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Report # 131

How Children Respond To Trauma

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Trauma and Children

A vulnerable population *Children not oblivious to traumatic events*

Tens of thousands of Japanese children faced emotional and psychological health risks as a result of trauma experienced when an earthquake and tsunami struck the island nation in March. What is not widely recognized was that the risk of a traumatic response extended to children in the United States whose only exposure to the horrific event some 5,000 miles away may have been images of the devastation broadcast on television.

Children are particularly vulnerable to trauma, regardless of whether their exposure to violence is repeated or a single event, or whether they experience it directly as a victim, indirectly as a witness or vicariously through the news media or other sources.

Among the lessons learned from years of research and clinical practice is that children are not oblivious to traumatic events and being exposed to trauma can affect their emotional and mental health.

The impact can be long lasting in some cases. Traumatic events experienced in childhood, for example, are strongly associated with chronic physical illness, as well as with depression and other mental health disorders in adulthood, according to the Adverse Childhood Experiences study co-sponsored by the national Centers for Disease Control and Prevention.

However, many children are able to effectively cope with traumatic experiences through their own resilience and with the support of parents or other trusted caregivers.

“A parent, big brother, aunt, neighbor and child care givers can all be protective factors for children – the child feels secure, has consistent

relationships, is not humiliated, gets a chance to experience success. Those are some of the reasons why some children who experience trauma or come out of difficult environments do fine,” said Raymond Firth, director of the University of Pittsburgh Office of Child Development’s Division of Policy Initiatives.

For children who require additional help, such as those who experience severe or chronic trauma, several types of treatment have been demonstrated to be effective.

Experiencing Trauma

Children can experience trauma by being neglected; physically, sexually or psychologically abused; and as a witness to domestic violence in the home or violence in their community or school. Other sources include bullying; a traumatic loss of a parent, close friend or other loved one; being involved in a car accident; and natural disasters, terrorism and war.

Research suggests that when children are exposed to violence it is important to take steps to address a their traumatic experience. Usually, professional help is not needed. But the earlier steps are taken to calm and support them the better.

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Such experiences should not be taken lightly. Trauma in children can contribute to the development of post-traumatic stress disorder and a number of other psychiatric disorders, such as depression, generalized anxiety disorder, panic attacks and substance abuse later in life.

The traumatic loss of a loved one, witnessing domestic violence and living with a parent whose care-giving ability was impaired were among the most common traumatic experiences reported among children receiving treatment through the National Child Traumatic Stress initiative, a Substance Abuse and Mental Health Services Administration (SAMHSA) program. Some 40% of the children experienced four or more types of traumatic events.

An estimated 3.5 million to 10 million children witness their mothers being abused and about half of

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those children are abused themselves, according to a study published by the National Association of State Mental Health Program Directors and the National Technical Assistance Center for State Mental Health Planning. The study also found the overwhelming majority children in the juvenile justice system experienced at least one traumatic event and 18% of females and 11% of males met the full criteria for post-traumatic stress disorder.

A study of children receiving services through the Children's Mental Health Initiative, a national network of community-based services and supports, reported that post-traumatic stress disorder or acute stress disorder were diagnosed in 9% of those children who had experienced at least one traumatic event. Children exposed to several types of traumatic events tended to have higher levels of depression and anxiety, be more aggressive and break more rules.

But experts say different children respond differently. For most, the affects of a traumatic experience are short-lived. For others, the risk of developing serious, potentially long-term problems is greater.

How Children Respond

Several factors determine how an individual child responds to trauma.

Age is an important factor. Brain research and other studies offer convincing evidence that young children may be the most vulnerable. One reason is that trauma can alter neurochemical processes and affect the growth, structure and functioning of the brain, which is developing rapidly during early childhood. Threats activate the body's stress systems, raising levels of certain chemicals in the body, such as cortisol. Cortisol can affect the hippocampus, which plays

a key role in forming new memories of events and identifying new events, places and stimuli. At high levels, it can strengthen memories of emotional events and diminish the ability to unlearn trauma-related memories.

The risk of such damage is greater when trauma is a repeated experience. Fear responses tend to be quickly activated, but brief. With repeated trauma, a child's fear system can stay activated longer and fear might become generalized over time. Abused children, for instance, might experience fear and anxiety when exposed to people who resemble their abusers or places that remind them of where the abuse occurred. Left untreated, such a condition could impair a child's ability to learn or to interact with others.

Several other factors are considered when assessing a child's response to a traumatic experience, including the proximity and severity of the event, whether the child has experienced previous traumatic events, and family characteristics, such as a history of domestic violence, other family dysfunction and disrupted relationships with parents or other caregivers.

Such factors can influence children's responses. Children who experience trauma directly, for example, are at higher risk of developing serious traumatic reactions or post-traumatic stress disorder than children who experience trauma in other ways.

But with particularly vulnerable children, how they experience trauma is only one of many considerations when assessing their responses. "With vulnerable children it also has to do with their past experiences," said Christopher Peterson, MD, a child and adolescent psychiatrist at Pennsylvania State University. "Did they have traumatic experiences in the past? That would make them more vulnerable to having a more serious reaction in the future. What kind of upbringing did they have? Did they have a secure attachment to their caretaker and was that disrupted? If they had a disrupted childhood – maybe a mother was hospitalized for quite awhile – do they feel there is somebody stable whom they can count on? If that has been disrupted, they are more vulnerable to trauma in the future."



references

This report is largely based on the following publications.

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