

Impact of Trauma on Immigrant and Homeless Youth

Julian D. Ford, Ph.D.

Center for Trauma Recovery and Juvenile Justice

Center for the Treatment of Developmental Trauma Disorders

jford@uchc.edu

Center for Children's Advocacy Webinar

April 25, 2018

Disclosure

I, Julian D. Ford, am co-owner of Advanced Trauma Solutions (ATS), Inc., Sole Licensee of the University of Connecticut for the TARGET© Treatment/Training Model

Types of Potentially Traumatic Victimization Experienced by Immigrant and Homeless Youth

- Sexual abuse
- Physical abuse
- Neglect
- Emotional abuse
- Verbal abuse
- -Bullying
- Dating Violence
- Witness to Murder
- Community Violence
- Hate Crimes
- War
- Torture
- Terrorism
- Rape/Sexual Coercion
- Kidnapping
- Assault/Mugging
- Robbery
- Ethnic Cleansing
- Property Destruction
- Witness to Family Violence

Types of Behavioral Health Problems Associated with Traumatic Poly-victimization

- Reactive Aggression
- Delinquency
- Delinquent Peer Affiliations
- School Problems/Failure
- Impulsivity
- -Oppositionality-Defiance
- Withdrawal/Isolation
- Addictions
- Non-suicidal Self-harm
- Reckless/Extreme Risk Taking
- Unresolved Grief
- Suicidality
- Depression
- Panic
- Obsessions/Compulsions
- Sexual Problems
- Eating Problems
- Sleep Problems
- Self-blame/hatred and Shame
- Hopelessness

The Story of “Daniel R”

Adapted from J. P. Mulligan, J.D. & N. Desai, J.D.

- Growing up in a Central American country, Daniel saw his brother murdered in front of him, was assaulted by gangs, and was physically/sexually abused in his family
- When fleeing alone to Mexico and the U.S., Daniel was assaulted, held captive, and placed in an “icebox” cage
- He qualified for asylum, T-visa and Special Immigrant Juvenile Status, and his father was approved as a sponsor
- Daniel was “stepped up” until he landed at Yolo Juvenile Hall, the secure (detention) placement in Woodland, CA where he remained – uncharged – for more than 1 year

The Story of “Daniel R”

Adapted from J. P. Mulligan, J.D. & N. Desai, J.D.

- One day, there was a fight in his pod. Daniel was not involved but a guard grabbed him aggressively and threw him to the ground, lying on top of Daniel in the process
- This triggered intense memories of abuse and Daniel lashed out. It took three guards to subdue him.
- He was charged with a crime by the DA and put into the juvenile justice system, prolonging his detention.
- Working with a public defender the charge was dismissed after Daniel apologized to the officer and Daniel was released by ORR (Office of Refugee Resettlement)

Traumas Experienced by “Daniel R”

Adapted from J. P. Mulligan, J.D. & N. Desai, J.D.

- Physical and sexual abuse
- Community violence, assault, witnessing horrific death
- Loss of sibling, separation from parents (his greatest fear was that his sisters/parents thought he abandoned them)
- Captivity, attempted trafficking, starvation
- Imprisonment (icebox, detention) with multiple assaults by other youths and staff (re-traumatization)

A Trauma Resource for Judges and Legal Professionals Working with Newcomer Youth

Primer for Juvenile Court Judges

A Trauma-Informed Approach to Judicial Decision-Making for Newcomer Immigrant Youth in Juvenile Justice Proceedings

<https://youthlaw.org/publication/primer-for-juvenile-court-judges/>

The Story of “Tina M”

- Tina was abandoned by her bio parents at birth due to their problems with substance use and mental health
- Tina was placed with 7 different foster families over the next 10 years, then in a residential treatment center after repeated suicide attempts and inpatient hospitalizations
- At 15, Tina was re-unified with bio mother (who had completed extensive rehab and had re-married)
- Tina was sexually abused by the step-father and ran away, living on the street while being trafficked by a pimp

Traumas Experienced by “Tina M”

- Fetal drug exposure and abandonment as a neonate
- Physical, sexual, and emotional abuse and severe physical neglect (starvation, confinement) in foster homes
- Bullying (victim/perpetrator) in school/neighborhood
- Near-death suicide attempt (hanging)
- Extensive self-harm (physical cutting and self-assault)
- Sexual abuse by step-father
- Commercial sexual exploitation
- Potentially lethal assaults by pimp, johns, and police

Trauma Resources for Professionals Working with Homeless Youth

National Network to End Family Homelessness

<https://www.bassukcenter.org/>

Psychotherapy for Commercially Sexually Exploited Children: A Guide for Practitioners and Agencies

[https://www.westcoastcc.org/wp-content/uploads/2018/10/MH Treatment Guide CS EC.pdf](https://www.westcoastcc.org/wp-content/uploads/2018/10/MH_Treatment_Guide_CS_EC.pdf)

The Toll that Post-Traumatic Survival Coping Takes On Young Children and Families

- Problems with impulsivity
- Developmental delays
- Depression
- Disrupted attachment bonding
- Dysregulated emotions
- Family secrets



The Toll that Post-Traumatic Survival Coping Takes on Poly-victimized Children's Lives

- School absence, suspension, disengagement, retention, drop-out
- Delinquent affiliations, attitudes, acts (including gang membership)
- Sensation seeking and coping via substance use, other risky behavior
- Depression, shame, hopelessness, self-as-damaged, self-harm, suicide
- Volatile, enmeshed, victimizing and /or enabling /rescuing relationships



The Toll that Post-Traumatic Survival Coping Takes on Poly-victimized Children's Health

- Obesity
- Asthma
- Autoimmune Diseases (psoriasis, ulcerative colitis, Crohn's disease, T1 diabetes)
- Mononucleosis
- Heart Disease
- Sleep Disorders
- Eating Disorders
- Sexually Transmitted Diseases



The Common Denominator in All Adolescent Post-Traumatic Behavioral/Emotional/Health Problems

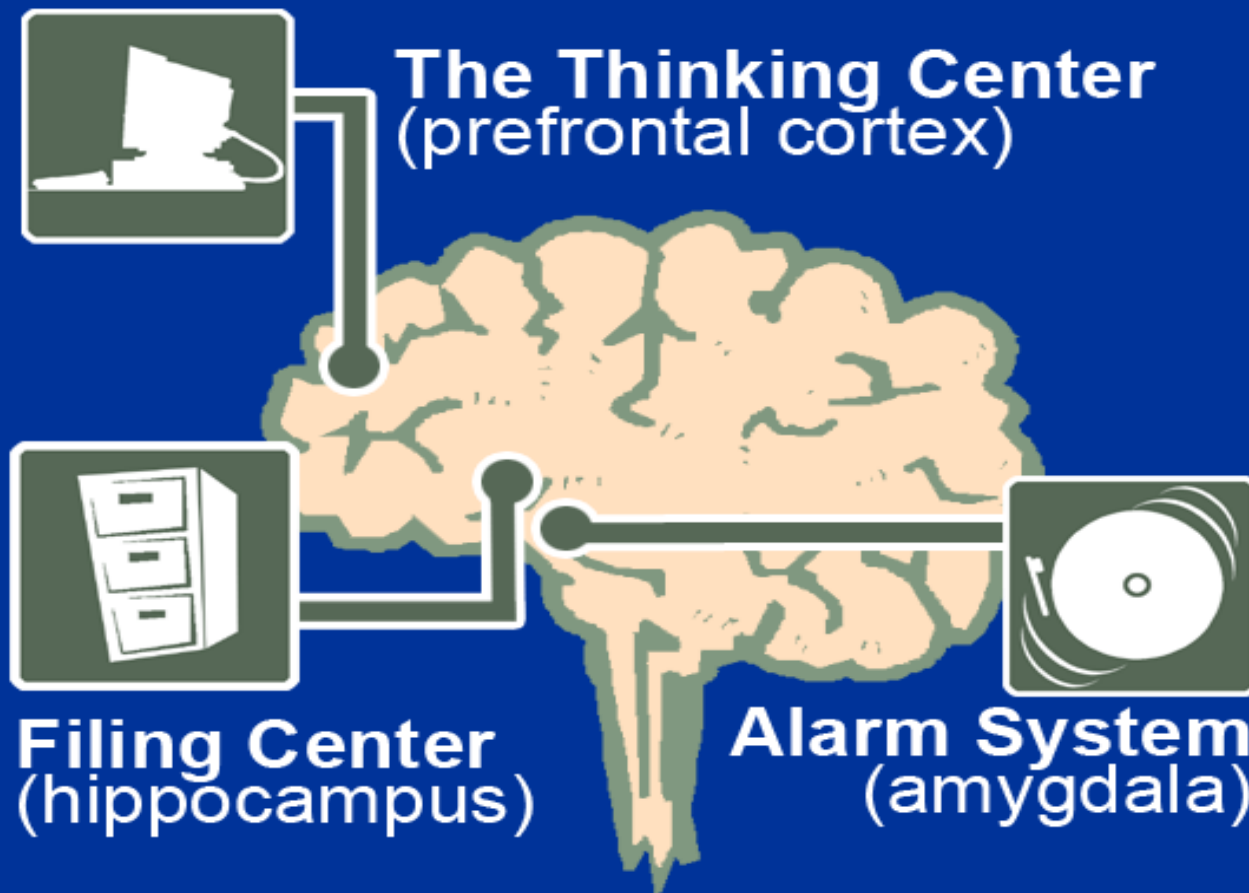
Chronic Survival Coping

- Hypervigilance (Distrustful/On Edge)
- Reactive Aggression (Overt or Covert)
- Hopelessness Masked as Indifference

Posttraumatic Survival Coping – A Learning Brain Shifts to Survival Mode

- *Can't stop and think, or think past the immediate problem or threat*
- *Can't let go of grudges/resentments*
 - *Can't set/stick with goals*
 - *Can't trust, especially caregivers*
 - *Can't tell who is trustworthy*
- *Can't remember to use anger management, skills, especially when very angry!*

The Brain Under Normal Stress

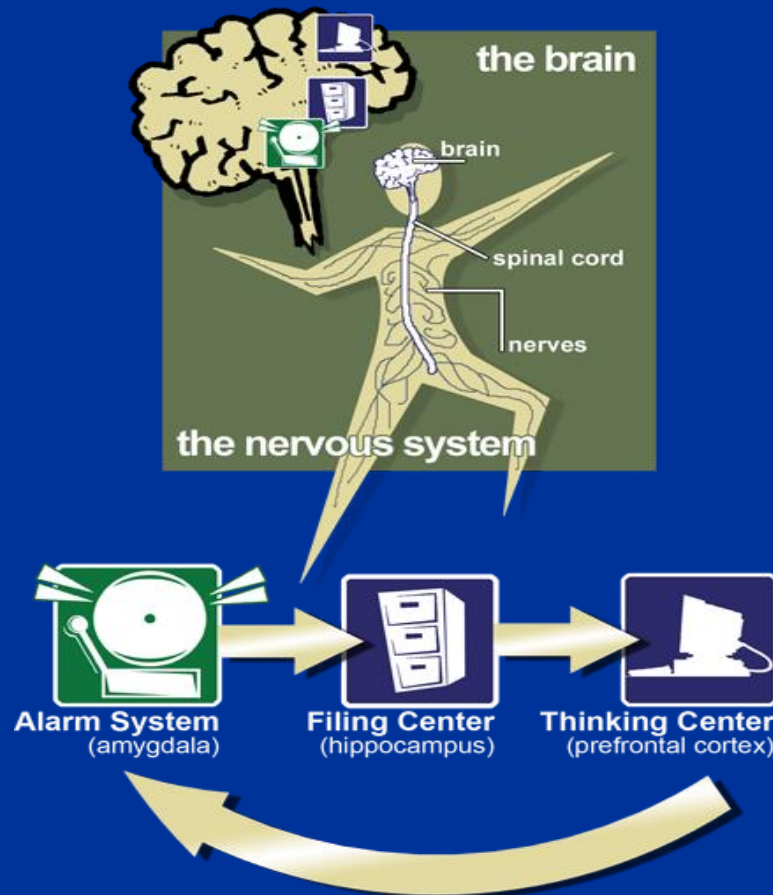


Copyright © 2001 by the University of Connecticut. All rights reserved.

No part of this work may be copied or distributed without prior written permission.

normal stress

The Brain & Body Working Together

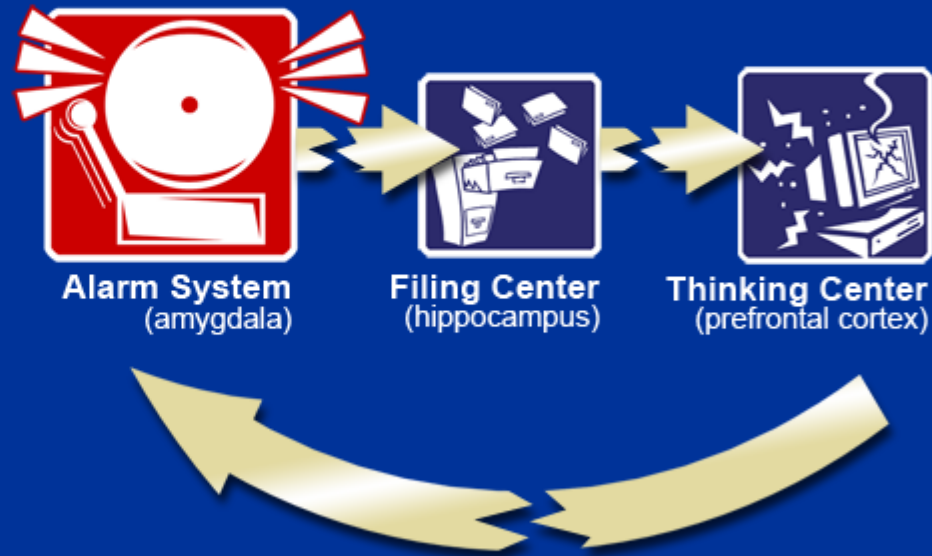


Copyright © 2001 by the University of Connecticut
All rights reserved.

No part of this work may be copied or distributed without prior written permission.

extreme stress / trauma

The Alarm Takes Control



Copyright © 2001 by the University of Connecticut All rights reserved.

No part of this work may be copied or distributed without prior written permission.

Secondary Traumatic/Chronic Stress: The Brain's Alarm Stuck in Crisis Mode

Secondary Traumatic Stress is the Unavoidable Cost of Knowing the Trauma/Adversity in Children's and Families' Lives ... and Caring

Chronic Stress is a Preventable Price of Letting Dedication and Responsibilities Exceed the Rejuvenation Provided by a Balanced Lifestyle and Personal/Professional Social Support

Mitigating Secondary Traumatic Stress

- Recognize Alarm Reactions as signs of Caring
- Remember that One Caring Adult can change the course of a child's life by affirming the child's intelligence/best qualities/worth
- Reach out to colleagues/resources when a child needs help beyond your capacity to give