Think Trauma: A training for those in contact with Justice Involved Youth

Developed by and presented by: Dr. Monique Marrow
Adapted from “Think Trauma a Training for Staff in Juvenile Justice and Residential Settings
The National Child Traumatic Stress Network

Our Mission

The Mission of the National Child Traumatic Stress Network (NCTSN) is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

NCTSN.ORG - http://www.nctsn.org/resources/audiences/parents-caregivers
What is a potentially traumatic event?

The experience of exposure to actual or threatened death, serious injury or sexual violation AND The individual
We Learn by Experience
We Learn by Experience
Fight, Flee, or Freeze (to protect)

- Hypothalamus
- Hippocampus
- Breathing rate increases
- Heart rate and blood pressure increase
- Release of adrenaline and cortisol
We Learn by Experience
How Youth Respond to Trauma: Traumatic Stress Reactions

- Intrusion
- Avoidance
- Negative Alt in cog/mood
- Hyperarousal/Reactivity
Images, sensations, or memories of the traumatic event recur uncontrollably.

This includes
• nightmares
• disturbing thoughts
• flashbacks
• physiological reactions
• intense/prolonged psychological distress
Kari, a young man who was shot by a robber who stole his gold chain, spoke about his assailant:

I can’t get this dude out my head. I see him every day, every day. Every night I see this dude. And he’s locked up!!
How Youth Can Respond to Trauma:

AVOIDANCE SYMPTOMS

Avoidance of *internal reminders*
- thoughts, feelings, or physical sensations

Avoidance of *external reminders*
- People, places, objects
- Activities, situations, conversations
Numbing: Ian loses his fear

So a lot of things that made me scared or made me nervous, they don’t scare me no more. They don’t affect me.

Like, if a whole bunch of dudes kept on lookin’ at me, I used to feel nervous. And, if someone kept on like giving me mean looks? I used to get nervous.

It don’t happen no more. It’s like some of the feelin’ is just gone. If they look at me mean now, I look at them right back like, “What?”
How Youth Can Respond to Trauma: ALTERATIONS IN AROUSAL & REACTIVITY

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Jumpiness or quick to startle
- Problems with concentration
- Sleep disturbance
- Hyperarousal/Hypervigilance
How Youth Can Respond to Trauma:

NEGATIVE ALTERATIONS IN COGNITION/MOOD

- Inability to remember parts of traumatic event
- Persistent negative emotions
- Persistent difficulty experiencing positive emotions
- Decreased interest or participation in activities
- Feeling detached from others
- Persistent exaggerated negative expectations
- Persistent distorted blame of self or others
The Invisible Suitcase

Beliefs and expectations:

“get them before you’re paid to care”
“they get you”

“I’m no sucker to hurt me”
“It’s on the bottom”

Trauma helps shape adolescents' beliefs and expectations:

• About themselves
• About the adults who care for them
• About the world in general
How Youth Can Respond to Trauma:

DISSOCIATION

Mentally separating the self from the experience

May experience the self as detached from the body, on the ceiling, somewhere else in the room

May feel as if in a dream or unreal state
Loss Reminders

- Empty situations
- Shared activities
- Rituals
Factors which determine impact of trauma or loss

- Age of the youth
- Trauma History
- Trauma at the hand of caretakers
- Secondary adversities
Survival Coping

Victimization

Loss of personal integrity and control

Survival Coping

Dysregulation of emotions
Rigid, distorted social information-processing
Rigid, distrustful, callous behavior
Facade of aggression, oppositionality, defiance of rules, violations of laws

How Would You Cope with these Realities?
Coping Strategies...

- Think about strategies they may have used
  - to increase their sense of physical and emotional safety
  - decrease anxiety and fear
  - protect themselves from the impact of future traumas or losses
Survival Coping Strategies
Adverse Childhood Experiences and Maladaptive Coping Strategies

The Adverse Childhood Experiences Study

Dr. Felitti – Kaiser Permanente

Dr. Anda – Center for Disease Control and Prevention
Adverse Childhood Experiences N=17,337

- Psychological: 11%
- Physical: 28%
- Sexual abuse: 21%
- Emotional Neglect: 15%
- Physical Neglect: 10%
- Substance Abuse: 27%
- Parental Abandonment: 23%
- Mental Illness: 17%
- Battered Mother: 13%
- Criminal Behavior: 6%
Negative Coping Mechanisms

- Smoking
- Severe obesity
- Suicide attempts
- Alcoholism
- Drug abuse
- 50+ sex partners
- Repetition of original trauma
- Self Injury
- Eating disorders

ACE Score → Risk for these
At 5 years: Recurrence rate for penetrating trauma: 44%

Mortality rate: 20%
Behaviors as Coping Mechanisms

Youth shot, stabbed, or assaulted → Treated in ER Dept.

Adverse childhood experiences

Get weapon/self medicate → Acute stress & PTSD

Retaliation or reinjury

Admitted to inpatient surgical service → Discharged to the street

Jail → Death

Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color (2010) (www.nonviolenceandsocialjustice.org)
Trauma pipeline for Girls

- Sexual Abuse - trafficked CW pl
- Unaddressed trauma - MH PH issues
- Reactive Behavior/ survival coping
- Release untreated to community symptoms/sit return
- Trauma reminders/new abuse
- Enter JJ(prostitution, status off IPV, incorrigible/run truant)

THE SEXUAL ABUSE TO PRISON PIPELINE: THE GIRLS’ STORY
93% of juvenile offenders reported at least one or more traumatic experiences.

The average number of different traumas reported was six.

Youth in the JJ population have rates of PTSD comparable to those of service members returning from Iraq.
Homeless youth are at greater risk for experiencing trauma than other adolescents. *Especially females*

Special Needs youth are 10 times more likely to be abused than their typically developing counterparts.

LGBTQ contend with violence directed at them in response to suspicion about or declaration of their sexual orientation and gender identity.
girls’ behavioral reaction to sexual abuse and trauma is criminalized, reinforcing the sexual abuse to prison pipeline.

40% of incarcerated girls identify as (LGBT/GNC) Compared to 14% of boys
Multi-System Youth: Child Welfare and Juvenile Justice

- Maltreatment is a risk factor for delinquent behavior.¹
- Children of color and females are disproportionately represented in crossover population
- Educational, mental health, and substance abuse problems are prevalent.¹
- Many youth are in foster care for long periods of time.¹
- Lack of cross-system communication leads to many youth falling through the cracks.¹
- Outcomes include recidivism, adult criminal justice involvement, mental health and substance abuse problems, and need for public assistance.²
What Supports Resilience?

Resiliency is the ability to recover from trauma.

- Family Support
- Peer Support
- Competence
- Self-efficacy
- Self-esteem
- School Connectedness
- Spiritual Belief
Contact Us

Presenter: Dr. Monique Marrow
Presenter’s Email: marrow.traumaticstress@gmail.com
Citations


- Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color (2010) (www.nonviolenceandsocialjustice.org)


- Footnotes: Bullets 3-5: (Halemba and Siegel, 2011; Saeteurn and Swain, 2009; Herz and Ryan, 2008; Halemba et al., 2004; Kelley, Thornberry, and Smith, 1997)


Citations

- Footnotes multisystem youth slide: Bullets 3-5: (Halemba and Siegel, 2011; Saeteurn and Swain, 2009; Herz and Ryan, 2008; Halemba et al., 2004; Kelley, Thornberry, and Smith, 1997)


