



CHILDHOOD TRAUMA REACTIONS:
TIP SHEET SERIES

PRIMARY SCHOOL STUDENTS

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TRAUMA RESPONSES IN PRIMARY SCHOOL STUDENTS

Natural disasters can be very traumatic for children as they may involve actual or threatened harm to self or loved ones, can elicit feelings of intense fear, helplessness or horror and are often associated with many losses. Children typically present with a similar pattern of traumatic stress reactions that are seen in adolescents and adults. However, there are several important unique developmental differences in the rate and manifestation of symptoms in children that need to be considered.

How do 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 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 children 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.



*"Every child
reacts differently
to trauma"*

Trauma responses to be aware of in primary school children include:

- Re-experiencing (eg, distressing memories that pop into the head during the day, nightmares, emotional and physical distress around reminders, repeated discussion about event, re-enactment of trauma in play)
- Avoidance (eg, refusal to participate in school activities related to the disaster, refusal to talk about the event, memory blanks for important aspects of the event)
- Hyperarousal (eg, increased irritability and anger outbursts, difficulties concentrating, overly alert and wound up, increased nervousness and jumpiness, sleep disturbance)
- Emotional numbing (eg, appearing flat, no emotion related to event, loss of interest in previously enjoyed activities)
- Emotional distress (eg, self-blame and guilt, moodiness, crying and tearfulness)
- Behaviour changes (eg, angry outbursts, aggression, non-compliance)
- Decline in school performance as a result of school non-attendance, difficulties with concentration and memory, lack of motivation
- Increase in physical complaints (eg, headaches, stomach aches, rashes)
- Withdrawal from family and friends
- Appetite changes
- Anxiety and fear of safety to themselves or loved ones (eg, increased clinginess)

If trauma symptoms are left untreated, they can follow a chronic and unremitting course and can have a significant adverse impact on children's social, emotional, behavioural and physical development. It is therefore important that children showing early symptoms of distress are referred for professional assessment and treatment to help alleviate symptoms, to ensure behaviours do not become engrained, and to help the child to continue to thrive, and maximise their developmental trajectory. Signs that a child needs further assistance are when the problems are severe, are a change from the child's normal behaviour, persist for longer than one month or impact on academic, social and emotional functioning.

Parenting and environment post trauma

Following a natural disaster parents may become preoccupied with coping with the event and providing life's necessities (eg, replacing the home). Parents may also have difficulty coping with their own loss and grief.

At this stage of development, children need positive reinforcement and encouragement to develop skills and autonomy. However anxious parents may be reluctant to give the child autonomy or may incidentally model their fear responses and maladaptive coping responses to their child.

Parents suffering from depression may become more emotionally withdrawn, unresponsive and/or unavailable and may therefore be compromised in their ability to help their child to process and cope with distressing trauma symptoms. Children may be less likely to share their worries or concerns if they sense that their parents are having difficulties coping.

The family plays a very important role in helping a child cope with 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.

KEY POINTS



- Children aged 6-12 years are vulnerable to the negative effects of trauma.
- There can be tremendous individual variability in trauma responses.
- The school can provide an important role in identifying children experiencing problems especially if parents and caregivers are also coping with their own grief and loss and would benefit from additional support.
- Post trauma reactions may interfere with the child's social, emotional, behavioural and academic development.
- Early intervention is recommended.