



866.769.1033

## **Children's Reactions to Trauma<sup>1</sup>**

---

Children's reactions to a trauma will depend on the sensory impact (what they saw, heard, felt, smelled, etc.) and also on their age and maturity. No matter how mature the child, he/she may regress temporarily to a previous level of functioning. How parents and others react to the event also strongly effects how the child will react. The following are some of the common reactions to *emotionally overwhelming* events.

### **Birth to 2 years:**

- Anxiety is manifested in crying, biting, throwing objects, thumb sucking, and agitated behavior.
- While it is unlikely that the child will retain a strong verbal memory of the trauma, the child may retain a physical memory, i.e., the child may not be able to say that something happened, but will have a *sense* that something did.

### **2 to 6 years:**

- Children are less prone to denial and may feel the impact of the event more swiftly.
- They may engage in reenactments and play about the events (repeatedly wrecking a toy car following an automobile accident), much to the distress of the adults.
- They may be anxious, clinging, and may not wanting to sleep alone.
- Some may become mute, withdrawn, or sullen.
- They may not show sadness at all or may show it for short but repeated periods.
- They may be less independent: refusing to dress, feed, or wash themselves.
- Sleep disturbances, especially nightmares, are common.
- Any change in daily routine may be threatening.
- They do not yet understand what death is or that it is permanent. They may react to a death with anger and a sense of rejection.

### **6 to 10 years:**

- Play continues to be the primary method of expression.
- The child may have difficulty concentrating in school, and performance may suffer.
- The normally quiet child may become active and noisy and the active child, lethargic, uninterested in typical activities.
- They may imagine a different outcome, one with a "savior" or "superhero" ending.

<sup>1</sup> Adapted from Group Crisis Intervention Techniques: *NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE*

- They may not trust adults.
- Some may become less independent.
- Physical symptoms are common: headache, stomachache, dizziness.
- They may have trouble controlling their behavior.

### **10 to 12 years preadolescent girls - 12 to 14 years preadolescent boys:**

- They become more child-like.
- They may be very angry about the unfairness of the disaster.
- They may be euphoric and/or guilty about their own survival.
- They may see symbolic meaning in pre-disaster events (omens) or their survival.
- They may suppress thoughts and feelings to avoid confronting the disaster.
- They may be judgmental about their own behavior, before, during, and after the event.
- They may have a sense that their lives will be shortened.
- They may feel that their lives are meaningless or senseless.
- They may become physically ill.

### **12-14 to 18 years:**

- Reactions most resemble adult traumatic stress reactions.
- They may feel shame, betrayal, anger and act out their frustration through rebellious, even dangerous, acts.
- They may become pseudo-adults as a way to gain distance from the sense of danger and to try to establish control over their environment.
- They tend to be judgmental about their own and other's behavior.
- Their survival may contribute to a sense of immortality (which may prompt death-defying behaviors).
- They are sometimes suspicious and guarded in their reactions to others.
- Physical symptoms and appetite or sleep disturbances are common.
- They may feel depressed or strange.
- They may become impulsive and engage in dangerous behaviors.
- They may begin or increase their use of alcohol or drugs either in response to a sense of meaninglessness or in an effort to mask their pain.
- They may be fearful about future disasters.

## Some Coping Strategies for Children

---

- Rebuild and reaffirm attachments and relationships. Love and care in the family are primary needs. Extra time should be spent with children to let them know that someone will take care of them. If parents are survivors, children need reassurance that their parents have resumed their roles as protectors and nurturers. Physical closeness is needed. Children often have concerns about who will take care of them, especially if a parent or caretaker has died.
- Maintain a sense of routine and normalcy to the extent possible.
- It is essential that adults talk to the children about the trauma and to address the suddenness and irrationality of disasters in general. Children need to express their feelings, as do adults, and they need their feelings validated (e.g., I can understand that you feel angry about what has happened, I feel angry sometimes myself.”). Reenactments of the events – no matter how uncomfortable for adults – should be encouraged. It may be helpful to provide a special time to paint, draw, or write about the events. By playing with the children, adults or older children can help pre-school children reenact the event since young children may feel particularly helpless.
- Parents should be prepared for regressive behaviors (e.g., toilet trained children may have soiling accidents) as well as aggressive and angry reactions. Like adults in crisis, children can be supported in their need for increased dependency while being encouraged to do what they can for themselves. Parents may need to gently affirm behavioral limits.
- Parents should talk to their children about the event, whenever the children indicate an interest or curiosity or are behaving in ways that indicate that their emotional state may be related to the events. Talk through nightmares, and reassure them about their safety.
- Take safety issues seriously. Children may need more than reassurance. You can discuss hazards – real and imagined – and make specific plans to address safety concerns. Discuss emergency plans and emergency contact information.
- Children want as much factual information as possible. It is important to answer questions directly, honestly, and concretely. They should be allowed to discuss their own theories about why things happened in order for them to integrate factual information and to begin feeling more in control of their environment.
- Children may be reluctant to initiate conversations, especially if they sense that adults are uncomfortable talking about the tragedy. It may be helpful to ask them what they think *other* children felt or thought about the events.
- Reaffirming the future and talking in realistic, but hopeful terms about future events can help a child rebuild his/her faith in his/her own future and the world.
- Issues of death should be addressed honestly, according to the child’s developmental stage. The child’s ability to grasp the reality of the death will change as he/she matures and will likely need further discussion across time.
- Adults should not try to protect children from their own feelings. If children sense that the adults cannot permit themselves to cry or be sad, they will also not be able to express their feelings. Adults can be a model for the safe expression of feelings and show that strong feelings can be tolerated. However, parents and other caretakers should get support from other adults and not turn to the children for comfort.

**Children’s Response to Trauma Hand-out provided to AR-CRT by  
Capital Area Crisis Response Team, Washington, D.C. - [www.cacrt.org](http://www.cacrt.org)**