Assessment of Trauma-Induced Dissociative States and Disorders of Extreme Stress in Children and Adolescents

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American College of Forensic Psychology Symposium
San Diego, California
March 29, 2015

Abstract:
This presentation will focus on the exposure of children to Traumatic Stimuli and events. The presentation will focus on the phenomena of dissociation and dissociative states. Dissociation characteristically is underdiagnosed in Trauma cases. The impact of Specific Trauma involving sexually graphic stimuli on children as well as complex PTSD and its effects will be presented.

Learning Objectives
1. Attendees will gain a thorough and comprehensive understanding of Trauma-induced dissociative states in children. Attendees will learn the adaptive function of dissociation.

2. Attendees will be able to differentiate the psychological syndromes of PTSD and disorders of extreme stress (DOES) and be able to apply knowledge of post-trauma sequelae of PTSD and complex PTSD.

3. Attendees will learn to evaluate and assess trauma in children exposed to pornography and graphic sexual stimuli as well as to assess and treat children exposed to sexual exploitation by perpetrators.

The Effects of Pornography on Children & Adolescents:
The accessibility of the internet in today's society has raised concerns as to what children and adolescents are finding online. Exposure to pornographic material has become a concerning issue among adolescents and children. Research on a national sample of 1,501 internet-using youth between the ages of 10 and 17, found that 25% of the sample had inadvertently been exposed to sexual pictures while online within the last year, compared to only 8% which had deliberately searched for the images (Mitchell, Finkelhorn, & Wolak, 2003). Of the 25% who had unwanted exposure to sexual pictures, 73% happened while surfing the internet, and 27% happened while opening emails or clicking on links in emails or instant messages, with the images being of naked persons, of people having sex (32%), and some with added violence along with the pictures or videos (7%) (Mitchell, Finkelhor, & Wolak, 2003). Research supports an increase in inadvertent exposure to pornography among children and adolescents. Mitchell, Wolak, and Finkelhor (2007) found that specifically children and adolescents between the ages of 10 and 12 and 16 and 17, there was a significant increase in the amount of unwanted exposure to pornography.
Mitchell, Finkelhor, and Wolak (2003) found that in response to the pornographic images, 24% reported being very or extremely upset by what they saw, and 19% reported at least once symptom of stress at the level of more than a little or all the time in the days following the incident. Another study reported that nearly half of participants aged 11-17 in a sample from internet using households experienced something online that they considered to be offensive or disgusting, most commonly pornography (Aisbett, 2001). The participants noted feeling sick, shocked, embarrassed, repulsed and/or upset after the exposure (Aisbett, 2001). These statistics raise further concerns about the effects of sexually explicit materials among youth populations.

For younger children, most pornography is too explicit (Flood, 2009). Research has demonstrated that while children and adolescents sometimes respond to pornography with no significant negative effects, others may find it to be extremely distressing or harmful. For youth who were traumatized by what they saw, different experiences may yield different outcomes.

**Complex PTSD & Dissociation:**

Although many fail to realize it, simple PTSD and Complex PTSD are very different and can produce different effects. Taylor, Asmundson, and Carleton (2004) note that Complex PTSD attempts to describe the problems related to ongoing trauma as opposed to a single exposure, whereas simple PTSD is more consistent with traumas such as an isolated rape or traffic collision. Symptoms associated with Complex PTSD include pervasive personality disturbance, persistent somatization, depression and recurrent dissociative symptoms (Taylor, Asmundson, & Carleton, 2004). In contrast, simple PTSD has a completely different set of symptoms.

One of many features associated with Complex PTSD are recurrent dissociative symptoms (Taylor, Asmundson, & Carleton, 2004). Symptoms of dissociation in children may include trance-like states, perplexing forgetfulness, behavioral and emotional fluctuations, auditory hallucinations, and the individuals may refer to themselves in the third person as well as involve themselves with playmates that seem extremely real to the child (Sillberg & Dallam, 2009). Dissociation, in children specifically, is commonly misdiagnosed due to its comorbid symptoms with other disorders such as ADHD, Conduct disorder, ODD, Schizophrenia, and many other affect disorders (Sillberg & Dallam, 2009). It is important to assess the child’s background for trauma and consider dissociation specifically when trauma is found in order to make attempts to distinguish dissociation from other disorders with comorbid symptoms.

**Trauma Defined**

- Acute Stress Disorder
- Posttraumatic Stress Disorder
- Disorder of Extreme Stress, Not Otherwise Specified (DOES) – Complex Trauma

**Trauma**

Amygdala $\rightarrow$ Distorts perception of others and the world

- Linked to paraphilias
*Stimulation – Graphic Sexual Images
*Gene Abel, Ph.D.

- Stress, confusion, cognitive distortion
- Remain on guard for return of trauma → chronic physiological overarousal

**Dissociation**
- Frequently underdiagnosed
- Refers to compartmentalizing of experience
- Traumatic memories stored separately from other memories, in discrete personality states.

**Primary Dissociation:**
- Threat → integration of consciousness, memory, identity
- Isolated somatosensory elements (nightmares, flashbacks)

**Secondary Dissociation:**
- Individual in Traumatic (dissociated state of mind)
- Further → Disintegration
- Observing ego split Experiencing ego
  (Gelinas, 1983; Noyes, Hoenck, & Kupperman, 1977)
- Observed from a distance → Traumatic Event → (Not connected)
  (Spectators)
  Feeling & emotions of trauma

- Limits pain and distress

**Tertiary Dissociation:** ego states containing the traumatic experience
- Complex identities with cognitive, affective, behavioral patterns

Example: multiple, dissociated entity
  Dissociated identity disorder
- Tertiary dissociation frequently associated with pre-existing abuse.

**Trauma and Children**
• Experience full range of PTSD Symptoms

• “Dissociative responses” allow children to feel a physical distancing from traumatic event

Multiple Layers

- Reminder of prior situation

Secondary Adversities

Child Separated from Caretaker $\rightarrow$ Traumatic Event

Complex PTSD - *DESNOS

• Prolonged, cumulative trauma
• Continuous sexual abuse
• Prisoners
• Children under the control of the perpetrator (individuals in positions of trust)
  A.K.A. Disorders of Extreme Stress, NOS

Methodology

• Pre-morbid event database
• School Records
• Mental Health Records
Psychological Measures

- Clinician Administered Interview for PTSD or PTSD Scale or Children and Adolescents
  - Cross-cultural validation in Dutch Population
  - Good Discriminant validity
  - Cronbach’s alpha (internal consistency) = .83 item total score correlations \( \rightarrow .59 \text{ - } .92 \)
  - Interrater reliability – (Kappa = .63)
  *Gold Standard for Assessing PTSD in children
- Trauma Checklist for Children (TSCC) – (Briere) – (alpha = mid to high 80’s; sexual concern; sexual concerns high 60’s – 70’s) cross-cultural \( \alpha \) validated
  - Sexualization from trauma
- Worst Experience Scale
- Roberts Apperception Test
  - Anxiety
  - Aggression
  - Repression

Assessments of Impairments from Exposure to Pornography
- Scholastic
- Social
- Psychological

Neurobiological

- Memory Encoding – Dissociation
- Amygdala Changes
- Increased activity of noradrenergic operating system
Complex Posttraumatic Sequelae:
Less frequent Difficulties

- Somatization
- Over-dependence/Clinginess
- ODD/Conduct D/o
- Sexual Problems
- Attachment Problems
- Dissociation
- Substance Abuse/Depression
Complex Posttraumatic Sequelae:
Most Frequent Difficulties

- Affect Dysregulation
- Attention/Concentration
- Negative Self-image
- Impulse Control
- Aggression/Risk-taking
Forensic Psychologist’s Role in the Courtroom

• Expert Testimony
• Be a supportive Agent for Child Witnesses

Disorders of Extreme Stress (DOES) – Complex PTSD

• Diffusion of sense of Self
• Suicidal and Homicidal Impulses
• Affective Dysregulation

DSM – IV Field Trials

DOES – Significantly higher criterion validity vs. PTSD

Conclusions:

• Pornographic exposure over the life course and severity of sexual offenses:
  (Mancini, et al., 2011)
  o Adolescent exposure was a significant predictor of violence and increased extent of victim humiliation.
• Inadvertent exposure of young adult males to sexual online pop-up commercials could increase participants’ sexual attitudes towards women (Shim & Paul, 2014).
• Meta-analysis consumption of material depicting violent sexual activity generates an increase in aggression vs. those of non-violent sexual activity (Allen, D’Alessio, & Brezgel, 1995).

References:

Bridge, T. Trauma [PowerPoint Slides]. National Institute for Trauma & Loss.


