

About this factsheet

This is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. The aims of these factsheets are to provide practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people. This factsheet describes the causes and symptoms of traumatic stress, and provides practical advice on how to get help.



Introduction

What is traumatic stress?

Children, like adults, sometimes experience or witness something extremely frightening and dangerous, such as a road accident, a serious injury or a crime. This can cause a traumatic stress reaction, which affects the way the child thinks, feels and behaves. Children can be as severely affected as adults. If you recognise it, you will be better able to help your child to recover, and also to know when to seek professional help.

What are the signs of traumatic stress?

Individual children react in different ways to traumatic events. Immediately after the traumatic event, children may find it hard to sleep and have bad dreams and nightmares. Sometimes, the effects may not appear for days or weeks. They may, however:

- become fearful, clingy and anxious about being separated from their parents
- start bedwetting and thumb-sucking again
- become preoccupied with thoughts and memories of the event
- be unable to concentrate
- be irritable and disobedient
- complain of physical symptoms such as headaches and stomach-aches.

All these are normal reactions to an extremely frightening event. With help and support from the people close to them, children begin to get over the shock in a few days, and usually recover after a few weeks.

Longer-lasting effects

Sometimes a child has feelings of depression and anxiety that go on for several weeks and may get worse. If they go on for a long period of time, it is likely that the child may need some help to feel better.

If the traumatic experience was so bad that the child was in danger of being killed or seriously injured, they may have felt terrified, horrified and helpless. **Post-traumatic stress disorder (PTSD)** might follow a dreadful experience of this sort. Typical signs are:

- ‘flashbacks’ of the event. For a few moments, it seems as though you are re-living the experience in your mind, like watching an action-replay, which can be distressing and frightening – particularly for children;
- deliberately avoiding thoughts or feelings about it. If you’ve been in a car crash, you may avoid roads, or even TV programmes about cars, because they remind you of the accident;
- sleeping badly;
- being easily startled and jumping out of your skin at the slightest noise.

These reactions can go on for months and can interfere considerably with a child’s daily living. They may be unable to enjoy playing or find it difficult to concentrate on their school work. Occasionally, these problems can continue as the child grows into adulthood.

What can help?

The best approach, immediately after a traumatic event, is to accept that a child will be distressed – this is normal. At this stage, parents can help greatly by letting their child talk about the event if they want to, or helping them to relive it in games and drawings. Leaving children alone ‘to forget things’ does not help. Talking can help children to adjust. It helps them to make sense of what has happened, to feel less alone with their worries and to regain a sense of control. However, forcing someone to talk about it when they don’t want to does not seem to be helpful.

If you have been involved in the traumatic event, you may also be distressed. It is usually better to admit to your children that you are

Sources of further information

- CRUSE Bereavement Care: helpline 0870 167 1677; for young people freephone 0808 808 1677; e-mail: helpline@crusebereavementcare.org.uk; www.crusebereavementcare.org.uk.
- The Samaritans provide a 24-hour service offering confidential emotional support to anyone who is in crisis. Helplines 08457 909090 (UK), 1850 609090 (ROI); e-mail: jo@samaritans.org. www.samaritans.org.uk.
- Victim Support – helping people to cope with crime. Supportline 0845 303 0900; www.victimsupport.org
- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

feeling sad and upset. At the same time, you need to make it clear that you don't expect them to look after your feelings.

Sometimes, children find it easier to talk to other adults rather than their parents. Professional help may be needed to help get them get back to normal more quickly, and to prevent or reduce the harmful effects of prolonged stress reactions.

Ask for help if:

- the child's upset feelings and behaviour seem to be getting worse.
- the signs of extreme stress last for longer than about one month.
- worries prevent you, your child or your family getting on with normal, everyday life.
- the child has symptoms of PTSD that go on for longer than a month.

Where can I get help?

If you are concerned about your child at any time following a traumatic event, consult your general practitioner, who will be able to offer you help and support. If problems continue, the doctor may suggest extra help from the local child and adolescent mental health service.

If you have been involved directly in a community disaster, special support services will be arranged. Do not hesitate to make contact with them if you want to talk over your worries.

References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (eds) (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.