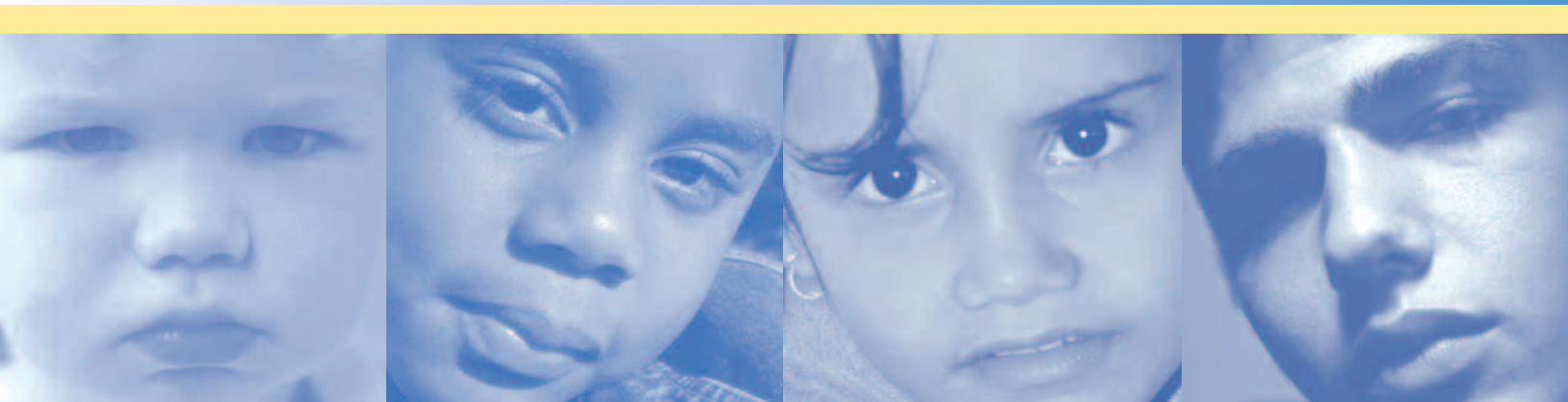


Understanding Child Traumatic Stress



NCTSN

The National Child
Traumatic Stress Network



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What Is Child Traumatic Stress?

When a child feels intensely threatened by an event he or she is involved in or witnesses, we call that event a trauma. Child traumatic stress (CTS) is a psychological reaction that some children have to a traumatic experience.

“Children who suffer from child traumatic stress have developed reactions to trauma that linger and affect their daily lives long after the traumatic event has ended.”

There are numerous kinds of traumas, such as:

- Automobile accidents
- Serious injuries
- Acts of violence
- Terrorism
- Physical or sexual abuse
- Medical procedures
- The unexpected death of a loved one
- Life-threatening natural disasters

Children who suffer from CTS have developed reactions to trauma that linger and affect their daily lives long after the traumatic event has ended. These children may experience:

- Intense and ongoing emotional upset
- Depression
- Anxiety
- Behavioral changes
- Difficulties at school
- Problems maintaining relationships
- Difficulty eating and sleeping
- Aches and pains
- Withdrawal
- Substance abuse, dangerous behaviors, or unhealthy sexual activity among older children

Not every child experiences CTS after a trauma. All children are different, and many children are able to adapt to and overcome difficult events and situations. But one out of every four children will experience a traumatic event before the age of sixteen, and some of these children will develop CTS.

If left untreated, CTS can interfere with a child's healthy development and lead to long-term difficulties with school, relationships, jobs, and the ability to participate fully in a healthy life. Fortunately, there are proven and effective treatments for CTS, and it's the mission of the National Child Traumatic Stress Network (NCTSN) to bring awareness of CTS and effective treatments to a wide audience.



How Danger Becomes Trauma

Before understanding what is meant by a traumatic experience or traumatic stress, we must first think about how we recognize and deal with danger. Our minds, our brains, and our bodies are set up to make sure we make danger a priority.

Things that are dangerous change over the course of childhood, adolescence, and adulthood.

- For very young children, swimming pools, electric outlets, poisons, and sharp objects are dangerous.
- For school-age children, walking to school, riding a bike in the street, or climbing to high places present new dangers.
- For adolescents, access to automobiles, guns, drugs, and increased independence, especially at night, are new dimensions to danger.

We live with dangers every day. They can become traumatic when they threaten serious injury or death or when they include physical or sexual violation. The witnessing of violence, serious injury, or grotesque death can be equally traumatic.

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In traumatic situations, we experience an immediate threat to ourselves or to others, often followed by serious injury or harm. We feel terror, helplessness, or horror because of the extreme seriousness of what is happening and the failure of any way to protect against or reverse the harmful outcome. These powerful, distressing emotions go along with strong, even frightening physical reactions, such as rapid heartbeat,

trembling, stomach dropping, and a sense of being in a dream. When our reactions persist, they can become CTS or sometimes the more well-known posttraumatic stress syndrome (PTSD). CTS and PTSD share many features, but PTSD is a formal

psychiatric diagnosis that is made when specific criteria about the number, duration, and intensity of symptoms are met. CTS is not a formal diagnosis but describes a range of a child's or adolescent's distressing reactions to trauma.



Responding to Trauma After the Event

For reasons that are basic to survival, traumatic experiences, long after they are over, continue to take priority in the thoughts, emotions, and behavior of children, adolescents, and adults. Fears and other strong emotions, intense physical reactions, and the new way of looking at dangers in the world may recede into the background, but events and reminders may bring them to mind again.

have nightmares. We have strong physical and emotional reactions to stress reminders that are often part of our daily life. We may have a hard time distinguishing new, safer situations from the traumatic situation we already went through. We may overreact to other things that happen, as if the danger were about to happen again.

- Third, our bodies may continue to stay "on alert." We may have trouble sleeping, become irritable or easily angered, startle or jump at noises more than before, have trouble concentrating or paying attention, and have recurring physical symptoms, like headaches or stomachaches.

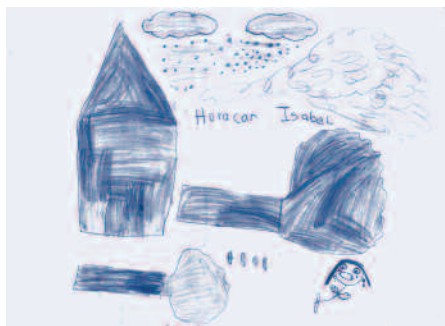
“For reasons that are basic to survival, traumatic experiences, long after they are over, continue to take priority in the thoughts, emotions, and behavior of children, adolescents, and adults.”

There are three core groups of posttraumatic stress reactions.

- First, there are the different ways these types of experiences stay on our minds. We continue to have upsetting images of what happened. We may keep having upsetting thoughts about our experience or the harm that resulted. We can also
- Second, we may try our best to avoid any situation, person, or place that reminds us of what happened, fighting hard to keep the thoughts, feelings, and images from coming back. We may even "forget" some of the worst parts of the experience, while continuing to react to reminders of those moments.



Child Development and Traumatic Stress



“More than twenty years of studies have confirmed that school-age children and adolescents can experience the full range of posttraumatic stress reactions that are seen in adults.”

Age, developmental maturity, and experience can influence the way we react to stress after the traumatic experience is over. More than twenty years of studies have confirmed that school-age children and adolescents can experience the full range of posttraumatic stress reactions that are seen in adults. We might wish to believe that children under five years of age are too young to know what was happening during a traumatic event and that whatever impression was left would be forgotten soon. However, recent studies show that traumatic experiences affect the brains, minds, and behavior of even very young children, causing similar reactions to those seen in older children and adults.





Traumatic Stress and Young Children

Think of what it is like for young children to be in traumatic situations.

- Young children can feel totally helpless and passive.
- Young children can cry for help or desperately wish for someone to intervene.
- Young children can feel deeply threatened by separation from parents or caretakers.
- Young children become particularly upset when they hear cries of distress from a parent or caretaker.

“It is extremely difficult for very young children to experience the failure of being protected by adults when something traumatic happens.”

Young children rely on a protective shield provided by adults and older siblings who can judge the seriousness of danger and ensure their safety and welfare.

- Young children often don't recognize a traumatic danger until it happens—for example, in a near drowning, an attack by a dog, or an accidental scalding.

- Young children can be the target of physical and sexual abuse by the very people they rely on for their protection and safety.
- Young children can witness violence within the family or be left helpless after a parent or caretaker is injured, as might occur in a serious automobile accident.

It is extremely difficult for very young children to experience the failure of being protected by adults when something traumatic happens.

- Young children may become passive and quiet, easily alarmed, and less secure about being provided with protection.
- Their minds may stay on a central action, like being hit or seeing someone fall to the floor.

- Young children may have simple thoughts about protection, for example, "Daddy hit mommy, mommy call police."
- Young children can become more generally fearful, especially in regard to separations and new situations.
- In circumstances of abuse by a parent or caretaker, the young child may act confused as to where to find protection and where there is threat.
- A child may respond to very general reminders of a trauma, like the color red or the sounds of another child crying.

The effects of fear can quickly get in the way of recent learning. For example, a child may start wetting the bed again or go back to baby-talk. Because a child's brain does not yet have the ability to quiet down fears, the preschool child may have very strong startle reactions, night terrors, and aggressive outbursts.



Traumatic Stress and School-age Children

School-age children start to face additional dangers, with more ability to judge the seriousness of a threat and to think about protective actions.

- School-age children usually do not see themselves as able to counter a serious danger directly, but they imagine actions they wish they could take, like those of their comic strip heroes.
- In traumatic situations when there is violence against family members, they can feel like failures for not having done something helpful.
- School-age children may also feel very ashamed or guilty.

They may be without their parents when something traumatic happens, either on their own or with friends at school or in the neighborhood. Sexual molestation occurs at the highest rate among this age group.

The reactions of school-age children after a trauma include a wide range of intrusive images and thoughts.

School-age children think about lots of frightening moments during their traumatic experiences. They also go over what could have stopped them from happening and what could have made them turn out differently.

“The reactions of school-age children after a trauma include a wide range of intrusive images and thoughts.”

School-age children respond to very concrete reminders about the trauma, such as:

- Someone with the same hairstyle as an abuser
- The monkey bars on a playground where a child got shot
- A feeling of being alone inside like they had when one parent attacked the other

They are likely to develop intense specific new fears that link back to the original danger. They can easily have fears of recurrence that result in their avoiding even enjoyable things they would like to do.

- More than any other group, school-age children may go back and forth between shy or withdrawn behavior and unusually aggressive behavior.
- School-age children can have thoughts of revenge that they cannot resolve.

- Normal sleep patterns can be easily disturbed. They can move around restlessly in their sleep, vocalize, and wake up tired.
- Their lack of restful sleep can interfere with their daytime concentration and attention.
- It can then be more difficult for them to study because they remain on alert for things happening around them.



“During traumatic situations, adolescents make decisions about whether and how to intervene, and about using violence to counter violence.”

Traumatic Stress and Adolescents

With the help of their friends, adolescents begin a shift toward more actively judging and addressing dangers on their own. This is a developing skill, and lots of things can go wrong along the way. With independence, adolescents can be in more situations that can turn from danger to trauma. They could:

- Be drivers or passengers in car accidents
- Be victims of rape, dating violence, and criminal assault
- Be present during school or community violence
- Experience the loss of friends under traumatic circumstances

During traumatic situations, adolescents make decisions about whether and how to intervene, and about using violence to counter violence.

They can feel guilty, sometimes thinking their actions made matters worse. Adolescents are learning to handle intense physical and emotional reactions in order to take action in the face of danger. They are also learning more about human motivation and intent and struggle over issues of irresponsibility, malevolence, and human accountability.

Adolescents are particularly challenged by reactions that persist after traumatic experiences.

- Adolescents can easily interpret many of these reactions as being regressive or childlike.
- Adolescents may interpret their reactions as signs of "going crazy," of being weak, or of being different from everyone else.
- Adolescents may be embarrassed by bouts of fear and exaggerated physiological responses.
- Adolescents may harbor the belief that they are unique in their pain and suffering.

These reactions may result in a sense of personal isolation. In their posttrauma thoughts, adolescents think about behavior and choices that go back to well before a traumatic situation. They are also very sensitive to the failure of family, school, or community to protect them or carry out justice. Afterward they may turn even more to peers to judge risks and to take protective action. They may be especially "grossed out" or fascinated by grotesque injury or death and remain very focused on their own scars that serve as daily trauma reminders.

While younger children may use play, adolescents may respond to their experience through dangerous reenactment behavior, that is, by reacting with too much "protective" aggression for a situation at hand. Their behavior in response to reminders can go to either of two extremes: reckless behavior that endangers themselves and others, or extreme avoidant behavior that can derail their adolescent years.

The avoidant life of an adolescent may go unnoticed.

- Adolescents try to get rid of post-trauma emotions and physical responses through the use of alcohol and drugs.
- Their sleep disturbance can remain hidden in late night studying, television watching, and partying.
- It is a dangerous mix when adolescent thoughts of revenge are added to their usual feelings of invulnerability.



Recovering from Traumatic Stress

How children or adolescents recover from trauma depends a lot on the different ways that their lives are changed by what happened.

Cognitive-behavioral therapies have been proven effective in helping children with CTS. These therapies generally include the following features:

“Foregoing help can have long-lasting consequences, and fortunately, entering treatment can have concrete beneficial results.”

There may be a dramatic change because of the loss of a family member or friend during the traumatic situation. Dealing with both posttraumatic and grief reactions can make recovery much more difficult. If a child you know has experienced any of the symptoms or signs of ongoing difficulties following a traumatic experience, it's important to seek help for them. Foregoing help can have long-lasting consequences, and fortunately, entering treatment can have concrete beneficial results.

- Teaching children stress management and relaxation skills
- Creating a coherent narrative or story of what happened
- Correcting untrue or distorted ideas about what happened and why
- Changing unhealthy and wrong views that have resulted from the trauma
- Involving parents in creating optimal recovery environments



The National Child Traumatic Stress Network

The National Child Traumatic Stress Network (NCTSN) is working to advance effective interventions and services to address the impact of traumatic stress. Our nation is in a position to take advantage of the full range of scientific knowledge, clinical wisdom, and service sector expertise to preserve and restore the future of traumatized children across the United States.

Comprising over 50 centers from across the United States, the NCTSN integrates the strengths of academic institutions that are dedicated to developing research-supported interventions and training people to deliver them, and community-based treatment and service centers that are highly experienced in providing care to children and families.

As an outgrowth of bipartisan federal legislation, the Donald J. Cohen National Child Traumatic Stress Initiative was funded in October 2001. Under the leadership of the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Center for Mental Health Services (CMHS), this Initiative has represented a unique opportunity to contribute to our national agenda to transform our mental health systems of care.

The NCTSN has developed a comprehensive website that provides a range of resources for professionals and the public about child traumatic stress, including informational guides, statistics, breaking information in the field, and access to the latest research and resources. For more information about child traumatic stress and the NCTSN, visit www.NCTSN.org or e-mail the National Resource Center at info@NCTSN.org.

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