Chapter 12: Trauma-Related Disorders and Child Maltreatment

# 12.1 Posttraumatic Stress Disorder

## What is Posttraumatic Stress Disorder (PTSD)?

* PTSD is a DSM-5 disorder that occurs following exposure to death, serious injury, or sexual violence. It is characterized by (1) intrusive symptoms, (2) avoidance of stimuli associated with the event, (3) negative alterations in thoughts or mood, and (4) alterations in arousal and reactivity that cause distress or impairment and last at least one month.
* Some people with PTSD show dissociative symptoms. Depersonalization involves feelings of detachment from one’s own body whereas derealization involves distorted perceptions or sense of time.
* Preschoolers manifest PTSD differently than adults. The may express symptoms as overt actions, they may show fewer signs/symptoms, and they may cause distress or impairment to family members (instead of themselves).

## How Common is PTSD?

* Approximately 25% of youths are exposed to serious traumatic event such as physical or sexual abuse, domestic or neighborhood violence, disasters, or motor vehicle accidents.
* As many as 5% of youths may develop PTSD in childhood or adolescence. Prevalence is higher for girls (8%) than boys (2.3%).
* Although most children seem to recover from PTSD, many continue to show signs/symptoms or develop other anxiety and mood problems.

## What Predicts the Emergence of PTSD?

* By definition, youths must experience death, serious injury, or sexual violence to develop PTSD. Children’s functioning before the traumatic event and proximity to the event, however, predict whether they will develop the disorder.
* PTSD is associated with dysregulation of the HPA axis, the body’s main stress response system. Many youths with PTSD show lower cortisol secretion and blunted stress response over time.
* Children’s cognitive appraisals of traumatic events predict their ability to cope with these events. Problem-focused coping (rather than avoidance) is often associated with better long-term outcomes.

## What Evidence-Based Treatments Are Effective for Children with PTSD?

* Psychological First Aid (PFA) is a first-line intervention for youths exposed to traumatic events. It emphasizes safety, self-efficacy, and social support.
* Trauma-Focused Cognitive Behavior Therapy is effective in reducing PTSD symptoms in children and adolescents. Therapists help children gradually recall traumatic experiences and use relaxation skills to cope with negative affect. Therapists also help youths identify and challenge cognitive distortions that might cause guilt or shame.
* EMDR involves repeated exposure to memories or traumatic events combined with rapid lateral eye movements. It appears to reduce PTSD in youths though its reliance on repeated exposure to the trauma.

# 12.2 Social-Emotional Deprivation in Infancy

## What is Reactive Attachment Disorder (RAD)?

* RAD is a DSM-5 disorder characterized by inhibited, emotionally withdrawn behavior toward caregivers associated with insufficient care or deprivation in infancy or early childhood. Children rarely seek or respond to comfort when distressed and show limited positive affect or episodes of irritability/negative affect.
* The development of an attachment relationship is experience-expectant, that is, it is biologically predisposed and relies only on the presence of a caregiver. The quality of the attachment relationship is experience-dependent; it depends on the consistency and reciprocity of care over time.
* RAD seems to be caused by a lack of attachment to a single caregiver in infancy. It should not be confused with insecure or disorganized attachment, in which children do have attachment relationships, although they are less-than-optimal.

## What is Disinhibited Social Engagement Disorder (DSED)?

* DSED is a DSM-5 disorder in which the child repeatedly approaches and interacts with unfamiliar adults in a manner that is developmentally unexpected. The disorder is associated with insufficient care or deprivation in infancy or early childhood.
* Tizard described children with DSED as “indisciminantly friendly” and attributed their behavior to being raised in orphanages.

## What Causes RAD and DSED?

* The Bucharest Early Intervention Project showed that RAD is likely caused by a lack of attachment to a caregiver in infancy or early childhood. Children adopted from orphanages prior to 24 months did not show RAD whereas one-third of the children raised in orphanages developed the disorder.
* In contrast, DSED is not an attachment disorder. It is associated with underlying problems with inhibition. Deprivation in infancy seems to disrupt children’s capacity for inhibitory control.

## What Evidence-Based Treatment are Available for Youth Exposed to Deprivation?

* Attachment and Biobehavioral Catch-up (ABC) is used to improve the quality of attachment between caregivers and young children; caregivers learn to how to read their children’s needs and signals and provide care in a sensitive, non-intrusive manner. Therapists also help caregivers identify aspects of their own histories that might interfere with the quality of care they afford their children.
* DSED can be prevented if children are provided with stable, consistent care prior to 6 months of age. If children remain in orphanages, lowering the caregiver–child ratio and helping caregivers provide more sensitive/responsive care can be helpful.
* DSED is difficult to correct in toddlers and older children. Promising treatments target underlying problems with inhibitory control.

# 12.3 Child Abuse & Neglect

## What is Child Maltreatment?

* DSM-5 and federal law recognizes four types of child maltreatment: physical abuse, sexual abuse, psychological abuse, and neglect.
* Sexual abuse is any sexual contact with a minor. It includes both physical contact (e.g., touching, penetration) and nonphysical contact (e.g., exhibitionism, voyeurism).
* Psychological abuse includes spurning, terrorizing, isolating, exploiting, and denying emotional responsiveness to children.
* There are three broad types of neglect: (1) physical, (2) medical, and (3) educational.

## How Common is Child Maltreatment?

* Epidemiological studies indicate that 12.1% of youths experience at least one form of maltreatment prior to adulthood.
* Neglect is the most common form of maltreatment.
* Approximately 26.6% of adolescent girls and 5.1% of adolescent boys report being the victim of sexual abuse of assault. Their sexual victimization tended to occur in late adolescence at the hands of peers.

## What Are the Effects of Physical/Psychological Abuse & Neglect?

* Abusive head trauma (i.e., “shaken baby syndrome”) affects 33 to 38 out of every 100,000 infants annually. It is a severe form of physical abuse.
* Youths exposed to maltreatment are at risk for conduct problems. Parents who engage in maltreatment can model and reinforce aggressive behavior or interfere with the development of youths’ social information processing skills.
* Child maltreatment, especially during the preschool years, is associated with increased risk for anxiety and depression. Abuse experiences can lead children to have negative views of themselves and others.
* Children who experience maltreatment often develop disorganized attachment relationships with their caregivers. Their internal working models for relationships are often built on mistrust and emotional distancing from others.

## What Are the Effects of Sexual Abuse?

* Early sexual maltreatment can lead to traumatic sexualization, that is, the development of anxiety or fear associated with one’s sexuality or the establishment of relationships based largely on sexual activity.
* Precocious sexual knowledge is an indicator of sexual maltreatment in young children.

## What Treatments Are Effective for Children Exposed to Physical Abuse or Neglect?

* The primary goal of supportive therapy is to help the child establish a sense of trust in the therapist. The therapist tries to provide sensitive, responsive care to the child and, later, allow the child to discuss thoughts and feelings in the safety of their relationship.
* PCIT is effective in reducing recidivism in parents who previously engaged in child physical abuse or neglect. Overall, approximately 12.5% of parents who participate in PCIT re-offend compared to almost 50% of parents who do not receive PCIT.
* Cognitive-Behavioral Family Therapy is a treatment for both children and parents that emphasizes the relationship between overt actions, thoughts, and feelings. Children construct trauma narratives to process their abuse experiences while parents learn to identify and correct maladaptive beliefs that can lead to maltreatment.

## What Treatments Are Effective for Children Exposed to Sexual Abuse?

* Trauma-Focused CBT follows the PRACTICE model. Youths learn about common reactions to trauma, effective coping skills, and ways to identify and challenge maladaptive thoughts about their abuse experiences. Nonoffending parents are encouraged to provide sensitive care to their children.
* Cognitive restructuring involves identifying and challenging negative thoughts about self, others, and the world more generally. The goal is to see self, others, and situations in a more realistic, less threatening, way.