



How do children of different ages experience trauma?¹

It is important for everyone in the child welfare system — including frontline caseworkers, foster parents, supervisors, and court personnel — to understand that not all trauma looks the same. Children of different ages and stages of development may show very different signs of trauma, and they may have very different needs as a result.

The child welfare field is learning more about how children are affected by trauma, including the effects of child abuse and neglect, and the trauma that may be caused by investigation, removal, and placement — the very interventions created to protect children from harm.

The infographic below highlights **Children's Experience of Traumatic Situations** at different stages of their growth and development.²



Children's Experience of Traumatic Situations



YOUNG CHILDREN (AGES 0-5)

- Are completely dependent on adult protection
- May experience uncertainty about whether there is continued danger, or a general fear that extends beyond the traumatic event
- May lose previously acquired developmental skills
- May have difficulty describing in words what they are experiencing
- Will instinctively try to get close to a familiar person when under stress; in the absence of that person, they may feel unresolved distress
- Are distressed by the cries of a parent
- May cry inconsolably
- May be overwhelmed by intense physical and emotional reactions
- May be unable to fall asleep on their own, have night terrors, or experience intense separation anxiety
- May have difficulty eating



SCHOOL-AGE CHILDREN (AGES 6-12)

- Have more ability to judge the seriousness of a threat and think about protective actions, but are still unlikely to be able to protect themselves from serious danger
- May worry about their own safety or the safety of family members
- May experience guilt or shame about what they did or did not do during a traumatic event
- Might continually re-tell the story of what happened
- May be overwhelmed by feelings of fear or sadness; their own emotional and physical reactions might frighten them
- May experience developmental regression or delays
- May experience sleep disturbances: difficulty falling asleep, fear of sleeping alone, or frequent nightmares
- May have trouble concentrating at school
- May complain of frequent stomach aches or headaches without an obvious cause
- May appear extremely withdrawn or unusually reckless or aggressive



ADOLESCENTS (AGES 13-18)

- Are better able to judge and address danger on their own but still need adult guidance and help
- Will make decisions during traumatic situations
- Can feel guilty, thinking that their actions made things worse
- May express fantasies about revenge
- Are learning to handle intense physical and emotional reactions, but may feel embarrassed about them
- Worry about being seen as "abnormal" or different from their peers
- May withdraw from family and friends
- May struggle in school
- May experience a radical shift in how they see the world in response to trauma
- May engage in self-destructive or accident-prone behaviors
- May experience sleep disturbances that are masked by late studying, substance use, or partying

1 To learn more about how child protection agencies can increase their levels of trauma sensitivity while carrying out child protective processes, see: [How does investigation, removal, and placement cause trauma for children?](#) and [How can investigation, removal, and placement processes be more trauma-informed?](#) on [Questions from the field](#).

2 Adapted from http://www.nctsn.org/nctsn_assets/pdfs/age_related_reactions.pdf and <https://ocfs.ny.gov/main/cfsr/Reducing%20the%20trauma%20of%20investigation%20removal%20initial%20out-of-home%20placement%20in%20child%20abuse%20cases.pdf>

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