



How trauma affects children and young people

Sometimes the effects of trauma are immediate and more obvious, but on other occasions the impact may take some time to appear.

Short and long-term impacts

Trauma can have both short-term and long-term impacts on children and young people.

In the short term, experiencing trauma causes individuals to have a stress response. Usually, a child or young person's brain and nervous system work together to help them make sense of incoming information from their senses like sight and sound. When they experience trauma, chemicals (like adrenaline) rush around a child or young person's body, affecting signals between brain and nervous system.

Having a stress response after trauma might make it harder for individuals to:

- process information
- remember things
- concentrate
- manage their feelings.

It may also take children and young people who've experienced trauma a long time to calm down after having a stress response.

Long-term, trauma can affect children and young people in lots of different ways that aren't always obvious.

Sometimes things like sights, sounds, smells and movements that remind children and young people of trauma can trigger stress responses again, even if the actual event happened a long time ago.

Repeated trauma reactions can be embedded in the brain architecture, meaning that traumatised children and young people are more likely to experience frequent stress responses, even when there's no threat or danger.

It can be difficult for others, such as educators, to understand what's upsetting to a child or young person when they don't know what the trigger is.

Often, a child or young person doesn't understand what made them react in such a way as the response is an instinctual and involuntary response (like fight, flight or freeze) and isn't within their conscious control. Adults can help children and

young people understand and manage their feelings if they work with them over time to try and understand what situations, interactions or stimulus seems to set these responses off. For example, a child or young person might often get very distressed when alarms go off or if they feel cornered.

Children can be impacted by trauma at any age

There's an incorrect, but widespread, belief that young children aren't affected by trauma and don't notice or remember traumatic events.

This means that when children are traumatised, their feelings may not be acknowledged, as adults assume they're not impacted. Adults may also be reluctant to discuss traumatic events for fear of upsetting children. However, children rely on the support of adults help to make sense of and heal from traumatic events. Learn more about [brain development](#).

Events in a young child's life, particularly the first few years, influence:

- the immune system
- how they express and manage their feelings
- behaviour and stress
- the formation of relationships
- communication skills
- intelligence
- functions like body temperature and hormone production.

Understanding the possible impact trauma may have on children and young people helps make sense of their behaviours and emotions. It enables you to make links between previous events in their lives, as well as promote positive mental health and wellbeing.

What does a trauma response look like?

Depending on developmental stage, there are a range of behaviours seen in children and young people who've experienced trauma.

- Regression: individuals may return to 'younger' behaviours like bed wetting or sucking their thumb.
- Difficulty concentrating: it may be hard for the child or young person to focus on tasks and are easily distracted.
- Sudden mood swings: individuals might appear happy and relaxed one minute and then become frightened the next.
- Outbursts of anger: there may be sudden aggression or rage, including yelling or throwing things.
- Nightmares: disturbances might include calling out in their sleep, waking suddenly in the night appearing confused or frightened.
- Sleep problems: a child or young person may wake early, frequently, or have problems falling asleep.
- Flashbacks: appearing disengaged, a child or young person acts or feels as if they're back reliving the trauma.
- Hypervigilance: a child or young person may startle easily or appear jumpy.
- Anxiety or panic: they can appear scared, experiencing physical anxiety such as sweating, shaking, nausea, shortness of breath.
- Depression: there can be crying, sadness, no interest in playing with others or engaging in previously enjoyed activities.
- Dissociative experiences: sometimes, the child or young person's face and expression appears frozen and they behave as if they're thinking intently or listening to something only they can hear. They may appear not present or zoned out.
- Problems communicating: a child or young person might be selective about who they speak with.

In babies and toddlers, the types of behavioural responses that may be observed include:

- avoidance of eye contact
- loss of physical skills such as rolling over, sitting, crawling and walking
- fear of going to sleep, especially when alone
- nightmares

- loss of appetite
- making very few sounds
- increased crying and general distress
- unusual aggression
- constantly on the move with no quiet times
- sensitivity to noises.

References

Cohen, J., Mannarino, A., & Deblinger, E. (2016). Treating trauma and traumatic grief in children and adolescents. New York: Guilford Press.

Cole, S., Greenwald O'Brien, J., & Gadd, M. (2005). Helping traumatized children learn: Supportive school environments for children traumatized by family violence. Boston: Massachusetts Advocates for Children. Retrieved from <https://traumasensitiveschools.org/wp-content/uploads/2013/06/Helping-Traumatized-Children-Learn.pdf>.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M. & Mallah, K. (2017). Complex trauma in children and adolescents. *Psychiatric Annals*, 35: 5, 390-398.

Copeland, W., Keeler, G., Angold, A., & Costello, E. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry*, 64: 5, 577-584.

Kenardy, J., Le Brocque, R., March, S., & De Young, A. (2010). How children and young people experience and react to traumatic events. Canberra: Australian Child and Adolescent Trauma, Loss and Grief Network. Retrieved from http://earlytraumagrief.anu.edu.au/files/ACATLGN_TraumaResources_Booklet_D1%282%29.pdf.

Osofsky, J. (2011). Introduction: Trauma through the eyes of a young child, in Joy D. Osofsky (ed.), *Clinical work with traumatized young children*. (pp. 1-7). New York: Guilford Press.

Yehuda, R., Halligan, L., & Grossman, R. (2001). Childhood trauma and risk for PTSD: Relationship to intergenerational effects of trauma, parental PTSD, and cortisol excretion. *Development and Psychopathology*, 13: 3, 733-753.

External links

Emerging Minds – [Trauma and the child](#)

Orygen – [Trauma and mental health in young people](#)