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Clinical Effects of Post-Traumatic Stress Disorder from Infancy to Age Five

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Introduction

Despite the fact that interpersonal violence and accidents are most likely to cause traumatic death and injury in the first five years of life, attempts to address the psychological effects of early victimisation are still remarkably underdeveloped. There is a widespread belief among researchers, clinicians, and the general public that children as young as infants, toddlers, and preschoolers do not remember violent acts or other traumatic stressors, are too young to comprehend their significance, or are resilient enough to recover quickly from traumatic exposure. This impression is not at all true. The effects of trauma on young children's biological, emotional, social, and cognitive performance have been well-documented. This review looks at the likelihood that young children will be exposed to traumatic events between the ages of birth and five, the indicators and diagnostic criteria of early traumatic stress, the contextual issues related to the experience of early trauma, the manifestations of early traumatic stress, and interventions for young children exposed to traumatic events. It also discusses the policy implications and suggested future directions for this field of study.

Description

In the first five years of life, children are exposed to a genuinely staggering amount of trauma. The most dangerous year in a child's life is the one between birth and 12 months, with the highest death rate due to abuse and neglect and an overall victimisation rate of 21.9 per 1000 children, according to recent national statistics. Of the children who died as a result of abuse and neglect, 75.7% were younger than 4 years old. 36% of children receiving foster care are under the age of one, with 14% being under the age of five. According to other research, younger children are more likely than older ones to be in homes where domestic violence (DV) happens.

More frequently than any other age group, children under 5 are hospitalised and pass away from poisoning, burns, accidents, suffocation, and drowning. 87% of the children in an upstate New York community sample of parents of 3- to 7-year-olds reported some form of physical aggression, and 13% of those incidents were severe enough to satisfy many definitions of physical abuse. Different categories are impacted differently. Children in single-parent and stepfamily homes, children of ethnic minorities, and children from lower socioeconomic status all had greater lifetime exposure to most forms of intentional victimisation than comparison groups, including physical abuse, sexual abuse, and witnessing family violence, according to a nationally representative sample of children aged 2 to 9.More frequently than any other age group, children under 5 are hospitalised and pass away from poisoning, burns, accidents, suffocation, and drowning. 87% of the children in an upstate New York community sample of parents of 3- to 7-year-olds reported some form of physical aggression, and 13% of those incidents were severe enough to satisfy many definitions of physical abuse. Particular categories are more impacted

There is a lot of disagreement over what exactly qualifies as a traumatic incident, especially in light of the variations in how different people react to a single traumatic episode. According to Freud (1926), the three essential elements were the event's (a) unpredictable nature and the person's (b) horrified and (c) powerless reaction. The DSM-IV anchored its diagnosis of post-traumatic stress disorder (PTSD) in the patient's experience of an event or experiences that "involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others" in an attempt to operationalize the definition. On the grounds that young children might not have the cognitive resources to appraise correctly, the applicability of this definition for children ages birth to five has been called into question.

For this reason, a definition specifically tailored to young children was adopted by the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC:0-3R), which refers to “an event or events that involve actual or threatened death or serious injury to the child or others, or a threat to the psychological or physical integrity of the child or others”. The addition of a psychological dimension enables diagnosticians to consider the potential traumatic impact of prolonged separation from the attachment figure in very young children even in conditions when the child is objectively safe. A persistent problem in the study of traumatic stress across the life span is the conceptual and methodological difficulty of measuring chronic and repeated traumatic exposure. As a result, the bulk of studies on traumatic exposure involve a single trauma episode. The trauma literature tends to focus on individual types of victimization instead of obtaining “complete victimization profiles”. This single-event approach greatly limits our understanding by focusing on acute traumas only and failing to place single events within the broader lens of chronic, complex, and/or multiple traumas. This limitation also applies to the study of young children raised in violent environments, who are routinely exposed to multiple and overlapping sources of violence and accidental injury resulting from severe neglect.

Young children evolve their feelings of safety in the world around the physical and emotional availability of the attachment figure, monitoring the environment for signs of danger and seeking proximity and contact when faced with threat. Trauma threatens the child’s developing ability to maintain trust in the attachment relationships.

In the moment of trauma, the child experiences overwhelming sensory stimulation in the form of pain and/or frightening visual, auditory, olfactory, and tactile sensations, leading to a shattering of the developmental expectation that the parent will be reliably available as a protection from danger. When the child grows up in the context of chronic and multiple traumas, traumatic expectations become the norm as the child learns to anticipate repeated and unrelieved pain and fear. These traumatic expectations may generate hyper vigilance and constrict children’s motivation to play, explore, and learn from the physical and interpersonal environment. As the child develops, reminders of the original trauma can also renew the negative emotions that were part of the first event, further distorting the child’s development.

Traumatic events that affect the young child also frequently affect the parent(s) because young children are often in the company of the parent

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and subjected to the effects of the same events. Author proposed a relational PTSD model where they outlined several types of effects that may create an association between parent and child posttraumatic stress symptoms. The moderating effect suggests that the caregiver's relationship with the child affects the strength of the association between the actual traumatic event and the child's response. The degree to which the caregiver can accurately read the child's cues and respond effectively to the child's needs may intensify or reduce the adverse effect of the trauma event on the child's symptoms [1-5].

Conclusion

The vicarious traumatization effect suggests that if a caregiver's responsiveness to the child is affected by a traumatic event that the child did not experience directly, the impact of the trauma on the caregiver-child relationship accounts for the effect of the trauma on the child's symptoms.

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Conflict of Interest

There is no conflict of interest by authors.

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