

# Symptoms of Trauma by Age

Reference: Childhood Trauma & Resilience. Heather Forkey, MD, Jessica Griffing PsyD, Moira Szilagyi, MD.

Age group	Symptoms	Helpful responses for caregiver
<b>Infants</b>	<ul style="list-style-type: none"> <li>• May scream or cry excessively</li> <li>• Alternatively, may shut down and be subdued</li> <li>• May seem or be developmentally delayed</li> <li>• Poor appetite, poor growth, or digestive problems</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on security and routines.</li> <li>• Responsive care teaches the child that their needs will be attended to; builds trust.</li> <li>• Caregiver as “emotional container”: Important for caregiver to tolerate and support a child when the child is expressing distress, so the child can learn to regulate. Avoid taking the emotions expressed by a child personally, as the child may act out with their caregiver, but emotion is not usually about the caregiver (see <a href="#">Chapter 4, Parenting</a>).</li> <li>• Reassure the child that they are safe, physically and emotionally.</li> </ul>
<b>Toddlers</b>	<ul style="list-style-type: none"> <li>• Show negativity bias. Rapidly go to self-defense, without drawing in extra information from the higher-level brain structures, and default to perceiving situations as dangerous.</li> <li>• Clues that a toddler is stuck in lower-order brain function: poor verbal skills, memory problems, more generalized fear, highly reactive.</li> </ul>	<ul style="list-style-type: none"> <li>• Respond with nonverbal safety cues.               <ul style="list-style-type: none"> <li>• – Gentle touching</li> <li>• – Hugs and security</li> <li>• – Rocking</li> <li>• – Singing</li> <li>• – Working to attune to the child</li> <li>• – Routines and structure</li> <li>• – Time-in</li> </ul> </li> <li>• Caregiver as emotional container (see top row).</li> <li>• Teach words for emotions.</li> </ul>
<b>Preschoolers/young school-aged children</b>	<ul style="list-style-type: none"> <li>• May experience a feeling of helplessness</li> <li>• General fear that extends beyond the traumatic event and into other aspects of their lives</li> <li>• Difficulty describing in words what is bothering them</li> <li>• Helplessness and anxiety that are often expressed as a loss of previously acquired developmental skills</li> <li>• Difficulties focusing or learning in school</li> <li>• Negativity bias can manifest with               <ul style="list-style-type: none"> <li>• – Acting out, tantrums, aggression</li> <li>• – Imitating the abusive/traumatic event</li> <li>• – Avoiding relationships: unable to trust others or make friends</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Create space (physical and emotional) so the child can begin to use further information to quiet amygdala function.               <ul style="list-style-type: none"> <li>– Time-in.</li> <li>– Emphasize routines.</li> <li>– Teach safety cues—warm hugs, high fives, laughing together.</li> <li>– Teach words for emotions.</li> <li>– Create “cozy corner” or “cozy nest”—self-soothing area.</li> <li>– “Catch the child being good” and praise this.</li> <li>– Use visuals to demonstrate routines, safety cues, emotions.</li> </ul> </li> <li>• Caregiver as emotional container (see top row).</li> </ul>

Age group	Symptoms	Helpful responses for caregiver
	<ul style="list-style-type: none"> <li>• Believe they are to blame for the traumatic event</li> <li>• Lack self-confidence</li> <li>• Experience stomachaches or headaches (“sick syndrome”)</li> <li>• Functional problems: sleep, elimination, eating</li> <li>• May blame self for traumatic event</li> </ul>	
<b>School-aged children</b>	<ul style="list-style-type: none"> <li>• May have persistent concern over their own safety and the safety of others</li> <li>• May be preoccupied with their own actions during the event</li> <li>• Impaired mental maps and unsafe inner life, meaning they can’t understand situations without assigning blame to themselves</li> <li>• May experience guilt or shame from traumatic event</li> <li>• May engage in constant retelling of the traumatic event</li> <li>• May describe being overwhelmed by their feelings of fear or sadness</li> </ul>	<ul style="list-style-type: none"> <li>• Create opportunities for the child to have time and activities that allow for introspection and reflection to encourage development of relational thinking.</li> <li>• Matching the child’s affect while remaining emotionally regulated is important.</li> <li>• Reflect behavior to the child to verbalize and help identify underlying emotions (“I was surprised when you threw the cookie on the floor, and I know you are hungry, so there must be a reason why...”).</li> <li>• Connect behavior to emotions or thoughts that lead to behavior (see discussion of the cognitive triangle in <a href="#">Chapter 11</a>, Pediatric Management).</li> <li>• Sensory-based supports (eg, manipulative toys, handheld fidgets, chewing gum).</li> <li>• Emphasize routines.</li> <li>• Time-in.</li> <li>• Discuss safety.</li> <li>• Teach words for emotions.</li> <li>• Use visuals to teach skills.</li> <li>• Caregiver as emotional container (see top row).</li> </ul>
<b>Teens</b>	<ul style="list-style-type: none"> <li>• Self-conscious about their emotional responses</li> <li>• Fear, vulnerability, and concern over being labeled as “abnormal” or “different,” which may cause them to withdraw</li> <li>• Shame and guilt about the traumatic event</li> <li>• May struggle with understanding, tolerating, and managing feelings</li> <li>• Without age-appropriate coping skills, may rely on unhealthy strategies (eg, substance use, high-risk behaviors, self-injury, sexual activity)</li> <li>• Trouble forming and maintaining safe connections</li> <li>• Mistrust, which may lead to isolation or to filling relational</li> </ul>	<ul style="list-style-type: none"> <li>• Allow space for teens to do some reflection of self, opening up space in default mode network for mentalizing.</li> <li>• Provide and encourage words for emotions; allow for new maps of self and self in relationships to be created.</li> <li>• Time-in with the caregiver is still important.</li> <li>• Routines and expectations are still important.</li> <li>• Attuned, attentive listening.</li> <li>• Caregiver as emotional container (see top row).</li> <li>• Exposure to normalizing activities outside the home is important for both school-aged children and teens because it allows them to meet other safe, stable, nurturing adults; form healthy peer relationships with other youth who share their interests; and develop talents and skills, which builds self-efficacy.</li> </ul>

Age group	Symptoms	Helpful responses for caregiver
	<p>needs in ways leaving them vulnerable to further trauma</p> <ul style="list-style-type: none"> <li>• May feel damaged and incapable</li> <li>• May lack faith in their own ability to succeed</li> <li>• Loss of the ability to perceive the self in the future and possibilities for that future</li> <li>• Struggle with executive functions and problem-solving</li> <li>• May feel worthless and unlovable</li> </ul>	

Conversely, trauma alters this developmental trajectory in all 4 areas—intrapersonal, neurocognitive, interpersonal, and regulatory. When caregivers do not respond predictably and reasonably to a child’s cues, the child comes to understand that relationships and the world are unpredictable; eventually, the child internalizes a sense of helplessness and unworthiness.<sup>11·29</sup> Children who don’t consistently receive soothing and experience co-regulation from their caregiver, or who have emotional expression met with anger or threat, can have overwhelming arousal, a feeling that itself is frightening. Children learn that emotions themselves are dangerous and arousal of the body is a danger. Children may disconnect from physical experience (dissociation) or may express fear of that arousal through behavior.<sup>31·33</sup> Self-soothing strategies remain primitive. Lack of agency means they have challenges with performing and persisting in a school setting. This lack of success generalizes, and children begin to perceive themselves as failures. When children receive negative responses from others due to failure or dysregulation, their negative self-concept is confirmed. These experiences, with repetition, cement how they interpret and respond to future relationships, experiences, and adversities and further reinforces the way they are perceived and interpreted by others. A vicious cycle of self-blame and negative self-concept develops.