



Understanding Shame: The Clinical Implications of Trauma Work with Female Adolescents

Madeleine Moore, BA
University of Nebraska - Omaha



Introduction

Childhood Trauma  Adult Psychopathology

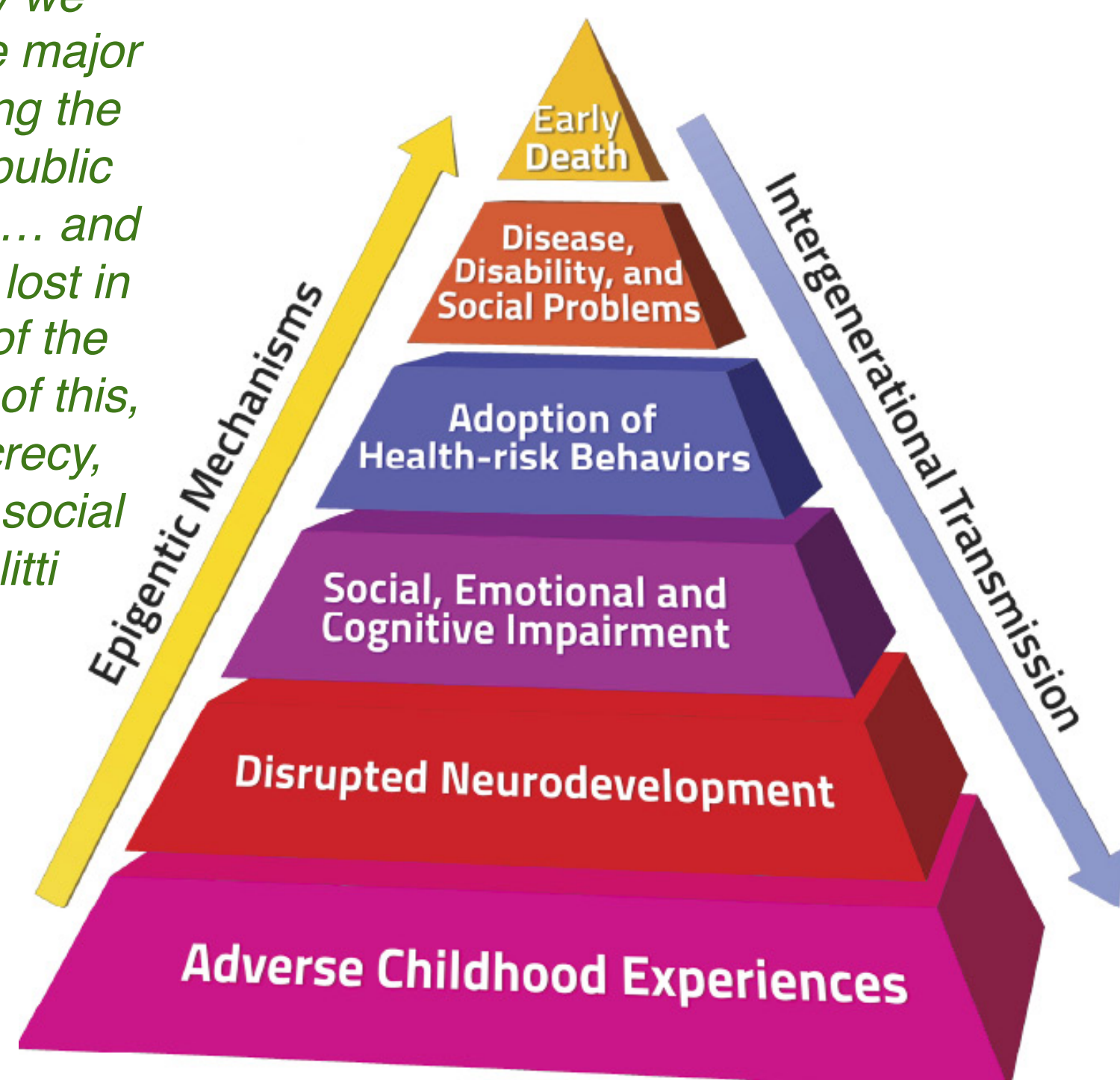
Adverse childhood experiences (ACEs) have been shown to have a strong correlation with the development of anxiety, depression, sexual risk-taking, anger problems, intimate partner violence, suicide, addiction, and even early death (Anda, et al., 2006; Felitti, 2002; Felitti, 2011; Teicher et al. 2006; Karr-Morse & Wiley, 2012; Kanamuller et al., 2014; Nilsson et al., 2012; ACE Study, 2005; Lijffijt, Hu, & Swan, 2014). As young girls with trauma backgrounds grow into adulthood they are uniquely vulnerable to these future mental health concerns and wellness obstacles, especially as growing women without sufficient support and intervention (Badone et al., 1996; Herbert & Lavoie, 2008; Lawrence et al., 2008; Longsdon, 2004; Ruffolo et al., 2004; Schleider & Weisz, 2016). By exploring the complicated and delicate transition of adolescence – a time when the brain plasticity and evolving personality allow for shame exploration and resilience development – therapists can find a window of opportunity for intervention.

What are ACEs & Why Do They Matter?

This presentation is based on current data from the ongoing Adverse Childhood Experiences Study (ACE) (CDC, 2016), which determined in the general population the prevalence and long-term significance of ACEs. The ACE score is based on the occurrence of the following: (1) abuse, (2) neglect, (3) addiction in the home, (4) MI in the home, (5) loss of parent, (6) domestic violence, (7) parent incarceration. Current results of this longitudinal study show that 64% of participants had experience with at least 1 ACE, and 12.5% had experience with 4 or more. They have also found that women are 50% more likely to have a score of 5 or more.

- For those with an ACE score of 4 or more:
- 7x** more likely to be an alcoholic
- 6x** more likely to have sex before age 15
- 2x** as likely to have heart disease and cancer
- 46x** more likely to be depressed
- 12x** to commit suicide

“So essentially we stumbled into the major engine underlying the most common public health problems ... and the whole link is lost in time, because of the shameful nature of this, because of secrecy, and because of social taboos.” - Felitti



The Adolescent Stage of Development

Adolescence is a critical transition period when individuals face major developmental changes and issues related to identity, independence, intimacy, and sexuality (Hebert, 2008; Rice et al., 1993; Zona, 2011; Wilson, 2015).

- The brain is only **80% developed** in adolescence, and this time of growth allows for learning and skill acquisition.
- This **plasticity** also makes adolescent brains more vulnerable to external stressors.
- The **prefrontal cortex** is still growing and changing. It is the part of the brain that modulates behavior, self-control, evaluates consequences, and helps with problem-solving. It is especially at risk for the effects of early stress.
- Exposure to **ACEs** has the potential to disrupt the successful completion of developmental tasks and healthy brain functioning.
- Despite this **vulnerability**, teens remain an underserved population in mental health (Lawrence, 2008).

Female Adolescents

When mental disorders are not treated in adolescence, they tend to become chronic and a harbinger of a long trajectory of decreased quality of life and diminished productivity, especially for women (Lawrence, 2008; Logsdon, 2013; Pine et al., 2012). There are a number of internalizing and externalizing symptoms that can manifest with ACE youth:

- delinquency and conduct disorders
- antisocial behavior or callousness
- more sexual partners
- hostility and anger
- depression and anxiety
- eating disorders
- dissociation
- IPV & victimization



Depression, a largely female issue, occurs less often in prepubescent children than in adults, but rises dramatically in adolescence along with low self-esteem. And with MDD often comes **suicide risk** – for teens, suicide is the 3rd leading cause of death (Rohde et al., 2013; Barlow & Durand, 2015). Furthermore, adolescent girls are particularly prone to psychopathology because of their:

- 1) entity theory of worth (Schleider, 2016)
- 2) tendency for rumination (Nilsson et al., 2012)
- 3) experiences of powerlessness and lack of control
- 4) interpersonal struggle
- 5) stress reactivity model (Zona & Milan, 2011)

“Female gender was the strongest demographic predictor of total trauma symptoms.” – Singer et al., 1995

Trauma Literature on Shame & Resilience

Shame:

- The painful belief in one’s basic defectiveness as a human being, and therefore unworthiness of love and connection.

Feelings of shame → Thoughts of shame → Behaviors of shame

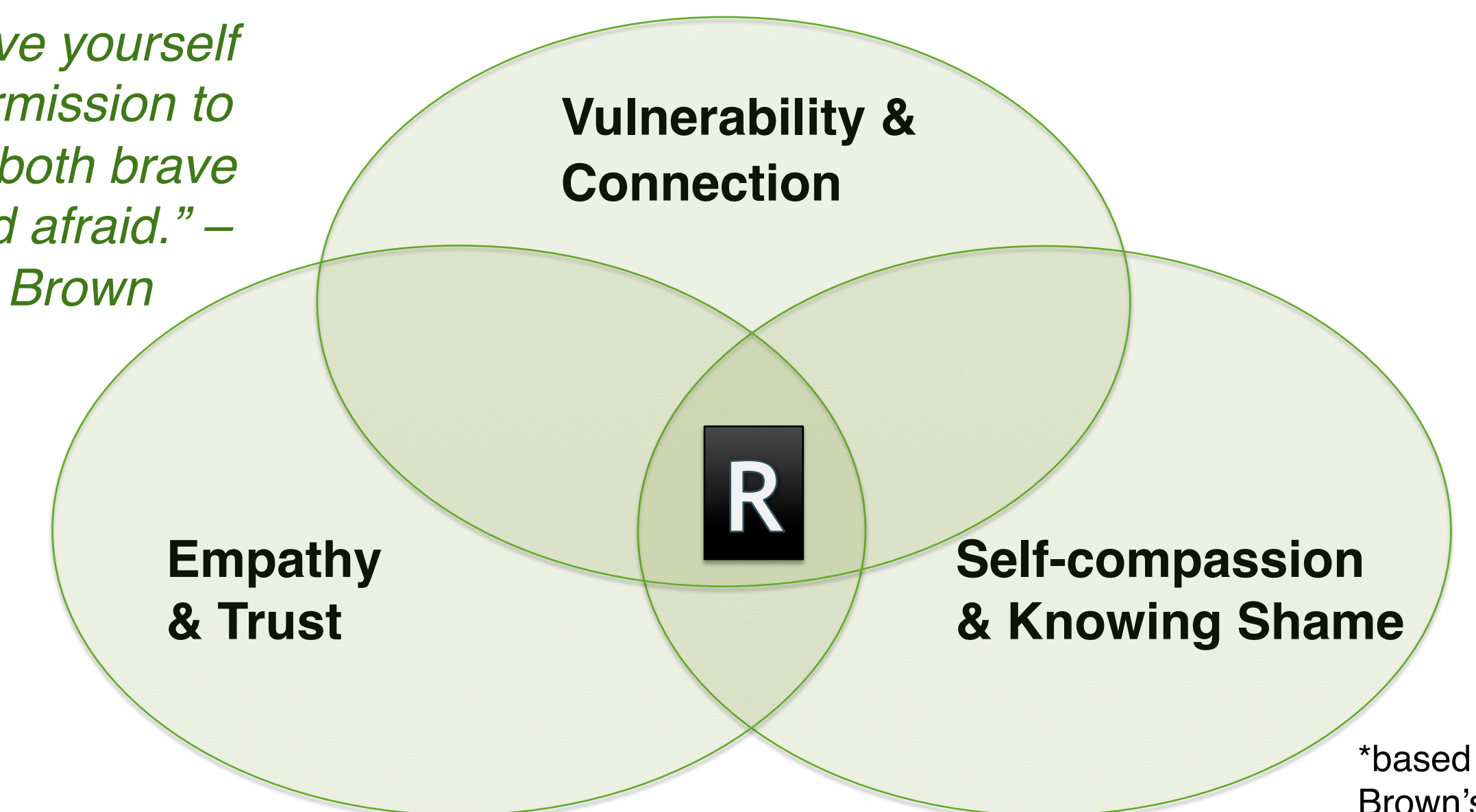
- Shame is linked to feelings of isolation, powerlessness, disconnection, depression, and suicide, and individuals with ACEs are at a greater risk of becoming shame-based individuals (Tagney & Dearing, 2000; Herman, 1992; Bryant-Davis, 2005; Potter-Efron, 1989; van Dalen, 2001).

Trauma and Shame:

- For shame to grow, you need secrecy + silence + judgment. A family rule of silence may teach a child that secret-keeping is necessary for survival.
- A neglected child will often believe there is something wrong with him/her that triggered the rejection.
- Failure to stop the violence, chaos, or abuse generates feelings of helplessness, powerlessness, and guilt, which can then lead to internalization and self-blame.
- Messages from society often make people feel shame, as if they are to blame for the violation.

Conceptualization of Shame & Resilience

“Give yourself permission to be both brave and afraid.” – Brown



*based on Brene Brown’s research on shame

Applied to Teen Girls: Clinical Implications

Trauma-informed strategies are designed to be:

- * **Reparative** *
- * **Restorative** *
- * **Resilience enhancing** *

Areas for Further Research

Adolescence offers a unique window in time when self-relevant beliefs are molded and solidified. These critical years may be ideal for challenging shame and building resilience in the wake of trauma, and help teens to live in a way that allows for worthiness & connection. We need trauma intervention to be:

Gender-sensitive
Developmentally appropriate
& Shame-based