

Child Victim Reaction Handout

Child victims of trauma respond to traumatic events in a variety of ways. Non-offending caregivers of these children may find it difficult to cope with the fact that the trauma occurred, their own responses to the trauma, and the child's reactions to the trauma. This handout was written to assist caregivers with understanding the different reactions they may see from their children. Some children will exhibit few symptoms, while others appear quite distressed by the experience. Having some knowledge of what to expect from the children may help parents and caregivers more effectively cope and intervene with the children.

This handout provides information on common responses to trauma. It also describes the different ways that children may experience and/or exhibit fear and anxiety, including physically, mentally, and behaviorally. Finally, it describes how the different fear reactions interact with each other.

Common Reactions

Children who experience traumatic events (e.g., physical or sexual assault, witnessing violence, natural disaster, etc.) may exhibit a variety of symptoms and behavior problems. These may include depression, anxiety, dissociative symptoms, and symptoms of Posttraumatic Stress Disorder (PTSD). With adolescents, it is possible to see more conduct disorders and oppositional type problems such as truancy, running away, drug/alcohol problems, and sexual promiscuity. Examples of types of symptoms seen in children include the following:

1. ***Fear and anxiety***: Perhaps the most common symptoms in children who have experienced a traumatic event are fear and anxiety. When children exhibit anxiety symptoms, it may be difficult to differentiate PTSD from other disorders such as Attention Deficit Hyperactivity Disorder (ADHD), phobia, or generalized anxiety. Children with PTSD may also have ADHD, but often hyperactivity, difficulty sustaining attention, etc., are symptomatic of PTSD. Children may display inordinate fears/problems around bedtime or bathing. These behavior problems and/or fears could be related to trauma and symptoms of PTSD.
2. ***Psychotic-like symptoms***: Children may display psychotic-like symptoms, including acting in a bizarre manner, dissociating (a psychological defense mechanism in which specific, anxiety-provoking thoughts, emotions, or physical sensations are separated from the rest of the psyche), and experiencing hallucinations and/or flashbacks. These symptoms may be indicative of PTSD, specifically intrusive and/or hyper-vigilance symptoms.
3. ***Avoidance***: Often, children will try to avoid thoughts or reminders of the traumatic event. This avoidance may be exhibited as sadness, withdrawal, and/or refusal to engage with others. In contrast, a child may appear "happy" because their avoidance attempts are effective, at least temporarily. Dissociation may also be a manifestation of avoidance.
4. ***Sexualized behaviors***: Children who have experienced sexual abuse may exhibit sexualized behaviors. These types of behaviors may stem from intrusive thoughts about trauma. However, non-abused children will also show some sexualized behaviors. For example, if given anatomically correct dolls, both abused and non-abused children will undress the dolls and exhibit curiosity. What differentiates abused children is they may enact sexualized behaviors between the dolls. In other words, they demonstrate knowledge of sexual activities that non-abused children do not.
5. ***Aggression***: It is not uncommon for abused children to exhibit aggression, overt displays of anger, and hostility, particularly if they experienced physical abuse and/or witnessed violence in their home.

6. ***Difficulty relating to others:*** Abused children may display difficulties in the ways they relate to others. They may experience difficulties with relationships and maintaining appropriate boundaries because of the nature of their trauma. It is important to assess the child's relationships within the context of their trauma experiences. For example, difficulty trusting others may be an adaptive behavior for a child who has prior abuse experiences, or a child may be overtly seeking attention and reassurance because they were previously they were severely neglected and abused.

It is important to emphasize that children who experience traumatic events may not show any symptoms, while other children may show some or all of them. The absence of symptoms could be due to denial and avoidance. Children may also experience symptoms at different levels of intensity.

Fear and Anxiety: A Three-Channel Explanation

The Physical Reaction

Like adults, children react to any kind of fearful situation on three different levels: physical, mental, and behavioral. Physical reactions are automatic; nothing has to be done on a conscious or intentional basis. When faced with danger (or anything interpreted as dangerous), our bodies automatically respond. Our hearts beat faster, our breathing becomes more rapid, and our muscles tense. Children may say that their stomach hurts, that they have butterflies in their stomach, or that their heart feels like it is jumping out of their chest. These physical reactions occurred at the time of the trauma, and may occur again later when something reminds the child of the event. The child may try to avoid certain places, situations, or people (including the therapist) because these stimuli remind the child of the abuse and trigger the fear response. Even if it has been weeks or months since the trauma, these reminders will sometimes cause the physical fear reaction.

The Mental Reaction

In children, as in adults, fear may also be experienced in the mind. That is, thoughts may trigger a fear response. It is not unusual for a child who was physically or sexually assaulted to wonder if his or her assailant will come back and harm them again, or if someone different will harm him or her. Sometimes, certain people, places, things or circumstances (e.g., the dark, someone who looks like the perpetrator), will trigger these fear-inducing thoughts. At other times, the thoughts may simply enter the child's mind, without a clear stimuli or reminder. Some children experience these thoughts even though they don't want to and try not to have these thoughts. These kind of intrusive experiences seem uncontrollable at times and can make it very difficult to concentrate, which can add to a child's feeling of having no control over his or her life. Also, with younger children, it may be difficult for them to understand these thoughts and they may also lack the verbal ability to communicate these fears to others.

Many children may have nightmares about the trauma. They may also experience "night terrors," in which they wake up crying but cannot recall what the dream was about. Again, limited cognitive and verbal abilities in younger children may make it difficult for them to convey these fears to others. This is particularly distressing for the parent or caregiver, who may not know how to help his or her child. It is very important that both the caregiver and the child understand that these reactions are not abnormal. Very stressful, traumatic events can normally lead to these kinds of reactions.

The Behavioral Reaction

A third way that children may respond to fear and anxiety associated with a traumatic event is on a behavioral level. Children will avoid people, places, things, or situations that remind them of the trauma. By avoiding these, the child is attempting to control or avoid the fear response they have when confronted with these reminders. In other words, they want to avoid the intense discomfort associated with the physical and mental aspects of their fear and anxiety. However, unlike adults, they may not always be able to avoid these fear-inducing stimuli. As a consequence, they may become depressed, withdrawn, or conversely, hyperactive and agitated, which can be mistakenly labeled as a “behavior problem.” Again, it is important to emphasize that these kinds of reactions—physical, mental, and behavioral—are not abnormal.

Interactions

Physical, mental, and behavioral responses or reactions to fear and anxiety may occur separately. More often, however, they occur all at once; that is, they influence or interact with each other. For example, having thoughts, flashbacks, or even dreams about the traumatic event (mental reactions) usually triggers physical responses, such as rapid breathing, increased heart rate, and muscle tension. These reactions, in turn, may lead to behaviors that help the child to avoid the stimuli that trigger the mental and physical reaction.

Example: While walking to school, a child who has been physically and sexually abused by her stepfather sees a man on the street that reminds her of her stepfather. Just seeing this man may trigger a fear response both mentally (she thinks about the abuse and fears it reoccurring), and physically (her heart starts to pound, she feels sick to her stomach, she begins to cry). As a result, she tries to avoid having to walk to school in the morning by crying when it is time to leave the house and seeks reassurance by becoming very demanding and attention-seeking towards her mother.