

Emerging Minds.

National
Workforce
Centre for Child
Mental Health

Trauma responses in children aged 2-4 years

Key Messages

- Children aged 2-4 years are vulnerable to the negative effects of trauma.
- There can be tremendous individual variability in trauma responses. Therefore, educators need to be aware of children who are exhibiting behaviour problems as well as children who are quieter and more withdrawn.
- Behavioural manifestations of trauma (e.g. tantrums, aggression, hyperactivity) may be misinterpreted as 'bad behaviour', ADHD or oppositional behaviour.
- Children aged 2-4 years are particularly at risk of adverse outcomes if they witnessed threat to their parent, were separated from their parent or if their parent reports significant psychological distress.
- Early intervention is recommended.

Natural disasters, such as floods, bushfires and storms, are often very traumatic for children as they can be faced with many frightening and overwhelming experiences. Preschool children are a high-risk group for poor outcomes following a traumatic event. However, due to the common misconception that children under the age of 5 are unaffected by trauma, this population is often neglected.

Pre-schoolers typically present with a similar pattern of traumatic stress reactions to those seen in older children and adolescents. However, there are several important unique developmental differences in the rate and manifestation of symptoms in preschool children.



How do young 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 of exposure to the trauma, parental reactions and subsequent changes in living situation.

Whilst it is not always clear how young children will react, research tells us that 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 pre-schoolers 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.

Delivery partners:



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Trauma responses to be aware of in children aged 2–4 years

- Heightened arousal (e.g. disturbed sleep, jumpy or easily startled by loud noises, difficulties concentrating, hard to settle or soothe).
- Changes in appetite (e.g. fussy eating, no appetite).
- Regression in previously acquired developmental skills (e.g. walking, crawling, toileting skills, talking like a baby, thumb-sucking).
- Loss of confidence.
- Sad and withdrawn appearance.
- Increased physical complaints (e.g. tummy aches, headaches).
- Behavioural changes (e.g. increased irritability, extreme temper tantrums, fussiness, attention-seeking, defiance, aggressive behaviour).
- Difficulty in concentrating and paying attention.
- Aggression and angry behaviours towards themselves or others (e.g. head banging, hitting, biting).
- Reliving of the trauma (e.g. traumatic play or drawing, nightmares, repeatedly talking about the event, asking questions repeatedly).
- Separation anxiety or excessive clinginess to primary caregiver or teachers (e.g. crying upon separation, insisting to be picked up, won't stay in room alone).
- Concern that something terrible will happen to primary carers.
- Clinginess to strangers.
- Development of new fears that are unrelated to the trauma (e.g. the dark, monsters, animals).
- Avoidance of reminders and/or visible distress at reminders of the event (e.g. sights, sounds, smells, tastes, physical reminders).
- Decrease in responsiveness (e.g. lack of emotional reactions, numb appearance, lack of eye contact, withdrawal from family, teachers and friends, less interest in play, restricted exploratory behaviour).
- Relationship difficulties with caregivers, siblings or peers.

Things to be aware of

There are important developmental issues to keep in mind when considering the impact of trauma on preschool children. These include:

Parent-child relationship

The impact of trauma must be considered within the context of the parent-child relationship. This is because, in comparison to any other age, young children are completely dependent on their caregivers to protect them physically and emotionally. Parents are also at risk of post-trauma reactions and this can impact on their ability to parent effectively following 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.

Developmental level

Preschool children are more likely to develop false assumptions or 'magical thinking' about the cause of the event (e.g. 'The flood happened because I was bad'). Young children are also more likely to overgeneralise or catastrophise from the facts they have available. Due to their limited communication skills, they may not be able to explain what is upsetting them or understand why their parents are distressed. Finally, they can have difficulties understanding that loss is permanent.

Misdiagnosis

It is very difficult to identify internalising symptoms in young children (e.g. avoidance of thoughts). Educators therefore need to be aware that there is a greater risk that children who exhibit high emotion and dysregulated behaviour (e.g. hyperactivity, temper tantrums, defiance, etc.) may receive inaccurate diagnoses including 'terrible twos', attention deficit/hyperactivity disorder (ADHD) or oppositional defiant disorder.



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Signs that a child needs further assistance

It is normal for preschool 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 indicated 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
- behaviours disrupt others and the pre-school environment on a regular basis
- symptoms prevent the child from engaging in age-appropriate tasks
- there is evidence that the problems exist in multiple contexts (e.g. the problem occurs at preschool and at home)
- 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.

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