



HOW TO SUPPORT A CHILD WHO HAS EXPERIENCED TRAUMA OR ADVERSE EVENTS

GUIDELINES ON PROVIDING MENTAL HEALTH FIRST AID FOR SUPPORTING CHILDREN

DEFINITION OF MENTAL HEALTH FIRST AID FOR SUPPORTING CHILDREN

Mental health first aid for children is defined as the help that is given to support a child aged 5-12 years who

- (1) is developing a mental health problem or is experiencing a worsening of an existing problem,
- (2) has experienced an adverse life event that places them at increased risk of poor mental health, or
- (3) is in a mental health crisis.

The first aid is given to the child or their primary support system until appropriate help is received.

This guideline focuses on how to discuss your concerns about a child's mental health with the adults who are involved in their care, especially parents, teachers, and health professionals. It is designed to be used in conjunction with *Guidelines on providing mental health first aid for supporting children: How to talk to a child aged 5-12 years about their mental health and seeking help*, which provides detailed information about how to discuss your concerns directly with the child.

Any adult can provide mental health first aid to support a child. Adults who spend the most time with a child, especially parents and educators, are the most likely to notice the symptoms of a mental health problem. Once the child has received appropriate help, mental health first aid ends, while the longer-term role of parenting, educating or caring for a child continues. There will of course be overlap between mental health first aid actions and parenting or teaching actions.

In these guidelines, we use the term **parents** to refer to any adult caregivers acting in a parenting role.

We use the term **teachers** to refer to educators or staff, tutors, coaches or any other adult who has a role in the child's learning, inside or outside the school setting.

We also distinguish between two types of health professionals:

- (i) **Health professionals** providing first aid are those who work with children and through their role, may recognise a mental health problem and provide mental health first aid to support the child. These professionals include nurses, dentists, and speech pathologists (i.e. speech and language therapists), among others. They can play a role in discussing their concerns about the child with supportive adults and in making a referral to a mental health professional.
- (ii) **Mental health professionals** are those who have specialist training in mental health care, such as psychologists, school counsellors, psychiatrists, or developmental paediatricians. These professionals can provide appropriate treatments for children and their families (or support to educators) when there are concerns for the child's mental health.

General practitioners/primary care physicians (GPs/PCPs) may fall into either group, depending on how much training or special interest they have in child mental health. Some may be very knowledgeable and feel comfortable providing detailed assessments and information about treatments. Others may only provide basic assessments or screening then refer to mental health professionals with specialist training.

Throughout the guidelines we describe one adult providing first aid to a child, or another adult who cares for the child.

However, these guidelines will be relevant where conversations might involve multiple adults, such as both parents meeting with health professionals, or siblings to discuss concerns.

If you have specific legal responsibilities because of your relationship to the child, for example as a parent, a teacher, or an employee delivering a service to a child, these laws must always be adhered to.

More information on child mental health

If you would like more information on how to support a child with their mental health, please see the **Supporting Child Mental Health** webpage and the other guidelines in this series.

<https://mspgh.unimelb.edu.au/research-groups/centre-for-health-equity/equity-and-mental-health/supporting-child-mental-health/>

The other guidelines in this series are:

- [*How to talk to a child aged 5-12 years about their mental health and seeking help*](#)
- [*How to talk to other adults about your concerns for a child's mental health and seeking help*](#)
- [*How to support a child who is at risk of suicide or self-harm*](#)
- [*How to support a child who is displaying aggression or threatening violence*](#)





HOW TO SUPPORT A CHILD WHO HAS EXPERIENCED TRAUMA OR ADVERSE EVENTS

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PART 1: UNDERSTANDING TRAUMA AND ADVERSE EVENTS

What are 'trauma' and 'adverse events'?

When living or working with children, it is important to understand what adverse events are, and how these may affect a child's mental health and development.

In these guidelines, we use the term '**adverse event**' to refer to both **adverse childhood experiences** and **traumatic events**.

Adverse childhood experiences are a wide range of circumstances that pose a serious threat to a child's physical or mental wellbeing [1]. Adversities are circumstances that are difficult for a child to escape or change and they may last for long periods of time. A **traumatic event** is any incident experienced by the child as frightening, threatening, or harmful.

The distinction between adverse childhood experiences and traumatic events is not a clear one and they often overlap. For example, witnessing domestic violence (an adversity) may also be experienced as a traumatic event (frightening, harmful) for a child.

In these guidelines it is assumed that the mental health first aid an adult provides to support a child will begin either when the adult becomes aware of the child's experience of an adverse event, or when the child begins to demonstrate changes or reactions to an adverse event.

Examples of adverse events

Adverse events known to increase risk for poor mental or physical health in children [2,3] include:

- Household dysfunction (e.g., parental mental illness, family substance abuse, chronic illness, harsh/hostile parenting, family conflict or violence)
- Child maltreatment (e.g., physical, verbal, emotional or sexual abuse)
- Bullying
- Family separation (e.g., divorce, out-of-home care or adoption, military deployment, parental incarceration)
- The death (from any cause) or suicide attempt of a loved one or friend
- Community dysfunction (e.g., discrimination, victimisation, witnessing violence or crime in the community)
- Socio-economic deprivation (e.g., poverty, homelessness).
- Accidents (such as traffic or physical accidents)
- assault (including single-event physical or sexual assault, mugging or robbery)
- Community or mass events, including terrorist attacks, mass shootings, or natural disasters/ severe weather events (flooding, hurricane, tsunami, forest/bush fire)
- Witnessing an adverse event.





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How children react to adverse events

Children can have different reactions to adverse events. Some children may not show any outward signs of having experienced an adverse event, while others may experience immediate distress. Even if you experienced the same adverse event as the child, you should not expect the child to react in the same way as you. Reactions to adverse events differ because:

- One child may perceive an event as traumatic, while another does not
- Children may be impacted by the same adverse event differently
- Different events impact children in different ways (e.g., events involving violence or sexual abuse are more likely to be associated with immediate distress than some other events) [4]
- Previous experiences of adverse events can mean a child is more affected by a current event
- Younger versus older children can cope and respond differently to an adverse event.
- Culture influences how children and adults perceive and react to adverse events

Adverse events can have a long-term effect on a child's cognitive, emotional, social, and physical development. However, when children are well-supported, they are more likely to recover without long-term impacts.

After an adverse event, children can experience a range of symptoms related to physical stress or emotional distress.

These may include [5, 6, 7]:

- A 'fight or flight' response e.g., feeling very 'activated', alert, jumpy, nervous, restless or wound up with energy
- A 'freeze' response, e.g., stopping moving or talking, having a blank mind, withdrawing socially
- Feeling unwell (e.g., having headaches, stomach aches) or having physical symptoms of pain or discomfort even if physically unhurt during the event
- Trouble sleeping, eating, focusing or being interested in usual activities
- Increased irritability, anger, or argumentativeness
- Feeling sad, 'down' or 'numb'
- Being more quiet than usual, not wanting to talk at all, or finding it hard to communicate
- Feeling easily overwhelmed or exhausted
- Being more worried or anxious than usual
- Re-enacting the event through play, or repeatedly talking about the event
- Having nightmares or unwanted memories of the event
- Being more 'clingy', needing more reassurance or physical comfort, wanting to stay home more or close to loved ones.

It is common for children to show some symptoms immediately after the event [4]. However, these usually resolve **and most children will not go on to develop mental health problems as a result of an adverse event**. If symptoms continue or escalate, it can be a sign of increasing distress that may benefit from professional help.

Be aware that signs of not coping well after an adverse event may differ based on a child's age or developmental stage. For example, younger children are more likely to 'cling' to family members or have an increase in general fears not connected to the event. Older children are more likely to resist seeking help from adults while trying to manage their emotions on their own. Older children may also show a stronger need to process the event, often through writing or talking, and may experience guilt or shame more often than younger children [8,9].

Even if a child initially seemed to cope well after an event, sometimes memories can suddenly or unexpectedly return weeks, months, or even years afterwards. In these cases, mental health first aid can be offered when the first aider becomes aware of the child's reaction to the event.

No matter how the child reacts, it is important to look out for continuing or escalating distress in the child and to provide appropriate support to the child or their loved ones, if this occurs. If you are from a different culture to the child you are helping, be mindful of any differences across cultures, as this can assist in providing the support that is most appropriate.

First aider self-care

Providing first aid for adverse events can have an impact on your mental health, particularly if you experienced the same event as the child. It is important that you take care of your wellbeing, as this will help you support the child's recovery. Practising self-care also models appropriate behaviours for the child.

If you have been directly or indirectly affected by the event, make sure to:

- Prioritise your own recovery equally to the child's
- Take care of yourself by making time for things that support your health and wellbeing
- Seek support from friends, family, or support groups
- Seek professional help to aid your own recovery.

If you feel unable to support a child after an adverse event, try to get another adult involved who can.





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PART 2: SUPPORTING A CHILD AFTER AN ADVERSE EVENT

At the scene or immediately after an adverse event

Determine whether it is safe to approach the child. You need to ensure your own safety before offering help. If you are helping a child who you do not know, introduce yourself and explain that you are there to help. Find out the child's name and use it when talking to them.

Do what you can to protect the child from any further harm, for example by taking them to a safer location or removing any immediate dangers. If the child is injured, it is important that their injuries are attended to. If you are able to, give the child first aid for their injuries, and seek medical assistance.

If the child seems physically unhurt, watch for signs that their physical state is declining, and be prepared to seek emergency medical assistance for them. Be aware that a child may suddenly become disoriented, or an apparently uninjured child may have internal injuries that reveal themselves more slowly.

Ensure the child's physical needs are met (e.g., having food, drink and somewhere to sleep). However, if there are professional helpers nearby (police, ambulance, or others) who are better able to meet those needs, don't take over their role. Tell the child that you and other adults will work to keep them safe.

When talking to the child, use accurate words when referring to the event (e.g., hurricane, flood), while reassuring the child that they are safe. Helping the child to feel safe will be important for their recovery.

Interacting with the child

When supporting a child at the scene or immediately after an adverse event, try to be patient and put your feelings aside to focus on the needs of the child. Be clear about what you are able to do to help the child, and don't make any promises you may not have control over or may not be able to keep.

Let the child know that it is normal to have many different feelings after a difficult experience and reassure them that whatever emotions they are feeling, and whenever they feel them, this is okay.

Even if you are accustomed to giving the child physical affection, don't assume that it will be comforting to the child right now. Ask for consent from the child before making any physical contact with them. If the child is wanting more affection or attention, provide this in ways that are appropriate to your role and relationship with the child. If the child asks a question that you do not know the answer to, or do not feel comfortable answering, rather than deflect or guess the answer, tell the child that you will find out the answer and get back to them. If you do tell the child you will get back to them with information or an answer to their question, then make sure you follow up. Encourage the child to reach out to you if they would like to talk further.

If the child is showing symptoms of distress

A child's reaction to an adverse event can change in type and intensity over time. Look out for signs of escalating distress. The following signs can indicate that a child is distressed, not coping, or is overwhelmed:

- A freeze response (where a child stops moving or talking, or withdraws)
- Physical complaints such as headaches, stomach-aches or trouble sleeping
- Shock (e.g., shallow breathing, glazed eyes, confusion, disorientation, appearing overly emotional, appearing numb)
- Stopping talking
- Regression (i.e. reverting to behaviours typical of a younger child, such as bed wetting, misbehaving, or thumb sucking)

If the child is showing signs of shock, seek immediate medical assistance and reassure them in a gentle, clear and confident manner that you are there for them and that they are safe.

If the child shows regression, try not to express a negative reaction to this. If a child is quiet and withdrawn, they may need time and space before feeling ready to interact with others. If the child stops talking altogether, do not pressure them to speak. Try to stay positive, calm and supportive, even in the face of challenging behaviour.

If the child is showing any symptoms of distress, ask them what would make them feel better or safer. Also, help the child to look after themselves, for example by having a glass of water or a rest. Each child will recover at their own pace.





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Talking to a child about adverse events

This section of the guidelines can help you support a child at any time after they have experienced an adverse event. If you don't know the child, then you can use these as a guide for talking to the child when you come into contact with them following their experience, e.g. in a classroom.

If you know the child, then you can use these guidelines to offer the child more tailored support, such as managing routines at home.

While these guidelines focus on how to support the child after adverse events, other guidelines in this series provide more information on discussing mental health with children.

The other guidelines in this series [How to talk to a child aged 5-12 years about their mental health and seeking help](#) covers information on: how to approach a child, how to have a supportive conversation, using age and developmentally appropriate language, how to discuss seeking help, and navigating consent for getting other adults involved in caring for the child. We encourage you to use all the guidelines in this series when supporting a child or the adults in a child's life.

Approaching the child

If a child has experienced an adverse event, or you are concerned that they may have, you should have a conversation with the child to find out how they are going. It is common to initially feel reluctant to get involved, but don't avoid having a conversation with a child because discussing adverse events can be difficult. Even if you are not sure about what level of risk there is for the child's wellbeing, you should still have a conversation with the child to find out if they are okay.

If you are worried about saying the 'wrong' thing, do not avoid talking to the child about what has occurred. Instead, remember that it is more important to be genuinely caring than to say all the 'right things'.

Starting a conversation

Your goal in having a conversation with the child should be to be a supportive listener, rather than taking on the role of a counsellor.

When referring to an adverse event, try to use language and explanations that are age and developmentally appropriate, while also being accurate. You can create an environment where the child feels safe to talk by:

- Showing kindness and genuine interest when interacting with the child
- Allowing them space and time to talk
- Encouraging them to express any concerns they may have
- Telling them that nothing is too big, too small, or too awful to talk about
- Encouraging them to ask questions.
- Giving them multiple opportunities to talk about the event.

If the child is reluctant to talk about the event, do not push them to. If the child is having trouble talking, don't try to help them with words that you think they are going to say. You may need to offer the child multiple opportunities to talk before they feel ready to speak with you. It may also be helpful to reassure the child that they are safe.

When the child is talking about the event

If the child begins talking about the event, it is okay to let them speak freely about what has happened, without interruption. Allowing the child to tell their own story of the event can help them begin to release their emotions and make sense of what happened.

While talking with the child:

- Do not minimise or express judgement about what the child has to say
- Allow the child to talk about the event, even if this is difficult for you to hear
- If they know accurate but upsetting details, don't deny these
- If they ask the same question many times, be patient with the child, and try to give a brief but honest response each time
- Tell the child that you believe what they have told you
- Only provide physical affection if it is initiated by the child and if it is appropriate to your relationship with them
- Do not pressure or push the child to talk about topics they don't want to discuss, as pushing them to talk about details of the event can re-traumatise them.

If you have doubts about what the child has told you, do not indicate to the child that you don't believe them.

Providing emotional reassurance

Try to create an environment of emotional safety by acknowledging and respecting the child's emotions and perceptions. Allow the child to express their feelings about the event. Some children prefer to express their feelings through talking or crying, while others prefer writing, drawing, or playing with toys. However the child expresses them, try to respond to their needs and fears.

You can acknowledge the child's feelings by:

- Not expressing judgement when the child expresses their feelings about their experiences
- Showing empathy, for example, by saying to the child "I can see that this is a difficult time for you"
- Validating the child's fears, even if they don't seem relevant to you
- Gently summarising what they are saying and asking clarifying questions, if a child's feelings seem vague or jumbled.

To help reassure the child, you can:

- Use age or developmentally appropriate communication
- Tell them you care about them and their wellbeing
- Let them know you are there for them, but also be clear with them about what you are able to do to help
- Be honest, reliable, and follow through on doing what you said you would, especially if the child is having trouble trusting others.

Be aware that the child, especially if they are young, may blame themselves for what happened or feel guilty about it. If this is the case, reassure them that it was not their fault and they are not in trouble.





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Things to avoid:

- Never tell the child what they should or shouldn't be thinking or feeling
- Do not tell the child to be brave or tough, or not to cry
- Avoid saying things that minimise the child's experience such as "it's not so bad"
- Don't criticise or dismiss the child's feelings, even if these feelings are difficult or uncomfortable for you.
- Making promises that you may not be able to keep or may not have control over.

If the child is quiet and withdrawn

If the child is acting in ways that keep adults at a distance, try to find ways to provide attention, comfort and encouragement that the child will accept. You could offer to sit with them, or remain available and responsive if the child continues keeping you at a distance. The child may need time and space before they feel ready to interact with others. You might find it useful to focus on being curious about the child's behaviour through a lens of "what happened to you?" rather than focusing on "what is wrong with you?"

Responding to strong or difficult emotions

If the child expresses strong emotions, try not to show a negative reaction. Try to keep calm, by lowering your voice, acknowledging the child's feelings, and being reassuring and honest. When everyone is calm, discuss with the child what would help them cope with difficult feelings.

Create a safe space where the child can go to calm down if they start to feel overwhelmed or triggered. While mindfulness and breathing exercises may be helpful for some children, breathing exercises can have different effects on the body and may not be appropriate for calming a child down. Similarly, mindfulness exercises can increase symptoms of anxiety for some children. If the child experiences this, seek professional help for them.

Supporting recovery in the weeks and months after an adverse event

Each child will recover at their own pace and recovery may take time. As the child is recovering from the event, try to have an adult consistently available to support the child. Adults who are supporting the child during their recovery should also:

- Accept the child without judgement, regardless of what behaviours emerge
- Respond consistently and with patience to the child
- Role model healthy problem-solving skills
- Note any improvements that the child makes and acknowledge these positively
- Encourage expression of difficult emotions in ways that do not negatively impact others, e.g., through talking, writing, drawing
- Offer praise when the child expresses emotions in an appropriate way for them and the context

You can also seek out resources and support from the child's school, parent community, government, or other organisations.

Manage routines

It is important to maintain or re-establish the child's usual daily or weekly routines as much as possible. A first step in recovery can be to encourage regular and nourishing eating patterns, enjoyable physical activity and consistent sleep routines.

Try to tailor routines or transitions back into regular activities, according to what works best for the child. For example, consider how far in advance you should tell the child about an upcoming transition or change. You can help the child to feel in control by giving them opportunities to make reasonable, age and developmentally appropriate choices about everyday activities (e.g., choosing meals, or deciding what to wear).

Encourage the child to engage in their usual schooling, extracurricular, or social activities as soon as they are ready. However, if the child has been away from school, seek guidance from the school to support the child with a smooth return.





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Set expectations

It is important not to increase your expectations or standards of behaviour for the child in the weeks and months after an adverse event. If they don't seem to be coping with their usual activities, reduce your expectations of them for a period of time. Try to avoid additional sources of stress for the child, such as placing pressure on them to perform well in school or getting into conflict in the home.

Encourage positive experiences

To help the child recover, you can make activities they find soothing or relaxing part of their regular routine (e.g., story time in the morning, a few minutes to talk at mealtimes, or singing together at bed time). Other positive experiences to encourage may include:

- Engaging in physical activity that the child finds enjoyable
- Having a place to store happy mementos (e.g., drawings, pictures, writing) that can be reviewed to provide encouragement and reassurance that life has happy and safe times
- Activities they enjoy such as playing with toys or reading books.

Help the child feel safe

Helping the child to feel safe is important for their recovery. Ensure that any potentially upsetting conversations between adults are conducted where the child cannot hear. If the child is exposed to reminders of the event, reassure the child that they are safe now.

You can help re-establish feelings of security and stability by creating a clear and concrete safety plan with the child, in case of future events. For example, you can discuss what to do in an emergency, who to talk to, and where to go. Share the child's safety plan with the child's trusted family members or friends. To protect the child's privacy, however, do not share details of what they have experienced with people who do not need to know.

Dealing with challenging or avoidant behaviours

After an adverse event, children may display challenging or avoidant behaviours because they are experiencing difficult emotions. Some children will try to avoid situations but may not appear very distressed, while others will engage in temper tantrums, become fearful, 'clingy', or prone to crying.

If the child tries to avoid things that remind them of the event (e.g., specific places, driving in the car, certain people, separation from carers), allowing them to avoid reminders may worsen their anxiety.

If the child is reacting to the event with challenging behaviour:

- Acknowledge the child's feelings
- Reassure them that they are safe
- Offer the child options to help them calm down or feel safe
- Try not to yell or show aggression
- Speak with a calm, quieter voice
- Do not stare at the child (as this may feel uncomfortable or threatening to them)
- Don't take it personally, instead try to stay positive, calm, and supportive.

If the child's avoidance or challenging behaviours are having an ongoing impact on their daily functioning, seek or suggest professional help.

If the child appears to regress to behaviours typical of a younger child, such as bedwetting, misbehaving, or sucking their thumb, don't get angry or call them "a baby". If they stop talking altogether, you should not pressure them to speak. Try to figure out what triggers sudden fearfulness or regression in the child.

Children who have experienced adverse events may be particularly sensitive to criticism, so be mindful of when and how you reprimand the child about their behaviour.





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Seeking professional help for child mental health

Most children will recover fully from an adverse event without needing professional help, even if they show signs of being stressed or overwhelmed for a few days after the event. However, there are some symptoms that indicate the child would benefit from professional help.

A child should be supported to seek and receive professional help if they are:

- Experiencing continuing or escalating distress
- Experiencing persistent physical symptoms that may be related to distress, e.g., headaches, stomach aches
- Engaging in disordered eating
- Experiencing ongoing disrupted sleep
- Engaging in hypervigilant behaviours or requiring constant reassurance, attention, or additional emotional support
- Showing extreme anger towards themselves or others
- Using alcohol or other substances
- Withdrawing socially, e.g., isolating themselves from friends or family, not taking part in their 'normal' social activities
- No longer talking, or stopping talking in particular settings, e.g., the child will talk at home but not at school
- Showing an aversion to specific places or people
- Displaying unusual emotional reactions or appearing 'shut down'
- Displaying developmentally regressive behaviour, such as bed wetting, thumb sucking
- Experiencing separation anxiety
- Demonstrating school reluctance or school refusal
- Engaging in developmentally inappropriate sexualised behaviour
- Having thoughts of suicide or engaging in self-harm

If you have any concerns about the child being at risk of self-harm, non-suicidal self-injury or suicide, follow the other guidelines in this series: [*How to support a child at risk of suicide or self-harm.*](#)

When to seek help

If the following symptoms are present at *any time after the event*, the child should receive professional help:

- Being unable to escape intense ongoing distressing feelings
- Cannot stop thinking about the event
- Is acting very differently
- Feeling jumpy or has nightmares because of or about the event
- Is unable to enjoy life at all as a result of the event
- Displaying severe or delayed reactions to the event.

In addition, if at any time the child requires a level of reassurance, attention, or emotional support that is overwhelming to any of the adults caring for the child, or above what these adults can provide, then professional help should be sought.

If the following symptoms persist *for 2 weeks or more after the event*, the child should receive professional help:

- Feeling very upset or fearful
- Having temper tantrums, or becoming fearful, 'clingy' or crying to avoid something which reminds them of the event
- The child has relationships that are suffering as a result of their symptoms, e.g., if they withdraw from their carers or friends.

If the child does not appear very distressed but is continuing to avoid things that remind them of the event *for 4 weeks or more after the event*, they should receive professional help.

Finally, if the child's reaction to the adverse event is having an ongoing impact on their daily functioning and is interfering with their usual activities, you should seek or suggest professional help. You should support the child to seek help as soon as possible, as early intervention can reduce the longterm impact of the event.

How to seek professional help

Most of the time it will be a child's parent who will decide when and how a child receives professional help. If parents are concerned that their child has experienced an adverse event, but are unsure, they should support the child to seek and receive professional help.

If you are not the child's parent, but think the child should receive professional help, follow the other guidelines in this series: [*How to talk to adults about your concerns for a child's mental health and seeking help.*](#)

Try to seek help from professionals who have training and experience in childhood trauma. If this is not available in your area or will lead to long delays, seek or suggest other options for appropriate professional help, such as a mental health professional who is experienced with other child mental health problems, or telehealth options. When seeking professional help, look for services that specialise in supporting children after specific adverse events, e.g., domestic violence or sexual assault hotlines, crisis support services.





HOW TO SUPPORT A CHILD WHO HAS EXPERIENCED TRAUMA OR ADVERSE EVENTS

PART 3: SUPPORTING A CHILD AFTER SPECIFIC EVENTS

Parts 1 and 2 of these guidelines providing information about how to support any child who has experienced an adverse event. Part 3 gives additional strategies for providing specific mental health first aid after particular events.

Helping a child after a mass or community adverse event

Mass or community adverse events are those which affect large numbers of people. They include severe weather events or natural disasters (such as fire, flooding, hurricane, tsunami, forest/bush fire), but also acts of war and terrorism, arson, and mass shootings. In addition to the more general guidelines in the previous sections, there are a number of things you can do when supporting a child after one of these specific events.

At the scene of an event

When approaching the child, check for potential dangers (for example, from fire, weapons, or debris). Direct the child away from the event site where possible, including keeping them away from traumatic sights and sounds (e.g., injuries or deaths in people or animals) and very distressed people (e.g., anyone who is screaming, agitated, or aggressive). Ask bystanders and the media to stay away from the child.

Reassure the child that the event is over and the child is safe (when this is the case). Also reassure the child that they won't be left alone, so far as this is possible. If you have to leave the child alone for a few minutes to attend to others, reassure the child that you will be back as soon as possible.

Try to keep the child together with any loved ones and carers who are present. If they are not present, or if the child has become separated from them, try to reconnect the child with them as soon as possible.

Talking about mass events

Let the child know it is okay to talk about the event, and allow them to do so, even if this is difficult for you. If the cause of the event is unknown, reassure the child that responsible adults are doing all they can to find out why the event happened. Be aware that when there has been a mass or community event, the child may grieve a range of losses (e.g., a friend, pet, home, or their previous way of life).

Responding to the child's concerns about safety after the event

After a mass or community event, a child may worry about their own safety, even if the event occurred far away. You may need to regularly reassure the child that the event is over and that they are safe.

If the child is having difficulty being away from you, reassure

them they are safe and that the danger has passed. When managing separation from the child, ask for help from other adults who care for the child.

When a loved one has died

When a loved one in the child's life has died—such as a parent, sibling or other family member, teacher or friend—it is important to talk openly about the person's death in an age and developmentally appropriate manner. Do not avoid the topic. Instead, use simple and factual information when talking about death. It can be tempting to soften this news by telling a child that the person has "gone to sleep", but this is best avoided, as it may result in the child becoming fearful of sleep. If you are not a family member, suggest a family member tell the child about the death of a loved one, or ask permission from a family member to inform the child.

Don't make assumptions about what the child would like to know. Rather, ask the child if they have any questions, or if there is anything they would like to know more about. Be aware that the child may ask repeatedly about where their loved one has gone, or if their loved one is truly dead.

Support the child to find ways to remember and grieve the person who has died, which are appropriate to the child's beliefs and culture.

Events that have media coverage

Media exposure about adverse events may lead a child to worry more. You should therefore explain to the child the benefits of avoiding media about the event and try to limit their exposure to any coverage. If you are not the child's parent or guardian, do not expose the child to any media coverage without the consent of both the child and their parent.

For children of all ages try in particular to prevent exposure to graphic content that is related or similar to the event (e.g., games with gunfire, social media posts about natural disasters).

For younger children (those around 5-8 years old), also limit repetitive exposure to any coverage about the event. This is because young children may not understand that the coverage is about one event, and not multiple similar events.

If a child does see media coverage, you can help them cope with this by giving them opportunities to talk about it. You can also help by giving them accurate, age and developmentally appropriate information about the event.





HOW TO SUPPORT A CHILD WHO HAS EXPERIENCED TRAUMA OR ADVERSE EVENTS

Abuse and neglect

The information presented here gives additional strategies for providing mental health first aid to support a child who has, or is suspected to have experienced, abuse or neglect. Mental health first aid should be provided until appropriate help is received. If you have an ongoing role in the life of a child who has experienced abuse or neglect, you can also learn about trauma-informed practices (e.g., trauma-informed parenting, trauma-informed teaching) which would occur in addition to or after first aid.

What are abuse and neglect?

The legal definitions of child abuse vary from place to place. In these guidelines, child abuse is defined as *an act or an omission of care that harms a child's physical or mental wellbeing or their development. Child abuse can be physical, sexual, psychological, emotional or it can occur through neglect. The abuse may involve one incident or be ongoing. Child abuse can also include coercive behaviour or witnessing violence against other family members.*

The role of a mental health first aider

Whatever your relationship to the child is (i.e., parent, teacher, etc.), you should follow the local mandatory reporting laws or guidelines.

If you are providing support to a child through your professional role (e.g., as teacher or health professional), you should also take advice from the appropriate person in your organisation (e.g., child safety officer), and follow any internal procedures or legal requirements relating to child safety and reporting.

Be aware that discussing abuse with a child can become legal evidence in any future investigation.

If you are supporting a child who is or may be experiencing abuse, you should prioritise your safety and the safety of the child at all times.

Understanding warning signs and disclosures

There are a range of ways in which an adult can become aware that child abuse has occurred. They may witness the abuse directly, suspect that it is happening because of changes in the child's appearance or behaviours, or because the child makes a disclosure (i.e. communicates to others about what has happened).

Disclosures of abuse

Disclosures of abuse can happen in various forms, sometimes they may be direct and sometimes subtle. They may come at times or locations that feel safe for the child, but do not feel appropriate to you.

A child might:

- Make ambiguous or round-about statements about abuse
- Attempt to alert adults they trust by changing their behaviour
- Make multiple attempts to disclose the abuse, especially if their attempts at disclosure are missed or not taken seriously by the adults around them.

For some children, making a disclosure can take place a long time after the abuse occurred or first began. Delays in a child disclosing abuse can be linked to a range of factors, including a child's:

- Fear of what might happen to them or their family if they tell others about the abuse
- Feeling of mixed loyalties, particularly if the person who may have harmed them is a family member
- Having been threatened about disclosing what has occurred.

You should not take any previous disclosures by a child that have not been acted on by other adults, or any delays in disclosing the abuse, as a sign that what the child is saying is not true. In addition, a child may retract their disclosure, due to concern about negative consequences to themselves or others.

What should I do if I think a child has experienced abuse or neglect?

If you suspect the child has been or currently is experiencing abuse, you should have a conversation with the child. Talking about abuse is never comfortable, but it is essential to appropriately support a child. You should have a conversation with the child if you either:

- Suspect abuse, or
- Have noticed emotional or behavioural problems you think might be related to abuse, or
- Have noticed physical signs (e.g., bruises, burns).

Your aim in talking with the child should be to understand what is happening for them and to provide emotional support, rather than to get all the details. When talking with the child about suspected abuse, you should allow the child to discuss what they feel comfortable talking about, and no more. Do not seek details beyond what the child freely wants to tell you, even if you are the child's parent.

How to ask a child about suspected abuse

When talking with the child, provide a safe, confidential, and comfortable environment. Try to remain calm. To open the conversation, describe what you have seen that is concerning to you and then ask the child if they are okay.





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For example, you could say:

- “I noticed you are sad/angry lately, has something happened?”
- “I saw that you have some bruises, how did that happen?”

Try to use open questions, such as “Can you tell me what happened?”, rather than leading questions, such as “Were you hit?”. Also try to use the child’s language and vocabulary.

Reassure the child that you will listen and will do your best to support them no matter what they say.

If the child appears embarrassed or anxious, reassure them that anything they have to say is important. You can also let the child know that if someone has hurt them, it is important not to keep it a secret, even if they love that person or want to protect them.

If the child does not open up about what has happened, try not to be upset. Let the child know that they are welcome to talk to you in the future if they want to.

When a child discloses abuse

Take any disclosure of abuse seriously and do not minimise the seriousness of any events disclosed. When a child discloses abuse:

- Tell the child that you believe them
- Provide immediate emotional support (e.g., tell the child you care about them and what they have said does not affect how you feel, or say how you will do your best to support them)
- Ask the child how they are feeling about their safety, as they may fear physical harm or death as a consequence of their disclosure.

Your initial reaction to a disclosure may be disbelief that this has happened, or a reluctance to get involved. Whatever you feel, try to maintain a neutral and open expression, even if you feel shock, panic, or horror. If the child notices that you look upset, tell them that you are upset at the person who hurt them, and not at the child.

The child may not share their whole story with you all at once and it may take time for them to trust you before they share more. Try to accept that the child will only disclose what they are comfortable disclosing.

Asking questions about what happened

Your aim should be to listen to the child without asking probing questions. However, you can ask open-ended and non-judgemental follow-up questions to understand what is happening for the child, or to help keep the child safe (e.g. “Is this still happening?”, “When will you next see [the person who the child says is causing harm]?”).

It is important to use open-ended questions to avoid putting words in the child’s mouth, as this may affect any subsequent legal processes. When asking questions, do so calmly, and be careful to:

- Use the child’s language and vocabulary
- Avoid repeatedly questioning the child
- Not use the child’s disclosure to formally interview or gather evidence, as this is the role of police or investigators
- Avoid questions that might imply the child is to blame, such as “Did you scream or call out for help?”
- Not imply or suggest that you want a specific answer to a question you ask.

Providing immediate reassurance after a disclosure

When the child has told you about their experience of abuse it is important to provide immediate emotional support and words of comfort. For example, you can:

- Tell the child they did the right thing by telling you
- Acknowledge the child’s bravery and strength in talking about what has happened
- Explain that what happened to them is not okay
- Say that what happened to them is not their fault
- Reassure the child that you care about them and you will do your best to help them.

Things to avoid when talking with the child

- Don’t criticise or blame the child
- Don’t say things that imply the child should have disclosed earlier, e.g., “why didn’t you tell me?” or “you should have told me sooner”.
- Don’t suggest or tell the child that everything will be fine now
- Don’t discuss the potential outcomes of the disclosure (e.g., removal from their home)

If the child is at risk of immediate or further harm

If the child is currently being abused, your highest priority should be protecting the child from further harm by connecting them to professional services that can keep them safe.

If you believe the child is in immediate danger, you should:

- Act in the child’s best interest, even if this means breaking confidentiality
- Call the police or emergency services
- Remain with the child until help arrives





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Discussing what to do next

Before sharing information about the abuse with other adults, explain to the child that some adults must be told about what has happened, as it is their job to keep the child safe. Let the child know who you will tell, and reassure the child that you and the other adult will work to keep the child safe.

If the child does not want you to share information about the abuse, take time to clearly explain which adults you have to tell and why (e.g., because of mandatory reporting).

After talking with the child

If appropriate, write notes detailing your conversation and what the child said, using their exact words. Ensure your written records of any disclosure are kept private and safe. You should discuss your concerns about the child with other appropriate adults. Please see the other guidelines in this series: [*How to talk to adults about your concerns for a child's mental health and seeking help.*](#)

As a first aider, you should not contact or confront people who have potentially harmed the child.

Supporting the child's recovery

In the weeks and months after an event or disclosure, it is important to help the child maintain their regular routine as much as possible, and to support them in feeling safe. If the child does not feel safe, ask them what would make them feel safer.

If you need to correct the child's behaviour, be particularly careful to avoid using physical punishment, as this may worsen the stress of a child who has been abused. In addition, be mindful of when and how you reprimand the child, as children who have experienced abuse may be particularly sensitive to criticism. Reprimanding or correcting a child's behaviour in front of others may also place them at risk of harm from another adult (e.g., if a child might receive physical punishment at home for getting into trouble at school).

PART 4: ADDITIONAL INFORMATION FOR PARENTS AND TEACHERS

Parts 1-3 of these guidelines are relevant to any adult providing mental health first aid to support a child after an adverse event. Part 4 gives additional information specific to the roles of parents and teachers.

If you are a parent

After an adverse event, you can play an important role in your child's recovery. To begin, try to spend more time with your child, especially while free from distractions (such as your phone). Look out for any signs of continuing or escalating distress in your child, as these may be more visible in the home or to family members.

Tell your child that you and other loved ones care about and love them no matter what. Be consistently available to support your child. You can do this by:

- Keeping your behaviour in relation to the child as predictable and consistent as possible
- Engaging in family activities that encourage a sense of closeness
- Maintaining the usual family roles if you can
- Sharing information with other adults involved in your child's care, based on the support these adults will be providing to the child, as this will help those adults appropriately support your child.

Discuss any anticipated changes in routines or household functions with your child. If you are or will be separated from your child for a long period of time, try to keep in touch with them to give them a sense of safety.

Following an adverse event, you may find that your child has difficulty with their day-to-day activities. If this is the case, try to see this as a result of the event, rather than a failure of parenting.

You may also have been emotionally affected by the event. If this is the case, do not rely on or expect your child to meet all of your emotional needs. It is a good idea to consider whether you may need professional support. See below for more information on first aider self-care.

When there is media coverage about the event

If you would like your child to engage with media coverage about the event you can:

- Watch the content beforehand to make sure it is appropriate for the child
- Provide content that is appropriate or specifically made for children (e.g., media aimed at children or child news bulletins)
- Try to watch or listen to the media coverage together, so that you can reassure your child and answer any questions.

To prevent your child from repeatedly viewing disturbing content about the event, you can use parental controls on devices. Don't let your child watch the news or check social media just before bed, as this can disturb sleep and increase a child's distress.





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If you are a teacher

After experiencing an adverse event, a child may show changes and variations in their abilities at school. Children who have experienced an adverse event may be more vulnerable to school refusal if the school environment is unsupportive or unable to meet a child's needs.

After an adverse event, to support the child, focus on teaching to the level the child is functioning at on any particular day or moment. To help with setting routines for the child, provide structure and consistency by writing the day's agenda on the board as well as using entry and exit routines for each activity. If there are any other adults who will be involved in the child's care throughout the school day, provide them with basic information about what has happened, so they can appropriately support the child.

Given the importance of physical activity for the child's recovery, don't withhold opportunities for this as a consequence for unwanted behaviour (e.g., don't keep the child back from recess and lunchtime).

Collaborate with the child's parents to develop a plan on how to best support the child. If the child shows behaviour changes, work with the child to create a plan for when they feel overwhelmed in class. Also, try to adapt your support for the child according to how they are functioning on a day-to-day basis.

If you need to provide feedback to the parents about any difficulties the child is having, try to provide something positive to feedback as well. Also, provide basic information to adults involved in the child's care about what has happened, so they can appropriately support the child outside the school setting.

About these guidelines

Purpose of these guidelines

These guidelines are designed to help members of the public, and especially parents, teachers and health professionals, to support primary school aged children with their mental health by providing mental health first aid. This document focuses on how to speak to a child who has, or is suspected to have experienced, an adverse event. It is one of a set of guidelines about how to support child mental health.

The other guidelines in this series are:

- *[How to talk to a child aged 5-12 years about their mental health and seeking help.](#)*
- *[How to talk to other adults about your concerns for a child's mental health and seeking help](#)*
- *[How to support a child who is at risk of suicide or self-harm](#)*
- *[How to support a child who is displaying aggression or threatening violence](#)*

All guidelines in this series can be found on our webpage <https://mispgh.unimelb.edu.au/research-groups/centre-for-health-equity/equity-and-mental-health/supporting-child-mental-health/>

Development of these guidelines

These guidelines were developed using the Delphi expert consensus study. This involved gathering three different kinds of experts and asking them to agree on which first aid strategies were the most appropriate for adults supporting a child who is developing a mental health problem. Experts included (1) parents who have cared for a child with a mental health problem, or young adults who experienced a mental health problem in their earlier school years, (2) teachers who have expertise in supporting children with mental health problems, and (3) health professionals who provide clinical services to children with mental health problems. Experts were from Australia, Germany, Ireland, New Zealand, Switzerland and the USA. Details of the study can be found in a scientific journal paper that is currently under peer review and will be publicly available for free after publication - please see our webpage.

These guidelines were developed through a collaboration between researchers at the University of Melbourne and Dr Claire Kelly at Mental Health First Aid International. Funding for this project was provided by a National Health and Medical Research Council grant provided to AF Jorm (1172889), by funding from the North Western Melbourne Primary Health Network and a VESKI fellowship awarded to LM Hart.

Mental health first aid and legal requirements for adults who work or care for children

Where adults have specific legal responsibilities because of their relationship to the child (such as a parent, a teacher, or an employee delivering a service to a child, like tutoring or coaching), these laws must always be adhered to. Employees and mandated reporters should always follow their legally required processes or protocols for reporting concerns about child wellbeing to others within their organisation or to authorities. Adults trained in mental health first aid for supporting children do not have a right to break the law.

If adults who are providing mental health first aid to a child are not the child's parent or guardian, then they must abide by the wishes of the child's parent or guardian wherever possible, and unless doing so would place the child at risk of harm.

How to use these guidelines

It is important to tailor your support to the needs of the child you are helping. These guidelines are a general set of recommendations only. They are most suitable for providing mental health first aid in high-income countries with developed health systems. Although these guidelines are copyright, they can be freely reproduced for non-profit purposes provided the source is acknowledged. Please cite these guidelines as follows:

Hart, Nowell, Johnson, Kelly, Subasinghe, Loveday and Jorm. *Guidelines on providing mental health first aid for supporting children: How to support a child who has experienced trauma or adverse events*. Melbourne: SCMH Press; 2025

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Resources on mandatory reporting and developing trauma informed practise

Australila

- www.childsafety.gov.au
- www.aifs.gov.au/resources/resource-sheets/mandatory-reporting-child-abuse-and-neglect
- www.education.phoenixaustralia.org
- www.childhoodadversity.org.au

Germany

<https://www.aufarbeitungskommission.de/ihre-geschichte/infotelefon-aufarbeitung/>
<https://traumakinder.de/>

New Zealand

<https://www.kidshealth.org.nz/listing-of-information-support-resources-on-child-abuse>
<https://www.orangatamariki.govt.nz/>

Switzerland

<https://inhope.org/EN/articles/online-child-protection-in-switzerland>
<https://www.guido-fluri-stiftung.ch/en/gewalt-an-kindern/>

United Kingdom

- <https://commonslibrary.parliament.uk/research-briefings/sn06793/>
- <https://learning.nspcc.org.uk/>
- https://uktraumacouncil.org/research_practice/aces-research

United States

- <https://www.childwelfare.gov/topics/casework-practice/trauma-informed-practice/?top=243>
- <https://www.childwelfare.gov/resources/mandatory-reporting-child-abuse-and-neglect/>
- <https://www.calio.org/>
- <https://centerforchildprotection.org/report-abuse/>

