# HELPING A CHILD WHO





## DISSOCIATES A GUIDE FOR CHILD PROTECTION WORKERS

#### WHAT IS DISSOCIATION?

Dissociation is when a child disconnects from their thoughts, feelings, body, or surroundings. It's the brain's way of coping when something feels too overwhelming or unsafe. Children may dissociate during or after trauma, or when reminded of it later. It can become a regular way of coping, even in everyday situations.



#### WHY IT MATTERS IN CHILD PROTECTION.

Dissociation is common in children who've experienced complex trauma (e.g. abuse, neglect, family violence). It can affect how they behave, feel, learn, and relate to others. Child protection workers are often the first to notice something's not quite right and play a key role in getting children the right support.



A child who dissociates might:



Show big mood swings without clear cause.

Forget important events or not remember what just happened.

Seem spaced out, or "blank"

with a glazed eyes.

Switch quickly between emotions (e.g., calm to panicked, angry to playful).

Say things like "we" instead of "I" or talking about people inside them.

Talk to themselves or respond to inner voices.

Experience unexplained physical symptoms (e.g., tummy aches, fainting, bed-wetting).

Zone out or not respond to their name.

Use different voices or act like a different age.

Laugh during sad events, or cry during happy ones.

Say they feel like the world isn't real, or their body isn't real.

Getting hurt without realising it or feeling pain.

#### Remember:

"These behaviours can be mistaken for defiance, lying, or attention-seeking, but they are often signs of dissociation."



#### **HOW CAN YOU HELP?**

#### DO NOT:

- Assume the child is lying or manipulative.
  Dissociation affects memory and behaviour.
- Demand eye contact or quick answers. They may be trying to stay regulated.
- Push for trauma details. Let professionals manage disclosure at the child's own pace.
- Ignore red flags. If something seems off, trust your instincts and raise it with your team.
- Label the child with a diagnosis. Describe what you see and refer for formal assessment.



#### DO:

- Stay calm and grounded. A steady adult helps the child feel safer.
- Learn about trauma and dissociation. This helps you understand what you're seeing.
- Talk to your team. Share what you've noticed with supervisors and mental health professionals.
- Refer for assessment. If you suspect dissociation, connect the child with a trauma-informed psychologist or mental health professional.
- Build safety. Help create safe, predictable environments (e.g. with carers, at school, during supervised visits).
- Offer choice and control. Trauma takes away a child's sense of agency. Let them make small choices where possible.
- Support regulation. Help the child ground themselves (e.g. breathing, sensory items).
- Collaborate with the care team. Share info across systems (family, carers, schools, therapy).
- Model hope and patience. Healing takes time.
  Small steps make a big difference.
- Look after yourself. Trauma work is hard. Seek supervision and peer support.



### WHEN TO SEEK HELP?

If you see repeated dissociative behaviours, or if they impact a child's safety, relationships, or functioning, consult with:

- A trauma-informed psychologist or psychiatrist
- A paediatrician who understands trauma
- A specialist mental health team

Early intervention can lead to better outcomes.

#### REMEMBER:

- Dissociation is a survival strategy, not a behavioural problem
- You play a vital role in the child's safety and recovery
- Building consistent, trauma-informed care around the child helps them heal.
- Children get better when we work together

#### **HELPFUL RESOURCES.**

For more information, visit:

- Blue Knot Foundation Support for complex trauma.
- Phoenix Australia Trauma-informed resources.
- ISSTD International Society for the Study of Trauma and Dissociation.

