National Association of School Psychologists

Trauma Reactions in Children: Information for Parents and Caregivers

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The National Child Traumatic Stress Network defines trauma as "an intense event that threatens or causes harm to [a child's] emotional and physical well-being" (NCTSN, 2003). Trauma can result from children's exposure to a variety of events that typically evoke feelings of fear or helplessness. It follows exposure to natural disasters, such as floods or hurricanes; witnessing or being the victim of violence, serious injury, or abuse; or from threats or acts of terrorism and war. Trauma can also result from events such as accidents, medical procedures, or the loss of a loved one.

Children may experience both physical and emotional distress as a result of a traumatic event. However, most children are resilient following trauma and do not develop long-lasting problems. While some reactions such as emotional upset or overreaction, headaches or stomachaches, and jumpiness or agitation are considered normal immediately following a traumatic event, caregivers must be alert for longer-lasting reactions that interfere with daily functioning, school performance, and/or relationships over time.

FACTORS AFFECTING TRAUMA REACTIONS IN CHILDREN

Children's reactions to trauma differ, even for children who are exposed to the same event. Differences depend on:

- *Event factors.* These differences result from the type of traumatic event, the source of the physical threat or injury, and the presence of fatalities. Acts of violence may be perceived as more traumatic than natural disasters. Events that result in injury or deaths are more traumatic than events without such outcomes.
- *Experience factors.* Children's reactions to traumatic events depend on how close they were to the event, the nature of their relationship with others who were victimized, and their own perceived degree threat and initial reactions.
- *Personal factors.* Reactions may differ as a result of a child's age, previous trauma exposure, overall emotional health, previous coping skills, self-esteem, cultural norms, developmental level, and the availability of family and social support.

CHILDREN'S REACTIONS TO TRAUMA

Children's trauma reactions fall into in four general categories that can be found across all developmental stages:

- *Emotional*: shock, anger, fear, irritability, sadness, grief, guilt, loss of pleasure, depression
- *Cognitive*: difficulty with concentration, decision-making, memory; confusion; worry; intrusive thoughts, memories, nightmares; decreased self-esteem
- *Physical*: fatigue, sleep disturbance, physical complaints, increased activity level, decreased appetite
- *Behavioral*: social withdrawal, relationship conflicts or aggression, school refusal or school difficulties, avoidance of reminders, crying easily, regression to a previous developmental level, increased risk-taking

Children react differently to trauma depending on their developmental stage.

Preschoolers' Reactions

Because preschool children have more difficulty describing their feelings in words, their trauma reactions may be expressed through nonverbal behavior. They also may be displayed as general fears not clearly connected to the traumatic event itself. Reactions may include:

- Clinging, difficulty being alone (including sleeping alone) or separating from caregivers
- Tantrums, misbehavior
- Crying easily
- Appearing scared, generalized fear
- Loss of previously acquired developmental milestones (e.g., speech and toileting)
- Recreation of the traumatic event through play (may be repetitive play related to the event)
- Disturbed sleep, fear of going to sleep, or nightmares (may be specific or generalized fears)

Reactions of Elementary School Children

Elementary-age children may communicate their trauma reactions verbally or directly, but behavioral expression continues to be common in this age group. Trauma reactions tend to focus on more event-specific fears or concerns and may include:

- Worry about recurrence of the event, or about their own safety or the safety of others
- Fear of being alone
- More clingy or anxious; overreaction to startling noises
- Talking a lot about the event or not at all
- Overwhelming emotions or apparent lack of feelings about event
- Preoccupation with their own behavior during the event (e.g., guilt or shame over something done/not done)
- Difficulty learning and concentrating in school
- Difficulty with authority
- Physical symptoms or complaints (e.g., headaches/stomachaches)
- Withdrawal from others, avoidance of activities, school refusal
- Loss of previously acquired developmental milestones (e.g., speech, toileting, school skills)
- Recreation of the traumatic event through talk, writing, drawing, or play
- Disturbed sleep, fear of going to sleep, or nightmares
- Increased activity level, restlessness, irritability
- Behavior problems at home or school

Adolescents' Reactions

Adolescents may become more self-conscious about their emotional responses, fears, and feelings of vulnerability after a trauma. They process events more cognitively and verbally than younger children. However, behavioral reactions to trauma do occur and may include:

- Worry about recurrence or consequences of the event, fear for their own safety or the safety of others
- Self-consciousness about fears or worries, shame or guilt
- Repeated discussion about the event or avoidance of discussion
- Exaggerated reactions to loud or startling stimuli
- Difficulty expressing feelings or worries due to concerns about being different from peers
- Withdrawal from others, school refusal, attendance difficulties, avoidance of reminders
- Revenge or retribution fantasies
- Decreased attention/concentration in school
- Increased activity level
- Irritability, anger, aggression, oppositional responses, difficulty with authority
- Sleep disturbance, nightmares (may also reexperience event in daydreams)
- Physical complaints (e.g., headaches, stomachaches)
- Repetitive thoughts, comments about death and dying
- Sense of a foreshortened future or changed identity (e.g., life isn't worth it anyway)
- Risk-taking or self-destructive behavior (e.g., alcohol, drug use, sexual risk-taking, self-injury, suicidal ideation/behavior)

HOW ADULTS CAN HELP

Caregivers are key sources of support to children after a traumatic event. By following some general guidelines, caring adults can help children who have been traumatized, regardless of their age. It is important to understand that children and adults may react to trauma in different ways. Caregivers should familiarize themselves with the normal range of developmental reactions to trauma. Also, adults should remember that they also need to come to terms with the event and care for themselves, so they can care for children. Some general strategies include:

- Help reestablish the child's sense of safety and security
- Reassure children they will be cared for and that events are not their fault
- Minimize exposure to media or traumatic reminders

- Give opportunities to talk about the event in a safe, supportive environment
- Correct misperceptions the child may have about the event; give clear explanations when the child asks; repeat information as needed
- Don't give details or information that would unnecessarily frighten children
- Encourage expression of feelings and help normalize upset feelings
- Tolerate regressive behavior in the immediate aftermath (e.g., sleeping with the light on or with an adult)
- Return to home and school routines as soon as possible to connect children with their natural support systems
- Provide opportunities for children to build skills for coping, anger management, problem solving, and dealing with intense emotions
- Know when and how to get help for serious or ongoing difficulties

Responding to Preschool Children After Trauma

Parents and educators of preschool children provide the primary role of support and comfort to the child:

- Reassure children that the event is over and they are safe
- Provide opportunities to rest, play, draw
- Help children put feelings or fears into words, as possible
- Stay as calm as you can
- Provide consistent caregiving (e.g., make sure children are picked up at the right time, continue the routine of preschool)
- Tolerate a return to earlier behaviors for a brief time following the trauma (e.g., thumb sucking, bedwetting, needing to be in your lap)
- Provide calming activities before bedtime, allow child to sleep with a night light on or with parent for limited time
- Take your cues from the children about the amount of information needed

Responding to School-Age Children After Trauma

School-age children take their cues from parents' and educators' reactions to traumatic events. Caregivers can help provide calming and clarifying information:

- Reassure children that the event is over, they are safe, and adults are working to keep them safe
- Provide a safe place and encouragement and opportunities for children to talk about their concerns, fears, worries
- Reassure children that their feelings are normal
- Clarify the difference between reminders of the event (e.g., sounds, smells, memories) and the event itself
- Understand that children will have difficulties with concentration and learning
- Give children choices, when possible
- Encourage problem solving as needed and recreational activities as an outlet

Responding to Adolescents After Trauma

Adults must be alert to warning signs such as possible increased risk-taking, substance abuse, or suicidal feelings that may be experienced by adolescents:

- Provide a safe place, encouragement, and opportunities for teens to talk about the event and their concerns, fears, worries
- Reassure teens that their feelings/attitudes are normal; provide information on normal trauma reactions
- Discourage watching repetitive media coverage; discuss their potential for triggering fear or other reactions
- Encourage positive coping strategies and reaching out to others for needed support
- Discuss and discourage risk-taking behavior (e.g., alcohol, drugs, sexual risk-taking, suicidal behavior) as a dangerous way of coping
- Support teens through strains on their relationships and academics
- Help teens understand and tolerate others' reactions to trauma
- Help teens understand their negative behavior as an effort to voice anger about trauma
- Discuss and discourage any expressed actions of retribution/revenge
- Encourage constructive activities as an outlet for concerns

WHEN MORE HELP IS NEEDED

For children of any age, an important role for caregivers is to be observant and recognize when the child's trauma reactions may warrant a referral to an appropriate mental health professional. Signs that adults should look for generally include more severe or persistent expression of the responses described above or symptoms that continue for four weeks or more. Adults should watch for the following warning signs, both by directly observing children's behavior and by asking children how they are doing and what they are feeling:

- Mental detachment or disconnection from surroundings
- Panic attacks
- Severe memory, concentration, or sleep problems
- Persistent and severe reexperiencing of the trauma (e.g., flashbacks, nightmares, thoughts/images)
- Extreme social withdrawal or isolation to avoid crisis reminders
- Persistent depression symptoms
- Delusions, hallucinations, or bizarre thoughts
- Substance abuse/self medication
- Suicidal or homicidal thoughts or behavior
- Extreme inappropriate anger or abuse of others

Your school mental health professional and family physician can help you identify appropriate sources of treatment in your community. A growing body of research suggests that youth with severe trauma reactions respond well to mental health treatment. Parents and other caregivers can be hopeful about long-term recovery for children after traumatic events.

REFERENCE

National Child Traumatic Stress Network. (2003). *What is child traumatic stress?* Washington, DC: Substance Abuse and Mental Health Services Administration. Retrieved July 26, 2009, from: http://www.nctsnet.org/nctsn_assets/pdfs/what_is_child_traumatic_stress.pdf

RECOMMENDED RESOURCES

Print

Brock, S. E. (2002). Identifying individuals at risk for psychological trauma. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (pp. 367-383). Bethesda, MD: National Association of School Psychologists.

Brock, S. E. (2006). *PREPaRE: Crisis intervention and recovery: The roles of the school-based mental health professional.* Bethesda, MD: National Association of School Psychologists.

Brock, S. E., & Jimerson, S. R. (2004). School crisis interventions: Strategies for addressing the consequences of crisis events. In E. R. Gerler, Jr. (Ed.), *Handbook of school violence* (pp. 285-332). Binghamton, NY: Haworth Press.

Online

Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., et al. (2006). *Psychological first aid: Field operations guide* (2nd ed.). Washington, DC: National Child Traumatic Stress Network and National Center for PTSD. Available: http://www.ptsd.va.gov/professional/manuals/psych-first-aid.asp

FEMA for Kids, *Resources for parents and teachers*: http://www.fema.gov/kids/teacher.htm#schoolsafe

National Association of School Psychologists, *School safety and crisis response resources*: http://www.nasponline.org/resources/crisis_safety

National Child Traumatic Stress Network: http://www.nctsn.org

In Spanish: http://www.nctsn.org/nccts/nav.do?pid=ctr_aud_spanish

National Child Traumatic Stress Network. (2008). *Child trauma toolkit for educators*. Available: http://www.nctsnet.org/nccts/nav.do?pid=ctr_ctte

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