Traumatic Experiences in Childhood

By Kathleen A. Platzman, Ph.D.

What Jaime saw and heard

Eight-year-old Jamie was playing with her friends outside when she witnessed a bad car accident. She saw and heard things most children never see and hear: injured bodies, agonized pleas for help, police and ambulance sirens, and pain cries. Car parts came flying across the street and some landed on Jaime’s feet. A neighbor heard the unusual noises outside, went out, and got the children inside. Jaime wanted her mother and was further upset by the neighbor pulling her inside when she wanted to run home instead. By the time Jamie got home, she didn’t know how to calm herself down. That night she began having a recurring nightmare in which she heard the screams and saw the damaged bodies and flying car parts over and over again. She would wake up trembling and panicky. She began to refuse outside playtime. She would hide under a blanket in the backseat of her mother’s car when pulling into or out of the driveway because she didn’t want to see the place where the accident happened. She was afraid she would have to experience all of those memories again. Jaime became, irritable, easily upset, and fearful. Every time she heard an unexpected noise, she jumped, thinking it was another car accident. Jaime’s mother tried to talk about the accident, but Jaime didn’t ever want to listen because she would be scared again. After realizing that Jaime was in trouble, Jaime’s mother picked up the phone and got her child help.

What is trauma?

We all hope that our children won’t experience horrible things like Jaime did. Sometimes, however, events or situations happen such as car accidents, death, and
violence. On September 11th, 2001, we all watched in horror at the aftermath of the terrorist attacks. All these events can be so scary, sad, and upsetting, that they are almost impossible to cope with. That is the definition of a traumatic experience: one that is almost impossible to take in, understand, feel better about, or get over. Both adults and children react to trauma in about the same way. After the event, they may experience difficulty getting it out of their minds. They might have flashbacks or nightmares in which they re-experience the tragedy. They therefore avoid situations that might remind them of the even and set off a flashback. In general, they can be exhausted, irritable, moody, sad, withdrawn and anxious. Sometimes, reactions can be so severe that the diagnosis of Post-Traumatic Stress Disorder, or PTSD is appropriate. The symptoms of PTSD can last several years if not treated.

Scientists have wondered what happens to a child suffering from PTSD. In general, when we experience any kind of dramatic event, the vividness of the event gradually fades. For example, if you trip and fall and break your leg, you might remember lots of details right after the accident: What you were wearing, what the stairs looked like as you tumbled down, or what color shirt the doctor who tended you was wearing. But after a few weeks, these little details would fade from memory. You would certainly remember that you fell and hurt yourself, but the little sights and sounds associated with it would be forgotten. With PTSD, memories DO NOT fade. You might remember every detail for years and years. Furthermore, when you do recall the event, you will also recall and even re-experience all the scary feelings you experienced right after the accident. So we do know that something is happening to prevent the normal forgetting of details.
Scientists are also beginning to discover that the physiology of a person with trauma may change too. For example, researcher Bruce Perry, M.D., Ph.D. is beginning to find altered “catecholamine activity” in the body that may alter a child’s ability to regulate mood, behavior, and even heart rate. The child’s body seems to remain in an “alarm reaction”, even after the event is over.

**What can be done to help someone who has experienced a trauma?**

It is important to have the child who is experiencing any of these symptoms evaluated by a mental health professional familiar with the symptoms of trauma and PTSD. These problems do not go away by themselves and so the usual advice of “just give it time” often does not work for traumatized children. After evaluation, a course of therapy will likely be recommended. This may include individual child therapy and family therapy for all those who care for the child, or who have also experienced the trauma themselves. Drug therapy might be suggested in order to take away some of the severe anxiety and to allow therapy to proceed quicker and more effectively.

**What can I do to support my child?**

More than anything, the traumatized child needs to feel safe and secure. He or she may also benefit from being reminded that steps have been taken so another horrible event won’t happen. Parents also need support and should always have someone to talk to about their worries and concerns. In addition, parents need to be understanding. The traumatized child has little control over when symptoms will occur. As with many challenges, some days will be easier than others will. Also, as therapy begins and the child begins to work on the troubling memories, behavior is likely to be worse before it gets better.
Where can I go for help?

If you, your child, or someone you know is experiencing symptoms of trauma, you may wish to contact your local mental health center or call your doctor for a referral. The Georgia Psychological Association also has a referral line (404-351-9555) where you can get recommendations for professionals who often deal with children who have experienced trauma. Also, you may want to check the web for sites devoted to children who have been traumatized (e.g. www.ChildTrauma.org).

For further information regarding this article please contact the Maternal Substance Abuse and Child Development Project, Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, Emory West Campus, 1256 Briarcliff Road N.E., Suite 323-West, Atlanta GA, 30306. You can email us at msacd@listserv.cc.emory.edu, visit our website at http://www.emory.edu/MSACD, or phone us at 404-712-9800.

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