

Fact Sheet: Childhood Trauma

Adverse Childhood Experiences

The Adverse Childhood Experiences (ACE) study analyzes the relationship between multiple categories of childhood trauma, and health and behavioral outcomes later in life. The study found that children who experienced certain adverse conditions in the household prior to age 18 are more likely to experience negative consequences as an adult. The study assessed recurrent experiences, as well as those experiences that occurred at least one time (single event).

Adverse Childhood Experiences include:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect



Negative adult consequences resulting from these childhood experiences may include:

- Depression
- Eating disorders
- Smoking
- Heart disease
- Cancer
- Stress
- Alcoholism

(www.acestudy.org; Felitti, 1998)

Long-Term Effects of Early Childhood Abuse

A study by Draper, et al. (2007) of more than 21,000 older adults found that childhood sexual and physical abuse are associated with poor physical and mental health outcomes later in life. Over 10% of participants reported having experienced either childhood physical or sexual abuse, with 3% reporting having experienced both.

Participants who reported either type of childhood abuse:

- Were more likely to engage in risky health behaviors such as smoking and harmful levels of alcohol consumption
- Had poor mental health outcomes compared to their peers
- Were less likely to rate themselves as being “very happy” and more likely to rate themselves as “not happy at all” or “not very happy”
- Attempted suicide at a rate that was 4-5 times higher than their peers

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Court-Involved Individuals

The MacArthur Mental Health Court (MHC) Study explored the histories of trauma in MHC participants. The study was based on interviews with 311 MHC participants in three states. In this study:

- 70% of women & 25% of men – were sexually abused or raped before age 20
- 46% of women & 27% of men – parents hit or threw things at one another
- 61% of women & 68% of men – parents beat or hit them with a belt, whip, or strap
- 43% of women & 36% of men – parents beat or hit them with something hard
- 42% of women & 36% of men – parents beat or really hurt them with their hand
- 22% of women & 8% of men – parents injured them badly enough to need medical attention
- 39% of women & 28% of men – father-figure was arrested
- 25% of women & 20% of men – father-figure used drugs
- 33% of women & 25% of men – lived with biological father to age 15 or longer

Trauma Prevalence among Children and Adolescents

The rates of PTSD and exposure to trauma among children and adolescents in the general population are quite high and increase dramatically among urban populations.

- General population
 - Trauma exposure approximately 25%
 - PTSD 6 to 10%
- Urban populations
 - Trauma exposure as high as 80%
 - PTSD as high as 30%

(Buka et al., 2001; Costello et al., 2002, Dyregory & Yule, 2006; Seedat et al., 2004, as cited in Brock, 2007)



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Fact Sheet: Historical Trauma

A type of trauma that is often overlooked is historical trauma. Historical trauma is most easily described as multigenerational trauma experienced by a specific cultural group. Historical trauma can be experienced by “anyone living in families at one time marked by severe levels of trauma, poverty, dislocation, war, etc., and who are still suffering as a result” (Cutler, n.d.).

Historical trauma is cumulative and collective. The impact of this type of trauma manifests itself, emotionally and psychologically, in members of different cultural groups (Brave Heart, 2011). As a collective phenomenon, those who never even experienced the traumatic stressor, such as children and descendants, can still exhibit signs and symptoms of trauma.

Historical trauma may manifest itself as:

- **Historical Unresolved Grief:** Grief as the result of historical trauma that has not been adequately expressed, acknowledged, or otherwise resolved. Examples include Holocaust survivors; lack of acknowledgement of the Armenian genocide and the mass murder of other ethnic groups in World War II.
- **Disenfranchised Grief:** Grief as the result of historical trauma when loss cannot be voiced publicly or that loss is not openly acknowledged by the public. For example, the lack of recognition of the generations of loss of American Indians from colonialism, disease and other factors, and the corresponding lack of recognition of their right to grieve these collective experiences.
- **Internalized Oppression:** As the result of historical trauma, traumatized people may begin to internalize the views of the oppressor and perpetuate a cycle of self-hatred that manifests itself in negative behaviors. Emotions such as anger, hatred, and aggression are self-inflicted, as well as inflicted on members of one’s own group. For example, self-hatred among Blacks/African Americans who act out their aggression on people who look like them. (Johnson, n.d.)

Common Groups Experiencing Historical Trauma

- **American Indians/First Nations Peoples**
 - The traumatic intergenerational experience of Native Americans/First Nations Peoples may be one of the more familiar examples of historical trauma.
 - This population has been exposed to generations of violent colonization, assimilation policies, and general loss.
 - **Example of Stressor:** The Americanization of Indian Boarding Schools and the forced assimilation among their students.
 - **Current Manifestations:** “High rates of suicide, homicide, domestic violence, child abuse, alcoholism and other social problems.” (Johnson, n.d.)
- **People of Color**
 - This population has been exposed to generations of discrimination, racism, race-based segregation and resulting poverty.

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- Members of this population may have been exposed to microaggressions, which are defined as “events involving discrimination, racism, and daily hassles that are targeted at individuals from diverse racial and ethnic groups.” (Michaels, 2010)
- Example of Stressors: slavery; colonialism/imperialism
- Current Manifestations: Mistrust of police; self-protection (e.g., weapon ownership); feelings of low self-worth (Rich & Grey, 2005)

- Immigrants
 - Given the variations in culture by country of origin, the traumatic experiences of immigrants may differ from group to group. For example, Southeast Asians such as Cambodians and Vietnamese, Africans, Latinos/Hispanics, Chinese, Japanese, Koreans, Irish, and many others all have the collective experience of immigration, but the experiences of each group and subgroup may differ dramatically.
 - The reason for the immigration may also differ, from voluntary relocation to the forced relocation/forced migration/displacement of groups of people (e.g., Cambodians, Somalians, Sudanese, Nepalese, etc.).
 - Forced migration may be the result of conflict, natural disaster, famine, development projects and policies, or nuclear and chemical disasters (Forced Migration Online, 2012).
 - These various populations may have been exposed to discrimination, racism, forced assimilation/acclulturation, colonization, and genocide.
 - Example of Stressor: Prevention of cultural and spiritual practices of an entire group of people (Michaels, 2010).
 - Current Manifestations: Fear of the legal system; fear of loss of culture—spiritual practices, language, and other traditions (Michaels, 2010).

- Families Experiencing Intergenerational Poverty
 - Poverty has many causes, and is sometimes perpetuated by government policies such as a federal minimum wage that is not a living wage or self-sufficiency wage.
 - Poverty can lead to family stress, child abuse and neglect, substance abuse, mental health challenges, and domestic violence (Wilson, 2005).
 - Poor individuals and families are not evenly distributed across communities or throughout the country. Instead, they tend to live near one another, clustering in certain neighborhoods and regions. This concentration of poverty results in higher crime rates, underperforming public schools, poor housing and health conditions, as well as limited access to private services and job opportunities. (Kneebone, Nadeau & Berube, 2011).
 - Poverty in these communities is frequently intergenerational. The lack of access to services, increased exposure to violence, and higher risk of victimization that exist in these communities often results in a much greater potential for experiencing trauma and re-traumatization among residents than in communities that are not areas of concentrated poverty.
 - Example of Stressors: Hunger; poor or inadequate housing; lack of access to health care; community crime
 - Current Manifestations: Domestic violence; child abuse; substance abuse (Wilson, 2005)

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Fact Sheet: Veterans

America's New Veterans

Since 2001, over two million troops have been deployed, with large numbers exposed to combat conditions. Individuals who have experienced combat are, as a result, highly vulnerable to traumatic stress disorders.

However, traumatic stress disorders may not only result from combat experiences, but may also be due to experiences both before and after war zone deployment. In a study (Elbogen et al., 2010) of 676 veterans of the wars in Iraq and Afghanistan, researchers found:



- 19% had a history of incarceration
- 8% had at least one parent with a criminal history
- 40% witnessed family violence
- 34% had been physically or sexually abused when they were under the age of 18
- 81% served in a war zone
- 22% reported traumatic brain injury during combat
- 86% reported war zone trauma

In addition to combat trauma, veterans of the wars in Iraq and Afghanistan face various stressors as part of their service experience (SAMHSA, 2011):

- Long deployments
- Multiple deployments
- Difficulty adapting back to civilian life

Veterans in Treatment

If veterans who need treatment don't get it, they are probably at greater risk for involvement in the criminal justice system.

- 80% of post-deployed soldiers at risk for PTSD are not referred for care (Government Accountability Office, 2006)
- Less than 10 percent were referred for treatment after separation from the armed services (Hoge et al., 2006)

High Rates of Suicide

While only 1% of Americans have served in the military, former service members represent 20% of all suicides in the United States.

- Factors that increase suicide risk include PTSD
 - Not all mental health challenges or suicides are directly caused by military service – for example, 31% of Army suicides are associated with factors originating prior to service (Harrell & Berglass, 2011)

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Incarcerated Veterans

While 60% of incarcerated veterans meet the threshold for a PTSD diagnosis, only 20% of the trauma they report is military-service related (King County Jail Study). This finding would suggest that in many individuals, it may be that other traumatic experiences on top of service-related trauma are what ultimately lead to PTSD.

In a study of 552 individuals who participated in 12 trauma and veteran focused jail diversion programs across the country:

- 94% experienced non-military trauma
- 73% experienced trauma before age 18
- 68% experienced physical violence by someone they knew
- 19% experienced sexual molestation by someone they knew

Further, of the 87 individuals in that study who actually served in combat zone:

- 82% saw someone get injured/killed
- 78% saw, smelled, or handled a dead body
- 78% patrolled areas with landmines/IEDs
- 75% were shot at or received fire
- 69% were attached or ambushed
- 35% were wounded or injured
- 31% felt responsible for the death of someone

Women

Women make up more than 7% of the veteran population. The rates of trauma exposure reported by female veterans are higher than the trauma exposure rate of the civilian population. Among female veterans:

- 81-93% have experienced any type of trauma
- 38%-64% have experienced lifetime sexual assault
- 27%-49% have experienced child sexual abuse
- 24%-49% have experienced adult sexual assault
- 30%-45% have experienced military sexual trauma
- 4%-31% have experienced combat exposure

Female veterans are more likely to experience sexual assault when compared to their male counterparts.



While females are equally susceptible to combat as males, they are less likely than males to witness or experience traumatic events during combat (Zinzow et al., 2007).

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Fact Sheet: Youth

Trauma and Youth

- While youth may feel the effects of childhood trauma, they may also experience traumatic events during adolescence.
 - Youth exposure to sexual abuse is estimated to be as high as 43%
 - Youth exposure to witnessing violence is estimated to range between 39% and 85%
 - Youth rates of victimization are estimated to be as high as 66%
- Youth of color are more likely to be subjected to traumatic events than their peers.
 - Disproportionate poverty and discrimination contribute to this
 - Immigrant youth are at higher risk than their peers
- Gender also contributes to traumatic experiences.
 - Young men are more likely to be exposed to community violence
 - Young men are more likely to experience serious injury
 - Youth who are lesbian/gay/bisexual/transgender/questioning are at high risk for victimization

(Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents, 2008)

Youth in the Justice System

Youth account for 17% of all arrests made by law enforcement officers each year, which equates to a staggering 2.4 million youth who are arrested annually.

- Approximately 125,000 youth offenders are served in youth court programs each year
- The majority of youth in the justice system have one or more psychiatric disorder (66% of males; 75% of females)

(Abram et al., 2004; Pearson & Jurich, 2005)



Juvenile Offenders, Traumatic Experiences and PTSD

There are increasing numbers of juvenile offenders diagnosed with trauma-related disorders, including Posttraumatic Stress Disorder.

- PTSD is becoming increasingly prevalent among juvenile offenders
- Traumatic experiences and PTSD have a negative impact on “adolescent psychological functioning”, putting youth at higher risk for the development of other psychological disorders.
- Some studies suggest that a link may exist between traumatic experience and the development of delinquent behaviors. For example, Steiner, et al. (1997) found that a group

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of incarcerated male juveniles had a higher rate of PTSD than their non-incarcerated counterparts.

- Youth may experience symptoms of PTSD, with females reporting a higher incidence of PTSD symptoms than males.
 - For example, a study of 152 male and female juvenile offenders by Brosky & Lally (2004) found that some “re-experience” trauma (21.1% of females and 7.9% of males) and some report increased arousal (34.2% of females and 17.1% of males), both of which are symptoms of PTSD.

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Fact Sheet: LGBTQ Youth

Understanding the LGBTQ Population

- LGBTQ stands for lesbian, gay, bisexual, transgender, questioning
 - Lesbian – a woman who is emotionally, romantically or sexually attracted to other women
 - Gay – a person who is emotionally, romantically or sexually attracted to members of the same gender
 - Bisexual – a sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders
 - Transgender – a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans
 - Questioning/Openly Questioning – an individual who is unsure about or is exploring their own sexual orientation and/or gender identity.
(National LGBT Health Education Center, 2016)
- LGBTQ youth account for approximately 8% of all high school students
 - Of the 27 states that agreed to include these questions, 1.3 million students reported being lesbian, gay, or bisexual
(Youth Risk Behavior Survey, 2017)
- Suicide rates for this population are disproportionately high
 - Nearly one-third (29%) of LGB youth had attempted suicide at least once in the prior year compared to 6% of heterosexual youth
(Kann, Olsen, McManus, et al, 2016)
 - According to data from the Youth Risk Behavior Survey (YRBS), LGB students were 140% (12% v. 5%) more likely to not go to school at least one day during the 30 days prior to the survey because of safety concerns, compared with heterosexual students
(Kann, Olsen, McManus, et al, 2016)

Commonly Identified Mental Health Challenges

Some LGBTQ youth are more likely than their heterosexual peers to experience negative health and life outcomes. Among the LGBTQ community, there are a number of mental health challenges that are often identified.

- Anxiety
- Depression
- Suicidal Ideation/Attempts
- Post-Traumatic Stress Disorder
- Substance Abuse
- Dual Diagnosis/Co-Occurring Disorders
(Harlow, 2009)

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Risk of Trauma

LGBTQ youth are more likely to be subjected to traumatic events than their peers

- Youth who are lesbian, gay, bisexual, transgender, or questioning are more likely experience homelessness and the victimizations associated with being homeless (K-Town Youth Empowerment Network, n.d.)
- An estimated 40% of youth served by drop-in centers, street outreach programs, and housing programs identify as LGBT (Durso & Gates, 2012)
- According to the 2015 YRBS, of surveyed LGB students:
 - 10% were threatened or injured with a weapon on school property
 - 34% were bullied on school property
 - 28% were bullied electronically
 - 23% of LGB students who had dated or went out with someone during the 12 months before the survey had experienced sexual dating violence in the prior year
 - 18% of LGB students had experienced physical dating violence
 - 18% of LGB students had been forced to have sexual intercourse at some point in their lives.



(Kann, Olsen, McManus, et al, 2016)

What Schools Can Do

To help promote health and safety among LGBTQ youth, schools can implement the following policies and practices.

- Encourage respect for all students and prohibit bullying, harassment, and violence against all students (Hatzenbuehler & Keyes, 2013)
- Identify “safe spaces”, such as counselors’ offices or designated classrooms, where LGBTQ youth can receive support from administrators, teachers, or other school staff (Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014)
- Encourage student-led and student-organized school clubs that promote a safe, welcoming, and accepting school environment (e.g., gay-straight alliances or gender and sexuality alliances, which are school clubs open to youth of all sexual orientations and genders) (Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014; Saewcy, Konishi, Rose, & Homma, 2014; Heck, Livingston, Flentje, Oost, Stewart, & Cochran, 2014)
- Ensure that health curricula or educational materials include HIV, other STD, and pregnancy prevention information that is relevant to LGB youth (such as ensuring that curricula or materials use language and terminology).

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(Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014; Mustanski, Greene, Ryan, & Whitton, 2015)

- Provide trainings to school staff on how to create safe and supportive school environments for all students, regardless of sexual orientation or gender identity, and encourage staff to attend these trainings
(Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014; De Pedro, Esqueda, & Gilreath, 2017)
- Facilitate access to community-based providers who have experience providing health services, including HIV/STD testing and counseling, social, and psychological services to LGBTQ youth
(Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014; Bauermeister, Pingel, Jadwin-Cakmak, Harper, Horvath, Weiss, & Dittus, 2015)

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Fact Sheet: Justice-Involved Women

Justice-Involved Women

Women are now a fast growing segment of the U.S. prison population. More than three quarters of women behind bars are mothers, and many of them are sole caregivers. Childhood victimization drives girls to run away from home and to use illegal drugs as a means of coping with the trauma of physical and sexual abuse. Drug selling, prostitution, and burglary often follow as a means of survival.

- The U.S. accounts for 5% of the world's female population but it represents almost 30% of the world's incarcerated women (Kajstura & Immarigeon, 2015).
- Black women are more than twice as likely to be incarcerated as white women.
- Latinas are 25% more likely to be incarcerated than white women (Carson, 2015).

Women and Gender in the Drug War

Two-thirds of women doing time in federal prison are behind bars for nonviolent drug offenses, and the vast majority cannot see their children.

- Roughly 60% of women in state and federal prisons are mothers of minor children (Glaze & Maruschak, 2010).
- Two-thirds of these parents are incarcerated for non-violent offenses, a substantial proportion of which are drug law violations (Western & Pettit, 2010).
- A 2013 report found that (from 1996-2011) more than 180,000 women have been affected in the 12 states that maintain a lifetime ban on the receipt of TANF benefits for individuals with felony drug convictions (The Sentencing Project, 2013).



Impact of Incarceration on Women

Pregnant women who are incarcerated often do not receive prenatal care. Prisons and jails commonly use restraints, such as handcuffs and shackles, on women in labor and during delivery, regardless of criminal history. Children are routinely separated from incarcerated mothers after birth, resulting in significant trauma to both the child and mother.

- According to a 2015 report to the United Nations Committee on Torture, "Only 18 states have legislation in place that restricts the use of restraints on pregnant inmates, 24 states limit the use of restraints on pregnant inmates only through institutional policies, and 8 states do not have any form of regulation at all" (International Human Rights Clinic of the University of Chicago et al., 2015).

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Removing a parent from the household is immediately destabilizing and devastating over the long-term. Following release, parents may be barred from public assistance and housing and face significantly diminished employment opportunities.

- Children with a parent in prison are several times more likely than other children to end up in foster care, drop out of school, and become involved in the criminal justice system (Drug Policy Alliance, 2016).

Women inmates are more likely than men to be diagnosed with and treated for mental illness while incarcerated in state and Federal prisons.

- One report found that 55% of male adults in *state prisons* exhibited mental health problems as compared to 73% of women prisoners (James & Glaze, 2006).
- An estimated 61% of females in *Federal prisons* had mental health problems, compared with 44% of males (James & Glaze, 2006).

Gender-Responsive Strategies

With an increased understanding of women's unique pathways to crime and gender-specific needs, the number of promising gender-responsive programs is growing. Determining how best to implement policies and practices that assist women offenders in making a successful transition to the community can be a challenge. Below are some policy and practice considerations concerning working with women offenders during reentry.



Incarceration Phase:

- Ensure that institutional classification tools and risk and need assessments used with women have been validated on an appropriate female population.
- Create institutional environments that feel safe, such as those that do not further physically, sexually, or emotionally traumatize women.
- Institute policies that help women sustain healthy prosocial relationships with their families and communities (e.g., family-friendly visiting rooms, encouraging correspondence through mail and phone calls).
- Collaborate with a child welfare liaison to ensure that women are meeting the necessary obligations that will prevent termination of their parental rights.

Transition Phase:

- Ensure that the case management team includes professionals to plan for supervision and services that are essential to stabilizing women in the community. Examples include parole supervision, physical and mental health services, employment, and family reintegration services.
- Consider the use of community-based residential facilities as early as possible in the sentence to assist women in their adjustment to community life.

How Being Trauma-Informed Improves Judicial Decision-Making

- Pay attention to women's survival needs – such as how to acquire food, clothing, housing, transportation, and identification – to ensure they are prepared for the first weeks of living in the community.
- Assist family reunification by providing counseling and information for families to prepare together for a release.

Community Phase:

- Ensure that women are connected to physical and mental health services in the community that will provide needed medications and ongoing care.
- Offer legal assistance and transportation for women who must meet obligations to the child welfare system to gain or keep custody of their children. Include family and friends involved in women's lives in their supervision and management.
- Support the successful employment of women offenders under supervision with plans for child care, transportation, and workplace education.
- Prepare women for discharge from community supervision by explaining termination of supervision and connecting them to community resources for aftercare.

(Modley & Giguere, 2010)

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Fact Sheet: Vicarious Trauma

Vicarious trauma was first identified in 1980s as the “cost of caring” (Figley, 1982). It is sometimes referred to as “compassion fatigue” (Perlman & Saakvitne, 1995). Symptoms can parallel those of PTSD – re-experiencing, numbness, avoidance, and persistent arousal (Figley, 1996).

Professionals working with survivors of trauma (e.g. sexual assault) report changes to how they see the world – for example, that the world is not just or safe (Salston & Figley, 2003). Professionals with previous trauma histories show significantly higher secondary trauma symptoms than those with no trauma histories (Folette, Polusny, & Milbeck, 1994).

Definition of Vicarious Trauma

- The emotional residue of exposure to traumatic stories and experiences of others through work; witnessing fear, pain, and terror that others have experienced; a pre-occupation with horrific stories told to the professional (American Counseling Association, 2016)
- Sometimes referred to as “secondary traumatization, secondary stress disorder, or insidious trauma” (ACA, 2016)
- Included in the DSM-5 as part of the cluster of “trauma and stressor-related disorders”
- Vicarious Trauma is not the same as “burnout”

Definition of Compassion Fatigue

- Beyond empathy, it is also known as secondary traumatic stress (STS), a condition characterized by a gradual lessening of compassion over time.
- Can happen quite quickly (as opposed to vicarious trauma or burnout) and is responsive to evidence-based treatment interventions

Definition of Controlled Empathy

- Constant monitoring of emotions so as to not react to stories and testimony, absorbing the information without showing emotion
- Requires vigorous neurological activity
 - Autonomic empathy – involves both sides of the brain, reacting to stories with appropriate emotion, allows brain to react, release tension
 - Controlled empathy – taking control of the empathic response and taxing the right hemisphere of the brain

Definition of Burnout

- Long term stress reaction and process that occurs among professionals who work with people in some capacity (Freudenberger, 1974; Maslach, 1982; Maslach and Schaufeli, 1993)
- Can be brought about by workplace conflict, overload of responsibilities, perception of inequality and inadequate rewards, and consistent exposure to traumatic materials (Chamberlain and Miller, 2008)
- Emotional exhaustion, depersonalization, and reduced personal accomplishment
- Feelings of being emotionally overextended, depleted or self-doubt
- Increasing disillusionment (Edelwich and Brodsky, 1980)
- End result – depersonalization and apathy

Workplace Symptoms of Vicarious/Secondary Trauma (BOLO)

Behavioral:

- Frequent job changes
- Tardiness
- Free floating anger/irritability
- Absenteeism
- Irresponsibility
- Overwork
- Irritability
- Exhaustion
- Talking to oneself (critical symptom)
- Going out to avoid being alone
- Dropping out of community engagements
- Rejecting closeness

Interpersonal:

- Staff conflict
- Blaming others
- Conflictual engagement
- Poor relationships
- Poor communication
- Impatience
- Avoidance of working with clients with trauma histories
- Lack of collaboration
- Withdrawal and isolation from colleagues
- Change in relationships with colleagues
- Difficulty having rewarding relationships

Personal values/beliefs:

- Dissatisfaction
- Negative perception
- Loss of interest
- Apathy
- Blaming others
- Lack of appreciation
- Lack of interest and caring
- Detachment
- Hopelessness
- Low self-image
- Worried about not doing enough
- Questioning frame of reference – world view, spirituality, identity
- Disruption in self-capacity
- Disruption in needs, beliefs, and relationships

Job performance:

- Low motivation
- Increased errors
- Decreased quality
- Avoidance of job responsibilities
- Over-involvement in details/perfectionism
- Lack of flexibility

Personal Symptoms of Vicarious Trauma (i.e., what others won't see) (ACA)

Behavioral:

- Sleep disturbances
- Nightmares
- Appetite changes
- Hypervigilance
- Exaggerated startle response
- Losing things
- Clumsiness
- Self-harm behaviors
- Negative coping – smoking drinking, acting out

Physical:

- Panic symptoms – sweating, rapid heartrate, difficulty breathing, dizziness
- Aches and pains
- Weakened immune system

Cognitive:

- Minimization of vicarious trauma
- Lowered self-esteem and increased self-doubt
- Trouble concentrating
- Confusion/disorientation
- Perfectionism
- Racing thoughts
- Loss of interest in previously-enjoyed activities
- Lack of meaning in life
- Thoughts of harming yourself or others

Emotional:

- Helplessness and powerlessness
- Survivor guilt
- Numbness
- Oversensitivity
- Emotional unpredictability
- Fear
- Anxiety
- Sadness and/or depression

Social:

- Withdrawal and isolation
- Loneliness
- Irritability and intolerance
- Distrust
- Projection of blame and rage
- Decreased interest in intimacy
- Change in parenting style (overprotective)

Interventions for Vicarious Trauma – ABC’s: Awareness, Balance, and Connection (ACA)

Individual Level:

- Monitor yourself – eat well, rest, and exercise
- Self-care – seek balance, engage in outside activities
- Set professional and personal boundaries
- Take advantage of professional development opportunities
- Utilize viable, evidence-based treatments for vicarious trauma/secondary traumatic stress that focus on changes in cognitive processes

Organizational/Social Level:

- Reduce system causes of vicarious trauma, secondary traumatic stress, and burnout such as workload and exposure to challenging cases
- Provide critical incidents debriefing
- Work with area Employee Assistance Programs (EAP) to identify areas of improvement such as in-service trainings on self-care or counseling
- Provide sabbaticals, professional education, community service, and public speaking opportunities
- Provide a Psychologist Peer Advocate – a specially-trained therapist to assist with cognitive changes resulting from vicarious trauma

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Other Resources

<http://www.samhsa.gov/nctic/trauma-interventions>

<http://www.ptsd.va.gov/>

<http://www.nctsn.org/>

Resources for Local Victimization Statistics

National-Level Data Available by County/City/State	
Uniform Crime Reporting Statistics	http://bjs.ojp.usdoj.gov/ucrdata/
TRF Policy Map	https://www.policymap.com/
Sourcebook of Criminal Justice Statistics	http://www.albany.edu/sourcebook/
Justice Research and Statistics Association	http://www.jrsainfo.org/sac/saclist.html

State-Specific Site Examples	
Florida Statistical Analysis Center	http://www.fdle.state.fl.us/Content/FSAC/Menu/FSAC-Home.aspx
Ohio Office of Criminal Justice Services	http://www.ocjs.ohio.gov/crime_stats_reports.stm
California Criminal Justice Statistics Center	http://oag.ca.gov/cjsc/databases
New York Division of Criminal Justice Services	http://www.criminaljustice.ny.gov/crimnet/ojsa/stats.htm
Maryland Statistical Analysis Center	http://www.goccp.maryland.gov/msac/msac.php
Every state has an equivalent site, search online for your state's particular resource	