.

A child might be feeling:

- Angry
- Guilty
- Scared
- Sad
- Embarrassed
- Worthless
- Powerless
- Overwhelmed
- Numb
- Isolated

Hands



Trauma (along with what we think and what we feel) significantly affects our bodies and the sensations we experience, and the actions we take. Every traumatic memory will have sensations or experiences linked to it in our body – increased heart rate and laboured breathing, damp palms, a feeling that your throat is closing and you cannot speak any words. The body remembers all trauma. So, a sound or a smell could trigger the threat system, even when in a safe place after the trauma.

It is very important to pay attention to these sensations in children to help them find ways to feel safe again. When children are overwhelmed and confused by their thoughts, feelings, and sensations, they may have a range of difficult behaviours. Some behaviours may be:

- Don't want to be around their friends or family
- Regress (go back to behaviour they have grown out of like thumb sucking, refusing to sleep alone or wetting the bed)
- Have temper tantrums or meltdowns
- They may 'zone out' and not pay attention
- Have sexy thoughts or have inappropriate sexual behaviours e.g., touching another child's private parts
- Do risky or dangerous things
- Use substances such as drugs or alcohol
- Run away from home
- Be disrespectful or even aggressive towards other children, adults or animals, including bullying or hurting others.
- Don't take care of their personal hygiene (washing, brushing teeth) or their personal belongings or space

When we help children who have been traumatised, we use the Head, Heart, Hands concept to better understand what children are going through and to assist us in planing how to make them feel safe again.

For example, a child - let's call her Sindi - saw her mother being badly beaten by her boyfriend. Sindi is now wetting the bed again (an action represented by Hands) because she is afraid of the dark (a feeling represented by Heart) and believes that bad things happen at night (thoughts represented by Head). You could support her parents/ caregivers in developing a routine around bedtime and spending time with Sindi, calming her before sleep by singing (Heart), reading her a story or praying with her (Head) or rubbing her back (Hands).

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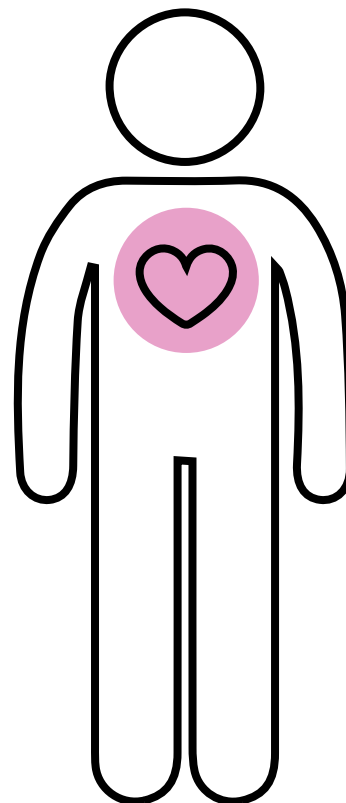
H H H helps us to better understand the impact of trauma on a child so we can provide the best care.

Head. Heart. Hands.



Head:
Children's thoughts about themselves and the world

Heart:
Children's feelings



Hands:
Children's actions or behaviors after trauma

Topic 4:

Psychological First Aid (PFA) and Jelly Beanz' Psychological First Aid – The 5 "Cs"



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Psychological First Aid provides immediate psychological care after trauma

What is Psychological First Aid (PFA)?

Psychological First Aid (PFA) is the immediate psychological care needed after a trauma. Just like medical first aid is needed when there have been physical injuries in a situation, PFA is the immediate response to the mental health 'injuries' of the person. PFA provides immediate support and relief and has long-term benefits in terms of better coping after a trauma. This can help to prevent the person developing harmful coping mechanisms.

Just like medical first aid takes place at the scene of the trauma, so does psychological first aid. So, the psychological first aid would be provided by the first people who are able to assist, and this is most often people in the community. Social workers, police, psychologists usually arrive only later by which time some helpful PFA can already have been provided. PFA can only be provided once everyone is physically safe.

Jelly Beanz' Psychological First Aid

We will now have a look at the various steps that make up PFA. To help make it easier to remember, each of the 5 steps begins with the letter 'C' and they are:

- Contact
- Containment
- Current concerns
- Connecting to support systems
- Continued collaboration

Contact with the child

How you respond to a child when they are feeling unsafe is important. This is the first crucial step in PFA.

Your tone of voice, facial expressions and movements need to signal 'safety' to help calm down the child's threat system. You need to do this even if you also have a strong emotional response to the traumatic event. This is called regulating your reactions. You should take a moment to regulate yourself before entering a disaster or crisis. Deep breathing, singing, reciting a prayer or mantra can all be beneficial. Regularly practising 'softening' your facial expressions in front of a mirror can also help. When stressed, you can picture this softening by closing your eyes and remembering what it looked like in the mirror.

You should approach individual children or groups slowly, talking in a soothing voice, even if what you are saying does not make immediate sense to them. You can try to offer a comfort object such as a blanket or toy or something nurturing such as water. Greet the child gently, but don't be put off if the child does not respond at first.

Your body posture is also important.

- Moving slowly, smiling, bending down or sitting on your haunches are non-threatening and signals safety.
- You should stay at a comfortable distance from the child and keep an open body posture (not crossing your arms).
- Your hands should be visible to the child. Masks (for Covid-19 health and safety regulations) can make it hard for children to read our facial expressions. They may find this threatening. If possible, you can give the child a glimpse of your face without the mask whilst observing social distancing.

You need to be thoughtful of cultural practices.

- In some cultures, it is rude for children to make eye contact with an adult. In others, a child should not speak to an adult without being spoken to first.
- Some children are not used to engaging with adults or offering information to adults, so you should be patient if the child doesn't respond spontaneously.
- You should also remember that children may give an answer to an adult they think is the "correct" answer, not necessarily what they are actually feeling or experiencing.

Children may respond by speaking or using gestures such as nodding their heads. Some children may be unresponsive. You should use a calm, steady voice and talk in short sentences, communicating only one idea per sentence. Always keep in mind that your non-verbal communication is much 'louder' than your words for traumatised children. Children may need a little time to respond to questions, and you should be careful not to ask too many questions or make multiple statements at once. So, for example:

"My name is Bongani. I am here to help you."

- If the child is responsive, you can ask: "What is your name?"
- If the child is not responsive, offer the child some water or a comfort object.
- If a child does not respond verbally, you can ask questions and see if a gesture can be elicited. "I can see that there was a train crash. Were you on the train?"
- If a child is completely unresponsive verbally, it is okay. You can continue with containment by communicating safety using your body language or asking the child's parent or caregiver, if present, to assist you.

Social connection is important in making children feel safe immediately and moving forward.

If the child is in the presence of a caregiver, a sibling, a friend or a teacher, you should never separate them. You should engage with them together as a unit. This applies even if the child is in an informal or loose grouping of people they have only just met during the traumatic event.

If you wear a uniform, you should remain mindful that uniforms may have different meanings to different children. For example, in South Africa, army or police uniforms might be seen as 'unsafe' people and children may feel scared and not trust you. Children may also have had recent negative experiences with people in uniform which may lead to fear; for instance, crowd control carried out by military forces or a memory of pain due to medical procedures by doctors or nurses.

Social connection may also involve just quietly being with the child. Just your presence is comforting too. You can be talking softly to the child, even if the child remains quiet.

Containment

Many different things may be happening all at once during traumatic events, which can add to a child's feelings of being unsafe. These can be sensory – things they see, smell, hear, touch – or physical – needing to use the toilet (or having wet/soiled themselves), hunger, thirst, or being cold or seeing blood. Try to reduce and manage these where possible as this will help to regulate a child's 'unsafe' stress response. We call this containment (addressing basic/immediate physical needs).

You can look around and think about what the child is experiencing in terms of sensory input. People shouting? Blood? Smells of vomit? Sitting on hot tar? Unpleasant taste in the mouth? If you can, you should move the child away from any sensory inputs that might be making them feel unsafe.

Physical containment can include a comfortable place to sit or offering the child a comfort object. Give small choices: "Would you like the blanket over your shoulders or your lap?"

If a child appears to hear and understand you, you can use grounding activities. For example: "The sun is so nice and warm today" or "Is there a tree here that you can see?" or "How soft is this blanket?". Grounding activities will always focus on our senses: This will include things you can hear, touch, smell, see or taste. Try to bring the focus to more calming and positive things.

If a caregiver/teacher or familiar adult is present, you can encourage them to offer comfort. Sometimes adults are themselves overwhelmed, and this stops them from providing help to children. Ask the caregiver what usually works to comfort the child (rocking, holding, soothing) and encourage them to do so.

If no caregiver is present, you can contain the child by talking in a soothing voice or even singing to the child. Physical contact may also be helpful. But you must be very careful. Some children may want to be held or picked up; others may be very fearful of physical contact. You should never force physical contact but look for signs from the child as to how comfortable they are with this. For instance, a child holding onto your leg may benefit from physical contact to feel safe.



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What you say about the trauma has a long lasting impact on the child.”

When other roleplayers become involved, explain to the child who the person is and how they can help.



Current concerns

Understanding the child's current (present/immediate) concerns in the situation can help you to respond better. Conversations about these concerns should only occur once the child gives verbal responses, including name, age and where they are. Most children also need to feel they can trust you before they can answer these questions. Build a trust relationship by reminding them of your name and what your role is. "Tshepo, as I told you earlier my name is Khanyi. I am staying here with you until the ambulance comes". Be careful not to make any promises that you cannot keep.

Assess the child's orientation to the situation, e.g.

- "Is today Wednesday or Tuesday?"
- "Is this your school?"
- "What is the name of your school?"

If the child can give information to these questions, talk to the child to understand their immediate concerns., e.g.

- "Is there something I can do to help now?"
- "What are you most worried about right now?"

Even if a child appears confused and does not respond, they may still understand what you are saying. You need to choose your words carefully. Focusing on 'helpful truths' is generally a good practice. But you need to remember that what you say now will form part of the child's memories of the events moving forward, so be careful.

So, for example, saying, "That was a bad accident, you are so lucky you did not die", might be true but may not be helpful moving forward. The child may only remember that they nearly died and feel scared each time they remember this. But if you say, "You were in an accident, but you are safe now", the child may remember feeling scared and then safe.

You should never speak dismissively or disrespectfully about a non-responsive child in front of them. Instead, for example, say, "Officer, my young friend here does not feel safe right now. We need help in finding out what her name is. Then we need help in finding out who usually takes care of her".

Connecting to support systems

Once you have understood the immediate concerns of the child, you can ask for assistance from the more formal support services. This may include medical care, the police or a referral to social services. When handing care over to another service provider, you should ensure that the child understands their care is now being handed over to someone else.

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For example, "Thandi, this is John. He is going to take care of you on the way to the police. John, this is Thandi, she is eight years old. She is worried about where her mom is".

If the service provider cannot attend to the situation straightaway, explain to the child. For example, "Thandi, I am going to ask an aunty who is a social worker to come to your house to speak to you. She will be helping you after you and I have said goodbye to each other."

Access to trusted informal support services should also be encouraged. You should try to find out which trusted resources the child can access. For example, a caregiver, extended family member, school, faith-based organisation, neighbour or any other dependable and invested person or organisation that the child can be linked up with.

Continued collaboration

You should follow-up referrals to see that the child received the services they need. This can be difficult because of the challenges faced by the child protection system in South Africa and because, as first responders, you are also overworked. You should remember that often when children put their trust in you they expect that you will follow through with what you offered to help with. You have a responsibility to follow up on those children whose lives you have touched.

When must child trauma be reported?

Some traumas that children experience need to be reported to the authorities for further investigation or to be referred to specific services.

Everybody must report any form of abuse or neglect of children to the authorities and/or contact the nearest emergency services, complete forms, etc.

To make it a little easier, here are the things you need to know:

What must be reported to the Department of Social Development or a Designated Child Protection Organisation?

- Abuse of a child (physical, sexual, and emotional abuse of a child)
- Serious neglect
- Domestic violence and exposure to domestic violence
- A child who does not have a parent or caregiver

Child protection organisations to contact or refer families to:

For abuse, neglect exploitation and unaccompanied children:

Each area has an organisation that is responsible to investigate when children are unsafe. This may be the Department of Social Development, or another non-government organisation. If you are not sure which organisation is in your area, phone the local police station to get the details.

What must be reported to the police?

- Any sexual offence (sexual crime) against a child or mentally disabled person
- Any exposure of a child to pornography of any kind
- Child trafficking (the movement of a child from one point to another for the purpose of exploitation)

Where must this be reported: The crime must be reported to the local police station in the area in which the crime was committed.

Emergency numbers to contact:

- South African Police Services: 10111
- Childline number: 116 (toll free on all service providers)
- Gender Based Violence: 0800 482 482

Conclusion

You are doing the work of heroes. Even if we do not always say it or show it, we appreciate you and what you do to help our children. Sometimes we forget that trauma affects you, not only the children you have been called on to help. We thank you for being there for them and us.

We hope we have given you some helpful information to guide you to deal with the storms in life, what psychological first aid is all about, and what trauma is as it relates to children and their development.

We hope you gained insight through our HHH (Head, Heart, Hands) concept and the five "Cs" (Contact, Containment, Concerns, Connecting and Continued Collaboration).

Remember, we are all in this together, no matter the type of storm.



thank you



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Thank you
for being our
heroes.

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