Sample Chapter From ***"PTSD In Children Growing Up And Its Influences On Adult Life"***

Many children in our world are given little chance and opportunity to simply be a child. Instead they have learned through experience or through learning that the world can be a dangerous place where their security and safety are under threat.

They feel alone, unsupported, neglected, unloved, and unsure of what to say or do, unable to articulate constructively how they feel or what the repercussions may be if they do! Children are growing up today absolutely traumatized by overwhelming events which have exceeded their capacity to cope and are at high risk of developing PTSD.

Historically PTSD was associated with returning war veterans and never a childhood condition. However children are very much at risk from a number of sources and if left untreated and inadequately managed, the likelihood of these children growing to adulthood as traumatized dysfunctional adults is enormous.

Unfortunately, we may not be able to change human nature, but once we understand the unnecessary price paid by millions of innocent children, we may be better able to treat their wounds.

Each day of our lives we make deposits in the memory banks of our children.-Charles R. Swindoll

History and Risk Factors Associated With PTSD In Children

"I swore never to be silent whenever and wherever human beings endure suffering and humiliation. We must always take sides. Neutrality helps the oppressor, never the victim. Silence encourages the tormentor, never the tormented."Elie Wiesel

In looking at the history and risk factors associated with PTSD, it is important to first look at what determines whether a child has PTSD or not. There are a number of criteria which must be fulfilled for a diagnosis of PTSD and these are outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) which is a manual containing the standard classification of mental disorders used by mental health professionals in the United States.

In this manual, it says that individuals can only develop PTSD if they have been exposed to a traumatic event where traumatic events "involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others". This is found under the A1 criterion of the manual.

In addition, the individual's response must involve an intense emotional reaction such as fear, helplessness, or horror and is the A2 criterion. However, clinicians are now realizing that this is not always the case, as depending on the type of trauma and events around the trauma, this may not always occur.

The next criterion, the B criterion, addresses how PTSD can persist for extensive time periods and manifest itself as a re-experiencing and re-construction of events in the form of nightmares and flashbacks where terror is relived over and over.

The next criterion "C" addresses avoidance or the numbing response of an individual, involving strategies of a behavioral, cognitive, or emotional form, where the individual attempts to cope with what he or she has been traumatized by. They do this by trying to protect themselves from exposure to anything that would be considered a "trauma-related stimuli.

Where avoidance is impossible or unlikely for the individual, they will try to numb themselves to minimize the intensity of their psychological reaction.

Criterion "D" addresses the "fight or flight" response, where an individual remains in a state of high alert, where they repeatedly scan their environment for stressors and risks. They anticipate danger and are always on the look- out and are afraid to let their guard down. Even things, places and events that would not normally be stressful, now take on a more sinister meaning.

All this stress and tension can cause insomnia, mood swings and an inability to concentrate, as they may be unable to focus on just one thing. They can be very reactionary and easily startled. Again this is all part of the "fight or flight" response.

The "E" criterion involves the duration that PTSD symptoms must persist for. This was determined to be for at least one month.

Finally, the "F" criterion addresses the wider impact of PTSD, and how it impacts on the quality of life from all angles.

To date the majority of studies on PTSD have focused on military veterans, survivors of sexual assault, and survivors of natural disasters. Unfortunately there have been far less studies on exposure to violence, abuse and other traumas.

While it is impossible to predict which child will get PTSD in response to trauma, studies have shown that there are a number of criteria which increase the likelihood of getting PTSD.

One of these is resilience factors, which are effectively protective factors of an environmental, cognitive and neurophysiological variety which help a child adapt and cope with trauma.

There are also genetic, biological, physiological, psychological and environmental variables; which may increase vulnerability or predisposition to PTSD.

To summarize some of these studies, it has been found, that where certain *genetic factor* vulnerabilities exist, and in the presence of certain environmental factors, that there is a greater incidence of psychopathology. For example, persons with the long version of the gene coding of Monoamine Oxidase A (MOA), were found to be less susceptible to violence and be less aggressive than their peers with the short form of the gene.

Also where a person suffering from anxiety disorder had monozygotic twins, there was a greater likelihood that these twins would also go on to have anxiety disorders, indicating a *genetic link* to some PTSD related disorders.

Biological factors include elevated levels of cortisol which is associated with stress enhancing and thus increasing the predisposition to PTSD, while other individuals who have higher levels of chemicals called Dehydroepiandrosterone (DHEAS) which has the opposite effect to cortisol were less susceptible to PTSD.