Trauma Through the Life Cycle

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Extreme Natural Disaster or Environmental Hardship Occurring at Early Age
"Give sorrow words, the grief that does not speak knits up the overwrought heart and bid it break" – Macbeth

Overview of the impact of trauma utilizing a life cycle view focusing on traumas commonly encountered during

- Childhood,
- Adolescents,
- Adulthood, and
- Late life

In light of the theme of this conference, I will touch on the issue of resilience or strength-based perspective
LARGE vs SMALL TRAUMAS

IMPORTANT TO REMEMBER THAT TRAUMA IS SUBJECTIVE
It can range:
From “LARGE T” TRAUMAS Impacting Individuals, Families, Groups and Communities:
- Including Natural And Human-Caused Disasters (hurricanes, wildfires, nuclear disasters),
- As well as COMPLEX TRAUMAS (Interpersonal violence, child abuse, ever-ending wars or ongoing acts of terrorism).
To Numerous “SMALL T” TRAUMAS – “MICRO-TRAUMAS”
Everyday traumas encountered by many of us – acts of individual discrimination because of one's race, religion, GENDER, sexual orientation or even body weight.

Small t Traumas can do as much damage over time as the large communal traumas and MUST ALSO be addressed
PRE-NATAL IMPACT OF TRAUMA

PRELIMINARY RESEARCH SHOW THAT

- Children are impacted even before birth by trauma that is experienced by their mothers.

- Studies in NYC comparing pregnant women who were close to Twin Towers on 9/11 and suffered PTSS with pregnant women who were in different locations, found that newborns of mothers with PTSS had significant smaller head circumference at birth (Engel, et al, 2005).

- As we know, decrements in head circumference influence subsequent neurocognitive development.
MORE RECENT STUDIES, USING MODERN TECHNOLOGIES, SUCH AS FUNCTIONAL MRI, REVEAL THAT FETAL EXPOSURE TO MATERNAL STRESS IS SIGNIFICANTLY ASSOCIATED WITH A VARIETY OF IMPACTS ON

- BRAIN ACTIVITY,
- ENDOCRINE FUNCTION, and
- AUTONOMIC NERVOUS SYSTEM FUNCTION (GOLDSTEIN, 2011).
While studies have small sample sizes and need to be validated further, we are recognizing that it is not enough to assess, when appropriate, whether a child was born prematurely or not, or whether the mother was malnourished during pregnancy, but also whether she was being abused by her husband or lived in a war zone during her pregnancy, and how this may related to the some of the problems exhibited by her children.

Note: Biophysiological impact of paternal trauma on the fetus and newborn child has yet to be considered as worth studying.
What Happens After Birth? Trauma and Children

- While trauma has a profound impact on all individuals, its impact on children is particularly pernicious.

- Millions of children throughout the world are currently growing up amidst traumatic environments - they are being sexually and physically abused at home, bullied at school and traumatized in their communities. Many lack adequate food and shelter, and some live in war zones seeing friends and family murdered.
Studies show that long-term repercussions of exposure to violence at an early age are much more profound than if the events occur after age 12 (Davidson & Smith, 1990).
Nonetheless, exposure to traumatic events leaves a mark on all children:

- Preschool children are likely to exhibit passive reactions and regressive symptoms, such as enuresis, decreased verbalizations and clinging behavior (anxious attachment).

- School age children may display both more aggression and more inhibition. They also develop somatic complaints, depression, sleep disturbance, cognitive distortions and learning difficulties manifested by impaired concentration and memory problems (Steele, 2004; Terr, 1991).

Children and adolescents who witness the death of close friends or family members may experience survivor guilt (Herman, 1992; Steele, 2004)

Like traumatized adults, they may exhibit classic symptoms of PTSD without any understanding of what's going on with them.

Studies show that 100% of those witnessing the murder or the sexual assault of a parent, and 35% of urban youth exposed to community violence develop PTSD.
Trauma and Adults

- Much has been researched and written about trauma and adults and we will hear much more about it for the next two days.
- What I would like to emphasize are some lesser known factors, in particularly on gender differences and the impact of trauma on immigrants and refugees.
Gender and Trauma: What do we know?

- We know that males (men & boys) are much more likely than females to be traumatized. Studies of non-clinical populations in the U.S. show that 60.7% of MEN vs. 51.2% of WOMEN report having experienced at least one traumatic event during their lifetime (Giaconia, et al., 1995; Kessler, et al., 1995).

- Recent WHO studies also show that around the world, the victims of violence are predominantly male (WHO, 2011).

Yet, it is women who are more likely to exhibit PTSD than men: Ratio of 3:1 female/male.

Time does not permit us to hypothesize why this maybe so, but we know that male victims of violence are much more likely to become the perpetrators of violence – particularly what has been labeled intimate partner violence and sexual violence.
The unequal position of women relative to men and the familial or cultural use of violence to resolve conflicts are strongly associated with both intimate partner violence and sexual violence.
Key Facts Regarding Intimate Partner and Sexual Violence Against Women in the World (WHO, 2011):

- Violence against women is a major public health problem and violation of women's human rights. Approx. 20% of women (5–10% of men) report being victims of sexual violence as children.
- WHO multi-country study found that 15–70% of women reported experiencing physical and/or sexual violence by an intimate partner at some point in their lives: 15% of women in Japan and 70% of women in Ethiopia and Peru;
- First sexual experience for many women was reported as forced – 24% in rural Peru & 40% in South Africa.
- Such violence results in physical, mental, sexual, and reproductive health problems, and may increase vulnerability to HIV/AIDS.
- Population-based studies of relationship violence among young people (dating violence) show that it affects a substantial proportion of youth throughout the world.
1 IN 2 FEMALE MURDER VICTIMS ARE KILLED BY THEIR MALE PARTNERS, OFTEN DURING AN ONGOING, ABUSIVE RELATIONSHIP (WHO, 2011)

This poster, prepared by Fabrica in Venice, Italy, serves to raise awareness regarding the Global Campaign for Violence Prevention and the World Report on Violence and Health.
Situations of political conflict, post conflict and displacement may exacerbate existing violence and present new forms of violence against women.

Which brings us to the other topic of adults and trauma:
While many people migrate for positive reasons - the so-called PULL FACTORS - to seek a better education or jobs, reunite with family, etc. —, more and more people today move for negative reasons, PUSH FACTORS — i.e. they are being PUSHED FROM THEIR HOME COMMUNITIES due to natural disasters, wars and local conflicts.
For these individuals, trauma is compounded by grief over loss – loss of homes, extended families, neighborhoods, language & even familiar smells.

For many, particular political refugees, migration itself becomes traumatic with numerous obstacles along the way and an uncertain future. Cultural anchors, such as familiar medicines and treatment approaches and healers are missing.

For some, prejudice and discrimination, lack of recognition of previously achieved economic and personal status (the small T traumas) compound the reactions.

For those whose migration status is undocumented or illegal, seeking or obtaining help for their big T, much less the little T, is impossible, thus their trauma is often unresolved and carries over to the next generation.
The growing focus on intergenerational trauma, as reflected in children and grandchildren of Holocaust survivors (Danieli, Yehuda, etc.) can be seen among some of the presentations at this conference,

and the growing literature in the U.S. on what's been termed Historical Trauma (relating mainly to Native American populations), and POST TRAUMATIC SLAVE SYNDROME (DeGruy Leary, 2006) which focuses on the consequences of slavery on African Americans, points to the increasing recognition and need to address political, cultural and social impact of widespread trauma over time.
The concept of “cumulative life stressors” is widely recognized in the psychosocial literature (Dohrenwend & Dohrenwend, 1969; Kohn, 1972).

Studies reveal that individuals’ cumulative exposure to negative life events affect the manner in which they will handled stress in the future.

More frequent exposure to life-threatening events has been associated with a lower capability to handling stress and higher risks of PTSD (Bonanno et al., 2006; Resick, 2001; Ursano et al. 1995).
As the world population ages, the special issues of trauma among the elderly need to be recognized more widely (WHO, 2011).

The global population of people aged 60 years and older is expected to reach about 1.2 billion in 2025, MORE than doubling in the last 30 years.

While the elderly can suffer trauma from the same sources as younger people, like children, they are particularly vulnerable to being maltreated or abuse at home and even more so in institutions aimed to protect them, such as nursing homes and hospitals.
According to the WHO (2011), an estimated that 4-6% of elderly people in high-income countries have experienced some form of maltreatment at home.

While data are scarce, one survey of nursing-home staff in the US, found that:

- 36% witnessed at least one incident of physical abuse of an elderly patient in the previous year;
- 10% committed at least one act of physical abuse towards an elderly patient;
- 40% admitted to psychologically abusing patients.
Many of the abusive acts against the elderly in homes or institutions consists of small T traumas: physically restraining, depriving them of dignity (leaving them in soiled clothes), intentionally providing insufficient care (allowing them to develop pressure sores), over- and under-medicating; and emotional neglect and abuse.

Some acts do raise up to the level of Large T of physical abuse that can be life threatening or can result in serious, long-lasting, psychological consequences, including depression and anxiety.
Social isolation of caregivers and older persons, and the ensuing lack of social support, is a significant risk factor for elder maltreatment by caregivers.

Thus help needs to be provided not only to the elderly, but also to their caregivers.
When dealing with community trauma, whether natural, such as earthquakes, or man made, such as a terrorist attack, or some of the smaller T trauma, such as having a spouse who has been diagnosed with Alzheimer's, the elderly are particularly vulnerable to what has been termed "Disenfranchised Grief" (Doka, 1989) or more recently as "Ambiguous Loss" (Boss, 2000).

For example, while the parents of an adult son killed in a terrorist attack, may be recognized and supported by the community, the great-aunt of the murdered individual may be totally ignored, even though he may have been her major source of emotional or even financial support.
Thus as we recognize the growing number of the elderly, we also need to recognize their unique needs as survivors of trauma and also the strength and resiliency that they bring to old age.
Trauma and Resilience/Strength-Based Perspective

- As George Bonanno (2004) reminds us, as professional helpers we tend to see people who have difficulties coping with trauma. We thus forget that many people are exposed to traumatic events at some point in their lives, and yet they continue to have positive emotional experiences and show only minor and transient disruptions in their ability to function.

- The concept of resilience reflects the individual’s ability to use resources in the environment, notably relationships with others, as well as their own internal resources and potentialities.
Hauser and his colleagues (1999; 2005; 2006) remind us that resilience is a process, not a state. Doing longitudinal studies of youth, most of whom were physically and sexually abused at home and then put into psychiatric hospitals, the authors found that those young men who as adults were able to achieve a satisfying life despite horrendous childhoods, reflected three general characteristics:

- A belief that one can influence one’s environment (self efficacy),
- The ability to handle one’s thoughts and feelings (CB skills), and
- The capacity to form caring relationships (Hauser et al, 2005 p 262).
What’s important to note is that these traumatized yet resilient youth did not show a normative development. Their lives had not been easy; they made seemingly unwise choices and often faced troubles. What characterized them was, however, an ability to learn from experience.

The authors point out is that “… Resilience does not lie in either the competence or relationship; it lies in the development of competence or relationship where they did not exist before” (Hauser et al 2006, p. 261).
It is this ability to learn from one's traumatic experience, and what we now refer to as Post-Traumatic Growth (PTG), or the positive change or benefit finding resulting from trauma (Zoellner & Maercker, 2006), that we hope we can accomplished when working with our traumatized clients.
I would like to end my presentation with a quote from Stephanie Saldana, a young American writer who now lives in Jerusalem and teaches at Al-Quds University, who recently wrote in the English language Israeli newspaper Haaretz about celebrating the 100 year anniversary of the birth of the Polish poet Czeslaw Milosz. Milosz has been recognized for his writing by winning the Noble Prize for Literature in 1980; he and his brother were also honored in 1989 as one of the "Righteous Among the Nations" at Israel's Yad Vashem memorial to the Holocaust.
She writes:

“For more than any other poet that I know, Milosz had the ability to look at the horrors of his lifetime straight in the eye, and at the same time never to lose sight of hope. He believed, in some small way, that poetry can save. Indeed, his poems carry the possibility that the world is not beyond repair…. In this brittle world, hovering between tragedy and grace, he reminds us that we must witness the tragedy but not succumb to it, and somehow, salvage some of the grace.”
She ends by quoting the ending from his beautiful 1969 poem "On Angels:"

Day draws near

Another one

Do what you can.

Let us all do what we can, wherever we can.

May this conference help us do that.