
May 10, 2011

Post-Traumatic Childhood

By BESSEL A. van der KOLK

Brookline, Mass.

As a young psychiatrist, I worked with Vietnam War combat veterans and confronted the astonishing lack of resources to help these men and women who had sacrificed so much for their country. Three decades later, that situation has greatly improved. First, we named the problem — post-traumatic stress disorder — and then in 1989 Congress created the National Center for PTSD to help suffering veterans.

Their plight has also led to a greater recognition of the impact of violence on children. For every soldier returning from Iraq and Afghanistan with symptoms of depression or PTSD, there are around 10 children in the United States who are traumatized by exposure to family violence, sexual abuse, neglect and assault, with consequences comparable to those of adult exposure to war-zone violence. We have made progress in treating these children, but that progress is threatened by a drastic budget cut proposed by the White House.

Rather than being subjected to bullets and bombs, children are victimized by those who are meant to care for them. These are children like a 3-year-old girl in Anchorage who was found by a police officer in her crib, hungry, underweight and covered in her own feces; an 11-year-old boy in New York City who has had violent outbursts since he was sexually molested, and whose terror of being alone makes him a subject of ridicule by his classmates; or a 14-year-old girl in Boston who set fire to a church and repeatedly attempted suicide after being beaten at home. The Pew Charitable Trusts [estimates that the annual cost of childhood maltreatment](#) like this is \$103.8 billion.

Inspired by the work of the National Center for PTSD, Congress authorized the establishment of the National Child Traumatic Stress Network in 2001 to evaluate and develop treatments for traumatized children nationwide, with a budget that is now \$40 million — about the cost of keeping 40 soldiers fighting in Afghanistan for one year.

President Obama's 2012 budget has proposed a 70 percent reduction in financing for the network. That would be devastating for these children. The network has knitted together 130 clinics and universities in 38 states that specialize in helping traumatized children and adolescents. It has allowed the members to develop treatment programs and to hire and educate the staff to run them, enabling 322,000 children nationwide to get treatment from July 2002 to September 2009.

According to the latest figures available, 2.9 million children were mistreated in 2006, many of whom manifested serious behavioral and psychological problems. The network has started to document how trauma affects developing brains differently from those of adults exposed to wartime violence.

It has also been evaluating what interventions are most effective for different groups of children. Two have been most thoroughly studied and found to be effective: cognitive behavioral therapy and treatments to help children regulate their emotions. Children who receive these treatments were shown to function substantially better afterward.

Most traumatized children now do not even receive a proper mental health assessment. Moreover, hundreds of thousands of them are numbed by powerful drugs that help control their “bad behavior,” but that don’t deal with the imprint of terror and helplessness on their minds and brains. Drugs can sedate, but they do not help children deal with trauma — in fact, they may prevent recovery by interfering with learning and the formation of relationships, essential preconditions for becoming functioning adults.

The proposed budget cut for the network would mean that it no longer can develop and test effective treatments for these children. This is unfortunate since we are just beginning to look at what treatments can produce the best outcomes, and to learn from the cases in which these treatments do not work.

Untreated, traumatized children become failing adults who populate our jails and overwhelm our human services agencies. Cutting the development of effective treatments will produce many years of increasing costs and unquantifiable human misery.

Bessel A. van der Kolk, a professor of psychiatry at Boston University School of Medicine, is the founder and medical director of the Trauma Center at the Justice Resource Institute.