



Post-Traumatic Stress Disorder in Children

What is post-traumatic stress disorder?

Post-traumatic stress disorder (PTSD) is a debilitating condition that follows an event that the person finds terrifying, either physically or emotionally, causing the person who experienced the event to have persistent, frightening thoughts and memories, or flashbacks, of the ordeal. Sometimes effects from the traumatic events can be delayed for 6 months or longer, but when PTSD occurs soon after an event, the condition generally improves after 3 months. Some people with PTSD have long-term effects and often feel chronically, emotionally numb. PTSD in children usually becomes a chronic disorder.

What causes post-traumatic stress disorder?

The event(s) that triggers PTSD may be:

- Something that occurred in the person's life.
- Something that occurred in the life of someone close to him or her.
- Something the person witnessed.

A child's risk for developing PTSD is often affected by the child's proximity and relationship to the trauma, the severity of the trauma, the duration of the traumatic event, the recurrence of the traumatic event, the resiliency of the child, the coping skills of the child, and the support resources available to the child from the family and community following the event(s).

The following are some examples of events where there is a threat of injury or death that may cause PTSD if experienced or witnessed as a child or adolescent:

- Serious accidents (such as car or train wrecks)

- Invasive medical procedures for young children (under the age of 6)
- Animal bites (such as dog bites)
- Natural disasters (such as floods or earthquakes)
- Man-made tragedies (such as bombings)
- Violent personal attacks (such as a mugging, rape, torture, being held captive, or kidnapping)
- Physical abuse
- Sexual assault
- Sexual molestation
- Emotional abuse, bullying
- Neglect

Who is affected by post-traumatic stress disorder?

About 4% of children under age 18 are exposed to some form of trauma in their lifetime that leads to post-traumatic stress disorder. According to the National Institute of Mental Health, of those children and adolescents who have experienced trauma, about 7% of girls and 2% of boys are diagnosed with PTSD.

What are the symptoms of post-traumatic stress disorder?

The following are the most common symptoms of PTSD. However, each child may experience signs differently.

Children and adolescents with PTSD experience extreme emotional, mental, and physical distress when exposed to situations that remind them of the traumatic event. Some may repeatedly relive the trauma in the form of nightmares and disturbing recollections during the day and may also experience any, or all, of the following:

- Sleep disturbances
- Depression

- Feeling jittery or "on guard"
- Being easily startled
- Loss of interest in things they used to enjoy; detachment; general lack of responsiveness; feeling numb
- Trouble feeling affectionate
- Irritability, more aggressive than before, or even violent
- Avoiding certain places or situations that bring back memories
- Flashbacks or intrusive images (flashbacks can come in the form of images, sounds, smells, or feelings; a person usually believes that the traumatic event is happening all over again)
- Losing touch with reality
- Reenactment of an event for a period of seconds or hours or, very rarely, days
- Problems in school; difficulty concentrating
- Worry about dying at an early age
- Regressive behaviors; acting younger than their age (such as thumb-sucking or bedwetting)
- Physical symptoms (such as headaches or stomachaches)

How is post-traumatic stress disorder diagnosed?

Not every child or adolescent who experiences a trauma develops PTSD. PTSD is diagnosed only if symptoms persist for more than 1 month and are adversely affecting the child's life and level of functioning. In those who do have PTSD, symptoms usually begin within 3 months following the trauma, but can also start months or years later.

PTSD can occur at any age, including childhood, and may be accompanied by:

- Depression
- Substance abuse
- Anxiety

The length of the condition varies. Some people recover within 6 months, others have symptoms that last much longer.

A child psychiatrist or other qualified mental health professional usually diagnoses PTSD in children or adolescents following a comprehensive psychiatric evaluation. Parents who note symptoms of PTSD in their child or teen can help by seeking an evaluation early. Early treatment can decrease future problems.

Treatment for post-traumatic stress disorder

Specific treatment for post-traumatic stress disorder will be determined by your child's doctor based on:

- Your child's age, overall health, and medical history
- Extent of your child's symptoms
- Your child's tolerance for specific medications or therapies
- Expectations for the course of the disorder
- Your opinion or preference

PTSD can be treated. Early detection and intervention is very important and can reduce the severity of symptoms, enhance the child's normal growth and development and improve the quality of life experienced by children or adolescents with PTSD. Treatment should always be based on a comprehensive evaluation of the child and family. Treatment recommendations may include cognitive behavioral therapy for the child. The focus of cognitive behavioral therapy is to help the child or adolescent learn skills to manage his or her anxiety and to help him or her master the situation(s) that contributed to the PTSD. Some children may also benefit from treatment with antidepressant or anti-anxiety medication to help them feel calmer. The child or adolescent's recovery from PTSD is highly variable and dependent on the child or adolescent's internal strengths, coping skills, and resiliency (ability to "bounce back"). Recovery is also influenced by the support available within the family environment. Parents play a vital supportive role in any treatment process.

Prevention of post-traumatic stress disorder

Preventive measures to reduce the incidence or lessen the chance of traumatic experiences in children include, but are not limited to, the following:

- Teach children that it is OK to say NO to someone who tries to touch his or her body or make him or her feel uncomfortable.
- Provide appropriate support and/or counseling for children and adolescents who have experienced or witnessed a traumatic event.
- Encourage prevention programs within your community or local school system.

CONTACT US

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