Encyclopedia of Trauma: An Interdisciplinary Guide

Childhood Traumatic Stress

Contributors: **Author:**Eugenia L. Weiss & Omar Reda
Edited by: Charles R. Figley
Book Title: Encyclopedia of Trauma: An Interdisciplinary Guide
Chapter Title: "Childhood Traumatic Stress"
Pub. Date: 2012
Access Date: March 18, 2021
Publishing Company: SAGE Publications, Inc.
City: Thousand Oaks
Print ISBN: 9781412978798
Online ISBN: 9781452218595
DOI: http://dx.doi.org/10.4135/9781452218595.n28
Print pages: 85-88

Childhood traumatic stress is a term that is commonly used in the field of mental health to describe the psychological impact of traumatic events on children and youth where the usual coping abilities to extreme stressors are overwhelmed. According to the National Child Traumatic Stress Network (NCTSN), about one in every four children will experience at least one traumatic event before the age of 16. A child who experiences trauma may develop symptoms of posttraumatic stress or post-traumatic stress disorder (PTSD).

According to the Diagnostic and Statistical Manual of Mental Disorders, PTSD is a disorder that results from exposure to traumatic events that involve actual or threatened death or serious injury to self or to another. To meet diagnostic criteria for the disorder, an individual would need to have reexperiencing symptoms, and in children, this is often exhibited in the form of repetitive play about traumatic events, disturbing memories, and/or frightening dreams. Avoidance behaviors would also need to be present, such as avoiding thoughts, activities, and places associated with the traumatic event as well as increased arousal in the form of hypervigilance, irritability, and sleep disturbance. All of the aforementioned symptoms would need to be present for at least 1 month and cause significant impairment in social, occupational, or other important areas of functioning. Traumatic stress symptoms can also interfere with the child's ability to concentrate, learn, and perform daily activities at home and in school. In fact, some children will experience academic difficulties. Even for children and youth who do not necessarily meet diagnostic criteria for PTSD, their sense of identity, self-esteem, and their view of the world as a safe place is often altered. Additionally, following traumatic events children and youth can experience heightened anxiety, externalizing or acting out behaviors, as well as physical and somatic symptoms. Noteworthy to mention is that child responses to traumatic events will vary from one child to another depending on age, developmental stage, and the quality of and access to support systems. Furthermore, there may be a cultural dimension to how trauma is conceptualized and responded to by different groups. For mental health practitioners, diagnosing PTSD or other related conditions in very young children may be a challenging task, especially in the absence of primary caregivers or in the presence of atypical symptoms or a complex presentation of chronic exposure to traumatic events. It is important to note, however, that not every child who experiences a traumatic event develops symptoms of posttraumatic stress or the full-blown disorder. In fact, some children and youth become more resilient in the face of adversity. Froma Walsh defines resilience as the ability to overcome life challenges and experience positive outcomes despite trauma, or what is often referred to as “bouncing back” from negative events.

Types of Trauma and Its Effects

Unfortunately, children are common victims of maltreatment and other severe forms of trauma. Acts perpetrated on children such as physical violence, neglect, and sexual abuse can severely threaten a child's sense of safety, control, and self-concept, as well as result in impaired attachment relationships with their caregivers (specifically if the abuse is perpetrated by caregivers). Children who have experienced chronic maltreatment are at risk for developing PTSD. Furthermore, studies indicate that children who are exposed to repeated traumatic experiences may have neurobiological and brain-associated implications; some may exhibit problems with self-regulating behaviors, interpersonal relationships, and cognitive functioning in the area of attention and impulse control. These children as adults may develop personality disorders such as antisocial personality disorder and/or substance use disorders. Some children might rely on defensive mechanisms and detach from their traumatic experience through the use of disassociation or become disconnected from others or from their own emotions. Often as a result of trauma, negative core beliefs such as “I am a bad person” and/or “I can't trust anyone” and/or “I caused it—the abuse or traumatic event—to happen” (referred to as “magical thinking”) will permeate children's thought patterns and attitudes. Some children also have a foreshortened sense of the future and the expectation of further trauma. Those children and youth in the lower socioeconomic strata of our society, who suffer from poverty or homelessness or reside in drug-impacted neighborhoods where there is a high incidence of violent crime, along with gang-related community violence, can be considered potential trauma survivors. Additionally, children who are exposed to domestic violence (where parents or primary caregivers are involved) can suffer from the effects of trauma.

The sudden and violent loss of a beloved family member is another event typically referred to as a “traumatic loss” experience where there is an “intermingling” of trauma, loss, and grief. Although all types of trauma can be considered a form of loss, not all losses are traumatizing. Untimely deaths through serious accidents

(such as motor vehicle accidents or airplane crashes) can fall under the rubric of traumatic loss experiences. According to Pauline Boss, ambiguous loss is another type of loss experience, for example, having someone from the family declared missing, which does not allow for a sense of closure.

In whatever form suffering occurs, some children may have protective personality characteristics whereby they seem to recover from traumatic abuse and dismal childhood experiences more easily than others. Additionally, the effects of trauma can be greatly mitigated depending on the availability of social support systems. Lawrence Calhoun and Richard Tedeschi describe the notion of “posttrau-matic growth,” where individuals not only overcome serious traumatic events but become even stronger and further enriched as a result of the hardships.

Another area that has been examined in the field of child trauma is the impact of major disasters or catastrophic events (both natural and manmade) on children and youth. It is not uncommon for children to experience increased anxiety and anticipatory anxiety (or worry) after a natural disaster and develop fears related to the traumatic event. Children can also experience separation anxiety from their primary caregivers, where they demonstrate regressed behaviors and become clingy to their attachment figures. Many children's symptoms subside with time and with support from their caregivers and/or significant figures.

War, political and religious violence, genocide, and refugee experiences in many parts of the world can be overwhelming for children and youth. Instances of starvation, ethnic cleansing, torture, rape, imprisonment, and the brutal atrocities that accompany these scenarios can compound trauma reactions as well as produce an “intergenerational transmission” of trauma, where trauma reactions are passed to subsequent generations. These reactions have been amply documented in Holocaust survivors and their families.

Terrorist attacks by extremist groups in the United States (whether committed by our own citizens, as in the Oklahoma Bombing in 1995 or by Al Qaeda on September 11, 2001) caused a major devastation in the worldviews held by many Americans, what Janoff-Bulman has described as a “shattering of assumptive worlds.” In the aftermath of the attacks, belief systems of a “safe” and a “just” world were forever shaken, and this caused great fear and uncertainty in the minds of Americans and their children. However, at the same time, many have argued that these acts propelled our communities and our nation to become more unified—thus taking a strengths-based perspective where growth arises out of a great tragedy.

Since the advent of the U.S. involvement in the “Global War on Terror,” military service members are increasingly returning home from the wars in Iraq and Afghanistan with combat-related PTSD (otherwise known as the “invisible wounds of war” by a RAND report) and traumatic brain injuries. In turn, the combat veterans' injuries and resultant alterations in their personalities and/or behaviors can affect their children, spouses, and family members in the form of “secondary traumatization” or “compassion fatigue,” as Charles Figley describes it. This form of vicarious traumatization can result in children and youth having trauma-related symptoms (including anxiety and depression) without experiencing the actual trauma.

Intervening

Distress following a traumatic experience is expected as a normal reaction to an abnormal situation. Usually with help, guidance, and a supportive approach from caregivers or other significant figures (e.g., teachers, coaches, neighbors, spiritual leaders), most children recover and go on to lead healthy lives. There is a natural recovery process that takes place after a traumatic event; however, caregivers and other key figures in the child's life play an essential role in facilitating a child's recovery. For example, after a traumatic event, it is important to accept, normalize, and validate the child's feelings of distress. Caregivers and other significant figures can help facilitate the expression of trauma-related feelings and thoughts by talking about what happened with the child (but only when and if the child is willing and ready to do so). Some children might respond well to the incorporation of games, activities, artwork, or journaling to express their feelings. Talking with children helps them make sense of a confusing experience in what is referred to by Robert Neimeyer as “meaning making,” a narrative relational process that allows for creating a renewed sense of hope and trust through dialogue and connection. Talking and listening to children promotes feelings of being understood, loved, and supported. For older children and adolescents, talking can also help reestablish self-esteem, identity, and a sense of control, which are often diminished in the aftermath of traumatic events. A sense of

control was originally defined by Julian Rotter as either encompassing an “internal or an external locus of control.” Internal locus of control involves an individual's attribution with regard to an outcome of an event as being contingent upon a person's behavior. External locus of control involves the perception of outcomes that are based on random factors, such as luck, chance, and fate. In traumatic experiences, the internal locus of control is deleteriously affected, whereas the external locus of control is heightened. Martin Seligman incorporates the notion of “learned helplessness” to this concept of control whereby, no matter what a person does, it will not influence the outcome of an event, thus why try? Therefore, there is a loss of control and a sense of powerlessness in many trauma victims.

Children who have experienced extreme forms of distress, for example, by witnessing a violent crime or being victims of abuse, need to be observed for signs of traumatic stress reactions. Referral to a helping professional is indicated when children (a) exhibit prolonged periods of maladaptive or dangerous behaviors, (b) have symptoms that interfere with their daily functioning, (c) express psychotic or violent thoughts, (d) turn to alcohol or illicit drugs to cope, or (e) become self-destructive and/or are preoccupied with thoughts of death and suicide. Untreated traumatic stress is a public health issue in that it often involves multiple social and health-related institutions such as medical, mental health, child welfare, and juvenile justice systems. Additionally, the long-term effects of untreated stress reverberate throughout adulthood and ultimately result in serious societal repercussions.

Therapeutic Approaches

Of the various psychotherapeutic approaches used in the treatment of childhood traumatic stress (only if treatment is indicated), the choice of treatment will depend on several factors, such as the type of trauma, the child's developmental level, the availability of support systems, and the accessibility of community and mental health resources. In cases where there is family engagement and support (without a history of abuse), family therapy is very helpful for developing family narratives regarding the trauma experience. In this process, there is a joint construction of the trauma, and, as Michael White and David Epston would describe it, the “story” or the narrative facilitates the co-creation of more adaptive coping mechanisms. Parent and community participation is often used very effectively in situations involving mass trauma. It becomes very important to access both internal and external strengths and utilize these as part of the intervention.

Cognitive behavioral therapy (CBT) is typically used on an individual basis with children and adolescents. CBT usually involves addressing the symptoms of physiological arousal (i.e., through the instruction of relaxation techniques), restructuring faulty cognitions related to the traumatic event (i.e., thoughts of guilt and self-blame), and providing psychoeducation to normalize distress and increase a sense of safety. Interventions that use cognitive restructuring techniques are well documented in the treatment of anxiety for children and adolescents. Exposure therapy techniques can also be applied in conjunction with CBT, whereby a person is deliberately exposed to the past traumatic event through imaginal procedures with the assistance of a trained psychotherapist; this approach is based on the notion of behavioral extinction (this is not indicated in children who have been traumatized by abuse). In fact, exposure-based CBT for anxiety disorders in children has been supported in empirical studies. Attachment and develop-mentally based interventions have been found to be effective in the treatment of children with complex trauma and attachment disorders, who are often victims of child maltreatment.

Conclusion

We can all agree that it is extremely unfortunate when children experience traumatic events in their young lives, but in reality, most of them will. It is not always possible to undo the psychological and emotional damage that results from trauma, but it is very important to try to reduce the possibility of its long-term harmful effects. One of the ways to achieve this is to intervene as soon as possible when symptoms of posttraumatic stress or related problems begin to surface. As parents, educators, counselors, or helping professionals, and as members of society as a whole, including our institutions, we all need to assume responsibility in protecting children from harm. If harm does come their way, we have the added responsibility to recognize their need for support and mobilize our resources to provide the assistance they need to be able to become future productive members of society.

- trauma
- children
- post-traumatic stress disorder
- locus of control
- antisocial personality disorder
- locus
- external controls

Eugenia L. Weiss & and Omar Reda
http://dx.doi.org/10.4135/9781452218595.n28
See Also

- Bereavement
- Brain and Trauma
- Childhood and Adolescent Trauma: Assessment and Treatment
- Cognitive Behavioral Therapy
- Community Violence
- Compassion Fatigue
- Cultural Aspects of Trauma
- Disaster-Related Trauma
- Dissociation
- Expressive Art Therapies
- Family-Based Treatment for Child Traumatic Stress
- Grief and Mourning
- Growth, Posttraumatic
- Military Families, Effects of Combat and Deployment on
- Neurobiological Effects of Trauma
- Posttraumatic Stress Disorder
- Traumatic Stress Responses

Further Readings

Allen, A., Saltzman, W. R., Brymer, M. J., Oshri, A., & Silverman, W. K. (2006). An empirically informed intervention for children following exposure to severe hurricanes. The Behavior Therapist, 29(6), 118–124.
American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.). Washington, DC: Author.
Becker-Weidman, A., & Hughes, D. (2008). Dyadic developmental psychotherapy: An evidence-based treatment for children with complex trauma and disorders of attachment. Child & Family Social Work, 13, 329–337.
Bernardon, S., & Pernice-Duca, F. (2010). A family systems perspective to recovery from posttraumatic stress in children. Family Journal, 18(4), 394–357.
Boss, P. (1999). Ambiguous loss: Learning to live with unresolved grief. Cambridge, MA: Belknap.
Calhoun, L. G., & Tedeschi, R. G. (1999). Facilitating posttraumatic growth: A clinician's guide. Mahwah, NJ: Erlbaum.
Danieli, Y. (1985). The treatment and prevention of long-term effects and intergenerational transmission of victimization: A lesson from holocaust survivors and their children. In C. R.Figley (Ed.), Trauma and its wake (pp. 295–313). New York, NY: Brunner/Mazel.
Figley, C. R. (Ed.). (2002). Treating compassion fatigue. New York, NY: Brunner-Routledge.
Hughes, D. (2004). An attachment based treatment of maltreated children and young people. Attachment and Human Development, 6, 263–278.
Janoff-Bulman, R. (1992). Shattered assumptions: Toward a new psychology of trauma. New York, NY: Free Press.
La Greca, A. M., & Silverman, W. K. (2005). Children and disasters and terrorism. In P. C.Kendall (Ed.), Child and adolescent therapy: Cognitive-behavioral procedures (
3rd ed.
). New York, NY: Guilford Press.

National Child Traumatic Stress Network (NCTSN). Understanding child traumatic stress. Retrieved from http://www.nctsn.org/content/child-traumatic-stress-cts-introduction
Neimeyer, R. A. (Ed.). (2001). Meaning reconstruction and the experience of loss. Washington, DC: American Psychological Association.
Rotter, J. B. (1966). Generalized expectations for internal vs. external control of reinforcement. Psychological Monographs, 80, 1–28.
Seligman, M. E. P. (1975). Helplessness: On depression, development and death. New York, NY: W. A. Freeman.
Tanielian, T., & Jaycox, L. H. (2008). Invisible wounds of war: Psychological and cognitive injuries, their consequences and services to assist recovery. Santa Monica, CA: RAND.
Thompson, N., & Walsh, M. (2010). The existential basis of trauma. Journal of Social Work Practice, 24(4), 377–389.
Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. Family Process, 46(2), 207–224.
White, M., & Epston, D. (1990). Narrative means to therapeutic ends. New York, NY: W. W. Norton.