



**CHILDHOOD TRAUMA AND
POST-TRAUMATIC STRESS DISORDER (PTSD)**



Unfortunately many people worldwide are subjected to childhood trauma, both intentionally and unintentionally, each year. Whilst for some people this trauma is a bad memory that they have moved past, for others the effects of this trauma can stay with them for an extended period of time, often into adulthood. This can lead to conditions such as Post-traumatic Stress Disorder (PTSD) that can greatly limit a person's life.

This brochure will briefly look at childhood trauma and PTSD, discussing the symptoms that may be seen in children and adults, as well as discussing some treatment options. If you do read this brochure and feel that your experiences and current symptoms match those of PTSD then we encourage you to seek help from a medical professional as soon as possible. Please also consider that certain aspects discussed in this brochure may act as a trigger for those already experiencing PTSD or PTSD like symptoms. Please be aware of this and stop reading if you feel the brochure is upsetting you.

What is Childhood Trauma?

When people discuss childhood trauma you may notice that the focus tends to be on early abuse. Whilst this is unfortunately true in many cases, there are other events in a child's early life that can cause trauma and therefore parents and carers should be aware of the long term effects these events can have. Unsurprisingly, many of the events that might cause trauma in an adult will have the same effect on children and teens. Therefore, witnessing or experiencing natural disasters, violent crimes, accidents, and fires may all cause trauma in a young child. Abuse from parents, caregivers, extended family members or others is unfortunately a big childhood source of trauma and can appear in many forms, including physical, sexual, emotional abuse and neglect. It is not always the case that the abuse is linked to behaviours being carried out; sometimes the abuse is the result of provisions that the parent or caregiver are not supplying.

When abuse occurs, a child is not psychologically equipped to process the emotions and the feelings of the event; leading to the events overwhelming them and becoming even more traumatic. Children are often in unidirectional power relationships with the abuser who is likely to be an adult authority figure. This makes victims feel even more powerless, and makes the abuse feel inescapable. This sense of being trapped and stressed, leading to an overwhelmed coping response, is the definition of trauma. The fear, helplessness and powerlessness are all indicators that PTSD is more likely to occur.

PTSD is an anxiety related disorder that may be the result of a life-threatening or traumatic event that is directed at, or witnessed by the sufferer. Whilst it is completely normal to experience upsetting thoughts and images after such an event, if they persist and start to affect a person's day to day life, it may indicate a diagnosis of PTSD. Whilst PTSD is often experienced in a unique way for each sufferer, there are four broad symptom areas that are likely to be experienced, these are:

1. Re-experiencing the event through nightmares and flashbacks
2. Avoiding situations that may trigger PTSD feelings
3. Decreased self-esteem
4. Hyperarousal and alertness

These conditions can then cause more indirect conditions and life impacts. PTSD symptoms may have an immediate onset, or the onset may be delayed, sometimes for many years. Sufferers don't even need to have a vivid memory of the trauma to trigger PTSD. Therefore childhood trauma may cause PTSD symptoms in the child victim, or these feelings may not surface until later in life.

The symptoms of PTSD in children often differ from those seen in adults, so we will discuss symptoms and life impacts in more detail for both age groups in this brochure.



When children show signs similar to PTSD in the month following a traumatic event, they may be classed as having Acute Stress Disorder, with the subsequent PTSD also being described as acute if it lasts less than three months. If it lasts longer than three months, it moves into the chronic diagnosis. Chronic PTSD may be more difficult to treat and therefore it is advised to seek medical help for your child as soon as you notice any likely symptoms. We will discuss types of treatments later in this brochure.

Another more severe form of PTSD seen in children is known as complex PTSD, and is the result of exposure to repeated traumatic and abusive situations as a child. This type of PTSD occurs early in development, often restricting certain emotional and brain functions from fully developing, leading to the victim perceiving danger more frequently.

Factors that affect the likelihood of PTSD

As with many mental health conditions there are factors, both personal and situational, that may make a person more susceptible to suffering from a condition as a result of their experiences. This is the same for PTSD related to childhood trauma. Not all people that are exposed to abuse or traumatic experiences at a young age will experience PTSD, while some may show symptoms below clinical levels.

When looking at children between five and 12 years of age, PTSD symptoms do not tend to involve the typical flashbacks that are often associated with the adult version of the condition. Instead they may remember their traumatic event in an order that is different to how it occurred.

Whilst we cannot say for certain what will and won't prevent or cause PTSD symptoms, knowing some factors that are thought to be useful or counter-productive can help families and friends in trying to assist recovery. They can also highlight a greater need for an individual to seek professional help after an event if they fear they may be more at risk. There are some personal factors that can help protect a person against PTSD as a result of a trauma. These tend to centre on a person having a protective and supportive network of family and friends around them. Now, in certain

cases of abuse this may be compromised, but when looking at other forms of trauma, a family network can be an invaluable protective factor. The way this group reacts to the trauma can also impact how a person is affected, e.g. it has been found that the less upset a parent is by a trauma, the less a child is likely to be affected. This may not work if the parent was involved in the traumatic event as well; they will have their own instinctual response, but it is useful to consider when a parent is not directly involved. The support this group provides in the days and weeks after the event is also a crucial protective factor, with day to day support after the event being key to reducing the risk of PTSD. This may include support from medical professionals where required. The proximity to the trauma as it occurs can also help predict and reduce the impact and likelihood of PTSD. It has been found that the further a person is from the event, the less distress they are likely to feel.

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When looking at the traumatic event there are a number of factors that can increase the risk that the victim develops PTSD symptoms. Many of these centre on the family and the type of abuse or trauma experiences. While the family relationship can act as a protective factor in some cases, it can also greatly increase the chances of PTSD developing if the trauma or abuse is family related. If an abuser is related to the victim, or is a close family friend, then it has been shown to increase the likelihood of PTSD developing. The family environment and parental relationship may also be compromised by these actions, even if the abuser is not a parent, and may invalidate this supportive factor. This then puts the victim at greater risk of PTSD and further abuse. The type of abuse and the frequency that abuse or trauma is experienced can also have a large impact on the chances of PTSD developing. It has been found that the more severe the trauma is, the greater the chances of PTSD development. This means that events involving a greater perceived threat and physical harm, such as rape and assault, and more long-term sustained abuse are often more likely to lead to PTSD. The environment a person lives in is also a risk factor, as some inner city children in the USA have actually been found to have higher rates of PTSD than people in active service, due to the violence they regularly see and experience in their neighbourhoods.

There are some personal factors that are not under the control of the victim that will make them more susceptible to PTSD in the event of a trauma. The first is their short term biological response to the trauma, specifically their heart rate. A higher heart rate in the days after the traumatic incident is associated with higher chances of PTSD later in life. The uncontrollable feelings of guilt a person sometimes feels after an incident also increases the likelihood of PTSD. A person may feel responsible for the trauma, regardless of whether they are or not, and this can cause an increased risk of PTSD. It has also been shown that females are more likely to experience PTSD as a result of child abuse.

Whilst these factors do not mean you will definitely experience PTSD as a result of a trauma, it is important to know that you may be at greater risk, to help you decide if and when you wish to seek treatment.

Symptoms seen in children

As with many other mental health conditions it is thought that children may not express their symptoms in the same way as adults. One reason for this may be their inability to comprehend and understand all the factors of a trauma at a young age. Another reason is that some symptoms of PTSD require a person to be able to talk about what has happened. The inability to speak or verbalise their experience can make diagnosing PTSD in children very difficult, and this has led to changes in the way these diagnoses are made. This difficulty in diagnosis can be exacerbated by the fact that presentations can include a number of problems, leading to two children potentially meeting the criteria for PTSD with very different symptomologies. Many of the symptoms that present in children are also typical of other childhood disorders such as Attention Deficit Hyperactivity Disorder (ADHD) which can lead to a misdiagnosis. In fact, many children are thought to meet criteria for three or more conditions. Whilst it is not always possible to avoid these misdiagnoses, a parent can help the doctor by highlighting some of the symptoms, including those mentioned below, whilst also talking through any knowledge of traumas the child has experienced.



Before we discuss child PTSD symptoms seen in under-twelves, we should mention the symptoms of teenagers with PTSD. Because they're in between child and adult PTSD, teenagers are likely to show symptoms from both categories, with their symptoms getting more in line with adult symptoms as they age. One key difference is that teenagers tend to exhibit more impulsive and aggressive behaviours as a result of their PTSD compared to other age groups.

When looking at children between five and 12 years of age, PTSD symptoms do not tend to involve the typical flashbacks that are often associated with the adult version of the condition. Instead they may remember their traumatic event in an order that is different to how it occurred. They may also believe that they missed warning signs, leading to them becoming more vigilant in life after the trauma, (this is similar to hypervigilance seen in adult sufferers). Observing a child of this age play can also be key in spotting signs and symptoms of PTSD. This may mean inappropriate doll play or a tendency to want to play more violent games after experiencing or witnessing a violent act. Other symptoms of child PTSD that a parent can be vigilant for include frequent talk of the traumatic event, regular physical complaints such as headaches, extreme emotional reactions, irritability, difficulty concentrating, and behaviours often associated with those younger than themselves, such as clinginess. As these symptoms can also be associated with a number of other conditions and lifestyle changes it is important to keep an open mind when discussing or thinking about these behaviours. If you see these symptoms and are concerned, then we encourage you to seek professional help in order to get a more accurate diagnosis.

PTSD symptoms in adults and the long term effects of childhood PTSD

A quick refresher: the four main areas in which symptoms of PTSD fall for adults are: re-experiencing the event, situation avoidance, decreased self-esteem and a negative outlook, and hyperarousal. At a basic level this means that a person may re-experience the event through flashbacks or nightmares, they may avoid people or situations that they associate with their traumatic experience, they may undergo an emotional change resulting in a decreased mood, or they may become hyper aware and in some cases paranoid. Whilst each experience of PTSD is unique to the person, most symptoms can be categorised under these four titles. There are recognised gender differences in the expression of these symptoms, with females tending to internalise symptoms more and males tending to be externalise more.

When a child with PTSD moves into adulthood they may acquire some of these symptoms, but their symptoms are likely to become more subtle as they learn to cope in day to day life. As with childhood PTSD, the symptoms shown in adult PTSD can often mimic a number of other symptoms like depression and anxiety which may again lead to further misdiagnosis. The effect PTSD has on a person's life may also result in these disorders that the symptoms mimic, which can lead to a challenge when looking at diagnosis and treatment. Many sufferers also turn to damaging coping mechanisms to help with their symptoms, leading to further issues with drugs and alcohol that were not a risk in childhood.

Other than the symptoms related to PTSD carrying over from childhood, there are a number of long term impacts that trauma and childhood PTSD can have on adulthood. These impacts can affect all areas of life including a person's health. It has been found that being victimised at a young age is a substantial risk factor for later life mental health problems, with many sufferers being diagnosed with multiple overlapping psychiatric conditions. There is also growing evidence that early age PTSD may have some relationship to a higher risk of dementia in later life, although this relationship is not yet fully understood, there are claims that it is at least partially responsible for an increased dementia risk. Research is also finding that childhood trauma may be having longer term effects on sufferers' genes, particularly the genes that regulate stress hormones, leaving the victim more susceptible to stress and PTSD if trauma is experienced later

in life. Not only does early trauma and PTSD leave an impact on the biology of a person, it also affects the way they think and perceive the world. Untreated trauma in childhood can lead to a sense of fear and helplessness that stays with a person into adulthood, leaving them susceptible to further trauma. Other sufferers may struggle to form and maintain new relationships due to PTSD-related problems carrying through to adulthood. This can leave them unable to trust others, and worryingly, it can result in people finding themselves in abusive relationships.



How often does this problem occur?

It can be difficult to get accurate statistics when looking at both traumatic events experienced by children and teenagers, as well as accurate figures for PTSD. There are a number of reasons for this, including those who are suffering not wanting to come forward due to fear or stigma, or abusers preventing these people from receiving treatment, as treatment would likely result in some form of punishment for the abuser. Others may choose to be open and upfront, but not be believed, so their experiences aren't counted in the statistics. There is also the problem that behaviours may be misdiagnosed and then represented in other disorder statistics. Therefore, it would be fair to assume that the prevalence of abuse, traumatic instances and PTSD experienced by children is much greater than the figures we have. The 12-month prevalence rate for PTSD in trauma-exposed children affects 14% of these individuals (Danese et al., 2020), although other research suggests that exposure to trauma in children and adolescents results in the onset of PTSD in 11%-20% of cases (Alisic et al., 2014; Hiller et al., 2016).

Treatment

PTSD is a chronic condition for most sufferers. Unfortunately many sufferers do not seek treatment, but PTSD rarely resolves itself without professional help. The longer a person suffers from PTSD the harder treatment becomes, so we encourage any sufferers or guardians of sufferers to seek treatment as soon as possible. It is also more difficult to treat complex PTSD resulting from multiple and sustained trauma or abuse than it is to treat PTSD caused by a single trauma. So again, we encourage treatment is sought before further trauma can occur. There are a number of treatment options available for the treatment of PTSD, with many showing success. These treatments are similar for both adults and children, although many treatments do have to be adapted to the needs of a younger audience. For example, play therapy may be needed to help the child express the events and their associated feelings. Some research does suggest that medication can be useful in the treatment of PTSD, however there is not a PTSD specific medication, so it is used to treat the related conditions and symptoms, such as depression. Some medications will not be suitable for younger children and so these treatments should be discussed in detail with your medical professional.

The psychological treatments that are likely to be offered are Eye Movement Desensitisation and Reprocessing (EMDR) or Cognitive Behavioural Therapy (CBT). EMDR uses directed eye movements and hand movements to help the brain process the traumatic memories in different ways in order to improve PTSD symptoms. Whilst EMDR has shown some success, CBT is arguably the most successful treatment for PTSD. CBT involves talking about the traumatic event and the negative thoughts and emotions attached to this. CBT then looks at disproving incorrectly-held beliefs about the trauma and changing negative thought patterns. It may also involve exposure to triggers, in a process known as Exposure Response Prevention (ERP). This process, over time, reduces the anxiety and PTSD reactions that triggers previously caused. Traditional CBT may have to be adapted to the age of the child and may not be suitable for very young children who are unable to verbalise their emotions. In these scenarios specialist versions of CBT can be used.

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