When Should I Be Concerned?
Terror on Top of Grief—Trauma Reactions in Children

Trauma reactions are different from grief reactions. Only recently has it been verified that children are vulnerable to experiencing posttraumatic stress disorder (PTSD), a disorder once attributed to only adult survivors of war. These reactions appear in children following disasters, acts of violence, sudden unanticipated death, critical injuries, car fatalities, house fires, drownings and sudden unexpected incidents involving family or friends.

The one word that best describes grief is sadness; the one word that best describes trauma is terror. Terror induces reactions not often seen in children who are grieving.

You should be concerned when your child:

■ Has trouble sleeping, is afraid to sleep alone or be left alone even for short periods of time.
■ Is easily startled (terrorized) by sounds, sights, smells similar to those that existed at the time of the event – a car backfiring may sound like the gun shot that killed someone; for one child, his dog pouncing down the stairs brought back the sound of his father falling down the stairs and dying.
■ Becomes hypervigilant – forever watching out for and anticipating that they are about to be or are in danger.
■ Seeks safety “spots” in his environment, in whatever room he may be in at the time. Children who sleep on the floor instead of in their bed after a trauma do so because they fear the comfort of a bed will let them sleep so hard they won’t hear the danger coming.
■ Becomes irritable, aggressive, acting tough, provoking fights.
■ Verbalizes a desire for revenge.
■ Acts as if he is no longer afraid of anything or anyone (and in the face of danger, responds inappropriately, verbalizing that nothing ever scares him anymore).
■ Forgets recently acquired skills.
■ Returns to behaviors he had previously stopped, i.e. bed wetting, nail biting, or developing disturbing behaviors such as stuttering.
■ Withdraws and wants less to do with his friends.
■ Develops headaches, stomach problems, fatigue, and other ailments not previously present.
■ Becomes accident-prone, taking risks he had previously avoided, putting himself in life threatening situations, reenacting the event as a victim or a hero.
■ Develops school problems including a drop in grades and difficulty concentrating.
■ Develops a pessimistic view of the future, losing his resilience to overcome additional difficulties, losing hope, losing his passion to survive, play and enjoy life.

While these changes are not unusual, they often go unnoticed or fail to bring a helping response from adults. These changes can and do become permanent when the child does not receive appropriate help. Often children suffer silently with their terror until one or several of these changes become so intense and problematic that someone says something. Unfortunately, years later few people are likely to associate these reactions to the child’s earlier trauma. The help given often misses the mark. This further increases the child’s sense of helplessness and failure.

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