

Children and Traumatic Stress

Whether they experience a traumatic event directly or see disturbing footage on television, it is natural that children will react physically and emotionally. They may be afraid of being alone, have bad dreams, rebel at home or school, have appetite changes, or seem withdrawn. These responses are normal and usually subside.

When should we start to worry about a child's reactions to a trauma?

Usually, a child's emotional response to a trauma does not last long. It is only when emotional responses persist for long periods of time or are accompanied by significant functional impairment that concern is warranted.

Acute Stress Disorder and Post Traumatic Stress Disorder are the two psychological disorders that professionals have identified as developing in some people who experience trauma. When stress reactions last for up to four weeks and cause impairment in functioning, doctors call the condition Acute Stress Disorder (ASD). When they continue for longer, it is called Post-Traumatic Stress Disorder (PTSD). These symptoms can begin immediately following a trauma, or may not show up until days or months later (delayed onset).

The following overlapping symptoms are seen in both ASD and PTSD:

1. Symptoms of derealization:
 - Feeling emotionally numb
 - Being in a daze
 - Inability to remember things or events
 - Inability to recall aspects of a trauma
2. Intrusive thoughts:
 - Flashbacks – onset of intrusive and vivid memories and images accompanied by strong emotions
 - Reliving the event- feeling as if the traumatic event is happening again
 - Nightmares and bad dreams of the event
3. Avoidant behaviors:
 - Intense anxiety or fear of situations which remind the person of the event
 - Irrational fear of places and unfamiliar settings
 - Withdrawal from family & friends
 - School refusal
4. Hyperarousal:
 - Exaggerated startle reactions
 - Sudden irritability & explosive anger
 - Disturbances in concentration
 - Difficulty sleeping
 - Restlessness

Why do some people develop ASD or PTSD while others do not?

After a traumatic event, not every child develops ASD or PTSD. The likelihood of developing these disorders is related to the nature of the event and the child's involvement with the event.

The characteristics of a traumatic event that may impact children's reactions include:

- Amount of destruction seen
- Gruesome nature of the event
- Loss of family member or close loved one
- Direct or indirect involvement (i.e., distance from the trauma)



The degree to which a child is at risk for ASD or PTSD also depends upon the characteristics of the child and his or her family.

Internal risk factors include:

- A previous psychiatric condition
- A previous history of trauma
- Limited education
- Limited coping skills

External risk factors include:

- Family psychiatric history of depression, anxiety and/or substance abuse
- Early and/or chronic family dysfunction
- Limited social supports

Why should we help traumatized children?

What happens if we do not attend to our children's mental health needs with the same speed and urgency that we do when providing shelter, food and emergency medical care after a disaster?

Children may:

- Begin to view the world as a hostile and dangerous place
- Become extremely fearful, which can interfere with emotional growth
- Exhibit a decreased sensitivity to violence and a greater willingness to tolerate increasing levels of violence in society
- Use aggression to solve conflicts
- Develop chronic PTSD

How should we help traumatized children?

Early intervention is essential after a traumatic event occurs. Child and adolescent psychiatrists and other mental health professionals, including school-based mental health clinicians, can help diagnose and treat children who have experienced a trauma. A variety of therapies are available to help children express what they are feeling and begin to reduce their fears and worries and eventually heal. Play, art, and other expressive therapies as well as psychotherapy, are some of the effective techniques used by professionals to help children manage the symptoms of stress and enhance resiliency. For a small segment of the population, medication may be useful to treat symptoms such as increased agitation or anxiety, and disruption of sleep and eating.

With caring and supportive adults in their lives, children can regain feelings of safety, cope with their memories of the traumatic event, and begin to heal.

Here are some starting tips for supporting a traumatized child:

- Be available.
- Acknowledge, listen, and reassure.
- Respect feelings.
- Let children ask the questions. Respond with age and developmentally appropriate language.
- Play with children who can't yet talk, express their feelings, or ask questions.
- Maintain routines at home and school.

