

The Post-Traumatic Response in Children and Adolescents

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SYNOPSIS

Each year in the United States over 3 million children and adolescents experience some form of traumatic event. The adaptive and maladaptive responses to trauma in children and adolescents is compared with adults. Post-traumatic disorders are viewed as the maladaptive persistence of a previously adaptive set of mental and physiological responses to the trauma organized as 'malignant memories'. This view allows integration of neurodevelopmental and psychosocial conceptualizations that underlie rational clinical assessment and treatment.

TRAUMATIZED CHILDREN: A PUBLIC HEALTH CRISIS

Worldwide, terrified helpless youngsters are too often silent witnesses or survivors of violence in the home, school, street, and war zones. In the U.S. alone, based on conservative estimates of the incidence of sexual and physical abuse and exposure to community and domestic violence, over three million children were exposed to traumatic events last year. If the percentage of American youngsters scarred by the battles of childhood approximates that of Vietnam veterans, each year approximately one million are joining the swelling ranks requiring special mental health, medical, and educational services, exceeding the total number of adult combat veterans who developed PTSD over ten

years of war in Vietnam (38). Yet, despite increasing awareness in the medical community of this public health crisis (25), research in childhood trauma lags far behind that of adults, and few studies have looked at adolescents as a distinct group.

Trauma during childhood and adolescence can lead to future disorders by etching its often indelible signature on the individual's maturation and development. Depending on the number, nature, and pattern of traumatic events, 27% to 100% of youngsters, especially those exposed to sudden, unexpected, man-made violence, will develop Post-traumatic Stress Disorder (PTSD)(47). Others will have a range of PTSD symptoms, behavior disorders, anxiety, phobias, and depressive disorders. For example, children who were kidnapped (87), young Cambodian genocide survivors (67), and Holocaust survivors and their offspring continue to have serious symptoms years later. Abused children (50, 55, 65) and those exposed to war (31) develop PTSD and other psychopathology. In addition to PTSD, young children traumatized chronically can also develop symptoms that meet the criteria for other Axis I disorders (e.g. Attention Deficit Hyperactivity Disorder, Major Depression) and Axis II disorders, including Borderline Personality Disorder (15, 22). Furthermore, trauma-induced influences on development can extend beyond childhood. Not only is there less improvement with the passage of time than survivors, families, and others often wish to believe, but trauma in childhood increases risk rather than inoculates against later psychopathology (95).