The Effects of Trauma Exposure; Inter-Generationally Speaking

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“Trauma is when we have encountered an out of control, frightening experience that has disconnected us from all sense of resourcefulness or safety or coping or love.”

~Tara Brach, 2011
Addressing Childhood Traumas

Addressing traumas that adults may have experienced as children, the effects trauma may have on those children as youth and adults - and the likelihood of passing that trauma on to future generations is very important...
With our Trauma Lens...
Trauma Categories

- Primary (Direct) Trauma
- Secondary (Indirect) Trauma
- Acute
- Chronic
- Complex
- Vicarious/Secondary Trauma

www.nctsn.org
Sources of Trauma

Trauma can affect: victim, witness, perpetrator, professionals, and communities

- Sexual, Physical, or Emotional Abuse
- Neglect, whether physical, medical, emotional, educational
- Traumatic grief, loss, or abandonment of a loved one
- Interpersonal or Domestic Violence
- Emotional/Psychological Maltreatment
- Medical Trauma
- Human events......
- Serious Accidents
- Natural Disasters
- Man-made Disasters
- Military Combat
- Community or School Violence
- Terrorism or Refugee Trauma

www.acestudy.org
The ACE Study – the Center of Disease Control’s (CDC) Adverse Childhood Experiences Study – has been showing up everywhere. It has become a catch phrase in social services, public health, education, juvenile justice, mental health, pediatrics, criminal justice and even business. People have said that just like people wanting to know their cholesterol score, so should everyone know their ACE score.

But what IS the ACE Study?

www.acestudy.org

http://acestoohigh.com/2012/10/03/the-adverse-childhood-experiences-study
Adverse Childhood Experiences
Birth to 18 Include

NEGLECT OF CHILD
• PHYSICAL NEGLECT
• EMOTIONAL NEGLECT

ABUSE OF THE CHILD
• EMOTIONAL ABUSE
• PHYSICAL ABUSE
• SEXUAL ABUSE

TRAUMA IN CHILD’S HOUSEHOLD
• ALCOHOL OR DRUG USE BY HOUSEHOLD MEMBER
• CHRONICALLY DEPRESSED, EMOTIONALLY, DISTURBED OR SUICIDAL HOUSEHOLD MEMBER
• MOTHER (OR OTHER ADULT OR SIBLING OR CHILD) TREATED VIOLENTLY
• IMPRISONED HOUSEHOLD MEMBER
• NOT RAISED BY BOTH BIOLOGICAL PARENTS (SEPARATION OR DIVORCE, NATURAL DEATH, SUICIDE OR ABANDONMENT)
ACE Study

Adverse Childhood Experiences play a significant role in determining the likelihood of the ten most common causes of death in the United States.

ACE Score of 0 - majority of adults have few, if any, risk factors for these diseases.

ACE Score of 4 or more - majority of adults have multiple risk factors for these...
Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
63% of the people who participated in the study had experienced at least one category of childhood trauma. Over 20% experienced 3 or more categories of Adverse Childhood Experiences (ACEs) - Remember who the participants were!

28% experienced physical abuse
27% grew up with someone in the household using alcohol and/or drugs
23% lost a parent due to separation or divorce.
21% experienced sexual abuse
19% grew up with a mentally-ill person in the household
15% experienced emotional neglect
ACE impacts...

A child with an ACE score of 3 or more:

• Have language difficulties
• Designated to special education more frequently
• Score lower on standardized tests
• Be suspended or expelled more
• Be 2 ½ times more likely to fail a grade
• Have poorer health

Adapted from Dr. Robert Anda, MD, MS curriculum “Adverse Childhood Experiences and Health Across the Lifespan” - Courtesy of Chris Blodgett, PhD Washington State University & Spokane, WA
ACE Score of 4 or more

May impact a lifetime:

• 240% greater risk of hepatitis
• 250% increase of sexually transmitted disease, which increases with score
• 390% more likely to develop COPD (emphysema or chronic bronchitis)
• 460% more likely to suffer from depression
• 1,220% increase in suicide attempts, with higher ACE scores that went up 3,000-5,100%
History of Family Dysfunction and Instability/ Trauma and Violence
• 61.1% Someone in the home with a drinking problem
• 46.8% Someone in the home with drug problem
• 47.2% Someone in the home with mental Illness
• 61.1% Parents Divorced
• 18.3% Father Incarcerated
• 9.3% Mother Incarcerated
• 52.5% Ran away from home before age 18
• 14.9% Often did not have enough to eat
• 66.4% Child Physical and/or Sexual Abuse
• 42.9% Father violent in the home
• 28.6% Mother violent in the home

Trauma and Violence in Adulthood
• 71.1% experienced Domestic Violence
• 36.2% had been raped past the age of 18

Mental Health and Substance Abuse
• 1,284 offenders received DOC during FY2009, 63% were assessed with a moderate to high need for substance abuse treatment
• 2,651 in DOC end FY2009, 69% were assessed with a history of or currently being treated for mental health disorders
• 1,471 monthly received psychototropic medications; 4.12 per offender per month

2,264 women; 6,792 children
4,441 under age 18
Cumulative Trauma

The behaviors (also symptoms of Child Traumatic Stress and PTSD) that were used as coping mechanisms such as...

• Dissociation that removes one from traumatic events
• Hyper-vigilance/arousal that is protective
• Self-imposed isolation that avoids betrayal of trust
• Substance use that suppresses the events

...end up as problems, some of which can amplify the likelihood that individuals will continue to experience additional trauma
Inter-Generationally Speaking...
**Definition of Inter-Generational Trauma**

Trauma that is transferred from the first generation of survivors that have experienced (or witnessed) it directly in the past to the second and further generations of offspring of the survivors via *complex post-traumatic stress symptoms* or *PTSD - Post-Traumatic Stress Disorder*.
Epigenetics

• In biology, and specifically genetics, **epigenetics** is the study of heritable changes in gene activity that are *not* caused by changes in the DNA, or RNA sequence.

• In plainer language, epigenetics is the study of changes in the expression of genes caused by certain base pairs in DNA, being "turned off" or "turned on" again, through chemical reactions.
Genetics and Epigenetics

What is Genetics?

You probably know that you have inherited your DNA from your parents. Genes within your DNA control how your body works.

What is Epigenetics?

New research shows that you also inherit the effects of your parents’ lifestyle and exposures as “tags” on your DNA. This is called epigenetics. These tags affect how the genes in your DNA function.

Your own environmental exposures and lifestyle also affect these tags.
Your own environmental exposures and lifestyle also affect these tags.

Consider these twins:

Identical twins are clones. They are born with the same sequence of DNA. When twins are young they look the same. Even mannerisms may be the same.

As twins get older, they have different environmental exposures. What they eat and their activities are not identical. This can lead to different body features such as obesity, and different diseases such as heart disease and cancer.

Diet, exercise and exposure to harmful things like smoke and UV rays from the sun can change your epigenetic tags. You are especially vulnerable to epigenetic changes during critical periods like puberty and pregnancy.

DNA and genes don't change. But living a healthy lifestyle will influence your epigenetic tags and improve your health.

The Center for Ecogenetics and Environmental Health, 12/2011, NIEHS Grant #ES07033
Factors That May Affect the Consequences of Child Trauma on Adult Survivors:

- the age and/or developmental stage at which maltreatment occurred
- the severity of maltreatment
- the type(s) of abuse and/or neglect
- the victim/survivor's perceptions of the abuse
- the relationship the victim/survivor had (or has) with the perpetrator
- positive or protective factors that may have lessened the effects of maltreatment

Bromfield & Higgins, 2005; Miller-Perrin & Perrin, 2007; Price-Robertson et al., 2013
ACE Impacts

ACE- Adverse Childhood Experiences
- Abuse and Neglect (e.g., psychological, physical, sexual)
- Household Dysfunction (e.g., domestic violence, substance abuse, mental illness)

Impact on Child Development
- Neurobiological Effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial Effects (e.g., poor attachment, socialization and self-efficacy)
- Health Risk Behaviors (e.g., smoking, obesity, substance abuse, promiscuity)

LONG-TERM CONSEQUENCES

Disease & Disability
- Major Depression, Suicide, PTSD
- Drug & Alcohol Abuse
- Heart Disease
- Cancer
- Chronic Lung Disease
- Sexually Transmitted Diseases
- Intergenerational transmission of abuse

Social Problems
- Homelessness
- Prostitution
- Criminal Behavior
- Unemployment
- Parenting problems
- Family Violence
- High utilization of health/social services

Mental Health Population

A TRAUMA epidemic exists among adult public mental health system’s population:

- 90% public mental health clients have been exposed; most have multiple trauma experiences
- 34 – 53% report childhood physical or sexual abuse
- 43 – 81% report some type of victimization
- 29 – 43% of people with SMI (Serious Mental Illness) diagnosed with PTSD

(Mueser et al., 2004; Mueser et al., 1998; Ibid; Kessler et al., 1995; MHA NY & NYOMH, 1995; CMHS/HRANE, 1995; Jennings & Ralph, 1997)
Domestic Violence (DV) is a common ACE

“Domestic violence is not just hitting. It is a pattern of actions that one person uses to control or dominate his or her intimate partner through violence and the threat of violence.”

“Domestic Violence is a whole pattern of actions that one person uses to dominate and control another person through physical and sexual violence, and the ongoing threat of violence.”
The Effects of Domestic Violence (DV) on Children

• Let’s imagine that some of you are a CHILD age 4 – 12 (are you a boy or girl?)

• Some of you will be the MOM

• Some of you will be the DAD

• So far, both parents have been in the home, raising the family together

• The children love both parents. And the parents say that they love one another

• Sometimes the parents get along very well. Dad is handsome and funny and makes everyone laugh. The kids want them to be together.

• BUT…the violence in this home has been going on since the oldest child was born.

AS WE READ THE DIFFERENT SITUATIONS, THINK ABOUT HOW YOU MIGHT FEEL, AND WHAT YOU MIGHT LEARN FROM EACH SITUATION.
John’s Story
You're driving home from a family picnic. You're on a narrow back road. You had a great time playing with your cousins. Your parents smiled at each other the whole time and you feel good. Things are going to work out. Your father was drinking beer all day. He and your mother are singing. There's a fork in the road and your father asks your mother which way to go. She says, "I don't know." She grabs a map and tries to open it. Your father starts screaming at her and telling her she's a stupid bitch. He accelerates and drives 90 miles an hour around a sharp curve. You notice the speedometer. Your mother pleads with him to slow down. Your little sister starts crying. Another car comes and your father slams on the brakes. You are holding on to your sister. Your father turns around and smiles at you. "Close call, huh?" You smile back.
You aren't doing so well in math class. You just can't concentrate. You get a D. You bring your report card home. Your mother tells you that you shouldn't show it to your father. Later, your father finds it. At that moment, your mother is on the phone with a friend. Your father calls you into the living room and asks you why you're doing so badly. You say you don't know. He keeps asking you. When you don't answer he gets very angry. He takes off his belt and hits you across the legs. Your mother comes running in and physically tries to stop him. He throws her to the ground. He says to her, "Maybe if you weren't so busy yacking on the phone all the time, my kid would be doing better in school." He tells you that you better answer him next time he asks you a question. The next night your mother offers to help you with your math homework.
WHO ARE YOU AND HOW OLD ARE YOU?

• WHAT ACTIONS OR BEHAVIORS HURT THE MOST?
• IN WHAT WAY?
• WHAT WERE THE MOST CONFUSING?
• WHAT DOES THIS TELL YOU ABOUT THE WORLD?
• HOW DO YOU FEEL?
Myths, Misconceptions or Triggers? Causes for DV...

- Stress
- Alcohol or drugs
- Something the victim did
- Anger
- Jealousy
- Problems in communication
- Insecurity

Discussion: How do Adverse Childhood Experiences and Trauma play into Domestic Violence?
Effects of DV on the Victim

What would her days be like?

• No privacy
• Constant fear for herself and her children
• No security in terms of her sense of safety, stability
• Insulted, humiliated, embarrassed
• Having the rules she sets for the children undermined or changed
• No help with the children
• No time for herself
• Is blamed and punished for children's misbehavior
• Sees her children being punished abusively
• **NO FREEDOM**
Effects of DV on the Perpetrator

What would it be like to be him?

• Loss of trust from his partner.
• Loss of intimacy.
• Loss of respect.
• Loss of self-respect.
• Fear of getting caught.
• Possible arrest and jail-time if police are called.
• Possible loss of job and friends.
• Possible loss of partner and children.
How DV affects Parenting...

• Afraid for her children
• Feels powerless to protect them
• Feels guilty about the violence
• Blames herself for being a bad Parent
• Feels she has no authority as a Parent
• Afraid of losing her children
• Feels ashamed
• Has no privacy
• Feels undermined
When a parent is traumatized their children can be affected in two ways:

• Witnessing the parent’s trauma (e.g., domestic violence, sexual assault)
• Experiencing the post-traumatic symptoms of the parent (e.g., flashbacks, startle responses, depression, anxiety, irritability)
Children Who Experience Domestic Violence – Experience Chronic Complex Trauma

ARE AFRAID:

• afraid of the offending parent
• afraid that the non-offending parent will not or cannot protect them

RUN AWAY OR BECOMES CLINGY:

• runs away when offending parent tries to show them affection
• becomes “clingy” to the non-offending parent
Children Who Experience Domestic Violence – Experience Chronic Complex Trauma

COMMUNICATION CHANGES:
• withhold information about their lives
• won't ask the offending parent for help or support
• won't talk freely with offending parent
• lie to offending parent to protect themselves or the non-offending parent

USE VIOLENCE:
• against the offending parent
• use violence against the non-offending parent
• use violence against each other, other children, other adults
• Other people are responsible for my behavior
• I am responsible for other peoples' behavior
• Men have the right to control women
• Violence is an appropriate way to solve problems
• My mother is to blame for my father's violence
• The violence is my mother's fault

• Women have no rights
• My mother can't protect me
• Nothing is safe
• Violence is normal
• Intimidation is the way to get what you want
• Other people have the right to abuse me
• My father's violence is my fault
• It's OK to abuse my mother
Children Who Experience Domestic Violence – Experience Chronic Complex Trauma

- Regress: bedwetting, whining, temper tantrums
- Earlier childhood fears return
- Aggressive to other kids, brothers and sisters, pets
- Treat Mom like Dad treats her
- Experience problems concentrating
- Easily distracted
- Fight at school
- Get bad grades
- Lie, steal

- Withdraw and unusual shyness
- Forgetful
- Have trouble sleeping
- Very anxious
- Physical illness: stomach aches, nausea, headaches
- Easily startled
- Unable to play
- Highly sensitive to noise

(ADD) Attention Deficit Disorder, (ADHD) Attention Deficit Hyperactivity Disorder OR is it?
Developmental Cascade of Trans-generational or Inter-generational Child Maltreatment Risk

-- Frank Putnam, ‘08

Kwong and Colleagues 2003

Kwong, Bartholomew, Henderson, & Trinke, 2003; Mouzos & Makkai, 2004; Pears & Capaldi, 2001
Trauma Triggers

When people who have experienced trauma are reminded of a past event, they can experience a trauma reminder or “trigger”

• Triggers may also happen when people feel a lack of control over a situation, which can be common for parents in the child welfare system, or adults in the prison system

• A child’s needs following trauma can also trigger a parent’s own memories of loss, rejection, abandonment, abuse and weaken their parenting abilities

Adapted from NCTSN Parent Trauma Subcommittee Project “Working with Caregivers in the Child Welfare System” DRAFT
Trauma Triggers

• Triggers can lead parents to have angry or aggressive reactions to situations that seem benign to others

• Triggers can also make parents seem disengaged or numb
  o This may be because they are avoiding reminders of a traumatic event, or dissociating in response to a traumatic reminder

• Such reactions can make engaging with parents challenging

Adapted from NCTSN Parent Trauma Subcommittee Project “Working with Caregivers in the Child Welfare System” DRAFT
Using a Trauma Lens

• A parent with PTSD may project unwanted traits of herself onto her child, who then takes up the projection and identifies with it; it’s called projective identification.

• Parents who have difficulty with emotional regulation will have difficulty bonding appropriately with their child.

• Trauma-affected families also might have difficulty setting appropriate boundaries between parent and child so that the child becomes “parentified” or the caregiver of sorts.
Using a Trauma Lens

• Parents and Caregivers sometimes view working with Foster/Kinship Parents, Child Welfare Services and Treatment Services - as re-traumatizing - but WE also have the potential to support Parents’ recovery, by helping them to feel safe, giving them hope and strengthening their resilience.

These services can be TRAUMA TRIGGERS or BRIDGES to hope and healing.

• Viewing Parents and Caregivers through a Trauma Lens helps to see how traumatic experiences have influenced their perceptions, feelings and behaviors.
How do we help?

Sometimes, trauma is not transmitted inter-generationally, instead, adults and their families are able to develop resilience and adapt well in the face of adversity – and achieve post-traumatic growth.

How do we help them become these resilient families?
Preventing the transmission of trauma

Nine points that help guide a family’s therapeutic journey to success:

1. Help gain the ability to regulate emotions, especially negative ones
2. The family should have an understanding of the meaning and cause of the traumatic events
3. The parent must have "worked through" the trauma to the extent that he can “own” his experiences enough to be able to talk about them and relay them to his children in a coherent narrative with a positive message (TFCBT for children includes this narrative piece)
Preventing the transmission of trauma

4. Be willing and able to have open communication about the trauma

5. Being able to access public accounts of traumatic events to widen the family’s understanding of how others are affected

6. For many families, having suffered trauma means that they must always be prepared for disaster
7. Re-establish and develop a new sense of community, and developing strong social and family “rootedness”

8. Helping families identify with positive resilient features of surviving trauma which does not mean forgetting about the trauma but identifying the aspects that help the family go forward

9. If the child or other family members continue to experience trauma symptoms such as PTSD or guilt, individual assessment and services might be needed
Building Resilience in YOU

Doing trauma work has taught us that “...though we tend to idealize childhood as a carefree time, that youth alone offers no shield against the emotional hurts and traumas many children face.”

“The ability to thrive despite these challenges arises from the skills of resilience.”

American Psychological Association; Resilience Guide for Parents & Teachers
GOOD NEWS!!!

Resilience skills can be learned...

Building resilience – the ability to adapt well to adversity, trauma, tragedy, threats or even significant sources of stress – can help US, our children and others (family members, friends, co-workers, community members) manage stress and feelings of anxiety and uncertainty.

American Psychological Association; Resilience Guide for Parents & Teachers
10 Tips for Building Resilience

1. Make connections
2. Help yourself – or child – by helping others
3. Maintain a daily routine
4. Take a break
5. Move toward goals

American Psychological Association; Resilience Guide for Parents & Teachers
10 Tips for Building Resilience
(continued)

6. Nurture a positive self-view
7. Keep things in perspective; maintain a hopeful outlook
8. Look for opportunities for self-discovery
9. Accept that change is part of living
10. Take care of yourself...

American Psychological Association; Resilience Guide for Parents & Teachers
The Journey of Resilience

Developing resilience is a personal journey. Use your knowledge of yourself and your own children as a guide on this journey.

This approach to building resilience may work for you, or your child, but might not work for someone else.

If you, your child, or the individual you are working with seems stuck or overwhelmed and unable to use the tips listed above, you may consider talking to someone who can help.

American Psychological Association; Resilience Guide for Parents & Teachers
Regardless of age or the types of trauma experienced, healing is possible.

Parents, caregivers, friends and staff can help by creating a safe, structured, predictable, and nurturing environment.

- A direct service intervention model
- Used directly in therapy sessions
  - **PCIT**: Parent/Child Interaction Therapy
  - **TFCBT**: Trauma-Focused Cognitive Behavioral Therapy
  - **TREM**: Trauma Recovery & Empowerment Model
  - Sanctuary
  - Seeking Safety
  - Strengthening Families
It finally boils down to this: “...hurt people hurt people.
If we want to stop people from getting hurt, then as a society, we are going to have to stop hurting children.”

~ Sandra Bloom; Creating Sanctuary
Whatever you do, hold on to hope! The tiniest thread will twist into an unbreakable cord.

Let hope anchor you in the possibility that this is not the end of your story, that change will bring you to peaceful shores.