

# ***Maltreatment and Young People***

Some Basic Facts and Tools  
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## *A little framing:*

- Applied Developmental Psych PhD
  - Not a clinician
- Experience is in working with low-income teens
  - Connecting young people with resources
  - Training staff and volunteers on how to support young people experiencing maltreatment
- Main focus: older children and adolescents
  - Much applies to adults and young children, not all
- Very brief presentation - Take away what's helpful to supplement your best judgment.

*Who are we?*

## *Who are we?*

- People who care about young people
  - Professionals, parents, friends, mentors
- People who have been influenced by trauma
  - Ourselves and people we care about
- Individuals
  - Self care is vital
  - Pay attention to how you're feeling
  - Center for Student Health and Counseling  
503-725-2800, <http://www.pdx.edu/shac/crisis-services>

# *What is Psychological Trauma?*

DSM IV:

- **“Direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing/learning of an event that involves death, injury, or a threat to the physical integrity of another person AND**
- **Intense fear, helplessness, or horror”**

# *What is Psychological Trauma?*

“Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. . . .

Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning”

*Herman, J. (1997). Trauma and Recovery. Basic Books: New York. p.33*

# *Some Types of Trauma*

Physical and Sexual Abuse

Assault

Domestic Violence

Natural Disasters

War/Genocide

.....

# *Prevalence of Trauma*

- National survey of adolescents: 23% reported having been **both a victim of assault and a witness to violence** and that over 20% met lifetime criteria for posttraumatic stress

*Kilpatrick, D. G., Saunders, B. E., Resnick, H. S., & Smith, D. W. (1995). The national survey of adolescents: Preliminary findings of lifetime prevalence of traumatic events and mental health correlates. Charleston: Medical University of South Carolina, National Crime Victims Research and Treatment Center.*

- Out of 4,023 adolescents in a national survey, 435 reported single episode of either physical or sexual abuse, 396: multiple episodes or both

*Stevens, T. N. (2005). "Variables Differentiating Singly and Multiply Victimized Youth: Results From the National Survey of Adolescents and Implications for Secondary Prevention". Child maltreatment (1077-5595), 10 (3), p. 211.*

# *Prevalence of Trauma: Vulnerable Populations*

- Higher incidences in vulnerable populations: Low-SES, homeless youth....
- A 2002 study found that of women with physical and physical and cognitive disabilities 67% experienced physical abuse and 53% experienced sexual abuse in their lifetime.
- At Lane County Psychiatric Hospital in 1998, 68% of (male and female) patients had a recorded history of childhood abuse.
- In one OSLC intervention program, 81% of adjudicated youth had documented histories of physical abuse and 84.5% had documented histories of sexual abuse. 98% of girls in detention at DYS in Lane County report abuse histories

[http://healingattention.org/presentations/pres\\_nwhs.pdf](http://healingattention.org/presentations/pres_nwhs.pdf)

# ACE Study: Implications for Adolescent Problems

## Prevalence of Individual Adverse Childhood Experiences

### Childhood Abuse:

Physical	28.3%
Sexual	20.7%
Emotional	10.5%

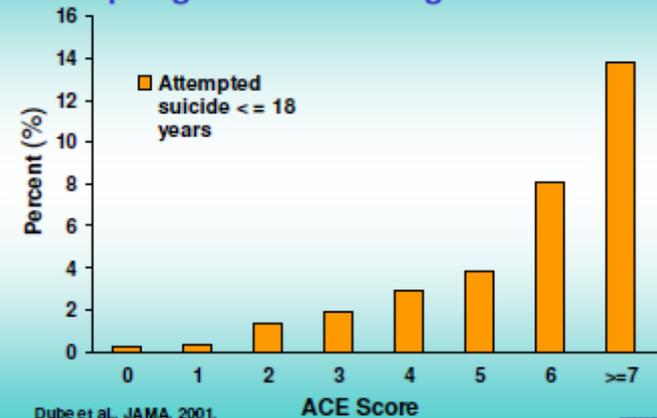
### Childhood Neglect:\*

Emotional	15.0%
Physical	10.0%

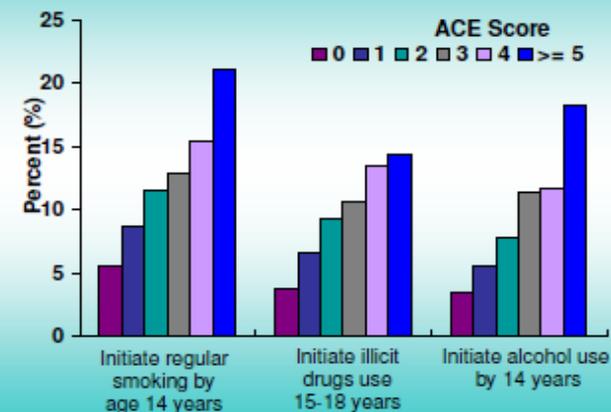
### Household Exposures

Substance abuse	26.9%
Parental separation or divorce	23.3%
Mental illness	17.3%
Battered mother	12.7%
Criminal behavior	4.7%

## Relationship Between the ACE Score and Attempting Suicide During Adolescence



## Relationship Between ACE Score and Adolescent Substance Use



N = 17,421

<http://www.cdc.gov/nccdphp/ace/>

[http://healingattention.org/presentations/pres\\_dube.pdf](http://healingattention.org/presentations/pres_dube.pdf)

## *Summary:*

- Maltreatment is more common than we might think
- Vulnerable populations are at higher risk
- Maltreatment is often part of the story behind substance abuse, delinquency/crime, homelessness, risky sex behaviors, mental health issues, etc.

# *Mandatory Reporting*

- Who is?

School personnel, after school providers, medical personnel, many state employees, counselors, almost anybody who works professionally with teens

- <http://www.oregon.gov/DHS/children/abuse/>

- Great information on mandatory reporting, also on recognizing abuse

- DHS 24 hr abuse hotline: 503-731-3100

# *Mandatory Reporting*

- Triage: limited resources, youngest children are top priority
  - Teenagers who aren't experiencing severe abuse sometimes don't get as many services.
- If you are a mandatory reporter,
  - Clarify expectations with your supervisor
  - Check to see if young people know beforehand that you are a mandatory reporter
  - They can tell you about things w/o names attached
- If you are not a mandatory reporter
  - Use resources, bring in help

## *Situation:*

You're at work, and John, a 14-year old who gets along well with you, is looking down.

You ask him if anything's wrong, and, after testing the waters a little, he launches into telling you about abuse he's experiencing at home.

What now?

[this is where you have an opportunity to make a difference for John – doesn't have to be overwhelming]

# *Being Supportive*

Don't have to fix everything – you already have the skills to be really helpful.

You might be the only person he's ever opened up to – don't be the last! If all you do is not make him regret talking to you, that's a huge deal.

There are some really simple things you can do that can make a big difference.

# *Being Supportive: Listening Well*

“Just” listening is number one:

Advice from survivors of trauma/abuse:

“The most powerful thing you can do is listen. No interruptions. No sounds. Just listen. That implies that the survivor has all the power back in their court and can do with it what they choose.”

“Being a person is more important than being a professional. Be willing to be surprised.”

[http://healingattention.org/presentations/pres\\_ecots.pdf](http://healingattention.org/presentations/pres_ecots.pdf)

# *Being Supportive: Listening Well*

- Be focused and interested. Give 100 percent of your attention. Don't look at the ceiling, fidget, etc.
- Use your nonverbal cues (facial expression, body language, etc) to express that
  - You care about them.
  - You are okay.
  - You're glad they are telling you this.
  - There's nothing wrong about who they are as a person.
- Remember: The trauma is not happening right now. Respond to the fact that they are getting help. Telling a story can be healing in and of itself.

# *Being Supportive: Don'ts*

*You might have a bunch of feelings come up – by anticipating them, you can respond to them mindfully and avoid doing things that aren't helpful, like:*

- Panic (/Looking like you're freaking out)
  - Important that they not have to take care of you
  - Embody the calm, caring, stable person that the young person needs at that moment
- Touching without permission
  - Is the hug about you or the young person?
  - Let them be in control of their body

# *Being Supportive: Don'ts*

- Telling them about your/your friend's similar experience
  - Let them tell their story first
- Blaming/questioning validity of their statement
  - Assume that everything is true, never place blame on the victim
- Making promises you can't keep
  - It might not “all be okay”, but you can honestly say you'll do everything you can to help.

# *Being Supportive: Countering common feelings, beliefs and obstacles*

- Secrecy/Silence
  - “I’m glad you told me this. Thank you for trusting me.”
- Self-blame
  - “That wasn’t okay for her/him to do that.”
  - “That was not your fault.”
- Being “broken” or dirty
  - “There is nothing wrong with you”.
- Alienation
  - “Would you like me to go with you to your school counselor?”

# *Being Supportive: Countering common feelings, beliefs and obstacles*

- Credibility

- Don't question their experience “He's such a nice guy. Are you sure that really happened?”
- Fear of getting selves/family/perpetrator into trouble
  - Allow choice of outcome, if possible
  - “It's not your job to take care of him/her”

# *Being Supportive: Self Determination Theory*

Theorized Intrinsic Psychological Needs:

- Autonomy (Freedom to act and be yourself) according to true self)
- Competence (Ability to do things, knowing what to do) you want to do)
- Relatedness (Being cared about)

Ryan, R; Deci, E. (2000). "Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being". *The American psychologist* (0003-066X), 55 (1), p. 68.

# *Being Supportive: Self Determination Theory*

- Relatedness:
  - Caring: Everything mentioned so far

# *Being Supportive: Self Determination Theory*

## Autonomy

- Validation:
  - “What a strong person you've had to be”. “How scary.”
  - Listening well is extremely validating.
- Give (and respect) choices:
  - “Do you want to think about what to do next, or do you just want to talk about what happened for now?”
  - “Is there a teacher you get long with that we can talk to?”
  - “Do you want a hug?” (If it looks like they want one, not just because you want one)

# *Being Supportive: Self Determination Theory*

## Competence

- Ability to design own help
  - “What do you want to do?”
- Provide pathways to help
  - Think about somebody to bring in
  - Depending on the situation and what they need, help them identify goals and make a plan.

# *Being Supportive: Summary*

- Most important: Listen Well: Give full attention, look like you're not freaking out and you care
- Counter beliefs/obstacles: Self Blame, Being “broken”, Secrecy, Credibility, Fear of getting in trouble, Alienation
- Self Determination theory: Care, Empower & Validate, Plan

# *Getting Help*

Think with them about who to bring in to get the assistance they need

- Teacher
- School counselor
- Case worker/your supervisor/other professional
- Crisis line – they can call, you can call, or you can call together to find resources.

Do it sooner than later – ideally before they go home, if that's not possible, within 24 hours.

# *Getting Help: Immediate Needs/Safety*

*If you are the one who's going to think about how to get help, consider....*

Need medical care? Food? Suicidal? Safe to go home?

If it's not safe to go home:

- Friends' houses
- Youth shelters and crisis lines  
(see resources @ end)
- Police or crisis services

# *Getting Help: Making a Plan*

- Identify main goal(s):
  - Short term: Safety/Crisis management
  - Long term: Healing and thriving
- Identify resources
  - Schools/institutions, social, personal, etc.
- Make a back-up plan and a follow-up plan

# *Resources*

*Crisis lines are a great, helpful way to find resources for yourself or others – don't have to be in crisis! Can just call to brainstorm.*

- Center for Student Health & Counseling
  - 503-725-2800, <https://www.pdx.edu/health-counseling/counseling>
  - Free counseling options
- Call to Safety
  - <https://calltosafety.org/services/> 503-235-5333
- Janus Youth Programs
  - Shelter, family re-unification, medical care, crisis line
  - <http://www.janusyouth.org/find-help> 503 233-8111
- Multnomah County Crisis Line
  - 503-988-4888
- 211info.org - Online database of community resources

# *Self-Care*

*Hearing about others' maltreatment can be really hard – not dealing with it won't help you or the young people you work with.*

- Who can you talk to?
  - (Partner, friends, family, counselor.....)
  - (Confidentiality: Don't need to use young person's name when describing incident)
- What makes you feel renewed?
  - (Journaling, Exercise, Meditation/Spirituality, Hobbies....)
- Think beforehand (now): What is one thing you can do while stressed to take care of yourself?

# *Summary*

- 1) Listen well, express that you care, and:  
The maltreatment wasn't okay.  
They don't have to take care of you  
They get to call the shots.
- 2) Work with them to bring in help