

Typical Children's Reactions to Trauma

Following a trauma, parents observe and worry about changes they see in their children's behaviour. Usually these reactions will occur immediately following the trauma. Sometimes however, a child will seem to be doing fine at the time of the trauma and then have a delayed response weeks or months later. There is a wide range of "normal" reactions to a trauma, and the lists below are not all inclusive. You may want to add your own observations and recommendations to the tables below.

PRE – SCHOOL: AGES ONE TO FIVE

Children in this age group are particularly vulnerable to the changes in their routine and the disruption of their previously secure environment. Because they generally lack the verbal and conceptual skills necessary to effectively cope with sudden stress by themselves, they are particularly dependent of family members for comfort. In some cases they might be affected as much; or more, by the reactions of parents and other family members as they are by the direct effects of the trauma. Responses might be geared toward re-establishing comforting routines, providing opportunity for non-verbal as well as verbal expression of the child's feelings, and lots of reassurance.

REGRESSIVE REACTIONS

- Resumption of bedwetting
- Thumbsucking
- Fear of darkness
- Fear of animal
- Fear of monsters
- Fear of strangers

PHYSIOLOGICAL REACTIONS

- Loss of appetite
- Over eating
- Indigestion
- Vomiting
- Bowel or bladder problems
(e.g. diarrhea, constipation, loss of sphincter control)
- Sleep disorder
and nightmares

EMOTIONAL/BEHAVIORAL REACTIONS

- Exaggeration or distortion of the traumatic experience
- Repetitive talking about experiences

POSSIBLE RESPONSES

- Give additional verbal reassurances and ample physical comfort (e.g. holding and caressing)
- Give warm milk, and provide comforting bedtime routines.
- Permit child to sleep in parents' room temporarily.

EMOTIONAL BEHAVIORAL REACTIONS

- Nervousness
- Irritability
- Disobedience
- Hyperactivity
- Tics
- Anxiety about any separation from parents
- Shorter attention span
- Speech difficulties
- Aggressive behaviour

POSSIBLE RESPONSES

- Provide opportunity and encouragement of expression of emotions through play activities
- Physical re-enactment of trauma
- Patient clarification of what actually took place.
- Encourage this healthy attempt to integrate the experience.

EARLY CHILDHOOD – AGES FIVE TO ELEVEN

Regressive behaviors are especially common in this age group. Children may become more withdrawn and/or more aggressive. They might be particularly affected by the loss of prize objects or pets. Verbalization and play enactment of their experiences should be encouraged. While routine expectations might be temporarily relaxed, the goal should be to resume normal functioning as soon as possible.

REGRESSIVE REACTIONS

- increased competition with younger siblings for parent's attention.
- Excessive clinging
- Crying or whimpering
- Wanting to be fed or dressed
- Engaging in habits they had previously given up.

PHYSIOLOGICAL REACTIONS

- headaches
- complaints of visual or hearing problems
- persistent itching and scratching
- nausea
- sleep disturbance, nightmares, night terrors

EMOTIONAL/BEHAVIORAL REACTIONS

- aggressive behavior (e.g. fighting with friends and sibling's)
- repetitive talking about their experience
- sadness over losses
- school phobia
- withdrawal from play group and friends
- hyperactivity
- withdrawal from family contacts
- irritability
- disobedience
- fear of wind, rain, etc
- inability to concentrate and drop in level of school achievement.

- Gentle but firm insistence on more Responsibility than the younger child; positive reinforcement of child's age appropriate behaviour.
- Temporarily lessen requirements for optimum performance in school and home activities.

POSSIBLE RESPONSES

- give additional attention and consideration; physical comforting.

POSSIBLE RESPONSES

- reassurance that competency will return
- provide opportunity for structured, but not demanding chores and responsibilities
- encourage physical activity
- encourage verbal expression of thoughts and feelings about the trauma.
- provide play sessions with adults and peers.
- rehearse safety measures to be taken in future traumas.
- encourage this attempts to integrate experiences.
- encourage child to verbalize feelings of loss, to "grieve" loss of pets to toys.

PRE-ADOLESCENT: AGES ELEVEN TO FOURTEEN

Peer reactions are often very important to this age group. The children need acceptance from their friends and to feel that their feelings and fears are normal. Anxiety and tension might manifest in a number of ways including aggression, rebellion, withdrawal or attention seeking behaviour. "Survivor's guilt" might emerge in children of this age. Group discussion with peers and adults is effective in reducing the sense of isolation and in normalizing the child's feelings. Resumption of group activities, routines, and involvement in physical activity that might help relieve tension are also helpful.

REGRESSIVE REACTIONS

- competing with younger sibling's for parental attention
- failure to perform chores, normal responsibilities

PHYSIOLOGICAL REACTIONS

- headaches
- complaints of vague aches and pains
- overeating or loss of appetite
- bowel problems
- skin disorders
- sleep disorder (including sleeping excessively)

EMOTIONAL/BEHAVIORAL REACTIONS

- loss of interest in peer activities
- drop in level of school performance
- disruptive behavior
- loss of interest in hobbies and recreation
- resistance to authority
- increased difficulty relating to siblings and parents

POSSIBLE RESPONSES

- give additional consideration and attention
- reassurance that ability to concentrate etc, will return.
- temporarily lower expectation performance at school and home.
- encourage verbal expression of feelings
- provide structure but undemanding responsibilities
- encourage taking part in home or community recovery efforts.
- rehearse safety measures to be taken in future traumas
- encourage physical activity
- encourage play or contact with friends.

ADOLESCENT: AGES FOURTEEN TO EIGHTEEN

Most of the activities and interests of the adolescent are focused on the peer group. Fear that feelings or reactions are unusual or unacceptable might push the adolescent toward withdrawal or depression. Psychosomatic reactions are common. The adolescent might tend to resent the disruption of social activities and contact and to be frustrated by the lack of fully adult responsibilities in community efforts. Frustration, anger or guilt might manifest in irresponsible, even delinquent behavior. Adolescents should be encouraged to maintain contacts with friends and to resume athletic and social activities. Group discussions are helpful in normalizing their feelings. They should be encouraged to participate in community rehabilitation efforts.

REGRESSIVE REACTIONS

- resumption of earlier behaviors and attitudes
- decline in previous responsible behavior
- decline in emancipator struggles over parental control
- decline in social interests and activities

PHYSIOLOGICAL REACTIONS

- bowel and bladder complaints
- headaches
- skin rash
- sleep disorders
- disorder of digestion
- vague physical complaints or exaggerated fears of physical problems
- painful menses or cessation of menses

EMOTIONAL/BEHAVIORAL REACTIONS

- marked increase or decrease in physical activity level
- expression of feelings or inadequacy and helplessness
- delinquent behavior (e.g. stealing, vandalism)
- increased difficulty in concentration on planned activities
- depression
- isolation, withdrawal from family and peers

POSSIBLE RESPONSES

- encourage discussion of trauma experience with peers and significant others
- encourage involvement in rehabilitation and recovery efforts in community
- temporarily reduce expectations for level of school and performance
- encourage resumption of social activities, athletics, etc.