

Traumagenic States

1. Self-Blame: Trauma damages the child's or youth's sense of self, and they need help to reconstruct a positive, survivor identity. They feel different from others, strange, and inadequate, which contributes to their isolation from others. In addition to their own self-blame, they also receive negative messages from others, which perpetuates stigmatization.

The psychological impact of self-blame and stigmatization is manifested in compromised mental health, such as low self-esteem, feelings of guilt or shame, isolation, and body image problems. Children and youth with profound shame may be easily triggered and act out behaviorally.

2. Powerlessness: The child's or youth's strong sense of personal vulnerability, and belief that the world is a dangerous place, may lead to them having an intense need to achieve power and to control situations through other means, leading to behaviors such as defiance, lying, and excessive aggression. A primary emotion associated with powerlessness is an intense feeling of anger or rage. That may be demonstrated in explosive tantrums, profanity, destructiveness, and cruelty to others, including animals.
3. Loss and Betrayal: Children or youth who experience maltreatment by a family member or other trusted adult experience a sense of betrayal. Their emotional responses include grief, depression, mistrust, and explosive anger. If a child or youth cannot trust their caregiver, they may feel that no other adult can be trusted. They may numb their emotions, be apathetic and withdrawn, or extremely clingy and dependent.
4. Fragmentation of Bodily Experience: Children or youth who have been traumatized have encoded sensory memories, such as touch, smells, and sounds, that are linked with pain and physical violation. Behaviors related to this dynamic may include eating and sleeping problems, excessive daydreaming, somatic complaints, dissociation, and dangerous risk-taking.
5. Eroticization: Children or youth who have been sexually abused may experience complications related to relationships and intimacy. This may result in sexual attention-seeking, excessive or public masturbation, reactive sexual interaction with other children, or expressing sexual themes in play.

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6. Destructiveness: Children and youth 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 with people, animals, or things. The child or youth may want retribution against those they see as responsible for the trauma and become preoccupied with revenge fantasies.
7. Dissociation: The dissociative response involves numbing feelings and distorting their perception of time, place, and their experience. Children and youth who dissociate may talk about going to a different place, just floating, watching themselves from afar, or not being there. Females are much more likely to dissociate than males. Behaviors related to this pattern include spontaneous trance-like states, sudden mood shifts, and self-destructive actions.
8. Attachment Challenges: A child or youth may engage in repetitive demands for a caregiver’s attention, but not experience satisfaction or comfort from the interactions, or they may completely reject adults’ efforts to meet their needs. They may also sabotage potentially gratifying relationships when threatened by closeness. This may be perceived by parents as intentional and manipulative, making it difficult for them to invest in the relationship.

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