



Empowering Children. Supporting Families. Building Brighter Futures.

Resource 081 | Emotional and mental health

Post-traumatic stress disorder in young children

What it means

Post-traumatic stress disorder (PTSD) is a specific condition that can develop after trauma and involves persistent symptoms that disrupt functioning. Young children's symptoms and diagnostic criteria are adapted to their developmental stage. Many children have temporary distress after frightening events without developing PTSD. [1]

Causes and risk factors

PTSD may follow exposure to serious threat, injury, or other qualifying trauma, including witnessing events involving a caregiver. Risk and recovery are influenced by the experience, prior vulnerability, ongoing safety, and support. Trauma exposure alone does not establish PTSD, and symptoms should not be assumed to reflect one event without assessment. [1,2]

General family education. A concern deserves assessment, but this guide does not diagnose a child or prescribe treatment.



Signs and everyday impact

Signs can include distressing memories expressed through play, nightmares, strong reactions to reminders, avoidance, withdrawal, irritability, hypervigilance, or sleep disturbance. Young children may lose skills or become more clingy. The pattern, duration, and functional impact are important, rather than any single behavior. [1,2]

Assessment and diagnosis

A mental health clinician uses age-appropriate PTSD criteria, caregiver interviews, observation, and relevant history. Preschool assessment differs from adult checklists. The clinician evaluates safety, symptom duration, impairment, and other possible explanations or co-occurring conditions. Repeated forced accounts of an event are not needed for family-led screening. [1,2]

Treatment and therapy

Developmentally adapted trauma-focused psychological treatment is central. Options may include child-parent psychotherapy or trauma-focused CBT, selected by trained clinicians for the child's age and needs. Care involves caregivers when safe and appropriate, and addresses ongoing danger and stressors. Medicines are not a substitute for trauma-focused assessment and therapy in young children. [1,2,3]

Support at home

Follow the agreed treatment plan and maintain predictable caregiving. Acknowledge distress without pressuring the child to discuss details. Prepare for known reminders using the therapist's guidance, and offer simple choices and calming routines. Share helpful supports with childcare while protecting privacy.

When to seek help

Seek urgent protection if danger is ongoing. Severe deterioration, self-harm behavior, or inability to maintain basic needs requires urgent professional help. Persistent trauma symptoms deserve assessment even when there is no immediate emergency.

Questions for your care team

- Do the age-appropriate criteria for PTSD apply?
- Which trauma-focused approach and caregiver involvement fit?
- How will we monitor safety and functional recovery?



Podcast preparation

Use this outline to develop a later podcast script.

Suggested opening

Welcome to Mariel Early Intervention. Today we discuss post-traumatic stress disorder in young children. Post-traumatic stress disorder (PTSD) is a specific condition that can develop after trauma and involves persistent symptoms that disrupt functioning. This is general education; each child needs individualized care.

Opening: Define the topic and its developmental context.

Understanding: Explain causes and signs without inviting self-diagnosis.

Assessment: Describe evaluation and distinguish screening from diagnosis.

Support: Discuss treatment, therapy, and practical family supports.

Closing: Explain urgent signs and one clear next step.

Misconception to address: Myth: every child exposed to trauma has PTSD. Diagnosis depends on a specific symptom pattern and impact.

Before recording: update clinical references and local service details, arrange clinical review, and use fully consented or fictional examples.

Terms in plain language

- Hypervigilance: unusually heightened monitoring for danger.
- Trauma-focused therapy: treatment addressing effects of traumatic experiences.
- Functional recovery: improved ability to participate in daily life.

Sources and further reading

Sources accessed 3 October 2026. Numbered references support the clinical overview. Treatment availability and referral routes vary by country.

[1] Traumatic Events and Post-Traumatic Stress Disorder (PTSD) - National Institute of Mental Health (NIMH)

<https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd>

[2] Early Childhood Trauma

<https://nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma>

[3] Interventions

<https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/interventions>