



University of Pittsburgh
Office of Child Development

Children, Youth & Family

background

Report # 42

How Children React To Traumatic Events

December 2001

Helping Children
Cope
With Terror

Trauma's Emotional Toll *Risks To Children Depend On Many Factors*

No hard and fast rules dictate how children will react to traumatic events such as the September 11 terrorist attacks on New York and Washington, D.C. Some only worry and hold troubling memories for a short time, while others may show signs of post-traumatic stress disorder and quietly risk developing long-term problems.

The impact on children, in short, depends. It depends, for example, on their age, whether they are directly touched by the event, whether they have any pre-existing psychological conditions, and how the adults closest to them respond.

Precisely when emotional reactions will surface – if at all – also varies. With some children, they are seen immediately. With others, they surface some time after the event.

A traumatic event has the potential to trigger reactions ranging from heightened separation anxiety and regressive behaviors among young children to sleep problems or a drop in academic performance among adolescents.

Among the most serious is post-traumatic stress disorder (PTSD), which may be diagnosed if certain symptoms last one month or longer. These symptoms include re-experiencing the event through play or nightmares, avoiding reminders of the event, diminished interests or a gloomy sense of future, sleep disturbances, irritability, poor concentration, increased startle reaction, and regression.

Risks Higher For Some

Children directly tied to traumatic events, such as those who know or are related to the victims, fall into a group of children who run the highest risk of suffering emotional problems in the wake of a traumatic events.

Less obvious are children who are already struggling with a serious condition, such as a mental health disorder or the consequences of child abuse. Such conditions may weaken their resiliency, and exposure to a traumatic event may exacerbate the pre-existing problem.

“It’s like putting a pebble in a sack. The more pebbles you put in, the harder it is to carry,” said Emie Titnich, Infant and Child Development Specialist, Pittsburgh Early Head Start.

Media Exposure

Children don’t necessarily need to be directly connected to the event to run

Related Reports

Helping children cope with terrorist attacks and the ongoing threat of terrorism may challenge parents and professionals, but it is not unfamiliar ground.

See Report 43

the risk of serious harm. No child is immune when an event attracts intensive news media coverage that is capable of graphically delivering the horror, grief, and anger of the event into homes across America.

Nearly four decades of research concludes that media violence can result in harmful consequences for children, particularly when they are exposed to a steady dose of it – and its real, not fiction.

Risks include heightened aggression, fearfulness, and becoming less sensitive to the consequences of violence.

How children handle media violence depends a great deal on age and level of maturity.

- Preschool age children have trouble telling what is real and what is fantasy. They can be frightened by frightening events on TV. And vio-

(Continued on back)

Children's Age A Key Factor In How They React To Trauma

Reactions to traumatic events found to be common among specific age groups include these:

Ages 5 and Under

Common reactions of children in this age group include:

- Fear of being separated from parents.
- Crying.
- Immobility.
- Trembling.
- Excessive clinging.
- Regressive behaviors, such as a return to thumb-sucking or bedwetting.

Also, the reactions of parents are particularly influential to children this young.

Ages 6 to 11

Children these ages seriously affected by a traumatic event may exhibit:

- Extreme withdrawal.
- Disruptive behavior.
- Inability to pay attention.
- Regressive behaviors.
- Outbursts of anger.
- Sleep problems.
- A decline in school performance.

In some cases, depression, anxiety, feelings of guilt and emotional numbing are seen.

Adolescents and Teenagers

Although adolescents may seem more resilient than younger children, they can be hard hit by traumatic events. Reactions may include:

- Depression.
- Confusion.
- Disturbed sleep.
- Fatigue.
- Substance abuse.
- Peer problems.
- Academic decline.
- Lack of pleasure in activities previously enjoyed.

Source: National Institutes of Mental Health

(Continued from front)

lence can become less shocking to them if they are exposed to a steady diet of it on television.

- Between the ages of 6 and 10, children worry about real dangers such as car wrecks and tornadoes. They may know the difference between fact and fantasy, but they lack perspective. Coverage of a handful of anthrax cases, for example, might lead them to believe that exposure is common.
- Adolescents are more media savvy

and have a better perspective on the news. But exposure to violence can still be harmful and their emotional well-being should not be taken for granted, particularly when the news

is awash with reports of terror.

No matter what the circumstances, experts say, how adults close to a child respond to a traumatic event profoundly influences how well the child copes.

references

For the references this report is based on and additional resources see Report 43 (December 2001).

contacts

- Emie Titnich, University of Pittsburgh Office of Child Development, Infant and Child Development Specialist, Early Head Start. Contact: Sharon Blake, University of Pittsburgh Office of News and Information, (412) 624-4364.

Children, Youth & Family background is published by the University of Pittsburgh Office of Child Development (OCD), a program of the University Center for Social and Urban Research. These reports are based on available research and are provided as overviews of topics related to children and families.

OCD Co-Directors: Christina J. Groark, PhD.; Robert B. McCall.

background Editor: Jeffery Fraser (412) 731-6641; e-mail: jd.fraser@att.net

University of Pittsburgh Office of Child Development, 121 University Place, Pittsburgh, PA 15260; (412) 624-7425; fax: (412) 624-4551

This report and others can be found on the Internet by visiting: www.pitt.edu/~ocdweb/background.htm