# Exposures to violence and trauma among children and adolescents

**Clarissa Agee Shavers**

The Safer Tomorrows: Injury Prevention and Violence Reduction Project[©], Primary Care Office, Detroit, USA;
ageeclar@gmail.com

## ABSTRACT

Children and adolescents (youth) may be exposed to various forms of violence and trauma in a number of ways. Research and clinical studies have revealed that youth may be significantly impacted by isolated, single or repetitive exposures to violence and trauma. Further, these exposures may ultimately impact the overall psycho-social-emotional, and mental health, as well as, the mental health care of this population of youth who self-report, who are at-risk and who may or may not be at risk for exposure to violence and trauma in their lives. Thus, consequently, health care providers (HCP's) who do not view or understand that exposures to violence and trauma among youth, as well as, exposures to adverse environments or situations may pose as a serious or potential psycho-social-emotional and mental health care consequence for this population of youth may inadvertently impede or delay timely access to appropriate health care for this population. Hence, as a consequence of this delay in timely access to appropriate psycho-social-emotional and mental health care services for this population of youth, may significantly compromise their overall psycho-social-emotional and mental health care status. This article reviews the impact of exposures to violence and trauma among youth, with a focus on current empirical findings noted in the literature regarding victimized and traumatized children and adolescents, and the implications of these findings in promoting the healing and restoration for this population of youth for HCP's. In addition, a brief discussion of an empirical evidence-based psycho-social-emotional intervention/project referred to as The Safer Tomorrows: Injury Prevention and Violence Reduction Project[©] which has been designed for children and adolescents who may or may not be at-risk for exposures to violence and trauma is presented. The importance of early identification, screening, assessment and treatment among victimized and traumatized children and adolescents are also addressed.

**Keywords:** Violence; Trauma; Children; Adolescents; Prevention

## 1. INTRODUCTION

Sorrowfully today, millions of children and adolescents (youth) in the world reside in neighborhoods or communities where violence or acts related to various forms of violence and trauma occur daily and millions more have been deemed to be at-risk [1-6]. Also, youth exposed to violence and trauma may exhibit adverse psycho-social-emotional, mental, and physical health care problems [5-9]. Research has shown that youth who have experienced directly, indirectly or even witnessing including being a stand-byer of violent or traumatic events may be at-risk for psycho-social-emotional and mental health issues of varying degrees and intensities [9-12]. Similarly, children and adolescents exposed to violence and trauma may be at-risk for exposure to sexually transmitted infections including chlamydia, gonorrhea, human immunodeficiency viruses (HIV)/acquired immunodeficiency syndrome (AIDS) and numerous other adverse conditions or situations including rape and sexual abuse [3,13-15].

For these reasons, HCP's engaged or employed in diverse ethnic-cultural, geographic, and socioeconomic communities are in a key position to confront and attempt to effectively assist children and adolescents who have self-reported actual, previous or past, and who are at-risk and who may or may not be at-risk for exposure to trauma and violence [1,3,8,9]. Likewise, the literature has shown that proactive attitudes of HCP's and others can also significantly influence access to psycho-social-emotional and mental health services for children and

adolescents residing in adverse or volatile environments, conditions, or situations [16,17]. Moreover, effective out-of-school or after-school evidence-based violence and trauma prevention interventions utilized by HCP's and others have been found to be beneficial in promoting the psycho-social-emotional and mental health well-being of children and adolescents who may have been actual or potential victims, survivors, bystanders, perpetrators or rescuers in relations to exposures of violence and trauma [18-21].

Thus, the purpose of this paper is three-fold: 1) Provide a succinct overview of the background and scope of the problem pertaining to exposures of violence and trauma among children and adolescents (youth). 2) To highlight some of the challenges and issues that may be encountered or associated with providing psycho-social-emotional and mental health care including clinical services by HCP's for children and adolescents who self-report or identify a need for assistance as a result of actual, past or previous, and potential exposures to violence and trauma. 3) Briefly discuss the development of an evidence-based intervention/project referred to as The Safer Tomorrows Project: Injury Prevention and Violence Reduction Project© designed by multidisciplinary HCP's and interdisciplinary professionals for children and adolescents (youth) who self-report, who are at-risk and who may or may not be at-risk for exposures to violence and trauma.

## 2. BACKGROUND AND SCOPE OF PROBLEM

An alarming increase in the prevalence of violence and trauma in the world has led to a serious pressing global health care concern for the safety and overall well-being of children and adolescents who self-report exposures to violence and trauma [4,5,22,23]. Even more disconcerting, emerging evidence suggest that isolated, acute, repetitive or chronic exposure including poly-victimization to violence and trauma may have a profound impact on children and adolescents physical, psycho-social-emotional, and mental health well-being [24-27]. Similarly, sexual violence or assault against children and adolescents is a sober health care concern as well due to the risk of adverse responses including the risk of suicide [28]. However, not all children and adolescents may experience serious or adverse effects as a result of exposures to violence and trauma for a number of reasons including protective factors such as strong family support and resilience [2,22,29-36]. Yet, in still, the literature continues to acknowledge that globally many recognized or unrecognized victimized and traumatized youth are psycho-socially-emotionally and mentally adversely impacted from exposures to violent and traumatic events

and reflect a need for preventive and early mental health intervention or treatment [22,29-34,37].

Additionally, research has revealed that thousands of children and adolescents are openly discussing the negative impact of these adverse exposures of violence and trauma on their daily lives including bullying [2,37-41]. In fact, several studies involving youth self-reports of exposures to various forms of violence and trauma have identified that these youth experience a variety of stressors including at home and school, various types of bullying, a lack of effective coping strategies, and meaningful adult support for dealing with the issues surrounding exposures to violence and trauma in their young lives [2,37-41]. Equally HCP's and others are encouraged by society and today's youth to be more keenly aware of the existence, nature, and real life dynamics of relationships among youth that include acts of bullying and cyberbullying, dating violence, witnessing DV or IPV and family violence as reported or non-by the youth under their care or guidance [5,15,38,40]. So therefore, HCP's and others are being advised to early identify, screen, treat, and incorporate evidence-based prevention and health promotion interventions to assist in decreasing or eliminating the actual or potential adverse impact of youth exposures to various forms of violence and traumatic events [5,17, 21,22,39,40].

## 3. PROVISION OF SERVICES: CHALLENGES AND ISSUES FOR HCP's

As previously cited, it is important to note that children and adolescents may experience feelings of anger, anxiety, depression, social isolation and helplessness as a result of being exposed to violence and trauma [7,25, 30,31]. Also, youth victims and survivors of violence and trauma may develop severe mental health problems including depression and suicide ideation [2,37-41]. Furthermore, while not all youth exposed to violence and trauma may need mental health services to effectively deal with the psycho-social-emotional and mental aftermath of victimization, there are still many children and adolescents who may need specialized mental health care services to help them heal from these violent or traumatic events [34,42]. Hence, it is imperative that HCP's recognize signs and/or symptoms of psycho-social-emotional, physical and mental trauma in a concerted effort to make appropriate and timely referrals to psycho-social-emotional and mental health providers or health service systems for victimized and traumatized youth [34,43,44].

However, access to community based psycho-social-emotional and mental health services or resources continues to be an issue for many victims and survivors of violence and trauma especially those who are residing in

volatile or traumatic environments, the under or uninsured, poor and minorities or people of color, children and adolescents [8,15,37,45-47]. As a result, this may significantly impact the efforts of HCP's seeking to identify, as well as, to make appropriate and timely referrals to community-based psycho-social-emotional and mental health providers or health care systems on behalf of this population of children and adolescents. Moreover, substantial populations of victimized and traumatized children and adolescents may still not be reached. For research has shown that many community-based organizations or facilities which provide psycho-social-emotional and mental health services may either 1) not have a sufficient range of multidisciplinary services including wraparound services or 2) funds to meet the diverse needs of youth victims of violence and trauma [22,30,31]. Thus, it is imperative that HCP's must continue to address and confront these issues in order to promote the healing and restoration of this population of children and adolescents [47].

Furthermore, HCP's must keep in mind that less severe psycho-social-emotional or mental health care problems including mental illness must be understood in a developmental, ethnic, linguistic, social and cultural context in order to meet the health care needs of diverse populations (*i.e.* victimized and traumatized children or adolescents) [1,48-52]. Also, mental health services must be designed and delivered in a manner by HCP's that is sensitive to the perspectives and needs of racial or people of color, and other vulnerable populations including victimized or traumatized youth [1,48,49,52]. Nevertheless, there are numerous reported evidence-based interventions (*i.e.* individual-level and group-level risk reduction interventions) that have been proven to be effective and efficacious in the clinical, school, and community-based settings including the systems approach to intervention which may involve working with social services agencies, phase-based skills-to-exposure treatment, case management, individual and group cognitive-behavioral therapy (CBT), and a combination of optimal medication management regimens with psychosocial interventions [53-60]. What's more promisingly, research has shown that evidence-based interventions and treatment models in and out-of-school, as well as, community-based settings including adolescent clinics may prove to be effective in improving the quality of services provided for victimized and traumatized youth as well [29,61-64].

## 4. THE SAFER TOMORROWS: INJURY PREVENTION AND VIOLENCE REDUCTION PROJECT©

Thus, in response to the call to assist, build on prior research, and meet the needs of this vulnerable population of children and adolescents, The Safer Tomorrows:

Injury Prevention and Violence Reduction Project©, an evidence-based randomized controlled psycho-social-emotional intervention/project was formally created in 2002 [1,3,16,47]. Presently, The Safer Tomorrows: Injury Prevention and Violence Reduction Project© (also referred to as The Safer Tomorrows Project©) in collaboration with the Primary Care Office, New Center Community Mental Health Services, the Michigan Department of Community Health, as well as with other Partners, Volunteers, Collaborating Agencies and Organizations, is presently identifying children and adolescents at-risk for exposure to violence and trauma. This multi-phase and multi-level evidence-based randomized controlled psycho-social-emotional intervention/project presently involves children, adolescents, parents, teachers, multidisciplinary health care providers, interdisciplinary community-based professionals or providers, and volunteers in the United States of America (USA), Canada, West Indies Caribbean Trinidad and Tobago.
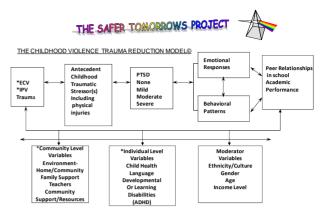
Similarly, the proposed evidence-based 10 week out-of-school and community-based structured curriculum (designed for future implementation during Phase II of The Safer Tomorrows Project©) includes an educational model which focuses on the themes of violence and trauma, injury prevention, and global healthy peaceful conflict resolutions or strategies. In addition, presently, the evidence-based structured curriculum is primarily designed for children (pre-teen) aged 8-to-12, or in grades four, five, and six, who have previously or in the past self reported actual or potential exposures to 1) community violence, interpersonal violence, intimate partner violence; 2) trauma; 3) intentional injuries as a result of violence or acts related to violence (e.g. bullying, physical fighting); and 4) unintentional or non-fatal mild traumatic brain injuries (TBI) such as those sustained from sports or aggressive physical contacts, falls from bicycles or skateboarding, pellet guns or firearms. Also, this evidence-based curriculum focuses on a variety of topics (*i.e.* anger management, bullying) and includes strong connections to the existing educational research based on injury prevention, violence reduction or prevention, and global healthy peaceful conflict resolution interventions or strategies for elementary school-aged children.

Hence, The Safer Tomorrows Project© has been designed to address intervention at various levels for individuals (children and adolescents or youth), families (parents/guardians/primary caregivers), and communities (including teachers and multidisciplinary health care providers) and can be used to individualize the unique needs of each child, adolescent, family, and community. Likewise, we plan to proactively promote the healing and restoration of this population of children and adolescents with the use of The Safer Tomorrows Project Case Man-

agement Research Practice Model[©] [65]. In brief, this evidence-based model consists of a structured format which addresses the issues of 1) safety nets for children and adolescents, 2) access to services, resources, and programs, 3) coordination of services with local multi-disciplinary and interdisciplinary providers or professionals and volunteers, and 4) global health education around the themes of evidence-based injury prevention, violence reduction, and healthy peaceful conflict resolutions or strategies [65]. Furthermore, we plan to empower children and adolescents to effectively address the issues of violence and trauma with the use of The Childhood Violence Trauma Reduction Model[©] (see **Figure 1**) [2,37].

The theoretical constructs for The Childhood Violence Trauma Reduction Model[©], an empirical model (see **Figure 1**) were derived from an extensive literature review, as well as, empirical evidence obtained from several research studies conducted by Shavers and/or in collaboration with other investigators over several years time span which included children, adolescents, parent/guardians/caregivers, teachers, multidisciplinary and interdisciplinary professionals or providers, and volunteers as human participants [2,37,15,16]. In quintessence, the majority of the significant findings from Shavers and/or other colleagues empirical studies revealed that self-reports of various exposures to violence and trauma by the children and adolescent participants assisted in the further development of the evidence-based derived theoretical constructs and the hypothesized conceptual mapping noted in **Figure 1** [2,15,16,37]. Likewise, many of the significant findings or data collected from the self-report instruments utilized by Shavers and/or other colleagues identified youth participant self-reports of none to mild-moderate-severe psycho-social-emotional and mental health symptomatology as a result of self-reports of exposures to various forms or related acts of violence and trauma among the human research participants [2,15, 16,37,66,67]. Also, in the studies conducted by Shavers and/or in collaboration with colleagues revealed that the children participants who self-reported exposures to intimate partner violence (IPV) or domestic violence (DV), often self-reported feelings of anger or mad, and fear [15,37]. In addition, notably, many of the children participants who self-reported exposures to DV or IPV also revealed feelings of sadness [15,37]. Further, preliminary findings from The Safer Tomorrows Project[©] pilot of the Focus Group process conducted in 2004 revealed that the adolescent participants reported a higher rate of exposures to various acts of violence and trauma versus the children participants [66,67].

Congruently, the hypothesized theoretical and conceptual mapping of The Childhood Violence Trauma Reduction Model[©] presently utilized by The Safer To-



**Figure 1.** Interrelationship of the concepts, mediator, confounding, and moderator variables: A Hypothesized Conceptual Map[©] Shavers, C.A. (2000). The interrelationships of exposure to community violence and trauma to the behavioral patterns and academic performance among urban elementary school-aged children. Dissertation Abstracts International: Vol. 61(4-B), 1876. [*]Exposure to Community Violence, Interpersonal Violence, Intimate Partner Violence (Domestic Abuse and Bullying); [*]Posttraumatic Stress Disorder (PTSD); [*]Community or County level variable (mediator variable); [*]Individual level variables (confounding variables).

morrows Project Research Team[©] seen in **Figure 1**, incorporates depicting the interrelations among the theoretical concepts (constructs): 1) childhood exposure to community violence, interpersonal violence and IPV or DV including bullying, 2) trauma including physical injuries, 3) the antecedent childhood traumatic stressor(s), 4) psychological responses, 5) emotional responses, 6) behavioral patterns, and 7) academic performance and peer relationships. Nonetheless, the investigators for The Safer Tomorrows Project[©] recognize the fact that no single risk or protective factor or combination of factors can predict the psychological, emotional, physiological, behavioral or peer relationships in school, and academic performance with neither absolute accuracy nor linearity. So therefore, due to the nature of the intervention/project, The Safer Tomorrows Project Research Team[©] decided to use a model/theory building approach with the intervention/project. Thus in essence, we have incorporated the utilization of The Childhood Violence Trauma Reduction Model[©] in the designing of the intervention/ project in an effort to rigorously evaluate the effectiveness and efficacy of this evidence-based randomized controlled psycho-social-emotional intervention/project over a 10-year period on a local, national and international level.

## 5. SUMMARY

In summary, childhood and adolescent adverse exposures to violence and trauma have been identified as a distressing health care problem for our society [4,8, 10,14]. The literature has noted that evidence-based

health promotion and prevention of violence and trauma-related interventions have been found to be effective in assisting youth who have been impacted from being exposed to various forms of violence and trauma [5,6,68]. HCP's and others play a significant role in meeting the needs of children and adolescents who self-report exposures to violence and trauma [10,17,29,30]. Finally, in collaboration with other Partners, Volunteers, Collaborating Agencies and Organizations, The Safer Tomorrows: Injury Prevention and Violence Reduction Project© is presently identifying children and adolescents who are at-risk and who may or may not be at-risk for exposure to violence and trauma in their lives to assist in the global efforts to address this persuasive health care problem in our society [3].

## 6. CONCLUSION

Consequently, as a result of adverse exposures to violence and trauma among children and adolescents, this may result in an unhealthy and vulnerable population of victimized and traumatized youth. However, there is a promisingly dearth of information that exists to assist adults, HCP's and others in integrating, implementing and evaluating the utilization of appropriate physical, psycho-social-emotional, and mental health services for identified victimized and traumatized youth. Additionally, it is imperative that HCP's and others engaged or employed in health care, schools or community-based settings be actively involved in all endeavors including health policy to promote the overall psycho-social-emotional and mental health of all youth who self-report, who are at-risk and who may or may not be at-risk for exposures to violence and trauma in their young lives. Thus, hopefully these proactive endeavors on behalf of society's youth will contribute to safer and healthier physical, psycho-social-emotional, and mental health care trajectories for today, tomorrow, and the future generation of children and adolescents.

## 7. ACKNOWLEDGEMENTS

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