

# Fact Sheet

## POST TRAUMATIC STRESS

### What is the Issue?

Post traumatic stress disorder is commonly referred to as PTSD. It is a condition that some children and adolescents develop after they have experienced a traumatic, sometimes life-threatening event. This includes witnessing injury, assault or death. Catastrophes such as earthquakes, floods or fires may also have a major impact on children and adolescents.

Sadly, one of the most common causes of PTSD is being a victim of or a witness to domestic violence, sexual, emotional or physical abuse. This may have many other long-term effects on children and adolescents.

Children and adolescents from refugee backgrounds may have experienced grief, loss and traumatic events prior to their decision to migrate. In a similar way, the ongoing effects of grief and loss may be traumatic for Aboriginal or Torres Strait Islander families.

Usually, symptoms appear in the first 3 months after the event, but some children may not react for several months or even years after the stressful event.

Age may affect the way children and adolescents respond to trauma. Children may show unexplained emotional distress, have nightmares or complain about pain such as stomach pains or headaches. Reactions may be triggered by people, places or things associated with the trauma.

Traumatic experiences may have an adverse effect on the physical and mental health of children.

Adolescents may minimise their concerns but may show deterioration at school and become irritable or argumentative. PTSD may disrupt schooling, relationships with family, peers and other adults. It may also lead to misuse of alcohol and other drugs in an attempt to control distress. This may increase the risk for suicide.

Ask children and young people what is troubling them. Express your concern and how much you care. Seek professional help if signs persist for more than a few weeks.

### What are the signs of PTSD?

PTSD usually appears some time after the traumatic event. Children and adolescents may show PTSD in a variety of ways. Some of the signs that may alert parents that their child is experiencing difficulties are:

- Refusal to return to school.
- "Clinging" behaviour towards parents.
- Persistent fears about the traumatic event.
- Sleep disturbances such as nightmares, bedwetting, screaming during sleep.
- Loss of concentration and/or irritability.
- Uncharacteristic misbehaving at school or at home.
- Physical complaints such as stomach aches, headaches or dizziness.
- Withdrawal from family and friends, loss of energy and motivation, decreased activity, preoccupation with events of the disaster.

Many children and adolescents will be exposed to traumatic events. This may be a life-threatening event such as a car accident, or the sudden death of a loved one. Trauma usually involves a sense of fear, helplessness or horror. Traumatic experiences can shake our belief in our safety or trust in others. Sometimes these feelings resolve within a few days or weeks. For some, symptoms persist for months or even years.

Professional advice and therapy may help to prevent or minimise the distress experienced by children and adolescents exposed to traumatic events.

Source: Child and Youth Mental Health Service: Adapted from NSW Health Brochures  
Last Updated: September 2002  
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## Helping with PTSD

If symptoms of PTSD persist for more than a month, it may be helpful to seek professional assistance. There are three main ways that PTSD may show up.

- **Intrusions:** such as nightmares or flashbacks where the traumatic events are relived. Children may relive the trauma through repetitive play.
- **Avoidance:** trying to avoid anything which may remind them of the trauma. This may also involve school refusal or fears about being separated from parents.
- **Hyperarousal:** being over-alert and easily excited. Children may be easily startled by noises or unexpected touch.

Reactions to trauma may vary according to the age of the child or adolescent.

There are a number of things parents and friends can do to help children and adolescents cope with traumatic events.

- When a child brings up the traumatic event, don't be afraid to talk about it.
- Use language that is appropriate to their age.
- Provide them with simple honest answers. Imaged details may be more disturbing and may interfere with their recovery.
- Be prepared to discuss the same details many times. Patiently repeat clear honest facts for the child.
- Help your child avoid false reasoning about the cause of the event. Let them know that adults don't always understand why things happen.
- Ensure that they realise they are not to blame for what has happened.
- Do your best to be supportive, loving and predictable.
- Notify other carers and teachers that the child has had a stressful experience.
- Seek help early. Child and adolescent mental health workers can provide advice and assistance in helping you and your child through difficult times and events.

## The first point of contact can be

- Your child's general practitioner, teacher, guidance officer, school counsellor or school health nurse.
- If more specialised assessment or intervention is required, general practitioners, schools or other health professionals can make a referral to a Child and Youth Mental Health Service (CYMHS) – for local clinics, look under Health in the White Pages telephone directory.
- Your general practitioner may refer you to other specialists who work with children and adolescents such as a private psychiatrist or psychologist.

## If you would like any more information contact

### Health Information Service

*For information on a range of health services in Brisbane and South East Queensland.*

Phone: (07) 3236 4833

### Kids Help Line

Phone: 1800 551 800

24 hours, every day of the year

### Lifeline

Phone: 13 11 14

24 hours, every day of the year

### Domestic Violence Telephone Service

Phone: 1800 811 811

24 hours, every day of the year

### QPASTT – Queensland Program of Assistance to Survivors of Trauma and Torture

Phone: (07) 3391-6677

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