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# PTSD in Children

Recognising Post-Traumatic Stress Disorder in children and young people

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## What is PTSD?

Post-traumatic stress disorder (PTSD) is a mental health condition that may develop after exposure to an exceptionally threatening or frightening event. Traumas are events involving actual or threatened death, serious injury, or sexual violence — for example, being assaulted, witnessing domestic violence, or being involved in a disaster such as a fire. Young people can experience trauma because it happens to them directly, because they witness it, or because they hear about it happening to someone close.

## How common is trauma in young people?

Exposure to traumatic events is very common. By the end of adolescence, around 75% of young people will have been exposed to a traumatic event. About one in seven will go on to develop persistent PTSD.

## How do children react to traumatic events?

Immediately after a traumatic event, most children will be distressed, tearful, frightened, and in shock. Most will recover well with family support. Common reactions include:

- **Intrusive memories:** vivid, unwanted images, sounds, smells, or sensations from the event that seem to pop into the mind without warning. When very intense, these are described as flashbacks — a feeling that the event is happening again.
- **Changes in thinking:** survivors may see the world as dangerous and life as fragile. Guilt and self-blame are common.
- **Physical changes:** feeling jumpy, startling easily, panicky feelings triggered by reminders, and sleep difficulties.
- **Mood changes:** becoming sad, withdrawn, tearful, or irritable and snappy.
- **Avoidance:** trying to push away memories, avoiding reminders of the trauma, and not talking about the event. Children often suffer in silence — parents may not know the extent of their distress, and friends may avoid asking for fear of upsetting them further.

## When does a reaction become PTSD?

Most young people experience some of these reactions after a trauma, and the majority will recover without any intervention. If reactions persist for more than a month and are affecting day-to-day life, the young person may have developed diagnosable PTSD. Developing PTSD is not a sign of weakness.

## How does PTSD present in very young children?

Young children may repeatedly play out the trauma in games, or draw aspects of it frequently. Rather than nightmares about the event itself, they may have dreams about monsters. They may become very clingy, develop a fear of the dark, or refuse to sleep alone. Preschool children may be harder to soothe, and more irritable, distractible, or oppositional than usual.

## Risk factors

Factors that increase the likelihood of developing PTSD include:

- Severity of exposure to the traumatic event.
- Believing that they or those around them would die.
- A belief that they cannot cope, or that the world is fundamentally dangerous.
- Avoiding thinking or talking about the trauma.

Strong family support is one of the most protective factors.

## What should adults look out for?

Intrusive memories are hard for parents to detect unless a child describes them. However, changes in sleep, moodiness, and irritability are often observable. Without being asked directly, PTSD is likely to be missed.

It is important to be sensitive and to give children time to express themselves — but also to ask directly about how they have been affected. Adults should never force a child to talk, but can make clear they are available to listen whenever the child is ready.

## When to seek professional help

For mild stress reactions in the first four weeks after a trauma, watchful waiting is recommended — many young people will recover naturally within the first month. If symptoms are severe in the first month, or persist beyond a month, seek help via the family GP.

## Treatment

- **Trauma-focused CBT (TF-CBT):** the recommended first-line treatment. Research shows that around 80% of young people with PTSD fully recover after a short 12-session course.
- **EMDR (Eye Movement Desensitisation and Reprocessing):** available in some CAMHS services. Early evidence is promising, though research in children and young people is still developing.

No drug treatments are currently recommended in the UK for PTSD in children and young people.