

Where There's Heat ...
Violence, Poly-victimization and
Developmental Trauma in Children's Lives

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Violence Often is Just the Tip of the Iceberg

Layer Upon Layer of Violence: Poly-victimization

Charles*-- age 15, “I don’t do goals. Anyone messes with me or gets in my way, I’ll make them pay.”

Maria*-- age 14, “My baby is my life, she’s the only one who really loves me. She’s a good girl, not like me.”

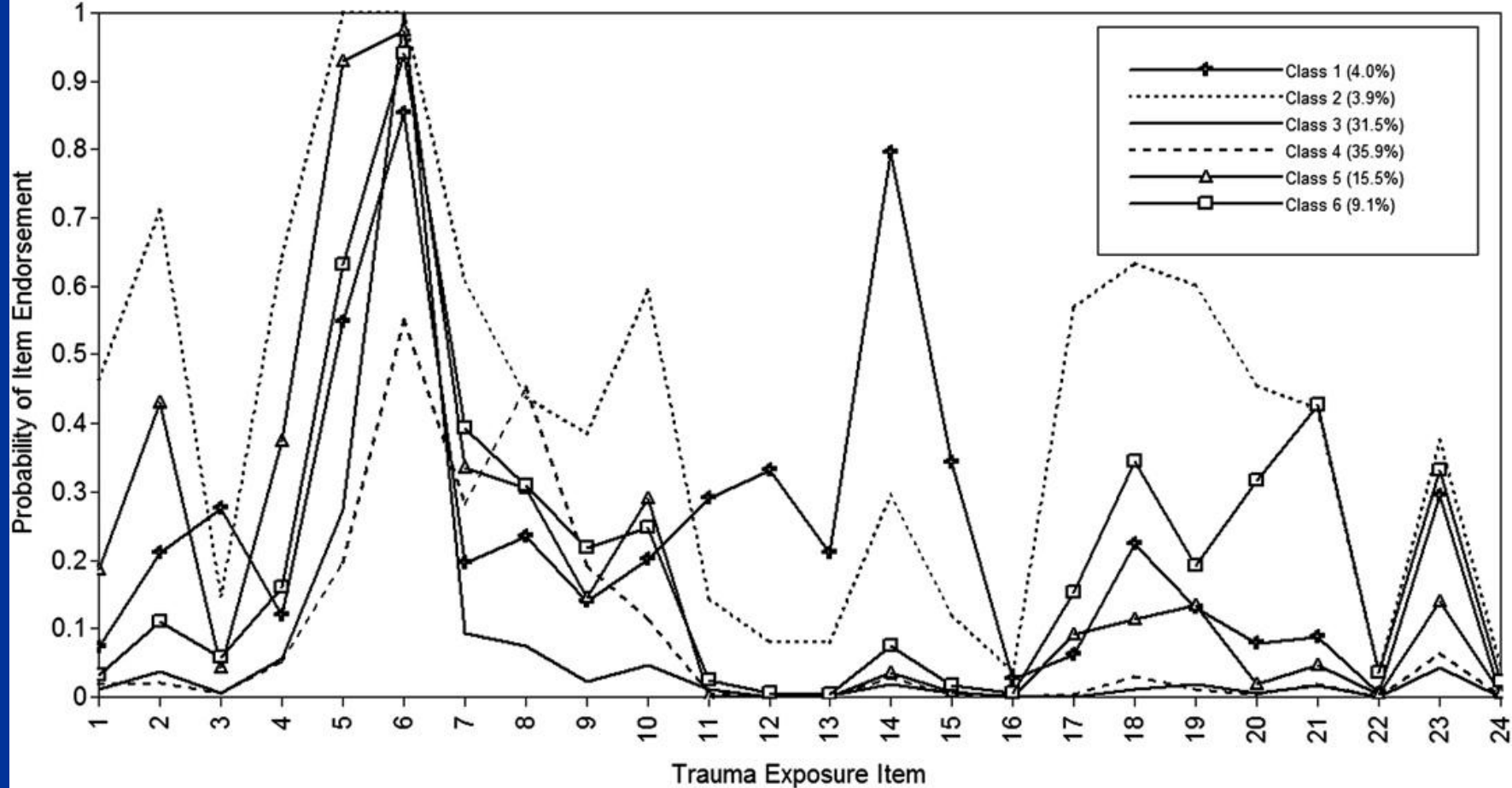
Alex*--age 9, “My brother got murdered, I miss him every day. I don’t want to die like he did.”

*Names and other identifying information disguised

As Many as 1 in 5 American Children are Poly-victims

Poly-victimization: exposure to multiple types of violence/victimization

- Nationally representative sample of 2,030 U.S. children, 22% had 4+ types of victimization in *past year* (Finkelhor, Ormrod, and Turner, 2007)
- Nationally representative sample of 2,030 U.S. children, 10% had 9+ (age 3-6) to 15+ (age 15+) types (of 30 possible) of victimization *lifetime* (Finkelhor, Ormrod, & Turner, 2009; Turner, Finkelhor, & Ormrod, 2010)
- Nationally representative sample of 3351 U.S. teens, 8-17% had on average 5-10 (of 24) types of victimization lifetime (Ford, Elhai, Connor, & Frueh, 2010)



Adolescents who **witness** someone: 1, shot; 2, cut or stabbed; 3, sexually assaulted; 4, mugged or robbed; 5, threatened with a weapon; 6, physically assaulted; **or are exposed to**: 7, serious accident; 8, natural disaster; 9, serious injury; 10, incident involving fear of death; unwanted sexual activity involving: 11, perpetrator's penile penetration; 12, digital or object penetration; 13, oral sex; 14, molestation; 15, forced touching of perpetrator's sexual organs; 16, coerced penetration of perpetrator.; 17, attack with a weapon; 18, attack without a weapon; 19, threat with a weapon; 20, physical assault with object; 21, physical assault with fists; 22, spanking requiring medical care; 23, physical assault leaving marks; and 24, physically burned (Ford et al., 2010). **Poly-victims = Classes 1 (sexual trauma), 2 and 6 (physical trauma)**

As Many as *Half* of All Children in the Mental Health, Child Welfare, and Juvenile Justice Systems are Poly-victims

- 397 U.S. children in child welfare residential treatment: **52%** histories of abuse AND impaired caregivers AND multiple out-of-home placements (Ford, Connor, & Hawke, 2009)
- 1959 U.S. teens/pre-teens in juvenile detention: **41%** had histories of on average ≥ 9 types of potential trauma and 3-7 types of traumatic victimization (Ford et al., in press).
 - The poly-victims had significantly more severe PTSD, depression, anger, addiction problems than other traumatized or non-traumatized youth in detention

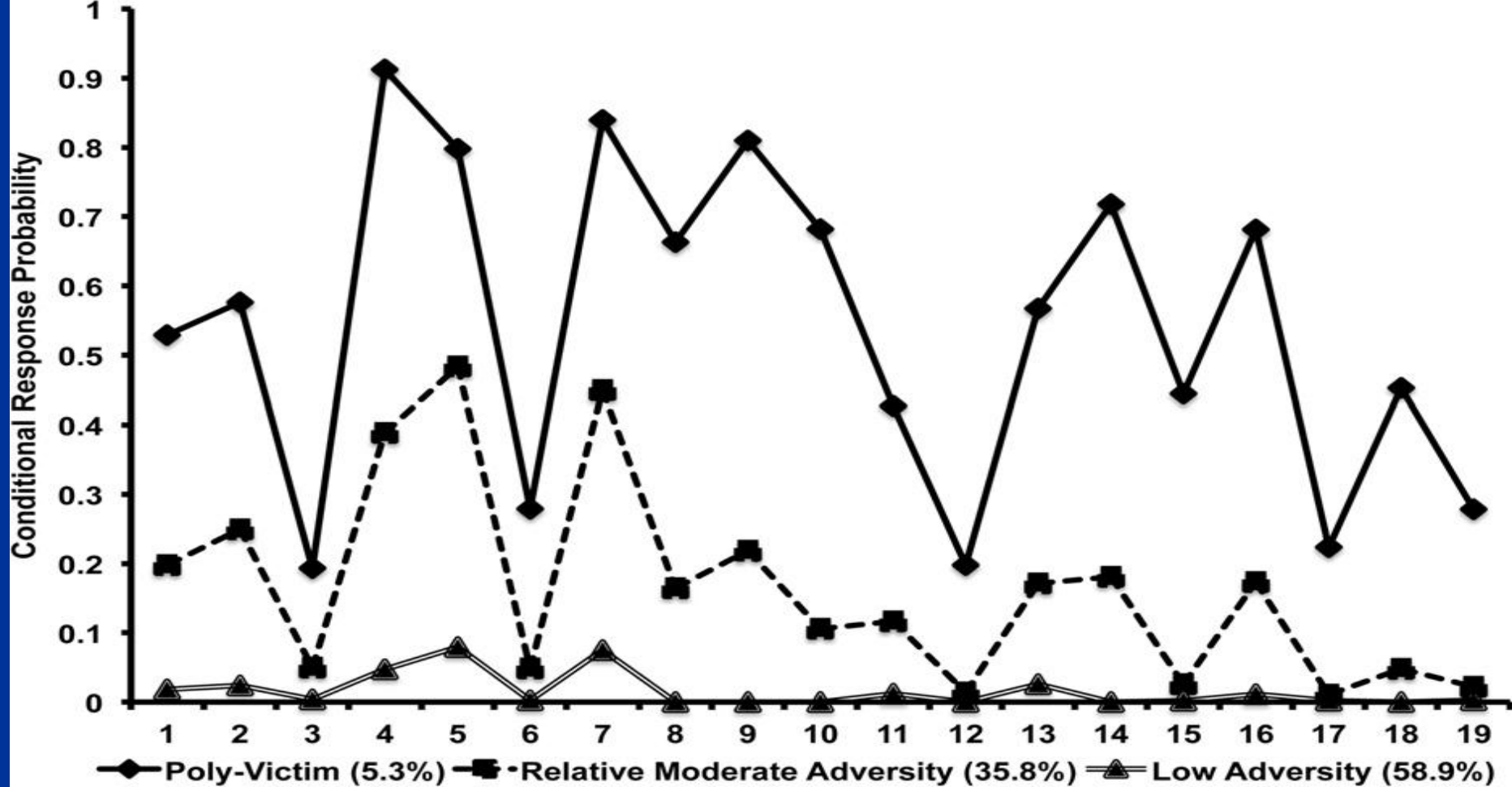


Fig. 1. Exploratory latent class analysis: a three-class solution with 19 victimization (V) and non-victimization (NV) trauma history indicators: 1(NV) Being in an accident; 2(NV) Seeing a really bad accident; 3(NV) Being in a natural disaster; 4(NV) Someone close to you being badly injured/sick; 5(NV) Someone close to you died; 6(NV) Being so sick you thought you might die; 7(NV) Being separated from primary caregiver; 8(NV) Someone close to you trying to kill or hurt self; 9(V) Being physically attacked; 10(V) Being threatened with physical assault; 11(V) Being mugged; 12(V) Being kidnapped; 13(V) Attacked by an animal; 14(V) Witnessing family members physically fighting, shooting guns, or stabbing each other; 15(V) Witnessing family members threaten to kill or hurt each other; 16(V) Witnessing people outside the family fight, hit, beat, shoot with a weapon, or otherwise physically attack each other; 17(V) Being in a war or terrorist attack; 18(V) Being made to see or do something sexual; 19(V) Witnessing sexual abuse/assault (Ford, Grasso, & Hawke, in press).

Violence puts children at risk for PTSD ...

Poly-victimization places them at risk for

Developmental Trauma Disorder

- Chronic Survival Coping and Alienation
- Somatic (Body Function) Dysregulation
- Affect (Emotional) Dysregulation
- Cognitive (Attention/Consciousness) Dysregulation
- Behavioral (Safety/Self-Control) Dysregulation
- Relational (Trust/Affiliation/Intimacy) Dysregulation
- Self (Identity/Acceptance/Efficacy) Dysregulation

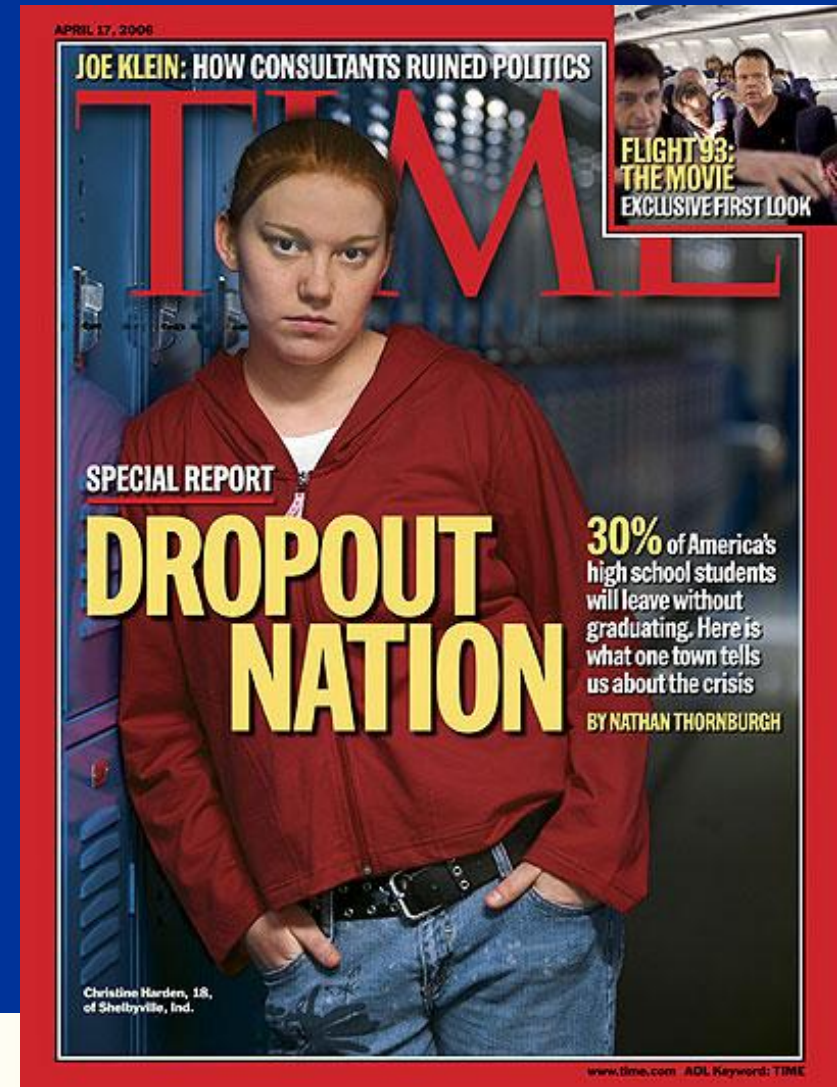
Ford et al. (in press). Clinical significance of a proposed developmental trauma disorder diagnosis. *Journal of Clinical Psychiatry*

Chronic Survival Coping

- *Can't stop and think, or think past the immediate problem or threat*
- *Can't let go of grudges/resentments*
 - *Can't set/stick with goals*
 - *Can't trust, especially caregivers*
 - *Can't tell who is trustworthy*
- *Can't remember to use anger management, skills, especially when really angry!*

The Toll that Post-Traumatic Survival Coping Takes on Children's Lives and Development

- School absence, suspension, disengagement, retention, drop-out
- Delinquent affiliations, attitudes, acts (including gang membership)
- Sensation seeking and coping via substance use, other risky behavior
- Depression, shame, hopelessness, self-as-damaged, self-harm, suicide
- Volatile, enmeshed, victimizing and /or enabling /rescuing relationships



Developmental Attainments Lost or Postponed by Survival Coping

- ▣ *Fragmented/chaotic perceptions and memories*
- ▣ *Reduced ability for empathy or to “mentalize” (observe and make sense of one’s own and others’ thoughts/perspective)*
- ▣ *Hypervigilance/hypo-arousal , impulsivity, oppositional-defiance*
- ▣ *Rumination/perseveration/hopelessness/despair*
- ▣ *Fear /avoidance of experiencing feelings or genuine closeness*
- ▣ *Distrust/isolation & paradoxical enmeshment/dependency*
- ▣ *Dangerous/irresponsible/reckless risk taking*
- ▣ *Harm Self/Others to reduce or express pain/betrayal*
- ▣ *Excessive anger toward or empathy/responsibility for caregivers*

Recommendations for a Multi-system Multi-disciplinary Response

- **Universal precaution:** Prepare all adult care givers to screen/identify likely poly-victims
- **Anticipatory Guidance:** Provide every child & adult caregiver with down-to-earth ways to understand how trauma leads to reactive coping and how to regain personal control

Sample Poly-victimization Screening Tool

American Bar Association www.safestartcenter.org

1. Physical Abuse in the Home
2. Abuse or Neglect in a Foster, Residential, or Detention setting (including by youths)
3. Assault/Battery by a Non-Caretaker (completed or attempted)
4. Severe Physical Injury (e.g., requiring hospitalization)
5. Sexual Abuse/Assault by a Parent or Relative Caregiver (completed or attempted)
6. Other Sexual Abuse/Assault (e.g., by a non-relative caregiver, at school, by a family friend or stranger; completed or attempted)
7. Victim of Sex or Labor Trafficking (e.g., being prostituted, forced involvement in sexual performances, photographed for child pornography, involved in domestic servitude or other harmful or exploitative labor)
8. Severe Neglect (e.g., young children left unattended for long periods, serious malnutrition, ongoing failure to provide medical care that results in hospitalization)
9. Extreme Emotional/Verbal Abuse by a Parent or Caretaker
10. Witnessing Domestic Violence
11. Witnessing School Violence
12. Witnessing Community Violence

Sample Poly-victimization Screening Tool

American Bar Association www.safestartcenter.org

13. Witnessing Animal Cruelty
14. Chronic or Repeated Bullying or Harassment (e.g., based on race, ethnicity, appearance, gender or sexual identity, learning problems, or poverty)
15. Victim of a Hate Crime that was Reported to the Police
16. Teen Dating Violence
17. Statutory Rape
18. Victim of a Property Crime (burglary, robbery)
19. System-Induced Trauma (e.g., arrest situations violent enough to leave bruises or injuries, difficult experiences testifying against abuser at trial)
20. Permanent or Long-Term Loss of Parent/Caregiver Due to Illness, Death, Incarceration
21. Disrupted Caregiving (a change of custody among family members or numerous changes in foster care placements)
22. Victim of War, Terrorism, or Natural Disaster
23. Other Significant (but not necessarily violent) Life Challenges (e.g., homelessness, poverty, having a caregiver who suffered from substance abuse or mental health issues, or a life-threatening illness or injury of the child)

Sample Poly-victimization Screening Tool

American Bar Association www.safestartcenter.org

1. Sleep Disturbances (e.g., night terrors, sleeplessness, excessive sleepiness)
2. Attachment Problems (e.g., overly affectionate with strangers, consistently avoids eye contact, fails to engage in interactions or appropriately, extreme separation anxiety)
3. Arousal (e.g., startles easily, trouble concentrating, easily distracted, inattentive/impulsive)
4. Regression (stops engaging in age-appropriate behaviors already mastered, e.g., toileting, speaking in full sentences, independently completing schoolwork, socializing with peers)
5. Affect Dysregulation (trouble feeling or expressing emotions other than frustration or impatience or difficulties recovering from emotional distress)
6. Somatization (frequent physical complaints with no apparent cause or more severe or resistant to treatment than physically explainable)
7. Hypervigilance (overly aware or concerned about potential dangers; uses anger or aggression to protect self/others)
8. Re-experiencing (strong reactions to reminders of trauma or loss, nightmares, flashbacks, sensation of reliving the events, working traumatic experiences into play)
9. Anxiety (overly tense or worried, to the point of withdrawal from activities, experiencing panic attacks, or needing excessive reassurances)

Sample Poly-victimization Screening Tool

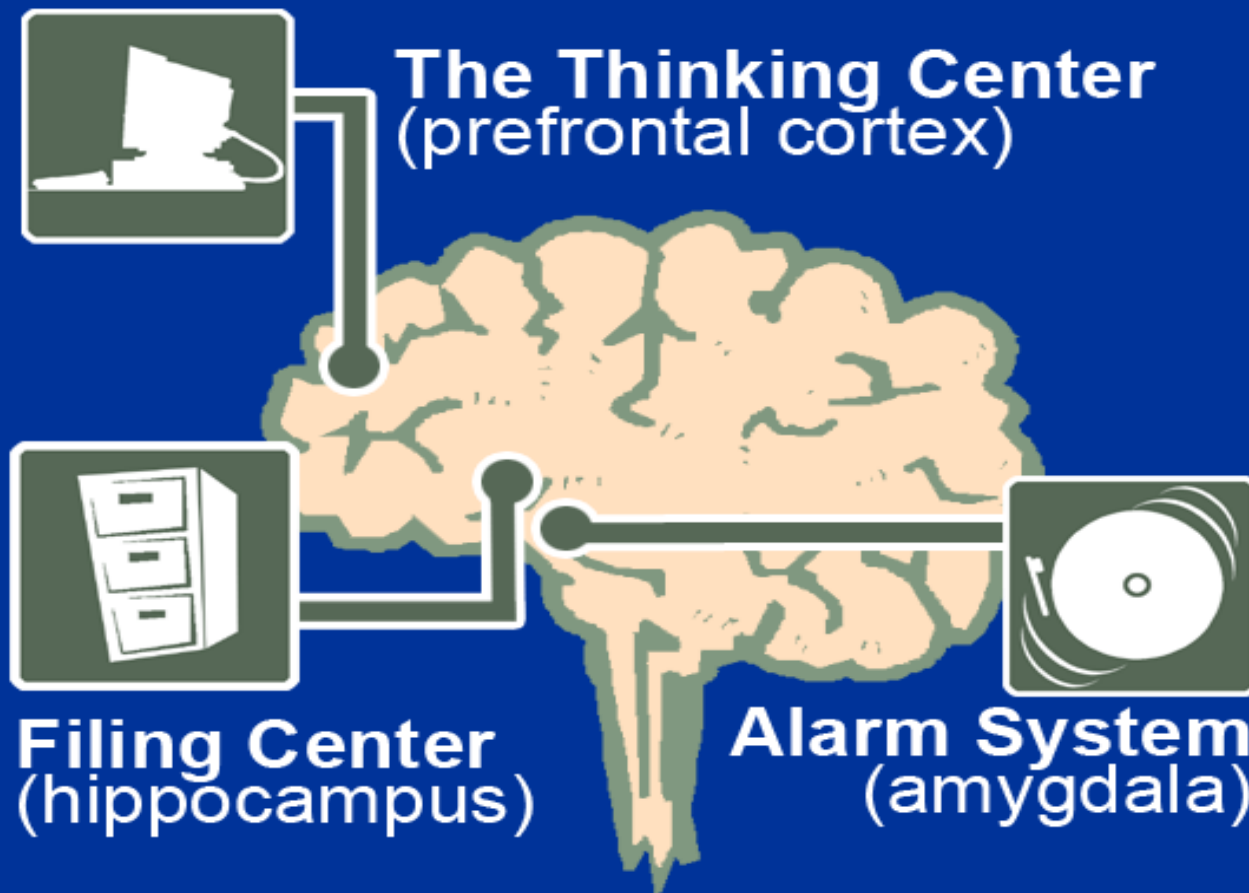
American Bar Association www.safestartcenter.org

10. Avoidance (avoiding places, people or other stimuli associated with past trauma, refusing to discuss specifics of traumatic experiences)
11. Extreme Impulsivity (sudden, strong, even irrational urge to engage in risky behavior without considering consequences first)
12. Attention/Concentration Difficulties [impacting] forming strong friendships or completing work
13. Dissociation (frequent daydreaming, forgetfulness, rapid personality changes, detachment)
14. Emotional or Behavioral Problems:
15. Numbing (feeling detached, estranged from or “out of sync” with others, limited emotional range, avoiding thinking or talking about the future)
16. Oppositional (hostile/defiant) Behaviors
17. Conduct Problems (physically or verbally aggressive, destroys property or otherwise breaks the law, sexually promiscuous or aggressive)
18. Substance Abuse
19. Sexual Behavior not Typical of Age Group
20. Other Risky Behaviors (e.g., truancy, stealing)
21. Eating Disorder
22. Self-harm (e.g., cutting)
23. Suicide Attempt or Discussion or Thoughts of Suicide

Sample Traumatic Stress Education Tools

- Trauma Affect Regulation: Guide for Education and Therapy
- National Child Traumatic Stress Network “Think Trauma” Toolkit and Workforce Training Curriculum for Juvenile Justice Programs <http://www.nctsn.org/products/think-trauma-training-staff-juvenile-justice-residential-settings>
- National Child Traumatic Stress Network “Trauma-Informed Judge’s Bench Card”
http://www.nctsn.org/sites/default/files/assets/pdfs/judge_bench_cards_final.pdf

The Brain Under Normal Stress

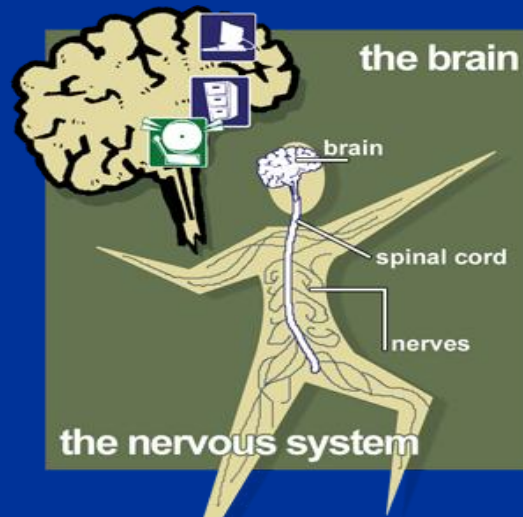


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normal stress

The Brain & Body Working Together

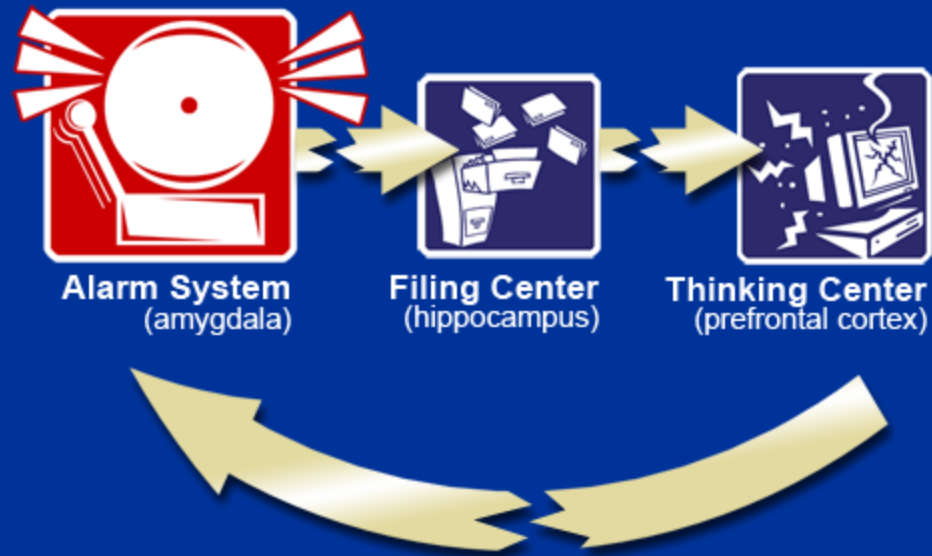


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extreme stress / trauma

The Alarm Takes Control



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Peanuts Classics ®





SOS: Three Steps to Focusing

- **Step I: Slow Down**
 - Step back, sweep your mind clear
- **Step II: Orient**
 - Choose ONE thought (words or pictures): whatever is most important and positive in your life right now
- **Step III: Self Check**
 - Stress Thermometer (1=None ... 10=Worst Ever)
1 ... 2 ... 3 ... 4 ... 5 ... 6 ... 7 ... 8 ... 9 ... 10
 - Personal Control (1=None ... 10=Thinking Clearly)
1 ... 2 ... 3 ... 4 ... 5 ... 6 ... 7 ... 8 ... 9 ... 10

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Think Trauma

Trauma is Common Among Incarcerated Youth

Studies show that up to 90% of youth detained in the juvenile justice system have experienced a traumatically stressful life event (Arroya, 2004) and the typical delinquent youth has experienced an average of 14 distinct traumas in his/her lifetime (Abram et al, 2004). Consequently, the prevalence of Posttraumatic Stress Disorder (PTSD) among delinquent youth is up to 8 times higher than in community samples (Wolpaw and Ford, 2004). Across studies of youth in residential detention, as many as 32% of boys and 52% of girls report significant levels of posttraumatic stress symptoms (Kerig and Becker, 2011). In response to the significant rates of trauma exposure and development of posttraumatic stress symptoms of youth involved in the juvenile justice system, the NCTSN has developed numerous trauma-informed tools, resources, and trainings for juvenile justice professionals.

Additional Resources at www.nctsn.org

- *Special Issues: Child Trauma I & II (Juvenile and Family Court Journal, 2006 & 2008)*
- *Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency* (NCJFPCJ; QJUDP, 2010)
- *Trauma Among Girls in the Juvenile Justice System* (Hennessey, Ford, Mahoney, Ko, & Siegfried, 2004)
- *Trauma-Focused Interventions for Youth in the Juvenile Justice System* (Mahoney, Ford, Ko, & Siegfried, 2004)
- *Victimization and Juvenile Offending* (Siegfried, Ko, & Kelley, 2004)
- *Assessing Exposure to Psychological Trauma and Posttraumatic Stress in the Juvenile Justice Population* (Wolpaw & Ford, 2004)
- *Screening & Assessment in Juvenile Justice Settings Webinar Series* (www.learn.nctsn.org)



Think Trauma: A Training for Staff in Juvenile Justice Residential Settings

The most recent NCTSN product, *Think Trauma: A Training for Staff in Juvenile Justice Residential Settings* is a modularized, skills-based, interactive trauma-focused training curriculum for frontline residential staff who work directly with youth in detention and long-term residential/correctional facilities. The curriculum contains four, 60-90 minute modules that can be implemented continuously as an all day training or individually over time per the convenience of the facility.

Module One: 'Trauma and Delinquency'

- Focuses on defining trauma and traumatic stress in residential youth;
- Increasing awareness of the prevalence of trauma in residential youth; and
- Understanding common behaviors exhibited in residential youth within the context of trauma.

Module Two: 'Trauma's Impact on Development'

- Explains the impact of trauma on multiple developmental domains (cognitive, biology, behavior, social, emotional); and
- How developmental delays have the potential to disrupt the development of both affective and behavioral regulation skills as well as attachment to others and consequently the development of a secure sense of self.

Module Three: 'Coping Strategies'

- Reframes delinquent behavior typically exhibited in residential settings as survival coping skills/strategies and discuss the importance for adapting a trauma-informed understanding of youths' behaviors.

Module Four: 'Vicarious Trauma, Organizational Stress, and Self-Care'

- Explores the dynamics between traumatic stress experienced by residential youth, secondary or vicarious traumatic stress experienced by residential staff and organizational stress experienced within/by the juvenile justice system.

Child Maltreatment and Delinquency are Related

Research has consistently found a robust link between child maltreatment and delinquency, often referred to as the 'cycle of violence', child maltreatment in early life increases the risk for both juvenile and criminal offending later in life (Widom & Maxfield, 1996). In addition, more severe forms of child maltreatment have been prospectively linked to more severe forms of juvenile offending (Smith & Thornberry, 1995). Research has also worked to disentangle child maltreatment to look specifically at different types of maltreatment and has found a relation between each type of abuse and delinquency. For example;

- **physical abuse** in early childhood and in adolescence puts youth at risk for involvement in both violent and non-violent delinquency (Fagan, 2005; Lansford et al. 2007);
- **sexually abused** children were just as likely as physically abused or neglected children to become involved in delinquency (Widom, 1995); and
- **neglect** predicted violent delinquency when controlling for other maltreatment (Mersky & Reynolds, 2007).

In light of these findings, many youth who experience child maltreatment end up in the juvenile justice system as a result of their delinquent involvement. Although, the juvenile justice system is often not prepared to work with highly traumatized youth, this training can be used to increase staff's skills and knowledge on how to support traumatized youth and their families.

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NCTSN Benchcard for the Trauma Informed Judge

1. Have I considered whether or not trauma has played a role in the child's behavior? Trauma-informed questions help judges identify children who need trauma-informed services from a behavioral health professional.
2. Is everyone present (in person or through information provided to the court) that I need to hear from, or do I need additional input to help me develop a clearer picture of the child's trauma-related coping? It is crucial to have complete information from all the systems that are working with the child and family.

NCTSN Benchcard for the Trauma Informed Judge

3. Am I sufficiently considering trauma-related triggers and coping as I decide where this child is going to live and with whom? For traumatized youth, punitive placements and sanctions often lead to recidivism and escalations in misconduct. On the other hand, supervision and placements with trauma-informed programming engage youth as active participants in effective socialization and rehabilitation?
4. If I don't have enough information, can I have a trauma assessment done by a trauma-informed professional? (Utilizing Card 2, Side 2, you can request information that will assist you in making trauma-informed decisions.)

A Blueprint for Local and National Initiatives to Address Children's Exposure to Violence

Attorney General's Task Force on Children Exposed to Violence 2013

<http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

Attorney General's Task Force

Sample Recommendation for Schools

- School systems across the country should develop and implement policies that aim to keep children in school rather than relying on policies that lead to suspension and expulsion and drive children into the juvenile justice system. Successful school-based programs that help students develop better ways of handling emotional distress, peer pressures, and problems in family and peer relationships and that integrate recovery from trauma should be expanded and then embedded into existing school curricula and activities to increase students' abilities to have positive experiences with education, recreation, peer relationships, and the larger community.

Attorney General's Task Force Sample Recommendation for Juvenile Justice

- **Help, do not punish, child victims of sex trafficking.** Child victims of commercial sex trafficking should not be treated as delinquents or criminals. New laws, approaches to law enforcement, and judicial procedures must be developed that apply existing victim protection laws to protect the rights of these child victims.

CONCLUSION

Poly-victimized children can be found and helped in all walks of life in every community ...

before they lose their childhood & future

Treating Complex Traumatic Stress Disorders in Children and Adolescents

Scientific Foundations and Therapeutic Models

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