



CHILDHOOD TRAUMA REACTIONS:  
**TIP SHEET SERIES**

# ***PRESCHOOL AGED CHILDREN***

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### TRAUMA RESPONSES IN PRESCHOOL AGED CHILDREN

Natural disasters, such as floods, bushfires and storms, are often very traumatic for children as they can be faced with many frightening and overwhelming experiences. Preschool children are a high risk group for poor outcomes following a traumatic event. However, due to the common misconception that children under the age of 5 years are resilient to the effects of trauma, this population is often neglected. Preschoolers typically present with a similar pattern of traumatic stress reactions that are seen in older children and adolescents. However, there are several important unique developmental differences in the rate and manifestation of symptoms in preschool children.



*“Every child  
reacts differently  
to trauma”*

#### How do young children react following trauma?

Children cope with trauma in different ways and there is no one ‘standard’ way that a child will react.

A child’s reaction to a traumatic event will vary greatly depending on their developmental level, premorbid functioning, previous life experiences, level of exposure to the trauma, parental reactions and subsequent changes in living situation.

Whilst it is not always clear how young children will react, research tells us that fortunately the majority of children are resilient and only experience minimal transient distress. Some children will experience moderate to severe initial elevations in psychological distress but will gradually return to their previous functioning over time. A small minority of preschoolers will experience immediate traumatic stress reactions that persist or intensify over time. Finally, some children appear resilient at first, but develop trauma reactions later on.

### **Trauma responses to be aware of in young children include:**

- Reliving the trauma (e.g. traumatic play or drawing, nightmares, repeatedly talking about the event, become visibly distressed around reminders)
- Avoiding reminders or appearing numb (e.g. refusal to be around anything associated with the event, withdrawal from family, teachers and friends, less interest in play, restricted exploratory behaviour)
- Heightened arousal (e.g. disturbed sleep, more jumpy or easily startled by loud noises, difficulties concentrating)
- Behavioural changes (e.g. increased irritability, extreme temper tantrums, fussiness, attention-seeking, aggressive behaviour)
- Separation anxiety or excessive clinginess to primary caregiver or teachers (e.g. crying upon separation, insisting to be picked up, won't stay in room alone)
- Regression in previously acquired developmental skills (e.g. loss of bowel control, talking like a baby, thumb-sucking)
- Development of new fears that are unrelated to the trauma (e.g. the dark, monsters, animals)
- Increased physical complaints (e.g. tummy aches, headaches)
- Changes in appetite (e.g. fussy eating, no appetite)
- Relationship difficulties with caregivers, siblings or peers.

### **Things to be aware of**

There are important developmental issues to keep in mind when considering the impact of trauma on preschool children. These include:

**Parent-child relationship:** The impact of trauma must be considered within the context of the parent-child relationship. This is because, in comparison to any other age, young children are completely dependent on their caregivers to protect them physically and emotionally. Parents are also at risk of post trauma reactions and this can impact on their ability to parent effectively following a traumatic event. It is therefore important to be aware of how parents are coping with the trauma and whether they would also benefit from additional support.

**Developmental level:** Preschool children are more likely to develop false assumptions or "magical thinking" about the cause of the event (e.g. "The flood happened because I was bad"). Young children are also more likely to overgeneralise or catastrophise from the facts they have available. Due to their limited communication skills, they may not be able to explain what is upsetting them or understand why their parents are distressed. Finally they can have difficulties understanding that loss is permanent.

**Misdiagnosis:** It is very difficult to identify internalising symptoms in young children (e.g. avoidance of thoughts). Teachers therefore need to be aware that there is a greater risk that children who exhibit high emotion and dysregulated behaviour (e.g. hyperactivity, temper tantrums, defiance) may receive erroneous diagnoses including "terrible twos", attention deficit/hyperactivity disorder (ADHD) or oppositional defiant disorder.

### Signs that a child needs further assistance

It is normal for preschool children to show some changes in behaviour or difficulties managing emotions immediately following exposure to a traumatic event. However, some children will continue to experience problems that can have a significant impact on their social, emotional, cognitive and behavioural development. It is important to identify these children early on so that they can be provided with appropriate assessment and intervention. Further assessment or intervention may be indicated if:

- Symptoms persist (> 1 month) or worsen over time
- Represent a change from the child's normal behaviour
- Symptoms are more intense or frequent when compared to other children of that age
- Behaviours disrupt others and the preschool environment on a regular basis
- Symptoms prevent the child from engaging in age-appropriate tasks
- Evidence that the problems exist in multiple contexts (e.g. preschool, home)
- Parents have concerns about the child's/family's functioning, request assistance, or are distressed by the situation.

### KEY POINTS



- Preschoolers are vulnerable to the negative effects of trauma.
- There can be tremendous individual variability in trauma responses. Therefore, teachers need to be aware of children who are exhibiting behaviour problems as well as children who are more quiet and withdrawn.
- Behavioural manifestations of trauma (e.g. tantrums, aggression, hyperactivity) may be misinterpreted as 'bad behaviour', ADHD or oppositional behaviour.
- Preschoolers are particularly at risk of adverse outcomes if they witnessed threat to their parent, were separated from their parent or if their parent reports significant psychological distress.
- Early intervention is recommended.