

FACT SHEET:



ABIOS

Acquired Brain Injury Outreach Service

Category:
Support for families

Audience:
Family and
Support Workers

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ABIOS Social Worker

I Know A Child Who Has A Family Member With An ABI

Introduction

Acquired Brain Injury often has devastating consequences for the injured person as well as their family and friends.

It is possible that while family members are occupied with the initial medical crisis and then involved in the rehabilitation and care of the person with the ABI the children of the injured person can be overlooked.



Similarly hospitals conduct family meetings and family education sessions but typically direct these at the adult members of the family and the children are not included.

The experience of having a parent or some other family member injured in this way can have lasting and significant effects on children. Children often find it more difficult to express their feelings. Hurt, pain and confusion is often not heard by parents or loved ones. It is very important to keep talking to children about what is happening so that they feel included.

Children's reactions to a serious life and family change, such as when a parent has a brain injury, can be quite varied. It is important to be observant and take notice of any changes in a child's behaviour. Children's emotions are often displayed differently to adults. Some children outwardly show their distress while others display their emotional reactions in more subtle ways.

Possible Reactions

Children often experience a range of strong emotions following an ABI happening to someone in their family. It is a very stressful time emotionally and children may be confused, fearful and suffer long term effects such as nightmares. Other emotions could include:

- Shock – that this has occurred in their family, shock at the hospital experience and seeing their loved one in scary situations e.g. attached to machines in ICU.
- Fear - that the person may die.
- Worry - that this can also happen to them or other members of the family; worry about the future

- Embarrassment – at the way the person looks and acts and not wanting to visit hospital or participate in public outings.
- Anger – with the person for doing this to the family unit and that the person is not behaving the same as before.
- Loss – of the relationship with the injured person, changes in the pre-existing relationship with the well parent (as their focus shifts to the injured parent), and changes in the relationships with other family members and friends.
- Guilt – wondering whether they were responsible for the injury or if this should have happened to them rather than their loved one
- Frustration – at the injured person for not being able to do things he/she used to with them, e.g. play soccer together, go shopping together.
- Resentment - that their life has been changed as well, e.g. they may have to do more around the house; financial constraints may mean they may have to change schools or not be able to do all the after school activities they did previously.
- Children may also experience resentment if they have not been told the 'truth' about the injury, the prognosis or about ongoing rehabilitation.
- Neglect - children may experience less parental and familial attention resulting in their feeling 'left out'.
- Loneliness and isolation – feeling that now they are different from their friends; that their friends don't understand what has happened to their family, or that family and friends don't appreciate that an injury has effected the child.
- Sadness - The child may feel as if the family member has 'gone away' as they are so different to the way they were previously. These changes are difficult for the child to understand especially if the person looks the same. They may feel sadness for the loss of the family member they used to have and may need time to get used to the new person who has emerged following the accident.

Behaviours

Children's behaviours may change due to the injury sustained by the family member or due to the changes in relationships in the family unit. Some behaviours that children may display are:

- Younger children may revert to more childish behaviours, e.g. thumb sucking, bed wetting, be more physically clingy or show signs of separation anxiety.
- Attention seeking behaviours may become more evident – as parents redistribute attention from children to the now injured person.
- School performance may decline and attendance may change. Children may not want to go to school.
- Children may have general displays of misbehaviour, e.g. back chatting, copying or mimicking the behaviour of the injured person, swearing.
- Children may become quiet or withdrawn from peers.
- Children may act out, throw tantrums or display hostility towards others.
- Children may no longer bring friends over or want to socialise or may display anti-social behaviour.
- Children may avoid being seen in public with the injured person.
- Children may become unwilling to learn about brain injury.
- Children may experience nightmares.
- Children may experience physical complaints i.e. stomach upset, headaches.

Relationship and Role Changes

An ABI in a parent can affect a child's relationships with others in the family and friends. These changes in relationships will differ depending on the age of the child and the family situation. Relationship changes that may occur could be:

- Interactions between parents and the children may be altered e.g. parents may be too occupied with responding to the brain injury to spend quality time with the children.
- Interactions between the parents may have changed. This change filters down to the child who may not understand



why his/her parents aren't getting on as well as they did before.

- Children may experience parents becoming more overprotective, e.g. not allowing them to do the usual things like going out with friends.
- Conflict may develop between the parent with a brain injury and children. This may be related to the parent with the brain injury's being less tolerant than before or an inability to manage their anger appropriately.
- There may be a disruption in child/parent bonding that can cause long term effects - a young child may shift their attachment from the injured parent to the non-injured one.
- Childhood friendships can be disrupted as children feel less connected to their peer group. They may feel that their friends are in a different 'space' to them, that the usual concerns don't matter to them at the moment. They may feel that no one really understands what they are going through. They may not want to ask friends over any more as they may be embarrassed by the behaviour of their injured parent



Children's lives and roles in the family can be significantly altered when a parent has a brain injury. This may mean:

- Increased responsibility and more household tasks.
- Supporting younger siblings – homework, support, and preparing meals.
- Supporting the person with ABI - assist in care and supervision of the injured parent e.g. giving reminders, helping with personal cares, providing prompts and direction.
- Becoming the educator - children may need to help educate friends, other family members and even teachers at school about ABI.

Practical Consequences of ABI

There may be a need to take into consideration how the practical issues associated with caring for the brain injured partner/relative impacts on the children, such as:

- The non-injured parent may be required to be at the hospital more often, requiring children to be left with other relatives or friends.
- The non-injured parent may need to be involved with the rehabilitation program and this could mean disruption to usual family routines.
- The non-injured parent may need to assist with the practical care needs at home e.g. feeding, bathing, supervision, which can impact on quality time with children.
- There may be no-one to assist with homework.
- The non-injured parent may not have time to cook healthy meals for the family.
- A change in financial circumstances may mean significant changes to the child's life e.g. change of school, change or inability to continue after school activities, e.g. dancing or sporting activities.
- Parents may not be available to drive their children to, or afford extracurricular activities e.g. sporting events or practices, piano lessons. Children may have to drop these activities or rely on others to assist them to continue.

Useful Strategies

In Hospital

- Children need to be encouraged to be involved in the hospitalisation and rehabilitation stages. Parents should allow the child to predict their level of involvement and not force visiting if the child is not ready or able to cope with this.
- Children need to be prepared by adults for what to expect when they visit the injured person in hospital. Professionals at the hospital will be able to assist in this preparation if required.
- Parents need to relay information that is accurate and honest to their children.



