



Children and Trauma

Traumatic events can be understood as experiences that are frightening, dangerous, or violent and pose a threat to the life or bodily integrity of the child or someone else.¹ Children can be exposed to different types of traumatic events, including physical or sexual abuse, witnessing family or community violence, or the unexpected or violent death of a loved one. Child traumatic stress occurs when a child develops responses and reactions that affect their daily lives following a traumatic event.² Some children experience many symptoms that significantly affect their functioning and persist for a long time, while others experience less severe or short-lived symptoms, or none at all. The effects of trauma are specific to each individual child and are dependent on a range of factors, including age and developmental level, severity of and proximity to the trauma, risk and resilience factors, and access to supportive relationships and healing resources.

This guide provides information about how traumatic stress presents in children, how trauma responses can affect their participation with the justice system, and strategies that practitioners can utilize when working with children affected by trauma. It's important to be mindful that children have their own individuality and identities and any approaches should be tailored to their needs, including being gender-responsive and culturally competent.

What Does Traumatic Stress Look Like in Children?

Sleep Difficulties

For some children, traumatic stress can lead to sleep impairment, including recurrent upsetting dreams, nightmares, insomnia, bed wetting, and sleep avoidance. Consequently, children may act out before bedtime or otherwise avoid going to sleep, which affects their emotional well-being and behavior during the day.

Emotional Regulation Difficulties

Traumatized children may experience difficulty in identifying and regulating their emotions and may be more reactive and hypervigilant to potential threats—this is called ‘hyperarousal.’ In addition, children may have intense reactions (both emotional and physical) to things that remind them of the trauma, and may have flashbacks and intrusive thoughts and images of the traumatic experience come into their mind.

Trauma Avoidance

Because the traumatic memories are so overwhelming and distressing, children develop ways to avoid thinking about or being reminded of the traumatic experience, or to make their reactions more tolerable. This can include emotional numbing; substance use; avoiding certain people, places, or top-



ics of conversation; and dissociation, in which the child goes elsewhere in their mind and appears ‘spaced out’ or not entirely present.

Attachment Disruptions

For very young children, trauma can affect the development of secure attachments, which are the foundation for lifelong emotional well-being. For example, the child may be non-responsive when a caregiver attempts to soothe them, and their own ability to self-soothe and self-regulate may be compromised. The child may not view themselves as worthy of love, caretaking and safety, and may view other people as dangerous, untrustworthy, and unpredictable. Alternatively, the child may become attached to strangers indiscriminately.

Behavioral Changes

Children may exhibit behavior that is aggressive or off-putting but is actually masking pain and feelings that are difficult for them to articulate.³ Toddlers and young children may regress in their developmental achievements and learned behaviors. For example, they may experience language loss, act younger than their age, or have difficulty separating from a caregiver. Older children may exhibit irritable, withdrawn, aggressive, and/or risk-taking behaviors, have difficulty concentrating at school, and struggle to maintain healthy relationships with siblings, parents, peers, and romantic partners.

Physical Symptoms

Children may experience a range of physical symptoms of traumatic stress, including reduced appetite, headaches, stomachaches, and other

health concerns. Preexisting health issues can also be exacerbated by traumatic stress.

Mental Health

In some cases, children may develop ongoing, severe symptoms that can be diagnosed as Post-Traumatic Stress Disorder (PTSD). Children can also develop symptoms of anxiety and depression, thoughts of self-harm, suicide, or harming others, and low self-esteem as a result of trauma.

How Trauma Responses can Affect Children's Participation with the Justice System

- Trauma responses can be understood through the ‘fight, flight or freeze’ framework, as the child tries to assert a sense of control and keep themselves safe (emotionally and physically) from perceived threats. For example, a child may become loud and confrontational when exposed to a trauma trigger (something that reminds them of the traumatic experience) or when asked to comply with rules, resembling the ‘fight mode.’ A child may refuse to answer certain questions that they find distressing or may simply leave a meeting or court hearing, which is indicative of the ‘flight mode.’ Or they may remain quiet and shut down, resembling the ‘freeze mode.’⁴
- Traumatic events may be encoded differently into memory and can sometimes be vividly recalled at a later date. However, in many cases, the memory is focused on the central elements of the traumatic experience, rather than the peripheral or surrounding details. This means that a child may be able to recall the traumatic experience generally but may have difficulty in recalling specific details and may not be able to describe the event in a chronological manner.^{5 6 7} In other cases, the child may not have any memories of the event at all, or their memories may be fragmented.⁸ For these reasons, any lack of memory or memory fragmentation should not be interpreted as evidence that the traumatic event did not occur.

- Practices within the justice system are often not trauma-informed or child/youth-friendly and can further exacerbate children's traumatic stress. These include repeatedly having to describe the traumatic experience to practitioners, being required to share personal information in public settings, disruptions to caregiving and daily routines, prolonged court processes, and being viewed or treated as uncooperative or not credible due to misinterpretation of trauma responses.

Best Practices for Practitioners

- Refer the child for therapeutic or mental health support, not only for the effects of the traumatic experience but also to support the child throughout the justice system process. It's also important to explain to the child what the support will look, what it will involve, and how it may potentially help them.
- Encourage the child to engage in rhythmic, repetitive and sensory activities that help soothe and calm the body and mind such as drumming, yoga, deep breathing, singing, dancing and physical exercise.^{9 10}
- Be patient with the child and allow them to take their time, particularly when talking about the traumatic experience.
- Acknowledge and be respectful of the child's feelings and where appropriate, remind them that the situation is not their fault.
- Where possible, meet in a child-friendly space and provide age-appropriate activities (such as coloring, playdough and puzzles) to help the child feel more comfortable.
- Utilize Children's Advocacy Centers and other coordinated responses that minimize the need for a child to repeatedly talk about their traumatic experiences.
- Learn more about recognizing signs of trauma so the child's behavior is not misinterpreted, responded to inappropriately, or taken personally.
- With the child's permission, advocate for the child by explaining to the court and other practitioners that their behavior is not due to them being difficult or uncooperative but is a reflection of underlying trauma.¹¹
- Identify and utilize protections and supports that may be helpful to a child when they testify, such as providing testimony via video, connecting the child with a victim advocate, closing the courtroom, or utilizing a certified facility animal in the courtroom.¹²
- Provide structure and predictability to the extent possible. For example, keep regular appointments, try to work around the child's schedule (i.e. not conflicting with school or other obligations), minimize the number of staff changes, and tell the child what is going to happen each time you meet. If there are staff or agency changes, ensure that the child is advised and prepared for this in advance.
- Keep the child informed about the process, including what might be coming next, and be open to realistic discussions about the potential outcomes of their case.
- Provide opportunities for choice and decision-making as often as possible (including seeking the child's consent at different stages of the process where possible), and explain if certain wishes are not able to be upheld.
- Refrain from having physical contact with the child, as this may trigger a reaction from those who have experienced physical or sexual abuse.¹³ It can be helpful in some situations to model healthy boundaries and ask permission, e.g. "May I shake your hand?"
- A gentle approach can be helpful for a child experiencing dissociation—for example, gently repeating the child's name, reminding them of where they are and that they are safe right now, or suggesting that the child look around the room and describe what they see, hear and smell.¹⁴





- Avoid making assumptions about the child’s feelings or behavior. For example, don’t assume that silence means that a child understands or consents to what is happening or that confidence means that they are not experiencing any traumatic stress.
- Ask the child to explain what’s happening and how they’re feeling in their own words, so you can assess their level of understanding and need for additional support. It can also be helpful to give the child time to quietly process their thoughts and responses.
- Working with children who have experienced trauma can negatively affect practitioners—this is sometimes referred to as secondary or vicarious trauma. It’s important to recognize one’s own trauma experiences, triggers and responses; proactively utilize self-care strategies; and seek assistance from colleagues and supervisors to debrief, problem-solve, relax, and reconnect when needed.

For More Information

This project was supported by Grant # 2018-V3-GX-K069 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

December 2022

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