Trauma and children

For young children, a severe distressing or frightening experience can shatter their belief in the security and predictability of their world. Such events can include life-threatening car accidents, bush fires, floods, sudden illness or traumatic death in the family, crime, abuse or violence.

Very young children usually cannot understand what has happened and this can be scary, especially when the grief reactions of their parents or caregivers seem confusing and strange. Children’s responses to these experiences depend on a wide range of factors including their age and stage of development, and the way in which their parents handle the crisis.

A young child will ‘fill in the blanks’
It’s a natural reaction to want to shield a young child from harsh realities. However, keeping a child in the dark doesn’t protect them from the emotional impact of a distressing or frightening event. It may even make it worse for them.

Children are keen observers and will realise that something is wrong, even if no one in the family talks to them about it. If they haven’t been given the facts, they will fill in the blanks with their imagination. Since children are self-centred, they tend to assume the tragedy was somehow their fault; for example, a child may think that God sent a bush fire to punish them for disobedience. In some cases, the child’s fantasies may be far scarier than what actually happened.

Common reactions in young children
Young children often react to distressing or frightening events in physical ways. A young child thinks and feels, but doesn’t have the skills to articulate their thoughts and feelings to their parents. Every child reacts differently, and may not react the way their parents expect.

Sometimes, distress reactions surface weeks or even months after the event. Common reactions include:

- Sleep problems such as not wanting to go to bed at night, difficulties staying in their own bed and nightmares
- Changes in toileting and eating habits
- Going back to ‘babyish’ habits
- Changes in behaviour, such as becoming more clingy, demanding or difficult, or having temper tantrums
- Fear at being separated from their parents
- Changes in their relationships with siblings, such as becoming more competitive or aggressive
- Needing to relive the trauma; for example, they may draw pictures of it or act it out.

Common reactions in older children
Older children tend to talk about their fears and concerns, but still express their anxiety in physical ways. All children are different, but common reactions include:

- Sleeping problems, such as nightmares
- Mysterious physical ailments, such as headaches and stomach aches
- Not wanting to go to school
- Behavioural problems at school
- Drop in academic performance
- Becoming more ‘babyish’ and attention seeking
- Changes in the way they relate to parents: for example, becoming clingy
- Withdrawal; for example, the child may not want to discuss their thoughts or feelings in case it upsets their parents.

Common reactions in teenagers
All teenagers are different, but common reactions include:
• Feelings of shock, denial, anger and confusion
• Anxiety, particularly about the future
• Physical problems like sleeping problems, recurring stomach aches or headaches
• Depression
• Withdrawal from family and friends.

What parents can do
Suggestions include:

• Children look to their parents to judge how to deal with a crisis. If you fall apart, they might too.
• Give your child the facts about what happened and why, using age-appropriate language.
• Try to get your child to talk about their thoughts and feelings. This also helps you to gauge whether or not they understand what actually happened, or whether they have embroidered it with their imagination.
• Reassure them that their feelings are normal. Tell them how you’re feeling too.
• Allow your child to express their feelings in whichever way they need to. Demanding that they do what you want will only lead to friction and misunderstandings.
• You may need to explain adult reaction to stress. For example, a young child may feel bewildered by a crying parent unless they know that adults cry when upset.
• Keep up regular household routines, if possible.
• Make time for pleasurable family activities.
• Remember that your child’s distress reactions are short-lived.

When to seek professional help
It may help to seek professional advice if:

• The family as a unit isn’t coping with the traumatic event
• The child’s depressed mood doesn’t lift
• The child remains withdrawn
• The child experiences lasting changes in eating patterns
• The child’s behaviour remains aggressive or out of character
• The child talks about harming themselves or tries to harm themselves.

Where to get help

• Your doctor
• Counsellor
• Psychologist
• Local community health centre
• The Australian Psychological Society Referral Service Tel. 1800 333 497
• Parentline Tel. 132 289

Things to remember

• Children’s responses to distressing events depend on a wide range of factors including their age and stage of development, and the way in which their parents handle the crisis.
• Children will realise that something is wrong, even if no one in the family talks to them about it. If they aren’t given the facts, they will fill in the blanks with their imagination.
• Sometimes, distress reactions surface weeks or even months after the event.

Want to know more?
For references, related links and support group information, go to More information.

This page has been produced in consultation with, and approved by:

DHS - Emergency Management