



Recognising PTSD in Children

Post-traumatic stress disorder, or PTSD, is a mental health disorder that may develop after exposure to exceptionally threatening, frightening events or traumas.

What is a trauma?

Traumas are events that involve actual or threatened death, serious injury or sexual violence. For example, being assaulted, witnessing domestic violence, or being involved in a natural disaster such as a fire. Young people can experience a trauma because it happens to them, they see it happen to others, or they hear about it.

How common is it to experience a trauma before adulthood?

Exposure to traumatic events is very common among young people. By the end of adolescence, around 75% of young people will have been exposed to a traumatic event

How do children and young people react to traumatic events?

Immediately after a traumatic event all children are likely to be distressed, tearful, frightened and in shock. Most young people will recover well with family support.

The range of emotional reactions that young people can develop is very broad, but commonly includes:

- **Upsetting memories** of the traumatic event - These are usually vivid images. Sometimes young people hear, feel or smell things that happened during the event. The upsetting memories are difficult to control and seem to pop into the mind at any time. They often have a 'here and now' quality and it can almost feel as if the event is happening again such as a car crash, the smell of fire or being trapped in a building or the plight of refugees and asylum seekers. When this feeling is very strong, young people often say they have flashbacks.
- **Changes in thinking and attitudes** - Survivors have learned that life is fragile. They may see the world as a dangerous place. Guilt and self-blame is common.
- **Changes in their body after trauma** - Children may feel jumpy and startle easily. Reminders of the trauma can trigger panicky feelings. Sleep is often a problem.
- **Mood changes** - They might become more sad, withdrawn and tearful. Irritability is a very common reaction, with children becoming snappy or angry with those around them.
- **Avoidance of upsetting memories** - For example they try to get rid of the images in their mind. This takes up enormous amounts of mental energy. Children may avoid reminders of the trauma. This can mean that children's lives become restricted. Young people often avoid talking about the event. Parents often don't know the extent of children's suffering because children do not tell them. Friends may not ask in case they upset the child further.

Development of PTSD?

Most young people will experience at least some of these reactions after exposure to a traumatic event. The majority will get better without any intervention. But if the reactions persist (lasting for more than a month) and affect day-to-day life, then young people may have developed a diagnosable PTSD. About one in seven young people develop persistent PTSD.

How does PTSD present in very young children?

Younger children might repeatedly play out the trauma in their games, or they may frequently draw aspects of it. Rather than having nightmares about the trauma, young children may have dreams of monsters instead. They may become very clingy, developing a fear of the dark, not wanting to sleep alone. Preschool children are more difficult to soothe after a trauma; they may be more irritable, distractible, and oppositional.

What are the risk factors for PTSD?

Any young person can develop PTSD after exposure to trauma. It is not a sign of weakness to develop PTSD.

There are some factors which make it more or less likely that a young person will develop PTSD. Factors that can make things worse include: severity of exposure, thinking that you or those around you will die, belief that you cannot cope, or the world is dangerous, avoiding thinking or talking about the trauma. Factors that can help include family support.

What should parents/carers and other adults look out for after a young person has experienced a trauma?

It is hard for parents to know whether children are experiencing intrusive recollections unless children tell their parents. But they may be able to observe changes in sleep patterns and problems with moodiness and irritability.

Unless children are asked directly about specific effects of trauma, PTSD is likely to be missed by adults. It is important to be sensitive to children's upset, and give them time to express themselves. It is equally important that adults ask children directly about how they've been affected, otherwise it is very difficult to provide help for them. Adults should never force children to talk, but they can say that they are available to listen and help, if and when the child would like to talk.

When should parents/carers seek professional help?

For young people who show mild stress reactions in the first four weeks after a trauma, watchful waiting is recommended. Many young people will recover in the first month without any professional help.

If young people have severe symptoms in the first month, or if symptoms persist for longer than a month, help should be sought via the family GP.

What treatments are available?

Trauma-focused CBT (Cognitive Behaviour Therapy) - This is a psychological treatment that is very effective in treating PTSD. Research shows that around 80% of young people with PTSD will fully recover after a short 12-session course of T-FCBT.

Eye Movement Desensitization and Reprocessing (EMDR) is also available in some Child and Adolescent Mental Health Services (CAMHS). There is very little research yet to test whether EMDR is helpful for children and young people with PTSD, although it appears promising.

No drug treatments are currently recommended in the UK for PTSD.

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