

Handout: Traumagenic States

In the mid-1980s, two scholars on family violence, David Finkelhor and Angela Browne, proposed a model for understanding the impact of sexual abuse on children with four traumagenic dynamics that are common to the experience of sexual abuse – betrayal, powerlessness, traumatic sexualization, and stigmatization. They described how these dynamics alter children's cognitive and emotional orientation to the world, and distort children's self-concept, world view, and emotions. A few years later, Beverly James, a clinical social worker who specialized in the treatment of traumatized children, expanded on this model to include the effects of virtually any type of trauma. Others have further developed the dynamics involved in primary emotions related to trauma, such as fear, shame, and rage.

Each traumagenic state has its own dynamics, psychological impact, and behavioral manifestations. These are proposed as potential types of impact. A worker needs to examine the specific dynamics of a child's situation and his/her response to traumatic experiences to evaluate the extent to which any of these dynamics apply. Understanding the dynamics of each child's experience will help to determine goals for treatment.

Self-Blame/Stigmatization: Trauma damages the child's sense of self, and the child needs help to reconstruct a positive, survivor identity. Traumatized children often feel responsible for what happened to them, that they are bad and somehow caused or deserved bad things to happen. They feel different from others, strange, and inadequate, which contributes to their isolation from others. In addition to the negative messages they give themselves (self-blame), they also receive negative messages from others (stigmatization). The experience of sexual abuse is particularly stigmatizing for children. Sexual behavior in children may lead to some adults perceiving them as deviant or bad.

The psychological impact of self-blame and stigmatization is manifested in low self-esteem, selfdestructive behavior, feelings of guilt or shame, isolation, and body image problems. Shame is a conviction that you are a bad person, and is different from and more damaging than guilt – the belief that you did something bad. A pervasive sense of shame blocks a child's accurate assessment of his or her own self-worth and accomplishments. Children with profound shame may be easily triggered and act out behaviorally. They may use behaviors such as drug abuse or self-injury to reduce their tension or may act in disgusting ways to provoke rejection from others.

Powerlessness: Finkelhor and Browne define this dynamic as “the process in which the child’s will, desires, and sense of efficacy are continually contravened”, and it results in the child feeling strong fear and helplessness to protect him or herself. Being in foster care often compounds the child’s trauma and stress due to changes in placement, separation from parents, siblings and friends, school changes, and the unpredictable, sudden changes that continue in their life circumstances. The child’s strong sense of personal vulnerability and belief that the world is a dangerous place may lead to a child having an intense need to achieve power and to control situations through other means, leading to behaviors such as defiance, lying, and excessive aggression. These survival behaviors are ways of coping with or defending against feelings of helplessness. They gain feelings of mastery and control through asserting their wills and resisting control by others. A primary emotion associated with powerlessness is intense feelings of anger or rage. This rage may be demonstrated in explosive tantrums, profanity, destructiveness, and cruelty to others, including animals. It is important to note that these dimensions of traumatic impact are all interwoven. The behaviors stemming from feelings of powerlessness are also fueled by children’s low capacity for self-regulation and imbalanced neurochemistry.

Loss and Betrayal: Children who experience maltreatment by a family member or other trusted adult experience a sense of betrayal, because a trusted person has harmed them or failed to protect them. Their sense of rejection and betrayal due to failure of parents to protect them may be compounded by the traumatic separation of placement. For many children who have been deeply hurt, closeness is something to be avoided because it makes them feel vulnerable to pain and a loss of control. Their emotional responses include grief, depression, mistrust, and explosive anger. If a child cannot trust her caregiver, she may feel that no other adult can be trusted. She may numb her emotions, be apathetic and withdrawn, or extremely clingy and dependent.

Fragmentation of Bodily Experience: Children who have been traumatized have encoded memories through their senses, not just in thoughts, and specific stimuli such as smells or a certain touch to their body, may be linked with pain and physical violation. This may lead to denial, repression, or experiencing part of the self as being split-off. Behaviors related to this dynamic may include eating and sleeping problems, excessive daydreaming, somatic complaints, dissociation, and dangerous risktaking.

Eroticization: Children experiencing sexual abuse may have their sexuality shaped in a dysfunctional manner as a result. They experience sexual stimulation that they do not have the emotional or cognitive capacity to handle or regulate. They may act in inappropriate ways sexually, such as sexual attention-seeking, excessive or public masturbation, reactive sexual interaction with other children, or expressing sexual themes in play. They also may have unusual emotional associations with sexual activities and be confused about the connection between sex, love, and caregiving.

Destructiveness: Some children who have experienced maltreatment may have adapted an overall coping style called “identification with the aggressor” through which they escape feeling like a victim. They frequently seem angry, defiant, and aggressive, or become destructive when they go into rageful outbursts. These provocative behaviors often result in others disliking and punishing them. Their low capacity for self-regulation causes them to lose control of their impulses and display their rage in frightening ways. The child may want retribution against those he sees as responsible for the trauma and become preoccupied with revenge fantasies. Also, the child may engage in violent or cruel behavior toward other people or animals, as well as destroying objects that are valued by others.

Dissociation: When a child experiences overwhelming, severe trauma, she or he may escape the reality of the situation through a defense called dissociation, which in its extreme form can lead to multiple personality disorder. The more pain or torture that is involved in the experience and the more powerless a child feels, the more likely they are to dissociate. The dissociative response involves numbing feelings and distorting their perception of time, place, and their experience. Children who dissociate may talk about going to a different place, just floating, watching themselves from afar, or not being there. Girls are much more likely to dissociate than are boys. Behaviors related to this pattern include spontaneous trance-like states, sudden mood shifts, and self-destructive actions.

Attachment Challenges: Trauma experienced from a parent who is unable or unwilling to form an emotional attachment to the child or who abuses the child increases a child’s anxiety and conflict related to investing emotionally in a relationship with others. This leads to pervasive insecurity, depression, rage reactions, emotional detachment and other attachment-related conflicts. The child may engage in repetitive demands for a caregiver’s attention but not experience satisfaction or comfort from the interactions or he may completely reject adults’ efforts to meet his needs. The child also may sabotage potentially gratifying relationships when threatened by closeness. This dynamic is typically the result of chronic relationship trauma but also can result from a single event, such as parental abandonment or a sudden disruption in the child-parent relationship. Foster and adoptive parents often struggle in parenting these children, who may experience one failed placement after

another, reinforcing the child's negative view of himself and others. The child often manifests negative attention-seeking behaviors or manifest other behaviors that parents often perceive as intentional and manipulative, thus making it very difficult for the parent to invest in the child.

References

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55(4), 530.

James, B. (1989). *Treating traumatized children: New insights and creative interventions*. Simon and Schuster.

Smith, S.L., & Howard, J.A. (1999). *Promoting successful adoptions: Practice with troubled families*. Thousand Oaks, CA: Sage Publications.