

*Children*  
and Trauma



## *What are traumatic life experiences?*

Traumatic life experiences challenge a person's normal coping efforts. For children and adolescents, traumatic experiences include such things as sexual and other physical abuse and neglect, peer or family suicide, dog bites, severe burns, natural disasters (e.g. floods, tornadoes, hurricanes, etc.), fires, and medical procedures. It can be traumatic for children to witness or experience violent crimes (e.g., kidnapping, sniper fire, and school shootings) or vehicle accidents such as automobile and plane crashes. Witnessing assault, rape, or murder of a parent can also be traumatic for children.

Traumatic life events are fairly common in childhood. Research suggests that 14 to 43% of children have experienced at least one traumatic event in their lifetime.



## *What is the range of responses?*

There is a wide range of responses to catastrophic events. Some children and teenagers experience temporary worries and fears that get better quickly. Others experience long-term problems such as fear, depression, withdrawal, anger, haunting memories, avoiding reminders of the event, regressive behavior (acting younger than their actual age), worrying about themselves and others dying or being hurt, and irritability. Reactions can occur immediately after the event or weeks later.

Children who have had traumatic experiences may have difficulty sleeping or have nightmares. They may avoid activities, situations, thoughts, or conversations that may be related to the traumatic events, even if other people don't perceive them as related (e.g., a child who was eating corn flakes on the morning of a terrible event may not want to eat corn flakes). They may play in ways that repeat something from their traumatic experiences (e.g., twirling or hiding under things after exposure to a tornado). They may recreate aspects of the traumatic experience in their behavior (e.g., a child who was exposed to a fire may set fires). They may not want to be with people as much as before. They may avoid school, have trouble with schoolwork, or feel unable to pay attention. They may not want to play as much, avoid certain kinds of play, or lose interest in things they once enjoyed. They may be sad or seem to have less emotion or feel guilty about things they did or did not do related to the traumatic experience.

Young children (age 5 and younger) may experience new fears such as separation anxiety or fear of strangers or animals. They may act younger or lose a skill they have already mastered (such as toilet training).

Elementary school-aged children (6 to 11) may get parts of the traumatic experience confused or out of order when recalling the memory. They may complain of body symptoms that have no medical cause (e.g., stomach aches). They may stare into space or seem “spacey,” or startle easily.

Adolescents (12 to 18) may experience visual, auditory, or bodily flashbacks of the events, have unwanted distressing thoughts or images of the events, demonstrate impulsive and aggressive behaviors, or use alcohol or drugs to try to feel better. They may feel depressed or have suicidal thoughts.



## *What are the risk factors for long-term problems?*

Children are at greater risk for developing problems if the traumatic event was very severe (death, injury, bloody scenes), if the child's parents are extremely distressed in the aftermath of the traumatic event, or if the child was directly exposed to the event (versus hearing about it later).

In addition, risk increases if the event is an interpersonal trauma (caused by another person) such as rape and assault or if the child or adolescent has been exposed to numerous stressful life events previously or has a pre-existing mental health problem.

None of these risk factors means that the child will definitely have problems, but the risk factors increase the probability a child or teenager might develop problems after an extremely stressful event.

## *What can adults do to help?*

- Let the child know it's normal to feel upset when something bad or scary happens
- Encourage the child to express feelings and thoughts, without making judgments
- Protect the child or adolescent from further exposure to traumatic events, as much as possible
- Return to normal routines as much as possible
- School can be a major healing environment as the child's most important routine. Educate school personnel about the child's needs. Reassure the child that it was not his or her fault, that adults will try to take care of him or her, etc.
- Allow the child to feel sad or cry
- Give the child a sense of control and choice by offering reasonable options about daily activities (choosing meals, clothes, etc.)
- If the child regresses (or starts to do things he or she did when younger), adults can help by being supportive, remembering that it is a common response to trauma, and not criticizing the behavior

Adults can be most helpful if they take care of themselves and get help for their own distress, since children and adolescents may respond to adults' feelings and reactions.

Most children and adolescents will recover within a few weeks with such support. However some children may require more help. Responsible adults who are concerned about their child's reaction to a very stressful event may want to consider seeking the help of a mental health professional who is trained in helping children with traumatic responses or post-traumatic stress disorder. Therapies can be individual, group or family sessions that include talking, drawing and writing about the event. In some cases medication can be helpful.

A family doctor, clergy person, local mental health association, state psychiatric, psychological, or social work association, or health insurer may be helpful in providing a referral to a counselor or therapist with experience in treating children affected by traumatic stress. For more information about traumatic stress or the International Society of Traumatic Stress Studies, call 1-877-469-PTSD (7873).

## *What is ISTSS ?*

*The International Society for Traumatic Stress Studies is a nonprofit organization whose goal is to ensure that everyone affected by trauma receives the best possible professional response, and to reduce traumatic stressors and their immediate and long-term consequences worldwide.*

*ISTSS provides an independent community for supporting and sharing research, clinical strategies, public policy concerns and theoretical formulations on trauma. ISTSS members include psychiatrists, psychologists, social workers, nurses, counselors, researchers, journalists, clergy, law enforcement, correctional facilities administrators, advocates and others with an interest in the treatment and study of traumatic stress.*

*Members work in clinical and nonclinical settings around the world, including public and private health facilities, private practice, universities and research foundations.*

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