

Signs and Symptoms of Potential Response to Trauma in Children

For the vast majority of children, their schools are where signs and symptoms of potential response to trauma-withdrawal or its opposite, aggression, plummeting grades, or depression – are first identified. Thus, schools represent the largest child service system in which there is an opportunity to recognize and take action on a child suffering from trauma. Some progress has been made in developing procedures to identify children affected by exposure to traumatic events and provide trauma-focused treatment in school settings. Development and implementation of effective identification, assessment and treatment approaches in this and other child service settings would have a significant impact on the mental health of children. (Excerpted from statement by Charles Curie, SAMHSA Administrator, to U.S. Senate Committee on Health, Education, Labor and Pensions, June 10, 2002)

Below are some common reactions that children and adolescents may display.

Young Children (1-6 years)	School-aged Children (6-11 years)	Pre-adolescents and Adolescents (12-18 years)
Helplessness and passivity; lack of usual responsiveness	Feelings of responsibility and guilt	Self-consciousness
Generalized fear	Repetitious traumatic play and retelling	Life-threatening reenactment
Heightened arousal and confusion	Feeling disturbed by reminders of the event	Rebellion at home or school
Difficulty talking about event; lack of verbalization	Nightmares and other sleep disturbances	Abrupt shift in relationships
Difficulty identifying feelings	Concerns about safety and preoccupation with danger	Depression and social withdrawal
Nightmares and other sleep disturbances	Aggressive behavior and angry outbursts	Decline in school performance
Separation fears and clinging to caregivers	Fear of feelings and trauma reactions	Trauma-driven acting out, such as with sexual activity and reckless risk taking
Regressive symptoms (e.g., bedwetting, loss of acquired speech and motor skills)	Close attention to parents' anxieties	Effort to distance oneself from feelings of shame, guilt, and humiliation
Inability to understand death as permanent	Withdrawal , school avoidance	Excessive activity and involvement with others, or retreat from others in order to manage inner turmoil

Grief related to abandonment by caregiver	Worry and concern for others	Accident proneness
Somatic symptoms (e.g., stomach aches, headaches)	Somatic symptoms (complaints about bodily aches and pains)	Wish for revenge and action-oriented responses to trauma
Startle response to loud or unusual noises	Obvious anxiety and fearfulness	Increased self-focusing and withdrawal
Fussiness, uncharacteristic crying, and neediness	Specific trauma-related fears; general fearfulness	Sleep and eating disturbances, including nightmares
Avoidance of or alarm response to specific trauma-related reminders involving sights and physical sensations	Regression (behaving like a younger child)	
	Separation anxiety	
	Loss of interest in activities	
	Confusion and inadequate understanding of traumatic events (more evident in play than in discussion)	
	Unclear understanding of death and the causes of "bad" events	
	Giving magical explanations to fill in gaps in understanding	
	Loss of ability to concentrate at school, with lowering of performance	
	"Spacy" or distractible behavior	