Parent Handout 3: Common Reactions to Trauma

Your child has arrived at our clinic after experiencing a traumatic event. A traumatic experience produces an emotional shock and may cause many emotional problems. Because everyone responds differently to trauma, your child may experience some of these reactions more than others. Some may not be experienced at all. It is helpful for parents and teenagers to remember that many of the changes experienced after a trauma are normal. In fact, most people who experience a major trauma have severe problems in the immediate aftermath. Some will feel much better within three months after the event; others recover more slowly, and some do not recover well enough without help. Becoming more aware of the changes felt since the trauma is a first step toward recovery.

Like adults, teenagers commonly experience fears, anxiety, and other symptoms of PTSD. But, while adults and older teenagers can often describe their feelings with words, younger teenagers are more likely to show their distress through changes in their activities and relationships.

Fear and Anxiety

The most commonly experienced reaction to trauma is fear and anxiety. Fear and anxiety are natural and necessary responses to a dangerous situation. When a person is in a dangerous situation, an internal alarm system is triggered, warning the person and helping him to react in the best way. This “alarm system” triggers certain physical reactions (racing heartbeat, sweating, etc.) and helps the person to focus on the threat that he must defend himself against. During the traumatic event itself these reactions are natural and necessary, but when these reactions last for many months or years after the traumatic experience has ended, they get in the way of life. The child’s view of the world may change from one of safety and predictability to one that is unpredictable and dangerous. Sometimes fear and anxiety can seem to come out of the blue, but often they are brought on by triggers or cues that remind the child of the trauma. Triggers may include places, time of day, certain smells or noises, or other situations.

Re-Experiencing

Unwanted thoughts and feelings associated with the trauma are called re-experiencing symptoms. Older teenagers may be able to report that the trauma is always on their minds. Younger teenagers may seem preoccupied and quiet, but be unable to say what is on their minds. Cues or triggers associated with the traumatic event may cause strong emotions and/or physical reactions such as racing heart, sweating, or trembling. For example, a child who has experienced a car accident may become fearful or upset when driven by the scene where the accident happened. Both younger and older teenagers may have nightmares or they may have night terrors (awaken in a state of upset or terror, but be unable to recall a dream or experience that provoked the feelings). Some teenagers may experience flashbacks, which are very vivid images or extreme reactions in which the child feels as if the event is happening again. For example, a child that was traumatized in a shooting incident may jump to hide behind a barrier upon hearing a car backfire or a fireworks explosion. Very young teenagers may be observed engaging in repetitive play that symbolizes the trauma. Re-experiencing symptoms occur because the traumatic experience is so shocking and different from the child’s everyday experiences that it doesn’t fit with what the child already knows and understands about the world. It is as if the mind of the child is trying to go over the event again and again to better digest and understand what happened.

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Avoidance

Another common problem for teenagers is avoidance. Avoidance reactions can be thought of as attempts to manage the pain related to the trauma. Some teenagers may try to push the thoughts away or distract themselves when thoughts or feelings associated with the trauma come into their minds. When reminded of the trauma, teenagers may change the topic or engage in distracting or disruptive activities to avoid thoughts or feelings. Teenagers may also avoid situations, places, or activities that remind them of the trauma. For example, a child bitten by a dog while playing outside may begin to avoid going outside even when no animal is present. Younger teenagers, particularly, may begin to associate the absence of parents with danger and will therefore refuse to sleep alone, express fear of the dark, and become clingy with caregivers and parents. Some have difficulty returning to school or daycare, especially if the trauma happened while the parents were not present. Some teenagers may become withdrawn and lose interest in play activities or peers. Teenagers may work so hard to avoid painful emotions that they experience periods of numbness, where they find it difficult to feel any emotions at all.

Like adults, older teenagers may begin to use or increase their use of drugs or alcohol as a means of coping with the pain they are experiencing. Unfortunately, substance use can slow down recovery and cause problems of its own if unchecked.

High Arousal

High arousal of the body is another common reaction during fear and anxiety. People who experience high levels of arousal feel jittery and on edge almost all the time. They feel that their bodies are hyper; for example, they have accelerated pulse and heartbeat or increased muscle tension. They are cautious and jumpy all the time, they are startled easily, and they react strongly to simple things. High arousal develops because the trauma overworked the body’s normal alarm system triggering a “fight, flight, or freeze” response. The “fight, flight, or freeze” response is how we gear up to protect ourselves when danger threatens. Our bodies begin to pump out more adrenalin to give us energy to run away, to fight for survival, or to freeze as a way of hiding from danger. These responses are natural reactions in the face of danger. Unfortunately, the triggers and cues that remind us of the traumatic event can make it seem like danger signals are everywhere. This triggers the alarm system to give an alarm when there is no real threat. Because these triggers in themselves do not pose a real threat, this is actually a false alarm.

Since traumatized teenagers see danger signals everywhere, they are in a constant state of anxiety. Because of the heightened state of anxiety, teenagers often have difficulty falling or staying asleep. Concentration may also be difficult, and they can seem irritable and easily frustrated much of the time. Schoolwork may suffer; relationships with peers and family members may become strained. Teenagers may seem sensitive and easily brought to tears, or younger teenagers may have tantrums. Some teenagers may seem jittery, jumpy, or unable to sit still. Loud noises or sudden movements can easily startle them, and they may become increasingly watchful and alert to their surroundings.

Grief and Depression

The trauma and the reactions that follow can so disrupt everyday life that the child feels tremendous grief and depression. This can include feeling sad, down, hopeless, or despairing.
Some teenagers will be able to tell how they are feeling while others will show how they are feeling by their behavior. A depressed child may appear more reserved, withdrawn, or detached from other people. Depressed teenagers may also seem irritable, angry, or frustrated at times. This can be very confusing for parents and other people who care for the child because it is often those closest to the child who receive the brunt of the child’s anger and frustration. For teenagers not used to feeling angry, these feelings can seem out of control and frightening.

Some teenagers can develop a preoccupation with death or have difficulty imagining themselves in the future. It can sometimes seem that the trauma has ruined all their plans and hopes. If depression is severe, the child may even feel that life isn’t worth living anymore and express thoughts or wishes to be dead. While this reaction to trauma is not uncommon, it is certainly one of the more frightening reactions for parents and one that can best be managed in coordination with a mental health professional.

Guilt and Shame

Many teenagers feel tremendous guilt and shame about the trauma. A child who witnesses domestic violence between his parents may believe that his parents fought each other because of him. Teenagers often feel responsible for much of what happens in their lives, good or bad, but this may be especially true if adults or peers have blamed them or lead them to believe that they deserved what happened to them. For example, a child that has been abused by an adult caretaker may have been told that he deserved the abuse because he was a “bad child.” Teenagers may also be confused in this way if they trusted or admired the person who hurt them, or if they enjoyed some parts of the relationship with the person who hurt them. Feeling guilty or responsible for a trauma may also make the child feel as if he has more control over the event, or that he can avoid the event in the future. However, self-blame can intensify feelings of shame and depression.

Self-image may suffer greatly after a trauma. Self-blame and guilt may lead to feelings of worthlessness and a belief that the child deserves to be punished. The child may expect future negative events as a result. Many teenagers will tell themselves that they are weak or stupid for not being able to control or stop the traumatic event. The child’s image of the world often suffers as well. It is very common to feel that others can’t be trusted, and to expect that other people are dangerous. This can make it difficult for the child to make friends or trust caretakers.

Effects on Sexual Beliefs and Behavior

Some sexually abused teenagers may develop distorted beliefs about sexuality and sexual behavior. For some teenagers, this can lead to fear and avoidance of normal, developmentally appropriate behaviors. For example, normal teenaged interest in dating and the opposite sex can be disrupted or delayed. For other teenagers, maladaptive beliefs can lead to sexual acting out such as inappropriate touching and showing, sexual language or gestures, and preoccupation with sexual themes. Older teenagers may engage in sexual relationships before they are emotionally or intellectually ready. These behaviors can compound the trauma and lead to further experiences of shame and exploitation. It is important for parents and caretakers to remember...
that it is not the child’s fault that the trauma has affected the child’s sexuality, and to respond to this type of behavior without shaming or punishing the child. A mental health professional can help parents find ways to help the child develop healthy sexuality when sexual abuse has begun to affect development negatively.

Connection Between Reactions

Many of these reactions are connected to one another. For example, a child who experiences an unwanted reminder of the traumatic event may become fearful and anxious. The child may then blame herself for not being able to cope with her anxiety. She may tell herself that she is stupid or crazy because she cannot control her emotions. This can lead to further emotional upset, tearfulness, and feelings of being out of control. This increases fear and anxiety. As the child begins to process the trauma and her reactions to it, her understanding will increase and so will her feelings of competence and control.

Common Reactions of Parents

As a parent, you may be experiencing your own reaction to the trauma. Sometimes this occurs because the whole family experienced the trauma (e.g., a house fire). When this happens, parents may be dealing with their own reactions, in addition to those of their child. Other times, even if the trauma was experienced by the child alone, parents’ connection and attachment to their child can lead them to feel as if they experienced a trauma as well. Sometimes parents experience intrusive thoughts, react to reminders of the trauma, and have feelings of guilt and blame because they feel that they were unable to protect their child from harm. Like the child, parents may avoid situations and places that trigger memories surrounding the trauma. Because remembering the trauma is so painful, parents may avoid thinking about it and encourage the child to stop thinking and talking about it. Statements like, “Put it behind you,” “Think about happy thoughts,” and “Forget it ever happened,” can be well meaning, but can get in the way of both the parent’s and the child’s processing of the event.

Parents may also develop extreme fear and anxiety about their child’s safety and well-being. Parents can react to these feelings of trauma by overprotecting the child. The parents’ actions may communicate the parents’ fears to the child and can add to the child’s anxiety and upset. Sleep and concentration problems are also common among parents of teenagers who have experienced trauma. The same “fight, flight, or freeze” response is at work in the parents’ lives as they deal with the urge to protect their child from further harm. Parents may find themselves scanning the environment for danger as they become increasingly mistrustful of other people who have access to their child. The constant heightened arousal can lead to irritability and poor concentration and feelings of incompetence and lack of control.

Just as the child needs to become aware of the changes that have taken place as a result of trauma, parents must become aware of their own reactions to the trauma as a first step toward processing and understanding the trauma itself. If a parent’s reactions are difficult to manage, or if reactions interfere with the parent’s ability to help the child recover, it is important for the parent to get assistance so that both parent and child can move past the trauma.