

Children and Trauma: A Developmental Perspective

Children's reactions to a traumatic event are strongly influenced by the behavior of parents or other showing him how to interpret the situation and how to react to it. Older children may be less dependent on parents' reactions, yet their reactions are also influenced by external factors such as friends, teachers, media, as well as parents.

Children react to trauma in different ways. Some children do not show outward signs of distress, while others show significant symptoms such as crying, sadness, or behavior change.

It is helpful to look at children from a developmental perspective to better understand how your child may be reacting to trauma.

- **Early Childhood** (3 to 5 year olds)
Typical reactions in this age group include clinging to parents, crying and a return to regressive behaviors, which are typical of earlier periods of development. These behaviors often include wetting, finger sucking and fear of the dark. Frequently, children will play games that reenact the details of the traumatic event again and again. It is through this dramatic play that children are often able to work through the traumatic event.
- **Middle childhood** (6 to 11 year olds)
Typical reactions in this age group are anger, aggressiveness, avoidance of subjects related to the trauma, regressive behavior, isolation, and difficulties in concentrating and studying. Younger children in this age group will also often reenact through dramatic play the traumatic event, again and again.
- **Adolescence** (12 – 18 year olds)
This age group shows varied reactions to traumatic events. Some adolescent reactions resemble those of adults and others resemble those of younger children. In addition, adolescents may evidence increased risk taking behavior including isolation, antisocial behavior and increased use of addictive substances such as drugs and alcohol. The behavior of adolescents that have experienced trauma can be impulsive, sometimes clearly provoking danger or ignoring it. Reactions to trauma may aggravate existing conflicts between parents and adolescents and may contribute to a vicious cycle, which causes even more extreme reactions.

In many situations the child or adolescent may be experiencing significant distress even if they do not express it outwardly. It is most important for parents to develop sensitivity to their child's distress signals and to communicate openly with their children about their traumatic experiences. In most cases, children and adolescents cope well with trauma, and return to normal functioning over a period of time. As with adults, the healing process is correlated with the degree of exposure to the event, the amount of support available and the child's general level of functioning before the event. A sensitive and tuned-in environment will help the child return to normal functioning more quickly.

We invite you to contact us if you have any questions or need further suggestions or guidance:

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