

TRAUMA

A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child’s life or bodily integrity. Witnessing a traumatic event that threatens the life or physical security of others, especially a loved one, can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.¹

RISK AND PROTECTIVE FACTORS

Severity of the event

- Seriousness.¹
- Injuries or death.¹
- Child separated from the caregiver.¹

Prior history of trauma

- Children continually exposed to traumatic events are more likely to develop traumatic stress reactions.¹

Family and community factors

- The culture, race and ethnicity of children.¹
- Family and community support.¹

Experiences that might be traumatic

- Physical, sexual or psychological abuse and neglect.
- Natural disasters or terrorism.
- Family or community violence.
- Refugee and war experiences.
- Military family — related stressors.
- Sudden or violent loss of a loved one.
- Substance use disorder.
- Serious accident or life threatening illness.
- Other medical events such as a medical procedure.

TYPES OF STRESS

Positive

- Brief increase of heart rate.
- Mild elevation of stress hormone levels.

Tolerable

- Serious, temporary stress response.
- Buffered by supportive relationships.

Toxic

- Prolonged activation of stress response systems.
- Absence of protective relationships.

COMMON SYMPTOMS

Children 0-5

- Poor verbal skills.
- Memory problems.
- Scream or cry excessively.
- Poor appetite, low weight or digestive problems.
- Listlessness or lack of crying.

Children 3-6

- Difficulty focusing and learning in school.
- Develop learning disabilities.
- Act out in social situations.
- Imitate the abusive, traumatic event or be verbally abusive.
- Be unable to trust others or make friends.
- Blame self for traumatic event.
- Lack of self confidence.
- Stomach and head aches.

Children 6-12

- Fear of separation from caregiver.
- Sudden negative change to worldview.
- Replaying trauma through artwork and role play.
- Loss of appetite.
- Loss of interest in previously liked activities.
- Physical complaints.
- Unusual mood changes.
- Loss of concentration.

WHAT ADULTS CAN DO TO HELP

- **Your response as an adult greatly influences** how children and adolescents react to trauma.
- **Prioritize safety and basic needs** for children and adolescents.
- **Create a safe and supportive environment** and remain as calm as possible.
- Allow children to **be sad or cry**.
- Let them **talk, write or draw pictures** about the event and their feelings.
- **Limit exposure to repetitive news reports** about traumatic events.
- **Allow temporary changes** for comfort, like sleeping in your room or with a light on.
- **Stick to routines** like bedtime stories, family dinners and games.
- Help them feel in control by **letting them make some decisions** like choosing meals or picking their clothes.
- **Talk to a trusted friend or caring adult** for emotional support.
- Engage in **mindful practices** by paying attention to the body and deep breathing.
- Encourage **physical activity** like stretching, walking, running and dancing.
- Suggest **creative outlets** like journaling, drawing, painting and singing.
- Support **spiritual practices** like meditating, being in nature or going to a place of worship.
- Foster a sense of **community** through volunteering and group participation.

WHAT ADULTS SHOULD AVOID

- Do not expect children and adolescents to be brave or tough.
- Do not make them discuss the event before they are ready.
- Do not get angry if they show strong emotions.
- Do not get upset if they begin bed-wetting, acting out or thumb-sucking.
- Do not make promises you can't keep like saying "You will be OK tomorrow."

WHEN TO SEEK PROFESSIONAL HELP

- Many reactions are normal and will lessen with time.
- **If symptoms last for more than a month**, reach out to a health care provider.
- Contact a health care provider if new problems develop, especially if symptoms like **flashbacks, racing heart/sweating, being easily startled, emotional numbness, or severe sadness/depression** occur for more than a few weeks.
- It is always a good idea to talk with a trusted adult like a parent, relative, counselor, health provider, teacher, or religious leader if feelings continue to be bad.
- Support for Caregivers and Family Members:
- When caregivers and family members support their own ability to cope, they can provide better care for others

30% of children will develop a clinical syndrome with emotional, behavioral, cognitive and physical symptoms called post traumatic stress disorder.

TREATMENT

Children 0-5

- Dyadic therapy — requires participation from the caregiver.
- Attachment and biobehavioral catch-up.
- Child-parent psychotherapy.
- Stepped care trauma-focused cognitive behavioral therapy (TFCBT).
- Dyadic play therapy.
- Potentially medication.

Children 6-17

- TFCBT.
- Seeking safety.
- CBT.
- EMDR.
- Medication.
- Mindfulness .
- Breathing exercises.

Empathy vs. Sympathy

- **Sympathy** is a response to a person's circumstance.
- **Empathy** allows someone to recognize and share the emotions of the child or adolescent's traumatic experience(s).

RESOURCES TO HELP

- info.childcareaware.org/hubfs/After%20Violence_1_Nov2023.pdf
- nctsn.org/audiences/youth
- Child Trauma Academy

REFERENCES

1. Chesher, Tessa (2023) OKCAPMAP Provider Education Trauma in Children and Adolescents Learning Module
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3. Michigan Department of Health and Human Services. (n.d.). Trauma-informed care toolkit: Information for youth. Retrieved from michigan.gov/-/media/Project/Websites/mdhhs/Adult-and-Childrens-Services/Children-and-Families/Trauma_Toxic-Stress/TI_Toolkit_Info_for_Youth.pdf