



**National Center for Mental
Health and Juvenile Justice**

NCMHJJ

Annotated Bibliography

Trauma

March, 2009

Books and journal articles listed herein are available from your local library or through inter-library loan. Unless otherwise noted, all other materials are available from the National Center for Mental Health and Juvenile Justice.

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Resource #: 012887 (Journal Article: 17 pages)

Citation: Aarons, G., Ziegenhorn, L., Brown, S. **Adolescent Conduct Disorder, Substance Use, and Traumatic Injury.** Journal of Child and Adolescent Substance Abuse 12(3): 2-18, 2003.

Abstract: This study examined the relationship of two types of common behavioral problems of adolescence, substance involvement (SI) and conduct disorder (CD), to traumatic injury related health problems (TRHP) during adolescence and young adulthood. The authors followed a sample of youth over six years and found that males reported more SI, CD and TRHP than females. CD was directly associated with increased TRHP in male adolescents and young adults. They recommend that injury prevention strategies include consideration of the social and developmental context in which in which SI and CD occur in order to be effective. (authors)

Resource #: 013557 (Journal Article: 7 pages)

Citation: Abram, K., Teplin, L., Charles, D., Longworth, S., McClelland, G., Dulcan, M. **Posttraumatic Stress Disorder and Trauma in Youth in Juvenile Detention.** Archives of General Psychiatry 61(4): 403-410, 2004.

Abstract: The objective of this study is to determine prevalence estimates of exposure to trauma and twelve-month rates of posttraumatic stress disorder (PTSD) among juvenile detainees by demographic subgroups (sex, race/ethnicity, and age). The participants included a randomly selected, stratified sample of African-American, non-Hispanic white, and Hispanic youth, aged 10-18 years, arrested and newly detained. The main outcome measure was the Diagnostic Interview Schedule for Children - Version IV. The study concluded that trauma and PTSD seem to be more prevalent among juvenile detainees than in community samples. The authors recommend directions for research and discuss implications for mental health policy (authors).

Resource #: 014012 (Journal Article: 6 Pages)

Citation: Arnow, B.A. **Relationships Between Childhood Maltreatment, Adult Health and Psychiatric Outcomes, and Medical Utilization.** Journal of Clinical Psychiatry 65(12): 10-15, 2004.

Abstract: This overview of the literature shows that individuals who suffer abuse, neglect, or serious family dysfunction as children are more likely to be depressed, to experience other types of psychiatric illness, to have more physical symptoms (both medically explained and unexplained), and to engage in more health-risk behaviors than their nonabused counterparts. Childhood maltreatment strongly predicts poor psychiatric and physical health outcomes in adulthood. The more severe the abuse, the stronger the association with poor outcomes in adulthood. Childhood sexual abuse in particular has been repeatedly associated, in adulthood, with physical complaints such as chronic pain that are likewise associated with depression. Individuals with a history of childhood abuse, particularly sexual abuse, are more likely than individuals with no history of abuse to become high utilizers of medical care and emergency services. Childhood maltreatment is highly prevalent among both men and women, especially in specialty settings such as emergency psychiatric care (author).

Resource #: 011594 (Journal Article: 8 pages)

Citation: Becker, K., McCloskey, L. **Attention and Conduct Problems in Children Exposed to Family Violence.** American Journal of Orthopsychiatry 72(1): 83-91, 2002.

Abstract: This study examines the impact of family violence on the development of attention and conduct problems in girls and boys. Family violence in childhood had a direct effect on delinquency in girls. Boys who developed attention problems were more likely to show conduct problems that eventually led to adolescent delinquency. Family violence had a direct effect on delinquency in girls. Boys who developed attention problems were more likely to show conduct problems that eventually led to adolescent delinquency. Family violence failed to account for problems or delinquency in boys.

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Resource #: 013297 (Journal Article: 8 pages)

Citation: Bernstein, D., Ahluvalia, T., Pogge, D., Handelsman, L. **Validity of the Childhood Trauma Questionnaire in an Adolescent Psychiatric Population.** *Journal of the American Academy of Child and Adolescent Psychiatry* 36(3): 340-348, 1997.

Abstract: The purpose of this paper is to present findings on the validity of a recently developed maltreatment inventory, the Childhood Trauma Questionnaire (CTQ), in a sample of adolescent psychiatric patients. The initial findings suggest that the CTQ is a sensitive and valid screening questionnaire for childhood trauma in an adolescent psychiatric inpatient setting. (authors)

Resource #: 012989 (Journal Article: 10 pages)

Citation: Boney-McCoy, S., Finkelhor, D. **Is Youth Victimization Related to Trauma Symptoms and Depression After Controlling for Prior Symptoms and Family Relationships? A Longitudinal, Prospective Study.** *Journal of Consulting and Clinical Psychology* 64(6): 1406-1416, 1996.

Abstract: This study used a longitudinal, prospective design to examine the following hypothesis: the common finding linking symptoms such as PTSD and depression with youth victimization (e.g., sexual abuse) might well be artifactual if preexisting psychopathology or disturbed family relationships create a common risk for both later victimization and later symptoms. In a national random sample telephone survey, children were interviewed and then reinterviewed approximately 15 months later about psychological problems, family relationships and victimization experiences that had occurred in the interim. Data suggest that some of the apparent association found in cross-sectional studies between victimization and psychopathology may be due to prior psychopathology, which puts children at risk for both victimization and later symptoms. (authors)

Resource #: 011532 (Journal Article: 13 pages)

Citation: Bowers, L. **Traumas Precipitating Female Delinquency: Implications for Assessment, Practice and Policy.** *Child and Adolescent Social Work* 7(5): 389-402, 1990.

Abstract: This article examines female delinquency as a symptom of the primary traumas of physical and sexual abuse and secondary traumas, when the environment responds with blame or disbelief. While social workers are increasingly aware that such a relationship often exists, they have yet to operationalize the relevant implications for assessment, practice, and policy in the juvenile justice system. It will be suggested that delinquency may be an act of disclosure and this effective intervention entails alleviating primary and secondary trauma at the individual-community interface.

Resource #: 013968 (Journal Article: 13 pages)

Citation: Brosky, B., Lally, S. **Prevalence of Trauma, PTSD, and Dissociation in Court-Referred Adolescents.** *Journal of Interpersonal Violence* 19(7): 801-814, 2004.

Abstract: This study examines the prevalence of trauma, posttraumatic stress disorder (PTSD), and dissociative symptoms in adolescents. The sample consisted of youth referred to the Child Guidance Clinic of the Superior Court of the District of Columbia for a psychological evaluation. Two sets of analyses were conducted. One set included the entire sample; the second set excluded those individuals whose listed referral problem included only being a victim of abuse. Results of the study suggest a high prevalence of trauma in both genders; however, females had significantly higher rates than those reported in males. Similarly, female adolescents demonstrated significantly higher prevalence rates of PTSD symptoms compared with their male counterparts in the entire sample and showed a trend toward significance in the analysis of the subsample. There was a low prevalence of dissociative symptoms across both genders (authors).

Resource #: 013010 (Journal Article: 42 pages)

Citation: Caffo, E., Belaise, C. **Psychological Aspects of Traumatic Injury in Children and Adolescents.** *Child and Adolescent Psychiatric Clinics of North America* 12: 493-535, 2003.

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Abstract: This paper examines the causes and consequences of trauma in the lives of children. Each year millions of children are exposed to some form of extreme traumatic stressor, including natural disasters, accidents, illnesses and medical procedures, physical and sexual abuse, witnessing violence, kidnapping and loss of a parent. Added to this are acts of terrorism and stress during times of war. A review of the literature indicates that post-traumatic stress disorder (PTSD) is the most common psychiatric disorder after traumatic experiences, including physical injuries. In terms of providing treatment, cognitive behavioral therapy (CBT) emerges as the best validated therapeutic approach for children and adolescents who experienced trauma-related symptoms, particularly symptoms associated with anxiety or mood disorders. (authors)

Resource #: 013011 (Journal Article: 6 pages)

Citation: Caporino, N., Murray, L., Jensen, P. **The Impact of Different Traumatic Experiences in Childhood and Adolescence.** *Emotional and Behavioral Disorders in Youth*: 63-64, 73-76, 2003..

Abstract: In this article, the authors discuss the issue of childhood trauma and its impact on an individual. Children exposed to traumatic events can exhibit a wide range of symptomatology, displaying not just internalizing problems such as depressed mood or feelings of anxiety, but also externalizing problems such as aggression, conduct problems, and/or oppositional/defiant behavior patterns. Practitioners should routinely inquire about a history of trauma in their encounters with children who present behavior problems. Understanding that there are multiple pathways to similar symptom patterns will aid in identifying the most appropriate interventions. More focus on these issues is sorely needed by both researchers and clinicians. (authors)

Resource #: 011529 (Journal Article: 6 pages)

Citation: Carrion, V., Steiner, H. **Trauma and Dissociation in Delinquent Adolescents.** *Journal of the American Academy of Child and Adolescent Psychiatry* 39(3): 353-359, 2000.

Abstract: The purpose of this study was to assess the history of trauma and dissociation in a group of juvenile delinquents and to assess how adolescents would respond to a structured interview for dissociative symptoms. This study provides support for an early link between history of trauma and dissociation. Adolescents were able to answer questions from a structured interview assessing dissociation.

Resource #: 014932 (Unpublished Paper: 27 pages)

Citation: Chapman, J., Ford, J. **Trauma Exposure, Post-Traumatic Stress, and Suicide Risk in Juvenile Detainees.** Wethersfield, CT: State of Connecticut Judicial Branch, 2005.

Abstract: Youth suicide risk is a major concern in juvenile justice settings. Exposure to trauma and post-traumatic stress disorder are associated with increased risk of suicidality in a variety of populations but this association has not been empirically examined in juvenile justice settings. Consecutive admissions (N=1,393; Ages 11 to 18 years old; 74% male; 71% Black or Hispanic) to juvenile detention centers in Connecticut between January, 2004 and February, 2005 completed the Massachusetts Youth Screening Instrument-2 (MAYSI-2) and the Suicidal Ideations Questionnaire (SIQ) in a brief intake screening battery. Robust relationships were found between the Traumatic Experiences subscale of the MAYSI-2 and the SIQ, on a multivariate and bivariate basis. Results are discussed in terms of the potential impact of trauma exposure and traumatic stress symptoms on suicidality and the need for trauma/PTSD screening as a component of suicide prevention with at risk youth (authors).

Resource #: 015574 (Report: 97 Pages)

Citation: Cooper, J., Masi, R., Dababnah, S., Aratani, Y., Knitzer, J. **Strengthening Policies to Support Children, Youth and Families Who Experience Trauma.** New York NY: National Center for Children in Poverty, 2007.

Abstract: This report documents critical considerations in strengthening policies to support trauma-

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informed practice. It reviews current policies and practices to support children, youth and families exposed to trauma (authors).

Available from: National Center for Children in Poverty, 215 West 125th Street, New York NY 10027, (646)284-9600, www.nccp.org.

Resource #: 013333 (Journal Article: 9 pages)

Citation: Crimmins, S., Cleary, S., Brownstein, H., Spunt, B., Warley, R. **Trauma, Drugs and Violence Among Juvenile Offenders.** *Journal of Psychoactive Drugs* 32(1): 43-54, 2000.

Abstract: This study presents findings from a National Institute on Drug Abuse-funded study examining the link between trauma, drug use and violence among youth. Results from interviews with juveniles remanded to the Office of Children and Family Services (formerly new York State Division for Youth) for assault, sexual assault, robbery or homicide, document the trauma experienced by these youth, as well as how it correlated with their drug usage and participation in violent, illegal activities. Discussion of these findings, their implications for understanding and intervening, and recommendations for future research are highlighted. (authors)

Resource #: 010884 (Journal Article: 8 pages)

Citation: Cuffe, S.P., Addy, C.L., Garrison, C.Z., Waller, J.L., Jackson, K.L., McKeown, R.E., Chilappagari, S. **Prevalence of PTSD in a Community Sample of Older Adolescents.** *Journal of the American Academy of Child and Adolescent Psychiatry* 37(2): 147-154, 1998.

Abstract: The purpose of this study was to examine prevalence and correlates of trauma and posttraumatic stress disorder (PTSD) symptoms and diagnoses in older adolescents aged 16 through 22 years. While relatively few adolescents satisfy the criteria for PTSD, most subjects who experienced a traumatic event reported some PTSD symptoms. Specific types of traumatic events were associated with occurrence of PTSD.

Resource #: 015789 (Journal Article: 5 pages)

Citation: Dean, K., Langley, A., Kataoka, S., Jaycox, L., Wong, M., Stein, B. **School-Based Disaster Mental Health Services: Clinical, Policy, and Community Challenges.** *Professional Psychology Research and Practice* 39(1): 52-57, 2008.

Abstract: The consequences of Hurricane Katrina have far-reaching implications for the mental health system in the Gulf Coast region, with some of the most vulnerable survivors being children and adolescents. School-based services have been proposed as an ideal way to provide care; however, significant challenges remain in providing trauma-informed services in schools postdisaster. The authors discuss the consultation and training activities of the Los Angeles Unified School District Trauma Services Adaptation Center for Schools and Communities following Hurricane Katrina. Issues related to the dissemination of evidence-based treatment in schools following a disaster are discussed, as are the particular needs of providers and school staff and the importance of community collaboration in identifying ways to adapt implementation strategies for specific communities (authors).

Resource #: 012303 (Journal Article: 10 pages)

Citation: Egan, J. **The Thin Red Line.** *New York Times Magazine*, July 27: 21-31, 1997.

Abstract: This article examines the practice of self-mutilation and self-injury, defined as the direct, deliberate destruction or alternation of one's own body tissue without conscious suicidal intent. The author states that people harm themselves to feel better; physical pain is used to obfuscate a deeper, more intolerable psychic pain associated with feelings of anger, sadness or abandonment. It can also jolt people out of a state of numbness and emptiness and make them feel alive. Among adolescent injurers, the ratio of boys to girls is near equal, and cutting is rampant among both male and female prisoners. Options for treatment are discussed.

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Resource #: 013640 (Journal Article: 11 pages)

Citation: Fallot, R.D., Harris, M. **The Trauma Recovery and Empowerment Model (TREM): Conceptual and Practical Issues in a Group Intervention for Women.** *Community Mental Health Journal* 38(6): 475-485, 2002.

Abstract: This article describes the Trauma Recovery and Empowerment Model (TREM), a manualized group intervention designed for women trauma survivors with severe mental disorders, and discusses key issues in its conceptualization and implementation, TREM recognizes the complexity of long-term adaptation to trauma and addresses a range of difficulties common among survivors of sexual and physical abuse. Focusing primarily on the development of specific recovery skills and current functioning, TREM utilizes techniques shown to be effective in trauma recovery services. The group's content and structure are also informed by the role of gender in the ways women experience and cope with trauma (authors).

Resource #: 013964 (Journal Article: 7 pages)

Citation: Flannery, D., Singer, M., Wester, K. **Violence Exposure, Psychological Trauma, and Suicide Risk in a Community Sample of Dangerously Violent Adolescents.** *Journal of the American Academy of Child and Adolescent Psychiatry* 40(4): 435-442, 2001.

Abstract: The purpose of this study was to examine violence exposure, violent behaviors, psychological trauma, and suicide risk in a community sample of dangerously violent adolescents by comparison with a matched community sample of nonviolent adolescents. Anonymous self-report questionnaires were administered to high school students. The study concluded that students who have been known to commit violent acts should be adequately assessed for violence exposure and symptoms of psychological trauma, with special attention given to the suicide potential of violent females (authors).

Resource #: 013042 (Journal Article: 10 pages)

Citation: Herrenkohl, T., Huang, B., Tajima, E., Whitney, S. **Examining the Link Between Child Abuse and Youth Violence.** *Journal of Interpersonal Violence* 18(10): 1189-1208, 2003.

Abstract: This study investigates several factors as possible mediators of physical child abuse in the prediction of violence among adolescents. Prospective and retrospective measures of abuse are compared in mediation tests. Structural equation models examined the degree to which abuse is mediated in the prediction of violence through youths' bonds to family, commitment to school, involvement with antisocial peers during adolescence, and attitudes about the use of violence. Findings suggest that abuse is heavily mediated in its prediction of later violence and that a sizeable proportion of variance is accounted for in the violence outcome. (authors)

Resource #: 015501 (Journal Article: pages)

Citation: Ireland, T., Smith, C., Thornberry, T. **Developmental Issues in the Impact of Child Maltreatment on Later Delinquency and Drug Use.** *Criminology* 40(2): 359-399, 2002..

Abstract: Developmental psychopathology emphasizes the impact that early childhood maltreatment has on adolescent and early adult development. The life-course perspective, however, emphasizes more proximal events—adolescent maltreatment, for example—as developmentally disruptive. Prior research suggests that childhood maltreatment is a risk factor for adolescent delinquency and drug use. However, the results appear to depend on a loose definition of childhood. This study utilizes a four-category maltreatment classification—never, childhood-only, adolescence-only, and persistent—to re-examine the maltreatment-delinquency relationship. Using data from the Rochester Youth Development Study, we find no relationship between childhood-only maltreatment and adolescent delinquency or drug use; yet, we do find a consistent impact of adolescence-only and persistent maltreatment on these outcomes (authors).

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Resource #: 008524 (Strategic Plan: 16 pages)

Citation: Jennings, A. **Comprehensive Strategic Action Plan for Creating a System of Care Responsive to the Needs of Trauma Survivors.** Maine Department of Mental Health Mental Retardation and Substance Abuse Services, 1999.

Abstract: Strategic Planning to date has focused primarily on adult recipients of mental health services with histories of sexual and/or physical abuse trauma. In the year 1999, with the appointment of new OTS staff specialist, in traumatized children and their families, the Department will initiate an additional focus on the needs of abused or at risk children and adolescents in Maine. A comprehensive multi-systemic strategic action plan will be developed, emphasizing professional education and training in trauma, across disciplines, agencies and departments (author).

Available from: Maine Department of Mental Health Mental Retardation and Substance Abuse Services.

Resource #: 010768 (Journal Article: 10 pages)

Citation: Jones, M., Dauphinais, P., Sack, W., Somervell, P. **Trauma-Related Symptomology Among American Indian Adolescents.** Journal of Traumatic Stress 10(2):163-173, 1997.

Abstract: The Diagnostic Interview Schedule for Children (DISC 2.1C) including the posttraumatic stress disorder (PTSD) module, was administered to American Indian adolescents from a Northern Plains reservation. The reporting of traumatic events was associated with increased prevalence of behavioral disorders and substance abuse or dependence diagnoses. There was, however, no significant difference in academic performance between those who reported traumatic events, or PTSD symptoms, and those who did not.

Resource #: 012930 (Journal Article: 8 pages)

Citation: Kilpatrick, D., Ruggiero, K., Acierno, R., Saunders, R., Resnick, H., Best, C. **Violence and Risk of PTSD, Major Depression, Substance Abuse/Dependence, and Comorbidity: Results from the National Survey of Adolescents.** Journal of Consulting and Clinical Psychology 71(4): 692-700, 2003.

Abstract: This study provides prevalence, comorbidity, and risk-factor data for posttraumatic stress disorder (PTSD), major depressive episode (MDE), and substance abuse/dependence (SA/D). PTSD was more likely to be comorbid than were MDE and SA/D. Results generally support the hypothesis that exposure to interpersonal violence (i.e. physical assault, sexual assault, or witnessed violence) increases the risk of these disorders and of diagnostic comorbidity. (authors)

Resource #: 012283 (Report: 15 pages)

Citation: Kilpatrick, D., Saunders, B., Smith, D. **Youth Victimization: Prevalence and Implications.** Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, 2003.

Abstract: This study examined the prevalence and implications of youth victimization in the U.S.. Through a national survey of adolescents, researchers examined the prevalence of sexual assault, physical assault, physically abusive punishment, and witnessing an act of violence and subsequent effects on mental health, substance use, and delinquent behavior problems. Gender-and racial/ethnic-specific findings are translated into national estimates. The study found that a clear relationship exists between youth victimization and mental health problems and delinquent behavior.

Available from: U.S. Department of Justice, Office of Justice Programs, 810 Seventh Street, NW, Washington, DC 20531, <http://www.ojp.usdoj.gov/nij>

Resource #: 015498 (Journal Article: 18 Pages)

Citation: Loeber, R., Wei, E., Stouthamer-Loeber, M., Huizinga, D., Thornberry, T. **Behavioral Antecedents to Serious and Violent Offending: Joint Analyses from the Denver Youth Survey, Pittsburgh Youth Study and the Rochester Youth Development Study.** Studies on Crime and Crime

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Prevention 8(2): 245-263, 1999

Abstract: The present study aims to replicate developmental pathways to serious and violent juvenile delinquency, as previously documented in the Pittsburgh Youth Study. Replication analyses were undertaken with longitudinal data on adolescent males from the two companion studies: the Denver Youth Survey and the Rochester Youth Development Study. Steps two and higher of the Overt and the Covert Pathways were assessed across studies (i.e. physical fighting and violence in the Overt Pathway; property damage, moderately serious delinquency and serious delinquency in the Covert Pathway) authors.

Resource #: 015776 (Journal Article: 6 pages)

Citation: Madrid, P., Garfield, R., Jaber, P., Daly, M., Richard, G., Grant, R. **Mental Health Services in Louisiana School-Based Health Centers Post-Hurricanes Katrina and Rita.** Professional Psychology Research and Practice 39(1): 45-51, 2008.

Abstract: Following Hurricanes Katrina and Rita, Louisiana school-based health centers (SBHCs) were called on to respond to a sharp increase in mental health needs, especially for displaced students coping with grief, loss, trauma, and uncertainty. To assess the impact of the hurricanes on the students and the needs of SBHC mental health providers (MHPs), we surveyed MHPs in each of the SBHCs under the auspices of the Louisiana Department of Health and Hospitals, Office of Public Health. SBHC practitioners from around the state reported that mental health service utilization rose during the 2005-2006 school year, but utilization of services increased most significantly in schools receiving the majority of displaced students. Anxiety and adjustment problems were noted as increasing the most following the hurricanes. A multitude of other conditions was also reported. By the time of this survey in April 2006, the reported prevalence of most symptoms had declined, but all remained above their pre-hurricane levels. Self-reported needs of SBHC MHPs are also discussed in light of the major natural disasters (authors).

Resource #: 014220 (Report: 8 pages)

Citation: Mahoney, K., Ford, J., Ko, S., Siegfried, C. **Trauma-Focused Interventions for Youth in the Juvenile Justice System.** Los Angeles, CA: National Child Traumatic Stress Network, 2004.

Abstract: This report is part of a series of publications on the topic of trauma and youth. Covered in this report are: pretreatment assessment, trauma-focused interventions, treatment of co-occurring disorders, family-based interventions and group-based interventions.

Resource #: 013771 (Journal Article: 9 pages)

Citation: Moran, P., Vuchinich, S., Hall, N. **Associations Between Types of Maltreatment and Substance Use During Adolescence.** Child Abuse and Neglect 28(5): 565-574, 2004.

Abstract: The aim of the study was to investigate associations between four categories of maltreatment and substance use among adolescents. Students at six public high schools in a rural Oregon county filled out an anonymous survey that included questions about their experience of emotional, sexual, and physical abuse and their use of a variety of substances. Results showed that all categories of mistreatment were associated with increased levels of all three categories of substance use. Results suggested that all types of maltreatment, including emotional abuse, are related to significantly higher levels of substance use and should be considered serious risk factors for substance use during adolescence. Results also indicated that the strength of association between maltreatment and substance use varies by type of maltreatment. Youth who have experienced both physical and sexual abuse are at especially high risk of substance use (authors).

Resource #: 015858 (Journal Article: 8 Pages)

Citation: Mueser, K., Taub, J. **Trauma and PTSD Among Adolescents with Severe Emotional Disorders Involved in Multiple Service Systems.** Psychiatric Services 59(5):627-634, 2008.

Abstract: This study examined the prevalence and correlates of post-traumatic stress disorder (PTSD) among adolescents with severe emotional disorders who were involved in multiple service systems.

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Sixty-nine adolescents, ages 11-17, and their primary caregivers participated in a system-of-care project in three regions of New Hampshire and were interviewed to determine adolescent trauma exposure, prevalence of PTSD, treatment history, family background, behavioral and emotional problems, functioning, caregiver strain, and strengths and resilience. The rate of current PTSD was 28%, which was underdiagnosed in adolescents' medical records. PTSD was related to gender (42% for girls and 19% for boys; $p=.03$). PTSD is a common but underdiagnosed disorder among adolescents with severe emotional and behavioral disorders who are involved in multiple service systems. Routine screening for trauma exposure and PTSD should be conducted with all adolescents receiving mental health services so that treatment can be provided to those with PTSD (authors).

Resource #: 007865 (Program Description: 16 pages)

Citation: Parker, R. **An Inpatient Program for Victims of Trauma and Abuse.** Orangeburg, NY: Rockland Children's Psychiatric Center, 1997.

Abstract: This document describes the Trauma/Abuse treatment program at Rockland Children's Psychiatric Center. The Trauma/Abuse treatment program is designed to help adolescents who have experienced some form of trauma or abuse, the symptoms of which have contributed to their hospitalization. A diagnosis of PTSD need not be present. The program is based on four principles, which are drawn from current research in the field: (1) we must treat the whole child; (2) although the effects of trauma and abuse are diverse, the central damage is to the social fabric of a child's life; (3) a cost-effective treatment for these problems is group therapy with peers who have had similar experiences; and (4) the Trauma/Abuse program relies on the training and judgment of individual staff, rather than on elaborate treatment protocols.

Resource #: 013772 (Journal Article: 6 pages)

Citation: Perkins, D., Jones, K. **Risk Behaviors and Resiliency Within Physically Abused Adolescents.** *Child Abuse and Neglect* 28(5): 547-563, 2004.

Abstract: This study examines the relationship between physical abuse and several risk behaviors, and thriving behaviors, and the relationship between potential protective factors and engagement in risk and thriving behaviors among victims of physical abuse. Three categories of potential protective factors were examined: individual characteristics, family processes, and extra-familial factors. It was expected that high levels of protective factors would reduce engagement in risk behaviors among abuse adolescents. The results showed that across all risk behaviors, abused adolescents reported a higher frequency of engagement than non-abused adolescents. The findings indicate that, with the exception of sexual activity, the majority of abused adolescents were not engaging in risk behaviors; however, significantly more abused adolescents were engaging in risk behaviors than their non-abused counterparts. In addition, that protective factors were found to exist at various levels of the adolescents' ecology has strong implications for practice (authors).

Resource #: 012250 (Journal Article: 17 pages)

Citation: Rivard, J., Bloom, S., Abramovitz, R., Pasquale, L., Duncan, M., McCorkle, Gelman, A. **Assessing the Implementation and Effects of a Trauma-Focused Intervention for Youths in Residential Treatment.** *Psychiatric quarterly* 74(2): 137-154, 2003.

Abstract: This paper describes methods being used to implement and assess the effects of a trauma-focused intervention in residential treatment programs for youth with emotional and behavioral problems, and histories of maltreatment and exposure to family or community violence. Preliminary baseline profiles of the therapeutic environments and youth are also presented. The intervention, referred to as the Sanctuary Model is based in social psychiatry, trauma theories, therapeutic community philosophy, and cognitive-behavioral approaches. Within the context of safe, supportive, stable, and socially responsible therapeutic communities, a trauma recovery treatment framework is used to teach youth effective adaptation and coping skills to replace nonadaptive cognitive, social, and behavioral strategies that may

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have emerged earlier as means of coping with traumatic life experiences.

Resource #: 015220 (Report: 83 Pages)

Citation: Sherman, F. **Pathways to Juvenile Detention Reform: Detention Reform and Girls Challenges and Solutions.** Baltimore MD: The Annie E. Casey Foundation, 2005.

Abstract: This responds to needs expressed in many jurisdictions, whether just beginning or well into detention reform, by providing principles and practices for gender-responsive detention reform. It will discuss the complex personal and social backdrop for girls in the delinquency system and look at the ways in which girls are tracked into detention at various key points in the juvenile justice process. With a map of how girls end up in detention, the monograph will examine strategies for gender-responsive detention reform focusing on key system sticking points for girls and cross-system approaches to reform. Hopefully, the lessons learned from JDAI experiences and other relevant research on girls in detention will provide jurisdictions with a starting point as they work to reduce the inappropriate detention of girls (authors).

Available from: The Annie E. Casey Foundation, 701 St. Paul Street, Baltimore MD 21202, (410)547-6600, www.aecf.org

Resource #: 015499 (Journal Article: 23 pages)

Citation: Siegel, J., Williams, L. **The Relationship Between Child Sexual Abuse and Female Delinquency and Crime: A Prospective Study.** *Journal of Research in Crime and Delinquency* 40(1): 71-94, 2003.

Abstract: Child sexual abuse has been hypothesized to be an especially significant factor in the etiology of girl's delinquency and women's crime. This article reports on a prospective study of 206 women who, in the period from 1973 to 1975, were treated in a hospital emergency room in a major city following a report of sexual abuse. Their subsequent juvenile and adult criminal records were compared to a matched comparison group. Child sexual abuse was a statistically significant predictor of certain types of offenses, but other indicators of familial neglect and abuse were significant factors as well (authors).

Resource #: 014223 (Report: 11 pages)

Citation: Siegfried, C., Ko, S., Kelley, A. **Victimization and Juvenile Offending.** Los Angeles, CA: National Child Traumatic Stress Network, 2004.

Abstract: This report is part of a series of publications on the topic of trauma and youth. Covered in this report are: rates of adolescent victimization, relation of child maltreatment to later delinquency, trauma research and recommendations.

Resource #: 013963 (Journal Article: 6 pages)

Citation: Singer, M., Anglin, T., Song, L., Lunghofer, L. **Adolescents' Exposure to Violence and Associated Symptoms of Psychological Trauma.** *Journal of the American Medical Association* 273(6): 477-482, 1995.

Abstract: The purpose of this study was to examine the extent to which adolescents are exposed to various types of violence as either victims or witnesses, and the association of such exposure with trauma symptoms; specifically, the hypotheses that exposure to violence will have a positive and significant association with depression, anger, anxiety, dissociation, posttraumatic stress, and total trauma symptoms. The study employed a survey design using an anonymous self-report questionnaire administered to high school students. The study concluded that a significant and consistent association was demonstrated linking violence exposure to trauma symptoms within a diverse sample of high school students. The finds give evidence of the need to identify and provide trauma-related services for adolescents who have been exposed to violence (authors).

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Resource #: 015491 (Journal Article: 10 pages)

Citation: Smith, P., Yule, W., Perrin, S., Tranah, T., Dalgleish, T., Clark, D. **Cognitive-Behavioral Therapy for PTSD in Children and Adolescents: A Preliminary Randomized Controlled Trial.** *Journal of American Academy of Child and Adolescent Psychiatry* 46(8): 1051-1061, 2007.

Abstract: To evaluate the efficacy of individual trauma-focused cognitive-behavioral therapy (CBT) for treating posttraumatic stress disorder (PTSD) in children and young people. Following a 4-week symptom-monitoring baseline period, 24 children and young people (8-18 years old) who met full DSM-IV PTSD diagnostic criteria after experiencing single-incident traumatic events (motor vehicle accidents, interpersonal violence, or witnessing violence) were randomly allocated to a 10-week course of individual CBT or to placement on a waitlist (WL) for 10 weeks. Compared to the WL group, participants who received CBT showed significantly greater improvement in symptoms of PTSD, depression, and anxiety, with significantly better functioning. After CBT, 92% of participants no longer met criteria for PTSD; after WL, 42% of participants no longer met criteria. CBT gains were maintained at 6-month follow-up. Effects of CBT were partially mediated by changes in maladaptive cognitions, as predicted by cognitive models of PTSD. Individual trauma-focused CBT is an effective treatment for PTSD in children and young people (authors).

Resource #: 015577 (Journal Article: 10 pages)

Citation: Smith, P., Yule, W., Perrin, S., Tranah, T., Dalgleish, T., Clark, D. **Cognitive-Behavioral Therapy for PTSD in Children and Adolescents: A Preliminary Randomized Controlled Trial.** *Journal of the American Academy of Child & Adolescent Psychiatry* 46(8): 1051-1061, 2007.

Abstract: To evaluate the efficacy of individual trauma-focused cognitive-behavioral therapy (CBT) for treating posttraumatic stress disorder (PTSD) in children and young people. Individual trauma-focused CBT is an effective treatment for PTSD in children and youth people (authors).

Resource #: 013325 (Report: 136 pages)

Citation: The National Association of State Mental Health Program Directors and the National Technical Assistance Center for State Mental Health Planning. **The Damaging Consequences of Violence and Trauma: Facts, Discussion Points, and Recommendations for the Behavioral Health System.** Alexandria, VA: the National Association of State Mental Health Program Directors, 2004.

Abstract: This document is a resource for people at the local, state, and/or federal levels who are in the process of transforming systems of care into systems that recognize and address trauma and for those who are trying to prove that a trauma-informed system of care is a priority. The findings reported in this document demonstrate clearly that trauma must be addressed on policy, practice, and educational levels so that individuals who suffer from trauma can have a better chance at recovery (authors).

Available from: The National Association of State Mental Health Program Directors (NASMHPD), 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, www.nasmhpd.org

Resource #: 015500 (Journal Article: 22 pages)

Citation: Thornberry, T., Ireland, T. **The Importance of Timing: The Varying Impact of Childhood and Adolescent Maltreatment on Multiple Problem Outcomes.** *Development and Psychopathology* 13: 957-979, 2001.

Abstract: A substantial body of literature suggests that childhood maltreatment is related to negative outcomes during adolescence, including delinquency, drug use, teenage pregnancy, and school failure. There has been relatively little research examining the impact that variation in the developmental stage during which the maltreatment occurs has on these relationships, however. In this paper, we reassess the impact of maltreatment on a number of adverse outcomes when developmentally specific measures of maltreatment—maltreatment that occurs only in childhood, only in adolescence, or in both childhood and adolescence—are considered. Data are drawn from the Rochester Youth Development Study, a broad-based longitudinal study of adolescent development. The analysis examines how maltreatment affects

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delinquency, drug use, alcohol-related problems, depressive symptoms, teen pregnancy, school dropout, and internalizing and externalizing problems during adolescence. We also examine whether the type of maltreatment experienced at various developmental stages influences the outcomes. Overall, our results suggest that adolescent and persistent maltreatment have stronger and more consistent negative consequences during adolescence than does maltreatment experienced only in childhood (authors).

Resource #: 014636 (Journal Article: 15 Pages)

Citation: VanDeMark, N.R., Russell, L.A., O'Keefe, M., Finkelstein, N., Noether, C.D., Gampel, J.C. **Children of Mothers with Histories of Substance Abuse, Mental Illness, and Trauma.** *Journal of Community Psychology* 33(4): 445-459, 2005.

Abstract: This article describes the characteristics of a sample of children of women entering treatment. These children had been exposed to domestic violence, frequent child welfare involvement, and residential instability. Parental entry into treatment affords treatment providers an opportunity to intervene early with these children, enabling them to offer supportive and preventive services and to help children build skills to avoid problems later. Treatment providers are encouraged to offer assessment and services to children of parents entering treatment, capitalizing on the opportunity to intervene early with a group of children who are at risk for problems with significant individual and social consequences (authors).

Resource #: 014221 (Report: 8 pages)

Citation: Wolpaw, J., Ford, J. **Assessing Exposure to Psychological Trauma and Post-Traumatic Stress in the Juvenile Justice Population.** Los Angeles, CA: National Child Traumatic Stress Network, 2004.

Abstract: This report is part of a series of publications on the topic of trauma and youth. Covered in this report are: clinical considerations, the juvenile justice environment and assessment approaches.