Trauma and children

Traumatic events involve situations that are either life-threatening or have the potential for serious injury, such as physical or sexual assault, natural disaster, war, or a serious accident. These types of events are common; around two thirds of children will experience at least one by the time they turn 16.

Children and adolescents can experience a range of problems after a traumatic event. Most will improve in time with the support of friends and family. Others will continue to feel distressed, and might develop PTSD. PTSD includes four main types of difficulties:

- **Reliving the trauma** through repetitive play, frightening dreams, or distress when reminded of the event.
- **Avoiding reminders of the event** such as people, places, activities, thoughts or feelings that bring back memories of the trauma.
- **Having negative thoughts and moods** such as fear, guilt, sadness, shame, or confusion; a loss of interest in activities that used to be enjoyed; and spending more time alone.
- **Feeling wound up** – having trouble sleeping or concentrating, feeling angry or irritable (or having temper tantrums), being easily startled or constantly on the look-out for danger, or doing things that might be risky or dangerous (especially in older children and adolescents).

PTSD is just one of a range of mental health problems that children and adolescents can develop after a traumatic experience. Other signs that a child or adolescent is struggling to deal with trauma include:

- development of new fears – either related or unrelated to the traumatic event
- seeming dependent or clingy
- regression in previously mastered skills – such as speech or toileting, or a return to babyish behaviour
- depression or anxiety
- general misbehaviour or attention seeking behaviour
- poor school performance
- unexplained aches and pains
- substance use.

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How parents and families can help

Children’s reactions to trauma can often be misunderstood as ‘naughty’ behaviour. Becoming angry and blaming the child for this behaviour might make things worse. Instead, try these approaches:

- **Reassure** the child that he or she is safe and cared for.
- **When they’re ready, listen to and talk with the child about the trauma.** Like adults, children can become frightened about things they don’t fully understand.
- **Give the child special attention,** especially at bedtime.
- **Encourage expression of emotions** – they are part of the healing process.
- **Enjoy activities together as a family.**
- **Keep family roles clear.** Don’t expect children to take on too much responsibility, but don’t become too overprotective either. Try to understand if they can’t do what is usually expected of them, like going to school, but talk about how they will get back to their normal routine as soon as possible.

Talking about trauma

If your child has been through a traumatic event, it’s important to discuss it with them in a way they can understand. Here is an idea of what to say that might be helpful. You can adapt it to suit the traumatic event that happened to your child:

*Sometimes things happen that are really scary or make you very sad, and you can keep feeling afraid or sad for a long time afterwards. Things like [the fire] can happen to anyone; it’s not your fault. The important thing to remember is that even though [the fire] was really scary, you’re safe now. And any time you feel scared or upset about it, I’m here to help. Is there anything about [the fire] that you’re especially worried about?*

When to get professional help

If the reactions described at the beginning of this fact sheet last for longer than two weeks, or the child or adolescent is very distressed, it is worth talking to your family GP about starting treatment. There are effective treatments for children and adolescents who have been through a traumatic event. The recommended approach is a type of counselling known as trauma-focussed cognitive behavioural therapy (CBT) which involves the following:
• learning about the type of traumatic event experienced (e.g., how common it is), and common reactions to trauma
• teaching children to relax and manage anxiety
• helping children to create a coherent story of the traumatic event, and correct any unhelpful beliefs about the event (e.g., self-blame)
• gradual exposure to trauma-related objects or situations that are feared or avoided
• helping children to get back into everyday activities
• supporting families.

For more information

See www.phoenixaustralia.org for additional resources for children, adolescents, and parents.