

# How children experience trauma, what parents can do to support them and when it's time to get professional help

May 20 2016, by Scott Lingley

---



*Natural disasters like the wildfire in Fort McMurray can have lingering*

*psychological effects on anyone who experiences them, including children, who may have difficulty articulating their fear and anxiety in the aftermath. We asked Sophie Yohani, a registered psychologist and professor in the University of Alberta's Department of Educational Psychology who researches trauma and resilience, about how children experience trauma, how they can be supported in working through their feelings, and when it's time to seek professional help.*

## **Q: What do we mean when we talk about trauma?**

Often, we use the term trauma when we are referring to psychological responses to events or experiences that are intensely stressful. A traumatizing event often causes overwhelming psychological distress and leaves a person unable to utilize their usual coping skills. People's reactions vary and, while they may seem unusual, these are normal and often settle with appropriate personal supports and stable external conditions. The actual traumatic event can be a single event, such as a [motor vehicle accident](#), or there can be multiple events in a person's life over time, such as repeated sexual abuse. Likewise, trauma may be experienced individually, or collectively as seen in exposure to mass violence in war or a natural disaster like the wildfire in Fort McMurray.

## **Q: Is the experience of trauma different for children than it is for adults?**

We used to think children experience trauma in the same way as adults, but depending on the age, children definitely experience and express stress differently. It depends on their development stage, their cognitive capacity to make sense of the situation that they're in. Younger children, because they may not be able to appraise and understand what's going on, tend to turn to their caregivers, the adults who are close in their lives, to assess whether the situation is dangerous. I wish I could remember

who came up with the phrase, "A frightened parent can be considered a frightening parent to a very young child," but that can be the case if they don't know why the parent is upset.

For most people in a traumatic event, we have an inbuilt survival mechanism to respond to threats to safety, so temporarily we might persist in that activated sympathetic nervous system state, when the body is in a fight-or-flight reaction. But as our environment becomes stable and we feel supported, that natural system within us will restore itself to its normal level of function. Children really rely more on the environment to provide the assurance of safety and stability. Caregivers around them who can provide that soothing, supportive reassurance are critical in facilitating children's settling of their nervous systems. Young children really depend on adults to restore that internal balance.

## **Q: What are some signs that a child is having difficulty recovering from a traumatic event?**

If you're looking at very [young children](#) under the age of five, you might see regression to earlier developmental stages. For example, a child who has developed some independence and is able to go to preschool or kindergarten on their own might begin to feel very anxious and have separation anxiety. They might be extra clingy and you might see more crying, screaming, trembling and frightened facial expressions when expected to separate from the parent. As a way of coping with stress, they might engage in what we call self-soothing behaviours, so you might see a child who hasn't sucked their thumb in a very long time start sucking their thumb again, or engaging in repetitive actions such as rocking themselves. It's important to recognize that these behaviours are attempts at managing stress and anxiety given their developmental level, but it also indicates that they're still quite upset. Sometimes young children might experience what we call in adults intrusion symptoms,

such as flashbacks or nightmares. But a younger child might not be able to articulate that, so if they are asleep, they might just wake up crying. An intrusive or recurrent thought or image might show up in play. So you might see re-enactment of some of the experiences they've had in their play, or there may be a preoccupation in their play with particular themes or images they're trying to make sense of.

In school-aged children, six to 11 years, you might also see them regress to earlier behaviours, or the loss of certain developmental gains such as wetting their bed. At school, they might have academic or social difficulties—they could become withdrawn or disruptive. At home they might be having sleeping problems or what may seem as irrational or rigid behaviours. For example, they might refuse to go to school or attend their extracurricular activities.

In the case of collective traumatic experiences, there may be an underlying fear of being separated from their family if the traumatic event happens again. School-aged children might have more somatic complaints—aches and pains—and again these are symptoms of anxiety and distress.

When you look at adolescents, you will likely see presentations similar to adults. They may be able to report distressing memories of the traumatic event and the physical reactions they have to any reminders. They may also exhibit obvious changes in mood and thinking, such as difficulty concentrating. But a significant difference and consideration for adolescents is the potential impact of trauma on their unique developmental stage. Particularly with 12- to 14-year-olds, our concern for them is when a traumatic event coincides with that delicate period in their life, when they're undergoing rapid socio-emotional, physical and mental developmental changes. Considering the socio-emotional impact, we are concerned trauma might disrupt the adolescent's process of becoming more independent and developing a sense of identity. That

same separation anxiety that we see in younger children, in adolescents creates a lot of conflicting emotions—wanting to be close to family and at the same time wanting more independence.

As with younger children, what we're looking for here is changes to the previous level of function. They might refuse to go to school or skip classes, they might have problems with peers, they might have aggressive behaviours or they may withdraw. Like adults, adolescents may turn to substances as a means of coping with the stress. We should also remember that adolescents can experience really intense levels of guilt and shame, depending on the traumatic event and how they reacted during the event. For example, if they were part of a collective experience or they witnessed others get hurt, they might feel that because they're older, they should have done more to help or contribute to recovering from the situation.

## **Q: What can a caregiver do to support a child experiencing the effects of trauma?**

First of all, just understand that you may experience some immediate changes in a child's behaviour and that this is really a normal response to an abnormal event. The caregiver may also feel overwhelmed and be struggling, so in addition to taking care of themselves, they should be mindful their children may also be going through the same thing. Children can be more demanding, so parents need to get support for themselves to be present for their child.

Any attempt to answer children's questions is really important, from the three-year-old to the 16-year-old. Find a way to answer their questions appropriately to their age but as truthfully as you can. Also, remember that some children may ask the same question over and over. Recognize that some children will need to talk about the traumatic event repeatedly

until they have processed this. Children heal through expression, so caregivers and other [adults](#) need to be willing to talk about what happened and to be tolerant when they see trauma or related themes coming out in play. On the other hand, they should not overwhelm the child with information, and instead focus on answering their specific questions.

Children naturally, through play, are able to process and resolve a lot of experiences, so play and physical exercise are also really important. Likewise, gentle, soothing, calming activities teach children to regulate themselves—this is what professional psychologists use in their work with children. Caregivers who are sensitive and mindful of their experiences can encourage play or other forms of self-expression, whether it's through drawing or writing. These are ways in which we weave what we know is useful in supporting children's healing directly in the places that are natural for them—at home and school.

## **Q: At what point should a caregiver seek out professional help?**

The majority of children, once things are settled and routines are re-established, are going to do well. But for some children, these responses might persist and will need professional intervention. Sometimes, they appear later on as a delayed response. The key here is to realize that many of these behaviours and emotions are normal in the aftermath of trauma, but can become maladaptive over time when they persist or intensify. This is when we become concerned they may develop into conditions such as complicated grief, depression and post-traumatic stress disorder.

We advise people to seek professional help if they haven't been able to resolve the experience on their own. For an adult, it might be that

months later they're still having intrusive thoughts or imagery of the [traumatic experience](#). Each time this happens, it takes them back to that original event, it causes changes in their mood and thinking, it affects their work or school or relationships. In the same way with children, if they continue to engage in repetitive behaviours relating to their trauma, or are struggling at school or with peers, they may need individualized supports to help them process what happened. Psychologists can help by determining what might be the internal and external barriers that are preventing the child's healing, identifying the child's and family's strengths and resources, and providing recommendations to caregivers, teachers and other professionals involved in the child's care.

At times, a child's traumatic experience may trigger memories of a caregiver's own trauma history. In this case, it is really important that the caregiver obtain their own professional treatment, so that they can be supportive to their [child](#).

I would like to add that there's a difference between individual traumas and a collective traumatic experience. With a natural disaster or war, what you have is a whole community or whole family that has had the same experience. This is something we often don't talk about because our trauma models often focus on the individual. Children exist in a community and a family that may have had the same traumatic experience, so any supports for children should acknowledge the family and the community as well. Likewise, interventions at the community level should keep in mind the unique experiences, needs and contributions of children. For example, down the road, once the community has settled, they may want to have a way to commemorate the traumatic event, acknowledge losses and affirm the resilience of the community. In doing so, I would recommend that such communities consider ways of including their [children](#) and youth in such community-based healing events. How would youth like to participate? What would youth like to see happen? It's important to include young people's voices



in their community—this empowers and heals them as well.

Provided by University of Alberta

Citation: How children experience trauma, what parents can do to support them and when it's time to get professional help (2016, May 20) retrieved 27 April 2024 from <https://medicalxpress.com/news/2016-05-children-trauma-parents-professional.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.