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Mental Health

Trauma responses in children aged 0–24 months

Key Messages

- Babies and toddlers aged 0–24 months are vulnerable to the negative effects of trauma.
- There can be tremendous individual variability in trauma responses.
- Child care professionals can play 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.

A commonly held belief is that children under the age of five are immune to the negative effects of trauma. This is not true. In fact, children in this age group may be the most vulnerable to experiencing adverse outcomes as they are undergoing a rapid period of emotional and physiological development, have limited coping skills, and are strongly dependent on their primary caregiver to protect them physically and emotionally.

Although babies, pre-schoolers and children may present with similar symptoms, the way children process and respond to a traumatic event very much depends on their age and developmental stage. It is therefore very important for educators to understand how developmental differences may affect impact across age groups, as these will inform how best to help a child cope with a traumatic experience, such as natural disaster.



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 response to a traumatic event will vary greatly depending on their developmental level, pre-trauma functioning, previous life experiences, level and type 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 on average the majority of children are resilient and only experience minimal temporary distress. Some children will experience moderate to severe psychological distress immediately following the event 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.

Developmental considerations in children aged 0–24 months

Babies are especially dependent on their caregivers to nurture them and meet their needs for physical contact, comfort, food, sleep and attention. Developing a secure

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attachment with a primary caregiver is a crucial task for this stage of development. However, after a trauma it can be challenging for a parent to meet all their child's needs. This can affect the child's sense of trust in their parent's ability to protect them.

Additionally, babies have minimal skills to communicate or cope with pain or strong emotions, making them highly dependent on their parents/caregivers to help them feel safe and secure and to regulate their emotions. This period is also when separation anxiety and fears of 'strangers' or unfamiliar people can develop. Babies may therefore be more aware of and frightened by separations from their caregivers and react fearfully around strangers. In the early stages following a trauma, it is therefore best to minimise separations from parents wherever possible.

Trauma responses to be aware of in children aged 0–24 months

- Heightened arousal (e.g. disturbed sleep, jumpy or easily startled, hard to settle or soothe).
- Changes in appetite (e.g. fussy eating, no appetite).
- Regression in previously acquired developmental skills (e.g. rolling over, sitting, crawling).
- Decrease in vocalisations.
- Behavioural changes (e.g. increased irritability, extreme temper tantrums, fussiness, attention-seeking, aggressive behaviour).
- Excessive clinginess to primary caregiver (e.g. crying upon separation, insisting on being picked up).
- Clinginess to anyone – even complete strangers.
- Decrease in responsiveness (e.g. lack of emotional reactions, numb appearance, lack of eye contact, little interest in environment/objects around them).
- Inconsolable crying.
- Alarmed by reminders of the event (e.g. sights, sounds, smells).

If left untreated or unresolved, trauma symptoms can cause significant, long-term negative impacts 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.

Parenting and environment post-trauma

Following a natural disaster, parents may become preoccupied with coping with the event and providing

life's necessities (e.g. repairing 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 independence. However, anxious parents may be reluctant to give the child autonomy or may inadvertently pass on their fear responses and difficulty coping to their child.

Parents suffering from depression may become more emotionally withdrawn, unresponsive and/or unavailable and may therefore have trouble helping their child to process and cope with distressing trauma symptoms.

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.

Signs that a child needs further assistance

It is normal for children to show some changes in behaviour or difficulties managing emotions immediately following exposure to a traumatic event. However, some children will continue to experience problems that can have a significant impact on their social, emotional, cognitive and behavioural development. It is important to identify these children early on so that they can be provided with appropriate assessment and intervention. Further assessment or intervention may be required if:

- symptoms persist (> 1 month) or worsen over time
- symptoms represent a change from the child's normal behaviour
- symptoms are more intense or frequent when compared to other children of the same age
- symptoms prevent the child from engaging in age-appropriate tasks
- parents have concerns about the child's or family's functioning, request assistance, or are distressed by the situation.

This tip sheet was originally developed by the Centre of National Research on Disability and Rehabilitation Medicine, University of Queensland as part of the Queensland Government's response to the Queensland Natural Disasters. [Kenardy, De Young, Le Brocque & March. (2011) Brisbane: CONROD, University of Queensland]. The materials and content have been revised and extended for use as part of the Emerging Minds: National Workforce Centre for Child Mental Health Community Trauma Toolkit. have been revised and extended for use as part of the Emerging Minds: National Workforce Centre for Child Mental Health Community Trauma Toolkit.

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