HELPING A CHILD WHO







DISSOCIATES A GUIDE FOR MEDICAL P

WHY DISSOCIATION MATTERS.

Children who've experienced trauma including abuse, neglect, or witnessing domestic violence cope by dissociating; that is, disconnecting from their thoughts, feelings, body, or surroundings without conscious control. Medical professionals are often in a unique position to notice the signs and support appropriate referrals for trauma-informed care.



WHAT IS DISSOCIATION?

Dissociation is a survival response. It happens when a child feels overwhelmed and can't escape a situation emotionally or physically. To cope, their brain "switches of" awareness of pain, fear, the body and their memory of the event itself to help them survive. This can occur during medical procedures, frightening events, or even during everyday stress, especially if the child has experienced complex or ongoing trauma.

COMMON SIGNS OF DISSOCIATION IN HEALTHCARE SETTINGS.

Children may not always tell you they're dissociating. Look for patterns like:



COGNITIVE:

- Trouble remembering recent events or instructions
- Inconsistent skill levels (e.g. forgets how to do something they could do yesterday)
- Difficulty focusing or "zoning out"
- Describes feeling far away or like the world isn't real
- Sudden changes in interests or identity.

EMOTIONAL

- Sudden mood or personality shifts
- Acting much younger than their age
- Switching between angry and sweet behaviour
- Laughing inappropriately or lacking emotional responses
- Talking to themselves or using different voices
- Describing people "inside" or referring to themselves as "we"
- Episodes of freezing, muteness, or shutting down



- Unexplained pain, fainting, or nonepileptic seizures
- Bedwetting, bowel issues without awareness
- No memory of injuries
- Not feeling pain when hurt
- Complaints of foggy vision, numbness, or body distortion



HOW CAN YOU HELP?

You don't need to diagnose dissociation but you can play a key role in identifying red flags and supporting the child's recovery.

DO NOT:

- Dismiss symptoms as "attention-seeking" or "imagined"
- Force or coerce the child to talk about trauma if they're not ready
- Assume the child is lying or manipulative if their story changes
- Pressure the child to make eye contact or engage when emotionally dysregulated.



DO:

- Stay calm, warm, and non-judgemental
- Gently ask about symptoms using plain language (e.g. "Do you ever feel far away or like you're dreaming?")
- Validate the child's experience if they disclose unusual symptoms
- Rule out medical causes but consider psychological trauma, including exposure to family violence and/or early loss, or significant disruptions in relationships with parents, if tests are inconclusive
- Refer to trauma-trained medical and allied health professionals for further assessment and opinion when symptoms are concerning
- Consider how trauma might affect adhering to medical treatments, appointments, or assessments (e.g., reactions to touch)

WHEN TO REFER?

Refer to a trauma-informed mental health professional if the child:

- Dissociates often or in ways that disrupt health, learning, or relationships
- Reports memory gaps or inner voices
- Shows large mood or identity shifts
- Displays unexplained or inconsistent physical symptoms

COLLABORATIVE CARE IS KEY.

- Work with caregivers, school staff, and mental health professionals to ensure wraparound support
- Understand that trauma and dissociation can affect how a child communicates, engages in care, and responds to treatment
- Children with disabilities or neurodivergence may be at higher risk of trauma and may need extra support



HOPE AND HEALING

With the right support, children can recover from trauma and learn safer ways to cope. Early recognition and appropriate referrals can change lives. You don't need to "treat" trauma alone, but you are a vital part of the healing team.

HELPFUL RESOURCES.

- Blue Knot Foundation Support for complex trauma
- Phoenix Australia Trauma-informed care resources
- ISSTD Professional training and fact sheets on dissociation and additional training
- Arianne Struik Training on dissociation in chronically traumatised children (www.ariannestruik.com)
- Catherine Hayes Training on dissociation (www.complextraumapsychology.com)



