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Cultural Considerations For Working With Young Adults
Who Have Experienced Childhood Trauma

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Dedication

This research project is dedicated to the little girl who never stopped trying, even when things got hard. Your strength, determination, and kindness inspires others and gets you further than you ever imagined. I see you, I love you, and I am so proud of you. I wouldn't be here without you.

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Abstract

Childhood trauma can create effects that show up throughout the lifespan. Young adulthood is the first stage of life after adolescence and involves working through more advanced developmental challenges. This offers an important reason to examine the possible outcomes early life has on young adulthood, especially for those who have experienced trauma. This knowledge can be pivotal in different professional sectors such as the mental health and educational fields. The work presented explores common childhood trauma experiences, signs of childhood trauma within both children and young adults, and cultural considerations. Recommendations such as possible interventions and training for professionals working with young adults with childhood trauma are also discussed.

Introduction

For many, childhood is a time for learning, growing, and playing. It is a time where we as people are discovering the world around us and receiving messages about how the world works and who we are within it. This experience is crucial for our development into adolescence and later, adulthood. However, this transition is not always an easy one. According to the National Child Traumatic Stress Initiative developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), two out of three children have experienced some trauma before they reach the age of 16, leading to experiences of low self-esteem, physical and emotional distress, mental health disorders, and much more (SAMHSA, 2022).

There are many definitions of childhood trauma. For the purpose of this research, childhood trauma is defined through the *Adverse Childhood Experiences (ACEs)* framework (Child Welfare Information Gateway, n.d.). ACEs are a set of possible traumatic conditions and events that take place during childhood and adolescents (Child Welfare Information Gateway, n.d.). They can be measured through an ACEs assessment that enquires about the type and amount of ACEs that a person has experienced. There are five types that are personal experiences and five that lists the experiences of other family members. Each ACE has a score of one (Felitti et al., 1998). The more ACEs a person has experienced, the higher the score. Assessments used to measure ACEs vary from developmental stage (Bethell et al., 2017). However, the original assessment was created to examine possible correlation between childhood hardships and health related risk factors for adults (Felitti et al., 1998). Presently, ACEs research has grown to take into account many other risk and preventative factors as well as interventions associated

with ACE scores (Bethell et al., 2017). ACEs are relevant to many children across the United States. Forty-five percent of children in the U.S. have experienced at least one adverse childhood experience or ACE (Sacks & Murphey, 2018). ACEs include different types of abuse and neglect as well as divorce and mental health disorders experienced from infancy to 17 years old (Centers for Disease Control and Prevention [CDC], 2022). This wide range of ages leaves room for many experiences that can be carried into the next stage of life, which is young adulthood.

Young adults who have experienced unresolved childhood trauma often carry messages about their trauma and about themselves with them into their unique life experiences. This can impact experiences that are relevant to them such as work, college, social connections, relationships, and housing opportunities (CDC, 2022). The impact and experience of childhood trauma for young adults can differ across ages, cultures, and time (McKissick, 2019). This is important to examine and keep in mind when deciding how best to support clients. Learning about the experiences and needs of young adults who have experienced childhood trauma and the cultural identities that they hold can be pivotal in creating spaces, especially mental health spaces, that are more inclusive to those coming from diverse and adverse backgrounds. For years, societal views have been based off of the *mythical norm*. This is the idea that the representation of the average American is a straight, white, Christian, heterosexual male who is financially stable (Lorde, 1984). This generalization ignores differences outside of this perceived norm and can be harmful when working with those who do not fit the criteria. When working with young adults who have experienced trauma, it is important to look outside of this societal standard to implement meaningful connection and care and actively prevent harm.

Clarifying Childhood Trauma

Trauma is described by the American Psychological Association (APA) as “an emotional response to a terrible event” (APA, 2022). A “terrible event” can have several meanings and be different for each person. One event that is considered an important trauma for one person may not be so for the next. The experience of trauma can feel and be individualized, yet there are some reactions to trauma that are shared among people. Some long-term reactions can include experiences of emotions that feel random, painful memories triggered by things associated with the trauma, and even physical complications such as stomach pains and headaches (APA, 2022). Signs of trauma within children can be feelings of guilt and shame, crying, screaming, and feeling depressed and anxious. Other signs may not be as obvious, such as having difficulty concentrating or sleeping, and changes in eating habits (SAMHSA, 2022).

There are many components that affect the impact of trauma or trauma level. One of these components is the trauma’s duration, which can impact brain development and mental health outcomes (McKissick, 2019). The moment the trauma occurs in childhood development is another consideration. For instance, the difference between the same type of trauma occurring in childhood or in adolescence can create different presentations for people within their childhood, young adulthood and beyond. If a trauma is from an early developmental stage such as early childhood, it is more likely that pathological symptoms may occur in a later developmental stage. Then, during the specific time of the trauma, many triggers can develop associated with the event and with that specific developmental stage. As the time of the traumatic event increases, the possible severity of the impact of the traumatic event also increases (McKissick, 2019).

Often, when a child experiences one type of ACE, it is likely that they are experiencing other traumas simultaneously. Experiences with two or more types of ACEs can increase the negative impact of trauma. Along with the number of traumatic events that have occurred, the severity of the trauma also plays a role in outcomes (McKissick, 2019). Children who experience more severe levels of trauma are more likely to develop mental health disorders such as post-traumatic stress disorder, anxiety, and depression. If an ACE occurs multiple times throughout a child's life, it is more likely that that child will form learned repeated responses to that trauma and people, places, and events associated with it (McKissick, 2019). Some of these responses can be maladaptive and result in more harm. For instance, a child who witnesses domestic violence repeatedly may learn yelling is associated with danger. A possible learned response to this could be to physically fight the perceived danger. Later on, when the child experiences conflict, they may reach for that learned response when they feel threatened and react with more intensity than is expected or necessary in that moment.

Impact of ACEs on Young Adults

One of the first signs of childhood trauma may be seen throughout the school system through developmental delays or deficiencies (McKissick, 2019). This can not only impact the way children are able to learn throughout their time in school, but also the way they are treated within the school system as well. In addition to developmental functioning, other signs of childhood trauma in a school age child include subsyndromal symptoms. These are symptoms that are associated with mental health disorders and do not quite fit the criteria for an official diagnosis (McKissick, 2019).

This subsyndromal status can be difficult for anyone, especially a young child within the school system. If there is no diagnosis, it can be hard for support systems to be accessible for the child. Having symptoms without the proper support can be frustrating and impact the way the child learns, how they perceive themselves, and how others see them as well. Some concerns that can be a result of childhood trauma and be subsyndromal include high levels of aggressive behavior, low attentiveness, and behavioral problems (McKissick, 2019). Some teachers and mental health providers may be able to identify why the child may be having these problems. However, others may assume that these are all behavioral issues that the child is responsible for. The child may then be labeled for the resulting symptoms and behaviors from their trauma. As a result, there could be consequences such as detention, which may outcast the child and create negative ideas centered around their valid responses to trauma. Without intervention, these beliefs can follow them into young adulthood and impact what decisions they make for themselves. These decisions can include what jobs they obtain, where they live, and who they form relationships with (McKissick, 2019).

Physical health is also a major concern when it comes to those who have experienced an ACE or multiples ACEs. Physical concerns that show up in young adulthood that are associated with childhood ACEs include using tobacco, obesity, and substance use concerns with alcohol (McKissick, 2019). Although children who have experienced trauma are more likely to have many subsyndromal symptoms, those same children are also likely to be officially diagnosed later in adulthood. The most common diagnoses for young adults who have experienced some form of childhood trauma are depression and anxiety. In addition, adults who are diagnosed with mental health

disorders such as schizophrenia, bipolar disorder, and depression are likely to have experienced some trauma in their youth (McKissick, 2019). Overall, symptoms associated with depression, antisocial behaviors, and drug use in people transitioning into young adulthood have been found to have a significant association with ACEs in childhood (Schilling et al., 2007).

Along with psychological factors, ACEs can impact opportunities within careers, education, physical health, and finances (CDC, 2021). These experiences can especially be hard for those who are transitioning adults. Young adulthood is a vulnerable time where people are going through many life changes. These life demands alone can be complex to navigate. Experiencing the impacts of unresolved childhood trauma can increase this complexity. Overall, a person who has experienced a trauma, or many throughout their childhood, can experience the consequences of that into young adulthood and beyond (Forkey, et al., 2021).

Specific Cultural Considerations

Although ACEs have been seen to be common among people within the United States, there are some groups who have greater chances of experiencing ACEs and the negative outcomes associated with that experience (CDC, 2022). For example, women and people who are part of racial and or ethnic minority groups have an increased probability of experiencing ACEs in four or more categories (CDC, 2022). This can be particularly taxing on these groups because they also experience adversities within society such as prejudice and racism. This becomes even more challenging for people who hold multiple identities outside of the mythical norm, such as being a Hispanic woman (Ford et al., 2015). Just as these identities intersect and interact, so do the societal

adversities that come with these identities. It is important to make note of this when considering the needs of various clients.

Experiences such as poverty and varied identities are important considerations when examining experiences with ACEs. Children who experience higher levels of poverty are more likely to experience more than one ACE (McKissick, 2019). In addition, people who have experience with immigration, have experienced discrimination, identify as disabled, or have been unhoused also have a greater risk of experiencing difficulties associated with trauma. One explanation for this is because people who have experienced many disadvantages due to circumstances such as societal structures are confronted with cumulative stressors (Ford et al., 2015). These cumulative stressors can create learned beliefs and thought patterns that are intended as a form of self-protection for those who frequently experience the negative impacts of societal structures and institutions (Ford et al., 2015). For some people, this can mean avoiding certain areas, policing behaviors associated with one's own culture, or traveling in groups to avoid threats.

Although many people who have identities outside of the mythical norm have an increased risk for experiencing cumulative stressors and trauma, they also have insufficient access to resources such as mental and physical health care services that could be beneficial in supporting them with their experienced trauma and stressors (Ford et al., 2015). Different components of identity and culture can be helpful in how a person who has experienced trauma understands it and can influence the story that they tell themselves about their experiences. This understanding and interpretation can be a foundational tool towards resiliency (Ford et al., 2015). Experiences that often intersect

childhood trauma include racial injustice, negative experiences with sexual orientation, immigration and refugee status, and historical trauma (The National Child Traumatic Stress Network [NCTSN], n.d.). However, one's culture, race, gender identity, and sexual orientation can be helpful factors in creating resiliency as well.

Resiliency

Although ACEs are associated with many negative impacts in life, they are not the ultimate determinant of someone's life. There are many factors other than ACEs that can also be indicative of a child's future. Resiliency is one of them. Resiliency is the ability to recover from difficult experiences, including ACEs (Jamieson, 2018). It can also be described as the ability to continue to remain equalized through hardship by using internal or external resources (Raghavan & Sandanapitchai, 2020). Resiliency can be a protective factor and tool for moving past trauma and can be helpful in the prevention of trauma-associated difficulties that can occur later in life. When a person has access to their own resiliency, they are more likely to experience improvements in mental and physical health after experiencing physical and mental stress during a traumatic event (Raghavan & Sandanapitchai, 2020). Although there is evidence that some people are genetically predisposed to having resiliency, it is something that can be learned over time. The more a child is able to use their resiliency, the stronger it becomes and the easier it is to access (Jamieson, 2018). This is especially true for younger children who are still developing neurologically. In addition to nature, the way a child is nurtured can be beneficial to how they overcome the ACEs that they have encountered. Nurturing components that act as protective factors include supportive family, and a person's experiences with community and other supporting structures (Jamieson, 2018). Other

important factors that support resiliency are the resiliency of the child's caregivers, the child having or building purpose within their life, supportive services such as counseling, and caregivers' parenting style and skills.

There are a number of things that children can learn from others that can help them move through their trauma and decrease the negative consequence of it. One of these components is being taught problem-solving skills. Another learned protective factor is self-regulation and coping skills (Jamieson, 2018). ACEs can change the physiological development of a child during the traumatic experience and after. Having solidified protective factors can decrease this change. These protective factors and others can make significant differences in how children handle ACEs throughout their childhood and how those ACEs impact them later as adults (Jamieson, 2018).

Many of the protective factors can be categorized as traits that either a person has within themselves or that their family and community have (Barber, 2013). A social-ecological viewpoint on resilience can emphasize the resiliency factors embedded in many cultures as a part of people's values and way of life. For some cultures, resiliency as a socially reinforced response has been a form of survival for hundreds of years. This resiliency has been embedded in how people of these cultures show up in the world (Barber, 2013). For example, within the Hispanic culture it is common to tell stories about family history that goes back generations. Many of these stories tell of the hardships that Hispanic ancestors faced and how they were able to overcome these hardships or survive within them (Tuttle et al., 2004). Familial storytelling of resiliency has been shown to have a connection to resiliency factors in those who are able to hear and know these stories. This is especially true for cultures that place value in family and

togetherness (Tuttle et al., 2004). In addition, researchers have shown that people coming from Black families are likely to learn resilience from family members that they consider role models, especially mothers. This is especially true for Black people who also have diverse identities in gender and sexual orientation (Stone et al., 2020).

Interventions for Trauma Survivors

When working with childhood trauma survivors it is beneficial to take on a multidisciplinary approach (Ryan et al., 2017). Trauma can be complex with many layers, and one modality of intervention or support is unlikely to cover all aspects of the recovery process. There are three broad components to consider when working with those who have experienced different types of traumas, including childhood trauma. These three foundations include trauma-informed care, cultural awareness, and psychoeducation. Trauma is interwoven in various ways within people's experiences such as their culture, history, identities and socioeconomic status. A trauma-informed approach when working with those who have experience trauma, including childhood trauma, assists in recognizing that trauma can come from these lived experiences and more (NCTSN, n.d.). In addition to trauma-informed approaches, continually working on cultural awareness can help to understand and care for those coming from diverse backgrounds with trauma (NCTSN, n.d.). Lastly, using psychoeducation as a guiding tool to help those better understand their experience and possible outcomes with their trauma can be beneficial in the recovery process (Lee & Rawlings, 2022).

According to SAMHSA (2014), in order to provide a trauma-informed approach at the basic level it is important that there are four components present. The first component is realization. This means that the entity (person, program, organization, etc.)

working with those who have experienced trauma has an understanding around trauma and the impacts it can have internally and externally. The second component is being able to recognize the possible indications or symptoms of trauma. Signs of trauma can vary depending on one's background and identity, which should always be taken into account when assessing for trauma. The third basic component is response. This means that there is action being taken to ensure that the concepts of trauma-informed care are being carried out. There are several ways that this can happen, and some helpful ways include attending trauma-informed training, creating spaces that are inclusive to those who have experienced trauma, and using language and behaviors that are considering people's trauma history. The last component is resisting re-traumatization. Certain behaviors and language may be the catalyst for re-traumatization. In order to avoid doing this, it is important to know a client's traumatic experience and what may feel triggering to them. Not taking the time to do this can put clients at risk for re-traumatization and can further hinder them in recovering or even seeking services in the future (SAMHSA, 2014).

In addition to these four components, SAMHSA also provides six concepts that make up a trauma-informed approach (SAMHSA, 2014). The first principle is safety. This is ensuring that people are feeling mentally and physically safe when coming for services. The second concept is trustworthiness and transparency. Choices that are made for or about a client should be made with appropriate transparency and truthfulness to promote trust. Peer support is the third concept. Within this concept peers are other people who have also experienced trauma. Getting clients connected to others who have had traumatic hardships and are in or working towards recovery can be supportive. Collaboration and mutuality is the fourth concept. Practicing shared decision-making,

partnering with clients, and even addressing any perceived and real power differentials are all ways to promote collaboration and mutuality. The fifth concept is empowerment, voice, and choice. One step to empower those who have experienced trauma is to understand the importance of power and techniques that foster skills such as self-advocacy. This is also related to promoting trauma survivors' voices and choice-making abilities. The sixth component is cultural, historical, and gender issues. It is important when working with those with trauma that their traumatic experience isn't the only factor that we are considering. Being aware of the identities and beliefs that people hold is crucial in being inclusive to them and the way that they experience the world. It can also provide important insight on how to be most responsive to their needs (SAMHSA, 2014).

It is important to provide treatment that is rooted in cultural awareness, especially when working with those outside of the mythical norm. Different clients can have similar traumas, however the way that those traumas are experienced can be drastically different based on one's culture, identity, and worldview (NCTSN, n.d.). It's important to understand this to ensure that the proper interventions and support are given. Striving for cultural competence is an ongoing practice to assist with cultural awareness. Cultural competence is a combination of actions, attitudes, and strategies that are understood and implemented to effectively work and interact with people of similar and different cultural backgrounds. These backgrounds include various identities, beliefs, experiences, and values (SAMHSA, 2016).

Cultural competency is a lifelong commitment. It is necessary to continually evaluate cultural awareness because people have the ability to change. This means that components of a people's culture such as language, practices, and identity are also

changing. Updating and expanding knowledge on these factors is crucial to providing beneficial care (SAMHSA, 2016). Ways to be culturally responsive when working with others includes practicing active listening. Two people from the same or similar cultures may have different experiences. In order to prevent generalizations it is important to understand this and listen to people's individualized lived experiences. Combining active listening with the general knowledge acquired through learning about the client's culture allows counselors to take appropriate steps to provide treatment, support, and care (SAMHSA, 2016). A few ways to provide appropriate care include considering the clients' individualized and collective beliefs, experiences, and assumptions. Then these important elements of themselves should be appropriately included in addressing their needs. In addition to this, referrals should be made when deemed necessary to resources that are inclusive and supportive to their cultural identity (SAMHSA, 2016).

There are many more things to consider and learn when striving for cultural competency and building awareness, such as exploring one's own personal values and beliefs. These things should also be incorporated before and while working with others (SAMHSA, 2016). Not only is this necessary at an individualized level, but it also speaks to the fact that there are many gaps in accessibility to trauma-informed care and overall mental health services for people within various cultural groups (NCTSN, n.d.). Taking the time to build cultural awareness, especially with a trauma-informed lens, is helpful in beginning to close these gaps and ensure that people are receiving the care and support that they need not regardless of, but because of, their lived experiences.

In addition to trauma-informed care and cultural awareness, psychoeducation can be a beneficial intervention. One phenomenon to consider is that many young adults and

their families are not aware of the possible impacts of childhood trauma or even how to name their trauma. This can create some confusion about how their lived experience has influenced their beliefs or behaviors. Offering psychoeducation around these topics can be helpful in working with young adults who have experienced ACEs. One step that can be taken towards gaining knowledge about one's experience with ACEs is taking the ACE quiz (American Society for the Positive Care of Children, 2022). It is a quiz made up of 10 questions that enquire about encounters with different types of childhood traumas. Scores can give information about a person's specific experiences and what those experiences may mean (American Society for the Positive Care of Children, 2022). This psychoeducation can offer validation, awareness, and self-compassion. It can also offer trauma survivors a guide to techniques that can offer some relief in psychological and physical symptoms. For young adults in particular, psychoeducation paired with processing in a group setting has been shown to be beneficial (Lee & Rawlings, 2022).

Recommendations

Through research and personal experience as a graduate student clinician and trauma survivor, I have learned many things about what it means to be a young adult who has experienced childhood trauma. It can be complex to navigate and because it is such a lived, internal experience, it can be difficult to even know where to start. This is why I fully believe that it is important for people who are working with young adults who have experienced childhood trauma, whether in a mental health or educational setting, to be cognizant of this experience and ways that can assist survivors in feeling safe and understood. This means learning about the transition to young adulthood. By doing this,

people outside of this experience can better understand the changes that go on that inform young adult's beliefs and decisions.

Additionally, organizations, programs, and personnel should standardize making the commitment to learning the experiences of others' cultural identities, beliefs, and values (SAMHSA, 2014). This could provide an opportunity for people such as teachers, professors, and therapists to make informed and sound decisions that benefit the diverse array of people that they are working with. For professors and teachers, this can mean attending continuing education workshops to learn best practices for working with those from different backgrounds. For therapists, this can mean attending mental health conferences dedicated to sharing not just generalized information but advanced knowledge and resources for working inclusively with specific populations. Lastly, organizations and programs should also include training on practices from a trauma-informed approach. This approach is appropriate across many settings, regardless of professional title, and can improve professional relationships by giving people tools in navigating interactions with others. These interactions may feel small but can be impactful for those who have not come across many who have understood their needs or have validated their experiences. It is also worth noting that a trauma-informed approach can also include general knowledge of outside resources. Helping someone get connected to further support from other people or organizations can be lifechanging.

Conclusion

Emerging young adults go through multiple transitions requiring increasing responsibility and, often, changes within family dynamics. Young adults have many choices to make as well as new life circumstances to navigate. These choices and

perceived life circumstances can be impacted by unresolved childhood trauma. ACEs are associated with many outcomes for young adults, including mental health diagnoses, low self-esteem, and substance use. Any one of these outcomes can be difficult to experience and going through life transitions can enhance this difficulty.

However, components associated with childhood trauma are not definite. There are many protective factors, including resiliency. Resiliency can come from both internal and external sources and can be strengthened by having reliable supportive figures as well as through one's cultural expectations. Culture being an important resource for those who have experienced trauma is one reason why it is important that those who may encounter trauma survivors build cultural awareness. Although it is impossible to know everything about all cultures, striving towards cultural competency can be helpful in having a better understanding of people's lived experiences. People from some cultures or identities, especially those outside of the mythical norm, have higher chances of experiencing an ACE or even multiple. When a person holds more than one of these identities these chances can increase even more. This also goes for experiences with societal issues such as discrimination. It is difficult to effectively work with or be supportive to those who have experience with childhood trauma without considering the many identities that they may hold.

This is why cultural consideration is one of the important pieces in thinking about intervention for those that have experienced ACEs. Foundations to cultural awareness include avoidance of re-traumatization, but it also includes understanding trauma, being able to recognize signs of trauma, and knowing different ways to respond. The six principles of a trauma informed approach are vital, as is psychoeducation.

Psychoeducation has been shown to be helpful in assisting young adults in learning more about themselves and how their childhood experiences, such as ACEs have shaped their worldview and behaviors.

Finally, all professionals who are working with young adults, despite professional title, are encouraged to have training to ensure inclusivity and support for those who have experienced a trauma or multiple within their childhood. This includes training to gain knowledge of the common experiences that young adults go through, training on various cultures' experiences, and understanding of tools to implement a trauma-informed approach. These components will look different for each profession and how they use them will vary depending on young adult encounters and purpose. However, these can be foundational tools towards creating spaces that are supportive to those coming from backgrounds that are difficult or those that are actively going through difficult transitions. An important factor that can ensure that these trainings are beneficial is that they should be ongoing. It is not enough to go to one workshop or one conference on cultural awareness or trauma-informed care. This can't be another box checked off for professionals. People change and so do their needs. Staying up-to-date and informed on those needs and the best way to meet them is crucial in truly supporting them. Not doing this can create risk for harm and can create more hardship for those that have already had to be consistently resilient.

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