

Helping children deal with their fears

All children have fears; it is a normal and healthy part of development. Things that seem harmless to adults may be scary for children. With understanding, patience, and reassurance you can help your child deal with their fears.

What a child fears usually depends on their age. Not all children are the same but it can help to understand some of these basic age differences.

Babies (8 to 12 months old)

- At this age, babies begin to know the difference between situations they know and don't know. Separation anxiety, the feeling of panic or anxiety that your baby gets when you leave the room, usually peaks around 8 or 9 months.
- Strangers may cause your baby distress on and off throughout their first 2 years.
- Older babies are often frightened by everyday situations that didn't bother them when they were younger. They may become afraid of people they don't know or new situations.

Toddlers and preschoolers (2 to 4 years old)

- Young children have vivid imaginations. They may find it hard to understand the difference between reality and fantasy.
- By 3 years old, your child should be able to separate from you with little clinging or crying. Even the most fearful 3 year old should adapt to a new situation within a few weeks. If not, mention it to their doctor.
- A toddler will sometimes think up imaginary dangers out of shadows in a dark room or a mask covering a familiar face.
- Everyday situations may frighten them, such as bedtime, or going to the doctor. They may fear things that make a loud noise they can't understand, like a storm, a

vacuum cleaner or a flushing toilet.

- To an adult, toddlers' fears may be rational or irrational. Either way, it's important to take your child's fears seriously. Never make fun of them for being afraid.
- At this age, children are concrete thinkers (they believe what you say in a literal way). They can become frightened by remarks or jokes from adults. Be mindful of what you say in front of your child.
- Your child may have nightmares that wake them. If this happens, they will need your reassurance that the things they saw in their dreams are not real. Acknowledge their feelings (e.g., "I see that you're afraid. Mommy sometimes got scared too when she was little"). Stay close until they fall asleep.
- Night terrors are not the same as nightmares. Children who experience a night terror may wake up screaming and thrashing, but they are only partially awake and won't necessarily be aware of your presence. They will not respond to you, and will usually fall back asleep without completely waking up. They won't remember it the next day. Stay with them to keep them safe, but don't wake them up. If your child has frequent night terrors, mention it to their doctor.

School-aged children (5 years and up)

- Fears at this age tend to be more reality-based, such as storms, fires or injury. But the fear may be out of proportion to the likelihood of anything bad happening. As children learn and begin to better understand what is really a danger and what is not, these fears generally go away.
- Older children often worry about their parents' marriage or health, and can easily exaggerate mild arguments or complaints that they hear. It's best to have adult conversations in private, away from your children.
- Being exposed to media can also cause fear in young children. Images from movies, video games, websites, and even news stories can be scary. Make sure that what they want to watch won't scare them.
- Older children may express their fears in ways other than crying. They may bite their nails, tremble, suck their thumb, or "act out". They won't necessarily tell you they are afraid, so watch for signs.

What parents can do

- Never force your child to confront a fear before they are ready. Introduce them to fearful situations in a slow, careful manner. Be sure to give lots of praise when they do something they used to be afraid of.
- Always ask your child questions so you understand the situation and can be sure your child is safe.
- Respect that the fear is real for your child. Don't make fun of them.
- Anticipate things that might be scary to your child and help them prepare. For example, let them know when you'll be visiting a home with a big dog, or let them know when you'll be leaving to go out.
- You can help your child work through fears by reading books, making up stories, or acting out situations that deal with their fear. For example, drawing a monster can help them express their fears and understand that they aren't real.
- Try to desensitize your child to the fearful object or situation. Using a toy fire truck may help to reduce the fear of a real one.
- Help your child feel physically secure by hugging them, holding their hand, and being close. You can also teach them to take long, deep breaths to reduce anxiety.
- Encourage your child to share their fears with a doll or stuffed animal.
- Try not to reinforce the fear by being scared yourself. Any sign that you may be worried about a situation can send a fearful child into a panic.
- Limit your child's exposure to media that may create fears or make them worse including TV, movies, video games, websites, and even printed materials. You can also teach children good media habits, which will help them know the difference between what's real and what's not.

What are phobias?

Phobias go beyond the normal, manageable fears most children have, and they can prevent your child from following their daily routine. Toddlers can develop phobias if they have been through a traumatic event, such as choking or near-drowning. If your child is consistently afraid of the same thing and inconsolable, often even at the thought of their fear, they may have a phobia.

If you or your partner has a family history of phobias, your child may be more likely to have one.

When to call the doctor:

Talk to your child's doctor if:

- their fears are starting to interfere with their normal daily activities, such as attending school, playing sports, or making friends.
- they often seem very anxious.
- they have physical symptoms, such as headaches, stomachaches, muscle/joint pain, or excessive fatigue.

Reviewed by the following CPS committees

- Public Education Advisory Committee

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