# NEARI NEWS: TRANSLATING RESEARCH INTO PRACTICE

An Essential Tool for Professionals Working with those who Sexually Abuse or...A Great New Way to Stay Current with Cutting Edge Sexual Abuse Research.

# Volume 5, Issue 4

## Dear Colleague,

This month's issue looks at a brilliant review of the research on chronic trauma and child development. Although there have been many articles on this subject, we believe that this article is one of the most comprehensive and can provide an excellent foundation, so critical for anyone working with children or adolescents who have sexually abused.

As always, if you have any questions, please don't hesitate to contact us at info@nearipress.org or call us at 413-540-0712 x14.

Sincerely, Joan Tabachnick and Steven Bengis

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# A Landmark Study on the Impact of Trauma on Children and Adolescents

by Steven Bengis, David S. Prescott, and Joan Tabachnick

#### Question

How does long-term trauma affect a child's development?

## The Research

In 2000, Annette Streeck-Fischer and Bessel van der Kolk authored a brilliant review of the research on chronic trauma and child development. They integrated object relations, attachment and cognitive development theory with biology and neuroscience to create a comprehensive and powerful picture of the multiple layers of impact that long-term (as opposed to single incident) trauma has on the development and behavioral trajectories of children and youth. The article argues convincingly that such long-term traumatic exposure frequently interferes with a child's ability to:

- play (critical to developing self-control and competence)
- develop object constancy (central to perceiving interpersonal messages accurately)
- establish attachments (with a simultaneous impact on selfregulation)
- solve life problems (e.g., generating fight/flight responses or impulsivity)
- stay in reality (i.e., dissociation, disintegration)

Referencing more recent research in biology and neuroscience, the authors discuss the impact of such trauma on the "hypothalamicpituitary-adrenal axis" and various parts of the brain. They then explain how this impact reduces a child's ability to experience life events accurately, reflect upon them, or make important rational, logical or causal connections. The authors then offer a wide variety

# FEATURED NEARI RESOURCES



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To learn more, go to <u>www.</u> <u>nearipress.org</u> or contact <u>info@nearipress.org</u> or call 413-540-0712 x14.

#### **Other NEARI Resources**

If you are interested in a comprehensive listing of resources on trauma and and children, you may want to connect to the Trauma Center by visiting the Justice Resource Institute (JRI) website. of ways this long-term trauma may present itself in a child or adolescent, including becoming developmentally regressed; selfdestructive; impulsive; anti-social; substance abusing; and suffering from major sensory, attention, and learning problems. The authors point out that all of these states serve to eliminate perceived threats and to regulate emotional distress. Based upon these findings, they conclude with a more hopeful message that describes the elements of the healing process. They include a safe environment, opportunities for non-interpersonal play and mastery, and the presence of a consistent and predictable caregiver. There have been many articles on trauma generally; Streek-Fischer and van der Kolk have provided an excellent platform for understanding all subsequent research.

#### **Implications for Professionals**

A high percentage of children and adolescents who sexually abuse have experienced long-term trauma. Too often, the diagnostic labels of ADHD, Conduct Disorder, Sensory Disorder, Learning Disabilities, and others mask the long-term trauma that this population has experienced. The result is that professionals may ascribe intentionality as well as attitude and motivational deficits to what may actually be deeply ingrained, unconscious survival strategies. Professionals working with children and adolescents who have experienced long-term trauma must bring to each child a very high level of treatment skill, a deep understanding of all the manifestations of severe trauma as well as abuse-specific interventions. Only then are we able to both manage the sexually abusive behavior and heal the trauma. It is crucial that we honor this complexity and develop the skills to implement the most effective intervention strategies.

## Implications for the Field

Twenty plus years ago, the mantra for addressing sexually abusive children and adolescents was "deal with what you have done to others first, then..." Over the years, we have learned the folly of that simplistic approach. This article reinforces the necessity of addressing trauma concomitantly in all its manifestations while establishing safety and managing risk. The perspectives advanced in this article offer an important foundation for the field and lead us to more holistic and integrated treatment approaches that create the opportunity for both healing and more effective selfregulation. The sophistication necessary to implement this approach effectively raises the bar for more comprehensive training and broader supervisory responsibilities. These holistic and integrated interventions will improve a child or adolescent's chances for a better life and will ultimately prevent future victims and improve community safety.

## Abstract

This review examines the clinical outcomes associated with exposure to chronic intrafamilial and [other] trauma and explores the treatment of the psychological, biological and cognitive sequelae. Join Our Mailing List!

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If at any time you no longer want the e-newsletter, just let us know and we will remove your name from our list.

We value your trust. We will not sell or give your contact information to any other organization. Exposure to intrafamilial violence and other chronic trauma result in pervasive psychological and biological deficits. Treatment needs to address issues of safety, stabilize impulsive aggression against self and others, promote mastery experiences, compensate for specific developmental deficits and judiciously process both the traumatic memories and trauma-related expectations.

# Citation

• Streeck-Fischer, A. & van der Kolk, B.A. (2000). Down will come baby, cradle and all: Diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry, 34*, 903-918.

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