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Focus on Trauma by Joy Inniss

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According to the Bureau of Justice Statistics, persons age 12 to 24 comprise 35% of all murder victims, 50% of all robbery victims, 56% of rape/sexual assault victims, and 49% of serious violent crime victims (homicide, rape, robbery, and both simple and aggravated assault). Among court-involved adolescents, 57% report witnessing a murder, 17% report witnessing a suicide, 72% had been shot, or shot at, 70% report histories of physical and sexual abuse. Among court-involved girls, 67% had a history of being attacked or beaten, 40% had a history of forced sex, 26% had suffered a serious MVA, 14% had witnessed injury or property damage due to fire, severe weather, or disaster.

Children experience trauma at a younger age than most people expect. Most traumatic events happen in the home and involve family members. Trauma exposure (usually starting before age 5) is too often a result of abusive or neglectful actions by parents or other adults who should have been caring for or protecting them. Children respond to trauma by re-experiencing the trauma (e.g., nightmares, flashbacks, intrusive memories), avoidance (of reminders, emotional numbing) and withdrawal (reduced interest in others and in the outside world), and physiological hyperarousal (insomnia, agitation, concentration problems, irritability, outbursts of rage, hypervigilance, easily startled).

In traumatized adolescents, we might notice trouble learning, attending, focusing, absorbing new information, difficulty falling asleep, staying asleep, or nightmares, moodiness, quick changes to anger outbursts. They may act younger than their age and may anticipate and expect the trauma to recur and respond with hyperactivity, aggression, defeat or freeze responses to minor stresses: A view of the world that incorporates their betrayal and hurt.

They anticipate and expect the trauma to recur and respond with hyperactivity, aggression, defeat or freeze responses to minor stresses. Some of the common beliefs espoused by traumatized youth include:

â€¢ â€œThe world is threatening and bewildering.â€•

â€¢ â€œThe world is punitive, judgmental, humiliating, and blaming.â€•

â€¢ â€œControl is external, not internal.â€• Therefore, â€œI donâ€™t have control over my life.â€•

â€¢ â€œPeople are unpredictable. Very few are to be trusted.â€•

â€¢ â€œWhen challenged, I must defend myself â€“ my honor, and my self-respect. Above all else, I must defend my honor â€“ at any price.â€•

â€¢ â€œIf I admit a mistake, things will be worse than if I donâ€™t.â€•

Studies of resilient children and adolescents who developed healthy emotional and interpersonal lives despite exposure to trauma identified one key factor: they were able to connect to one adult who â€œcared about themâ€• and â€œbelieved in them.â€•

Adults can make a concerted effort to respond to these youth in ways that challenge the crippling beliefs and expectations acquired during traumatic experiences. This can be done by engaging in thoughtful interactions and exhibiting/modeling behavior that communicates that the youth is

worthwhile and wanted, safe, and capable. Caring adults should also interact and model behavior that tells the youth that you are available and wonâ€™t reject him/her, are responsive and wonâ€™t abuse him/her, will protect him/her from danger, and will listen and understand him/her.

There are several professional supports provided by licensed mental health practitioners that promote healing and growth in victims of trauma. Traditionally trained professionals (e.g., psychiatrists, psychologists, clinical social workers) as well as professionals trained in a specific evidence-supported technique (e.g., Multisystemic Therapy, Functional Family Therapy) can enhance the effectiveness of adult caretakersâ€™ interactions with youth exposed to trauma.

A relationship that is â€œtherapeuticâ€• does not imply that the adult engages in psychotherapy with the child, but that the adult responds in ways of therapeutic benefit â€“ developmentally, behaviorally, socially, and emotionally â€“ to the child. This includes expressions of caring and support, managing oneâ€™s own frustrations, and providing opportunities for the child to express oneself, be listened to, and save face.

In such a relationship, the child trusts the adult. Trust is vital.

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