A fundamental goal of parenting is to help children grow and thrive to the best of their potential. Parents anticipate protecting their children from danger whenever possible, but sometimes serious danger threatens, whether it is manmade, such as a school shooting or domestic violence, or natural, such as a flood or earthquake. And when a danger is life-threatening or poses a threat of serious injury, it becomes a potentially traumatic event for children.

By understanding how children experience traumatic events and how these children express their lingering distress over the experience, parents, physicians, communities, and schools can respond to their children and help them through this challenging time. The goal is to restore balance to these children’s lives and the lives of their families.

How Children May React

How children experience traumatic events and how they express their lingering distress depends, in large part, on the children’s age and level of development.

*Preschool and young school-age children* exposed to a traumatic event may experience a feeling of helplessness, uncertainty about whether there is continued danger, a general fear that extends beyond the traumatic event and into other aspects of their lives, and difficulty describing in words what is bothering them or what they are experiencing emotionally.

This feeling of helplessness and anxiety is often expressed as a loss of previously acquired developmental skills. Children who experience traumatic events might not be able to fall asleep on their own or might not be able to separate from parents at school. Children who might have ventured out to play in the yard prior to a traumatic event now might not be willing to play in the absence of a family member. Often, children lose some speech and toileting skills, or their sleep is disturbed by nightmares, night terrors, or fear of going to sleep. In many cases, children may engage in traumatic play—a repetitive and less imaginative form of play that may represent children’s continued focus on the traumatic event or an attempt to change a negative outcome of a traumatic event.

*For school-age children*, a traumatic experience may elicit feelings of persistent concern over their own safety and the safety of others in their school or family. These children may be preoccupied with their own actions during the event. Often they experience guilt or shame over what they did or did not do during a traumatic event. School-age children might engage in constant retelling of the traumatic event, or they may describe being overwhelmed by their feelings of fear or sadness.

A traumatic experience may compromise the developmental tasks of school-age children as well. Children of this age may display sleep disturbances, which might include difficulty falling asleep, fear of sleeping alone, or frequent nightmares. Teachers often comment that these children are having greater difficulties concentrating and learning at school. Children of this age, following a traumatic event, may complain of headaches and stomach aches without obvious cause, and some children engage in unusually reckless or aggressive behavior.
Adolescents exposed to a traumatic event feel self-conscious about their emotional responses to the event. Feelings of fear, vulnerability, and concern over being labeled “abnormal” or different from their peers may cause adolescents to withdraw from family and friends. Adolescents often experience feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution. A traumatic event for adolescents may foster a radical shift in the way these children think about the world. Some adolescents engage in self-destructive or accident-prone behaviors.

How to Help

The involvement of family, physicians, school, and community is critical in supporting children through the emotional and physical challenges they face after exposure to a traumatic event.

For young children, parents can offer invaluable support, by providing comfort, rest, and an opportunity to play or draw. Parents can be available to provide reassurance that the traumatic event is over and that the children are safe. It is helpful for parents, family, and teachers to help children verbalize their feelings so that they don’t feel alone with their emotions. Providing consistent caretaking by ensuring that children are picked up from school at the anticipated time and by informing children of parents’ whereabouts can provide a sense of security for children who have recently experienced a traumatic event. Parents, family, caregivers, and teachers may need to tolerate regression in developmental tasks for a period of time following a traumatic event.

Older children will also need encouragement to express fears, sadness, and anger in the supportive environment of the family. These school-age children may need to be encouraged to discuss their worries with family members. It is important to acknowledge the normality of their feelings and to correct any distortions of the traumatic events that they express. Parents can be invaluable in supporting their children in reporting to teachers when their thoughts and feelings are getting in the way of their concentrating and learning.

For adolescents who have experienced a traumatic event, the family can encourage discussion of the event and feelings about it and expectations of what could have been done to prevent the event. Parents can discuss the expectable strain on relationships with family and peers, and offer support in these challenges. It may be important to help adolescents understand “acting out” behavior as an effort to voice anger about traumatic events. It may also be important to discuss thoughts of revenge following an act of violence, address realistic consequences of actions, and help formulate constructive alternatives that lessen the sense of helplessness the adolescents may be experiencing. When children experience a traumatic event, the entire family is affected. Often, family members have different experiences around the event and different emotional responses to the traumatic event. Recognizing each others’ experience of the event, and helping each other cope with possible feelings of fear, helplessness, anger, or even guilt in not being able to protect children from a traumatic experience, is an important component of a family’s emotional recovery.

For more information about child traumatic stress and the National Child Traumatic Stress Network, visit www.NCTSN.org or e-mail info@NCTSN.org.
1. Joseph is a 5-year-old American Indian boy. He is a registered member of his tribe through his father, who was murdered when Joseph was an infant. Joseph has lived with his mother, who has a drug and alcohol abuse problem, off and on his whole life. Recently, her boyfriend beat Joseph up because he was not listening to his mother. Joseph had a black eye and multiple contusions. Joseph’s mother refused to believe her boyfriend had committed the assault and said she could not handle Joseph’s behavior anymore.

2. Marcus is a 10-year-old African-American male who lived with his grandmother until her sudden death last year. His mother died when he was one year old and his father is not listed on his birth certificate. He has no other known living relatives. When his grandmother died, Marcus came into custody. He was initially placed in a receiving center while a foster home was being identified. In his first 24 hours in the receiving center, Marcus was raped by a 15-year-old boy.

3. Mi Sun is an 8-year-old Korean-American female who recently disclosed to her teacher that her father was sexually abusing her. The family emphatically denies the abuse, and Mi Sun was placed into foster care with a Caucasian family. Mi Sun’s parents are very involved in a church community, who supports Mi Sun’s father and is pressuring Mi Sun to rescind her abuse allegation.

4. Sylvia is a 14-year-old girl. Her family recently entered the country illegally from Mexico, fleeing from poverty and drug-related violence in their home town. Sylvia came into custody after her mother beat her for staying out all night, calling her a slut and telling her she will pay for her sins. Sylvia’s father is still in Mexico serving a prison term. He was violent toward Sylvia’s mother throughout Sylvia’s childhood.

5. Charlie is a 17-year-old Caucasian male. He recently ran away from home after his father beat him up when Charlie told his parents he was gay. He came to a drop-in center, stating that he had nowhere to go and has been living on the streets for the past several days.

6. Daisy is a two-year-old Puerto Rican girl. She was removed from her mother’s care due to neglect. Daisy’s mother’s depression would leave her bed-ridden for days, during which time Daisy did not get fed or bathed. Daisy has not met her father or much of her family, who live in Puerto Rico.