

Working with Traumatized Children and Families: Integrating a Cultural Perspective



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"Every adversity, every failure, every heartache carries with it the seed of an equal or greater benefit."

Napoleon Hill

Prevalence of Trauma— United States

- ❑ Each year in the United States, more than 1,400 children—nearly 2 children per 100,000—die of abuse or neglect.

- ❑ In 2005, 899,000 children were victims of child maltreatment. Of these:
 - 62.8% experienced neglect
 - 16.6% were physically abused
 - 9.3% were sexually abused
 - 7.1% endured emotional or psychological abuse
 - 14.3% experienced other forms of maltreatment (e.g., abandonment, threats of harm, congenital drug addiction)

Prevalence of Trauma— United States

- ❑ One in four children/adolescents experience at least one potentially traumatic event before the age of 16.¹
- ❑ In a 1995 study, 41% of middle school students in urban school systems reported witnessing a stabbing or shooting in the previous year.²
- ❑ Four out of 10 U.S. children report witnessing violence; 8% report a lifetime prevalence of sexual assault, and 17% report having been physically assaulted.³

1. Costello et al. (2002). *J Traum Stress*;5(2):99-112.

2. Schwab-Stone et al. (1995). *J Am Acad Child Adolesc Psychiatry*;34(10):1343-1352.

3. Kilpatrick et al. (2003). US Dept. Of Justice. <http://www.ncjrs.gov/pdffiles1/nij/194972.pdf>.

Other Sources of Ongoing Stress

- Children in the child welfare system frequently face other sources of ongoing stress that can challenge workers' ability to intervene. Some of these sources of stress include:
 - Poverty
 - Discrimination
 - Separations from parent/siblings
 - Frequent moves
 - School problems
 - Traumatic grief and loss
 - Refugee or immigrant experiences

Variability in Responses to Stressors and Traumatic Events

- ❑ The impact of a potentially traumatic event is determined by both:
 - The objective nature of the event
 - The child's subjective response to it
- ❑ Something that is traumatic for one child may not be traumatic for another.

Variability in Responses to Stressors and Traumatic Events

- The impact of a potentially traumatic event depends on several factors, including:
 - The child's age and developmental stage
 - The child's perception of the danger faced
 - Whether the child was the victim or a witness
 - The child's relationship to the victim or perpetrator
 - The child's past experience with trauma
 - The adversities the child faces following the trauma
 - The presence/availability of adults who can offer help and protection

Effects of Trauma Exposure on Children

- ❑ When trauma is associated with the failure of those who should be protecting and nurturing the child, it has profound and far-reaching effects on nearly every aspect of the child's life.
- ❑ Children who have experienced the types of trauma that precipitate entry into the child's world typically suffer impairments in many areas of development and functioning.

Effects of Trauma Exposure on Children

- ❑ Attachment: children feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.
- ❑ Biology: children may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain. They may exhibit unexplained physical symptoms and increased medical problems.
- ❑ Mood regulation: children exposed to trauma can have difficulty regulating their emotions as well as difficulty knowing and describing their feelings and internal states.

Effects of Trauma Exposure on Children

- ❑ **Dissociation**: Some children experience a feeling of detachment or depersonalization, as if they are “observing” something happening to them that is unreal.
- ❑ **Behavioral control**: children can show poor impulse control, self-destructive behavior, and aggression towards others.
- ❑ **Cognition**: children can have problems focusing on and completing tasks, or planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.
- ❑ **Self-concept**: children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.

Long-Term Effects of Childhood Trauma

- ❑ In the absence of more positive coping strategies, children who have experienced trauma may engage in high-risk or destructive coping behaviors.
- ❑ These behaviors place them at risk for a range of serious mental and physical health problems, including:
 - Alcoholism
 - Drug abuse
 - Depression
 - Suicide attempts
 - Sexually transmitted diseases (due to high risk activity with multiple partners)
 - Heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease

Trauma and the Brain

- ❑ Trauma can have serious consequences for the normal development of children's brains, brain chemistry, and nervous system.
- ❑ Trauma-induced stress can adversely effect brain development, cognitive and academic skills, and language acquisition.
- ❑ Traumatized children and adolescents display changes in the levels of stress hormones similar to those seen in combat veterans.
 - These changes may affect the way traumatized children and adolescents respond to future stress in their lives, and may also influence their long-term health.

Trauma and the Brain

- ❑ In **early childhood**, trauma can be associated with reduced size of the cortex.
 - The cortex is responsible for many complex functions, including memory, attention, perceptual awareness, thinking, language, and consciousness.
- ❑ Trauma may affect “cross-talk” between the brain’s hemispheres, including parts of the brain governing emotions.
 - These changes may affect IQ, the ability to regulate emotions, and can lead to increased fearfulness and a reduced sense of safety and protection.

Trauma and the Brain

- ❑ In **school-age children**, trauma undermines the development of brain regions that would normally help children:
 - Manage fears, anxieties, and aggression
 - Sustain attention for learning and problem solving
 - Control impulses and manage physical responses to danger, enabling the adolescent to consider and take protective actions
- ❑ As a result, children may exhibit:
 - Sleep disturbances
 - New difficulties with learning
 - Difficulties in controlling startle reactions
 - Behavior that shifts between overly fearful and overly aggressive

Trauma and the Brain

- In **adolescents**, trauma can interfere with development of the prefrontal cortex, the region responsible for:
 - Consideration of the consequences of behavior
 - Realistic appraisal of danger and safety
 - Ability to govern behavior and meet longer-term goals

- As a result, adolescents who have experienced trauma are at increased risk for:
 - Reckless and risk-taking behavior
 - Underachievement and school failure
 - Poor choices
 - Aggressive or delinquent activity

Source: American Bar Association. (January 2004). Adolescence, Brain Development and Legal Culpability,¹⁵
Available at: <http://www.abanet.org/crimjust/juvisus/Adolescence.pdf>

We live in a
multicultural society
and this diversity
enriches all of us...

The Influence of Culture on Trauma

- ❑ Social and cultural realities strongly influence children's risk for—and experience of—trauma.
- ❑ Children and adolescents from minority backgrounds are at increased risk for trauma exposure and subsequent development of PTSD.
- ❑ In addition, children's, families' and communities' responses to trauma vary by group.

The Influence of Culture on Trauma

- ❑ Many children who enter the child welfare system are from groups that experience:
 - Discrimination
 - Negative stereotyping
 - Poverty
 - High rates of exposure to community violence
- ❑ Social and economic marginalization, deprivation, and powerlessness can create barriers to service.
- ❑ These children can have more severe symptomatology for longer periods of time than their majority group counterparts.

The Influence of Culture on Trauma

- ❑ People of different cultural, national, linguistic, spiritual, and ethnic backgrounds may define “trauma” in different ways and use different expressions to describe their experiences.
- ❑ Child welfare workers’ own backgrounds can influence their perceptions of child traumatic stress and how to intervene.
- ❑ Assessment of a child’s trauma history should always take into account the cultural background and modes of communication of both the assessor and the family.

The Influence of Culture on Trauma

- ❑ Some components of trauma response are common across diverse cultural backgrounds. Other components vary by culture.
- ❑ Strong cultural identity and community/family connections can contribute to strength and resilience in the face of trauma or they can increase children's risk for and experience of trauma.
- ❑ For example, shame is a culturally universal response to child sexual abuse, but the victim's experience of shame and the way it is handled by others (including family members) varies with culture.

The Influence of Culture on Trauma: Shame

- Lisa Aronson Fontes¹ has described the various components of shame that are affected by culture:
 - Responsibility for the abuse
 - Failure to protect
 - Fate
 - Damaged goods
 - Virginity
 - Predictions of a shameful future
 - Revictimization
 - Layers of shame

1. Fontes. (2005). *Child Abuse and Culture*. NY: Guilford Press.

What Can We Do?

- ❑ Understand that social and cultural realities can influence children's risk, experience, and description of trauma.
- ❑ Recognize that strong cultural identity can also contribute to resilience of children, their families, and their communities.
- ❑ Ensure that referrals for therapy are made to therapists who are culturally competent.

What Can We Do?

- ❑ When arranging care, work to locate a kinship that embraces the child's cultural identity and has the knowledge, skills, and resources to help children.
- ❑ Consider how your own knowledge, experience, and cultural frame may influence your perceptions of traumatic experiences, their impact, and your choices of intervention strategies.
- ❑ Utilize resources the family trusts to supplement available services (indigenous healing).

*Children are the living
messages we send to a time
we will not see.*

*~Neil Postman, *The Disappearance
of Childhood* (introduction), 1982*

The Influence of Developmental Stage

- ❑ Child traumatic stress reactions vary by developmental stage.
- ❑ Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.
- ❑ This may reduce children's capacity to explore the environment and to master age-appropriate developmental tasks.
- ❑ The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

The Influence of Developmental Stage: Young Children

- **Young children** who have experienced trauma may:
 - Become passive, quiet, and easily alarmed
 - Become fearful, especially regarding separations and new situations
 - Experience confusion about assessing threat and finding protection, especially in cases where a parent or caretaker is the aggressor
 - Regress to recent behaviors (e.g., baby talk, bed-wetting, crying)
 - Experience strong startle reactions, night terrors, or aggressive outbursts

The Influence of Developmental Stage: School-Age Children

- **School-age children** with a history of trauma may:
 - Experience unwanted and intrusive thoughts and images
 - Become preoccupied with frightening moments from the traumatic experience
 - Replay the traumatic event in their minds in order to figure out what could have been prevented or how it could have been different
 - Develop intense, specific new fears linking back to the original danger

The Influence of Developmental Stage: School-Age Children

- **School-age children** may also:
 - Alternate between shy/withdrawn behavior and unusually aggressive behavior
 - Become so fearful of recurrence that they avoid previously enjoyable activities
 - Have thoughts of revenge
 - Experience sleep disturbances that may interfere with daytime concentration and attention

The Influence of Developmental Stage: Adolescents

- In response to trauma, **adolescents** may feel:
 - That they are weak, strange, childish, or “going crazy”
 - Embarrassed by their bouts of fear or exaggerated physical responses
 - That they are unique and alone in their pain and suffering
 - Anxiety and depression
 - Intense anger

The Influence of Developmental Stage: Adolescents

- These trauma reactions may in turn lead to:
 - Aggressive or disruptive behavior
 - Sleep disturbances masked by late-night studying, television watching, or partying
 - Drug and alcohol use as a coping mechanism to deal with stress
 - Over- or under-estimation of danger
 - Expectations of maltreatment or abandonment
 - Difficulties with trust
 - Increased risk of revictimization, especially if the adolescent has lived with chronic or complex trauma

The Influence of Developmental Stage: Adolescents, Trauma, & Substance Abuse

- Adolescents who have experienced trauma may use alcohol or drugs in an attempt to avoid overwhelming emotional and physical responses. In these teens:
 - Reminders of past trauma may elicit cravings for drugs or alcohol.
 - Substance abuse further impairs their ability to cope with distressing and traumatic events.
 - Substance abuse increases the risk of engaging in risky activities that could lead to additional trauma.
- Must address the links between trauma and substance abuse and consider referrals for relevant treatment(s).

The Influence of Developmental Stage: Specific Adolescent Groups

- **Homeless youth** are at greater risk for experiencing trauma than other adolescents.
 - Many have run away to escape recurrent physical, sexual, and/or emotional abuse
 - Female homeless teens are particularly at risk for sexual trauma
- **Special needs adolescents** are 2 to 10 times more likely to be abused than their typically developing counterparts.
- **Lesbian, gay, bisexual, transgender or questioning (LGBTQ) adolescents** contend with violence directed at them in response to suspicion about or declaration of their sexual orientation and gender identity

What Can We Do?

- ❑ Recognize the signs and symptoms of child traumatic stress and how they vary in different age groups.
- ❑ Recognize that children's "bad" behavior is sometimes an adaptation to trauma.
- ❑ Understand the impact of trauma on different developmental domains.

What Can We Do?

- ❑ Understand the cumulative effect of trauma.
- ❑ Gather and document psychosocial information regarding all traumas in the child's life to make better-informed decisions.
- ❑ Assist parents and caregivers who have secondary adversities and traumatic experiences of their own.
- ❑ Make a special effort to integrate cultural practices and culturally responsive mental health services.
- ❑ Identify and build on parent and caregiver protective factors.

What Can We Do?

- ❑ Lessen the risk of secondary trauma by serving as a protective and stress-reducing buffer for children:
 - Develop *trust* with children through listening, frequent contacts, and honesty in order to mitigate previous traumatic stress.
 - Avoid repeated interviews, especially about experiences of sexual abuse.
 - Avoid making professional promises that, if unfulfilled, are likely to increase traumatization.

Core Components of Trauma-Informed, Evidence-Based Treatment

- ❑ Building a strong therapeutic relationship
- ❑ Psychoeducation about normal responses to trauma
- ❑ Parent support, conjoint therapy, or parent training
- ❑ Emotional expression and regulation skills
- ❑ Anxiety management and relaxation skills
- ❑ Cognitive processing or reframing

Core Components of Trauma-Informed, Evidence Based Treatment

- ❑ Construction of a coherent trauma narrative
- ❑ Strategies that allow exposure to traumatic memories and feelings in tolerable doses so that they can be mastered and integrated into the child's experience
- ❑ Personal safety training and other important empowerment activities
- ❑ Resilience and closure

Examples of Evidence-Based Treatments

- ❑ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- ❑ Parent-Child Interaction Therapy (PCIT)
- ❑ Abuse-Focused Cognitive Behavioral Therapy (AF-CBT)
- ❑ Child-Parent Psychotherapy (CPP)
 - There are many different evidence-based trauma-focused treatments. A trauma-informed mental health professional should be able to determine which treatment is most appropriate for a given case.

*"Free the child's potential, and you will transform him into the world."
- Maria Montessori*

*"All of us have moments in our childhood where we come alive for the first time. And we go back to those moments and think, 'This is when I became myself.'"
- Rita Dove*

Support and promote positive and stable relationships

- ❑ Being separated from an attachment figure, particularly under traumatic and uncertain circumstances, can be very stressful for a child.
- ❑ In order to form positive attachments and maintain psychological safety, establishing permanency is critical.
- ❑ Child workers can play a huge role in encouraging and promoting the positive relationships in a child's life in minimizing the extent to which these relationships are disrupted by constant changes.

Client Assumptions

- ❑ What are some basic assumptions you make about traumatized children and families?
- ❑ How have you validated those assumptions?



Culturally/Trauma-Informed Assessment

- In a culturally appropriate trauma-informed assessment, one needs to address:
 - a family's preferred language
 - cultural beliefs
 - current community
 - social support system
 - socioeconomic status
 - preconceived notions about mental health treatment
 - specific trauma history

Recommendations for Working with Populations with Special Considerations

- Meet with special population members to identify specific needs of the community
- Learn more about the native healers-or the general way the community uses and accesses care

Manson, 1995

Recommendations for Working with Populations with Special Considerations

- ❑ Learn all about the community, strengths and weaknesses
- ❑ Use the communication style of the community
- ❑ Maintain your awareness as you work with a special population.

Ethnic/Cultural Groups/Minorities

- ❑ Cultural differences lead to different health-seeking behaviors
- ❑ Tendency for more physical complaints as expressions of psychological distress
- ❑ Stigma toward mental health/substance abuse
- ❑ Previous exposure to trauma may worsen coping with current trauma
- ❑ Difficulty navigating benefit system

Factors of Ethnic/Cultural Groups/Minorities Influencing Disaster Response and Recovery

- Dominant language used within households
- Family structure
- Willingness to access services
- Location of services

Adapted from CMHS Disaster & Crisis Mental Health Populations With Special Considerations presentation

Basic Principles in Working with Ethnic/Cultural Groups/Minorities

- ❑ Use bilingual and bicultural workers
- ❑ Access to trained interpreters
- ❑ Maintain awareness of immigration experience and status
- ❑ Identify and utilize family values and support systems
- ❑ Be cognizant of cultural values and traditions.

*Adapted from CMHS Disaster & Crisis
Mental Health Populations
With Special Considerations presentation*

Basic Principles in Working with Ethnic/Cultural Groups/Minorities

- ❑ Recognize & respect differences
- ❑ Understand cultural definitions of behavioral health, well-being, coping, and recovery
- ❑ Provide services and information in primary languages.

Adapted from CMH Disaster & Crisis Mental Health Populations with Special Considerations presentation.

QUESTIONS/COMMENTS...

Thank you!

"Dum spiro, spero (Latin)"

"While I breath, I hope"

Latin Proverb