

# Think Trauma Participant Glossary

1. **Active Coping:** Involves becoming aware of the stressor followed by attempts to reduce the negative outcome related to the stressor. Active coping can include trying to resolve conflict with someone in an assertive manner, removing a trigger or reminder from the workplace when possible, or practicing mindfulness to keep oneself emotionally calm when stressful situations can't be avoided.

*Reference: Cohen, F., & Lazarus, R. S. (1973). Active coping processes, coping dispositions and recovery from surgery.*

2. **Adverse Childhood Experiences Study (ACEs):** ACEs are experiences that may be traumatic to children and youth during the first 18 years of life such as experiencing violence or other types of emotionally disturbing exposures in their homes. This study linked these experiences to other chronic conditions, such as cancer, hypertension, and substance use. ACEs generally do not include all traumatic experiences.

*Reference: Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998;14(4):245-258.*

3. **Attachment:** The dynamics of long-term and short-term interpersonal relationships between humans.

*References: Waters, E., Corcoran, D., & Anafarta, M. (2005). Attachment, other relationships, and the theory that all good things go together. Human Development. 48 (1-2): 80-84. doi:10.1159/000083217.*

4. **Burnout:** A state of emotional, physical, and mental exhaustion often with feelings of hopelessness or difficulties dealing with work. Is often not the result of exposure to trauma.

*Reference: The American Institute of Stress. Retrieved October 28, 2019, from <http://www.stress.org/military/practitionersleaders/compassion-fatigue>*

5. **Cognition:** A range of mental processes including acquiring information, storing information long- or short-term, manipulating information to store it and complete another task at the same time, and retrieving information when you need it.

*Reference: Psychology Today (2019). What is Cognition? Retrieved from: <https://www.psychologytoday.com/us/basics/cognition>*

6. **Compassion Fatigue:** Emotional effect of working with those experiencing trauma—lead to a gradual reduction in feelings of compassion for clients.

*Reference: The American Institute of Stress. Retrieved October 28, 2019, from <http://www.stress.org/military/practitionersleaders/compassion-fatigue>*

7. **Compassion Satisfaction:** The positive feelings and rewards that come with the work, and the conviction that one's work makes a meaningful contribution to clients and society.

*Reference: Torture, C. for V. of. (2019). Compassion Satisfaction. Retrieved October 28, 2019, from [https://proqol.org/Compassion\\_Satisfaction.html](https://proqol.org/Compassion_Satisfaction.html)*

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8. **Complex Trauma:** Exposure to traumatic events that are repetitive and occur over an extended period of time, generally beginning at an early age; caused by a caregiver or other trusted adult; and has a significant impact on how the youth develops.

Reference: Cisler, J. M., Begle, A. M., Amstadter, A. B., Resnick, H. S., Danielson, C. K., Saunders, B. E., & Kilpatrick, D. G. (2012). Exposure to interpersonal violence and risk for PTSD, depression, delinquency, and binge drinking among adolescents: Data from the NSA-R. *Journal of Traumatic Stress, 25*(1), 33-40.

9. **Credible Messenger:** A trusted person that can have challenging conversations about sensitive topics. Often, this person will enlist another person with lived experience (if they themselves do not have this experience).

Reference: Credible Messenger Justice Center, (2019). Retrieved September 10, 2019, from: <https://cmjcenter.org>

10. **Cultural Humility:** Approaching another person's differences from your life experience non-judgmentally, with curiosity, and a willingness to learn.

Reference: Substance Abuse and Mental Health Services Administration, 2014, SAMHSA's concept of trauma and guidance for a trauma informed approach. Retrieved from: <https://store.samhsa.gov/system/files/sma14-4884.pdf>

11. **Developmental Tasks:** Key activities that must be mastered in each stage of development in order to successfully move on to master the next activity. If tasks are not achieved successfully, subsequent development will be disrupted.

Reference: Erikson, E. H. (1950). *Childhood and society*. New York, NY: W.W. Norton & Co.

12. **Executive Functioning:** Skills of the prefrontal cortex that involve sustaining attention on a specific task, inhibiting impulses and delaying gratification, holding information in memory long enough to use it in another operation, and demonstrate cognitive flexibility when using information and responding to stimuli.

Reference: Center on the Developing Child at Harvard University. (2019). *Executive Function and Self-Regulation*. Retrieved from: <https://developingchild.harvard.edu/science/key-concepts/executive-function>

13. **Explicit Bias:** Beliefs we are consciously aware of and can lead us to treat people who fall into that group (e.g., Black people) differently than people who don't fall into that group (e.g., White people).

Reference: Sterling, R. W. (2012). *Children Are Different: Implicit Bias, Rehabilitation, and the New Juvenile Jurisprudence*. *Loy. LAL Rev.*, 46, 1019.

14. **Future Orientation:** Ability to think about oneself and project that image into the future, ability to delay gratification and integrate past and present self-concept into a future self.

Reference: Johnson, S. R., Blum, R. W., & Cheng, T. L. (2014). Future orientation: a construct with implications for adolescent health and wellbeing. *International journal of adolescent medicine and health, 26*(4), 459-468. doi:10.1515/ijamh-2013-03338.

15. **Historical Trauma:** Refers to an entire community experiencing an ongoing trauma that creates an emotional and psychological wounding. This wounding can shape how an entire community views themselves, the world around them, and the best strategies to remain safe.

Reference: Degruy-Leary, J. (1994). *Post-traumatic Slave Syndrome: America's Legacy of Enduring Injury*. Caban Productions.

16. **Implicit Bias:** Beliefs we are not aware of or do not consciously recognize, but are still influenced by our experiences and influence how we treat and act around others.

Reference: Sterling, R. W. (2012). *Children Are Different: Implicit Bias, Rehabilitation, and the New Juvenile Jurisprudence*. *Loy. LAL Rev.*, 46, 1019.

17. **Intergenerational Trauma:** Effects of victimization that are transmitted from parent to child, across decades.

Reference: Bombay, A., Matheson, K., & Anisman, H. (2009). *Intergenerational Trauma: Journal of Aboriginal Health, 6-47*.

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18. **Invisible Suitcase:** This invisible suitcase contains the beliefs the child has about themselves, about those who take care of them, and about the world. When a child has experienced trauma—particularly maltreatment trauma that results in foster care—the invisible suitcase gets filled with specific negative beliefs.

Reference: Van den Brandt, J. & Wilgocki, J. (2007). *The Invisible Suitcase*. Retrieved from: <https://www.mc.vanderbilt.edu/coe/tfcbt/workbook/Psychoeducation%20&%20Parenting/Invisible%20Suitcase.pdf>

19. **Learning Brain:** Part of the brain responsible for executive function - controlling impulses and decision making (Prefrontal Cortex and Frontal Lobe).

Reference: Ham, J. (2017, July 25). *Understanding Trauma: Learning Brain Versus Survival Brain*. [[https://www.youtube.com/watch?time\\_continue=26&v=KoqaUANGvpA](https://www.youtube.com/watch?time_continue=26&v=KoqaUANGvpA)]

20. **Low-Impact Processing/Disclosure:** Discussing experiences about working with traumatized clients, youth, or families in a way that does not trigger co-workers and ensures that use of reflective practices (i.e., asking permission before sharing, avoid sharing unnecessary detail etc.) are used when discussing these experiences.

Reference: Secondary Traumatic Stress Collaborative Group NCTSN. (2019). *Using the secondary traumatic stress core competencies in trauma-informed supervision*. Retrieved from: <https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision>

21. **Moral Distress:** knowing what to do in an ethical situation, but not being allowed to do it.

Reference: Jameton A. *Nursing Practice: The Ethical Issues*. Engel-wood Cliffs, NJ: Prentice-Hall; 1984.

22. **Principles of Trauma-Informed Approach:** Safety; trust; empowerment and collaboration; peer support and trauma competence; cultural, historical, linguistic, and gender responsiveness.

Reference: Substance Abuse and Mental Health Services Administration, 2014, SAMHSA's concept of trauma and guidance for a trauma informed approach. Retrieved from: <https://store.samhsa.gov/system/files/sma14-4884.pdf>

23. **Psychological Safety:** Feeling and believing that you are safe, that you can handle stressful experiences, and get support when needed. Often includes a sense of stability during stressful or potentially traumatic situations.

Reference: Gressley, K., Serido, J., Villarreal, R., Borden, L. (N.D.). *Physical and psychological safety fact sheet*. University of Minnesota REACH. Retrieved from: [https://reachfamilies.umn.edu/sites/default/files/learning\\_modules/files/1/Module-1-Fact-Sheet.pdf](https://reachfamilies.umn.edu/sites/default/files/learning_modules/files/1/Module-1-Fact-Sheet.pdf)

24. **Post-Traumatic Stress Disorder (PTSD):** Psychiatric disorder typically developed after experiencing a traumatic event. PTSD symptoms persist well after the traumatic event is over, and dramatically interfere with functioning.

Reference: National Institute of Mental Health. *Post-Traumatic Stress Disorder*. Retrieved from: <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

25. **Racial Trauma:** The stressful impact of traumatic events that occur as a result of witnessing or experiencing racism, discrimination, or structural prejudice. It can have a profound impact on the mental health of individuals exposed to these events.

Reference: National Child Traumatic Stress Network [NCTSN; (2017). *Addressing Race and Trauma in the Classroom*. Retrieved from: <https://www.nctsn.org/resources/addressing-race-and-trauma-classroom-resource-educators>

26. **Reflective Supervision:** A style of supervision that provides psychologically safe opportunities to share experiences about stress and trauma while emotionally processing the impact.

Reference: Secondary Traumatic Stress Collaborative Group NCTSN. (2019). *Using the secondary traumatic stress core competencies in trauma-informed supervision*. Retrieved from: <https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision>

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### 27. **Regulation:**

- a. **Emotional Regulation:** ability to identify, express, and manage emotions.

Reference: Rolston, A., & Lloyd-Richardson, E. (n.d.). *What is emotional regulation and how do we do it?* Retrieved from: <http://www.selfinjury.bctr.cornell.edu/perch/resources/what-is-emotion-regulationsinfo-brief.pdf>

- b. **Behavioral Regulation:** ability to use self-control to behave appropriately, manage behavior, emotions, and energy in ways that are socially acceptable and help to achieve goals, stay calm and focused, and deal with stress.

Reference: Lowry, Lauren. (2016). *What is Behavior Regulation? And what does it have to do with language development?* Retrieved from: <http://www.hanen.org/helpful-info/articles/what-is-behaviour-regulation--and-what-does-it-hav.aspx>

- c. **Co-Regulation:** The supportive process between caring adults and children, youth, or young adults that fosters self-regulation development.

Reference: Rosanbalm, K.D., & Murray, D.W. (2017). *Caregiver Co-regulation Across Development: A Practice Brief. OPRE Brief #2017-80.* Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US. Department of Health and Human Services.

### 28. **Resilience:** Capacity to adapt under difficult circumstances.

Reference: American Psychological Association, (2019). *The road to resilience.* Retrieved from: <https://www.apa.org/helpcenter/road-resilience>.

### 29. **Restorative Justice:** practices that repair the harm done by crime by emphasizing accountability, making amends, and building relationships.

Reference: Centre for Justice and Reconciliation. (2019). *What is restorative justice?* Retrieved from: <http://restorativejustice.org/#sthash.HDqApVdx.dpbs>

### 30. **Restorative Practices:** strengthening relationships between individuals as well as social connections within communities through specific relationship building activities.

Reference: International Institute for Restorative Practices. (2019). *What is restorative practices?* Retrieved from: <https://www.iirp.edu/restorative-practices/what-is-restorative-practices>

### 31. **Safety Plan:** A collaborative tool that helps a person use healthier coping strategies. Typically consists of four parts: a brief history of previous trauma, a list of trauma reminders, a list of early warning signs, and a list of calming and regulating behaviors.

Reference: National Domestic Violence Hotline (2015). *Emotional Safety Planning.* Retrieved from: <https://www.thehotline.org/2015/01/21/emotional-safety-planning/>

### 32. **Secondary Traumatic Stress:** A trauma condition caused by indirect exposure to trauma that parallels the symptoms of PTSD.

Reference: The American Institute of Stress. (2012). Retrieved October 28, 2019, from <http://www.stress.org/military/for-practitionersleaders/compassion-fatigue>

### 33. **Self-Efficacy:** The belief that you can do what you need to do, can deal with challenges, and handle tough times.

Reference: Carey, M.P., & Forsyth, A.D. 2019. *Self-efficacy teaching tip sheet.* Retrieved from: <https://www.apa.org/pi/aids/resources/education/self-efficacy>.

### 34. **Social Contract:** The belief that the systems and institutions like schools, law enforcement, or even parents that are supposed to protect the child actually do have the ability to protect the child.

Reference: Fieser, J., & Dowden, B. H. (n.d.). *The internet encyclopedia of philosophy.* Retrieved from <https://www.iep.utm.edu/soc-cont/>

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35. **Stress Response:** Activation of the sympathetic nervous system that prepares the body to deal with a threat. This response is either fight, flight, or freeze.

Reference: Manitoba Trauma Information & Education Centre, 2013. Retrieved from: <https://trauma-recovery.ca/impact-effects-of-trauma/fight-flight-freeze-responses/>

36. **Survival Brain:** The part of the brain containing the Limbic System that is responsible for initial emotional responses to spotting danger and threats (Amygdala); holding onto memories about danger (Hippocampus); and screening information for the learning brain (Thalamus).

Reference: Marich, J. (2019). Reptilian brain of survival and mammalian brain. Retrieved from: [https://www.gulfbend.org/poc/view\\_doc.php?type=doc&id=55760&cn=109](https://www.gulfbend.org/poc/view_doc.php?type=doc&id=55760&cn=109)

37. **Survival Coping:** Coping behaviors developed and exhibited to survive in an abusive, neglectful, and/or violent environment.

Reference: Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a stressful encounter: cognitive appraisal, coping, and encounter outcomes. *Journal of personality and social psychology*, 50(5), 992.

38. **System-Induced Trauma:** Occurs when systems such as child welfare, schools, law enforcement, healthcare or juvenile justice have practices that further traumatize youth and/or staff. This can occur intentionally and unintentionally.

Reference: Sweet, V. (2015). System-Induced Trauma. Retrieved from <https://www.ncjfcj.org/victim-series-08>

39. **“Three E’s” Trauma Event, Experience, and Effect:**

- a. **Event:** an exposure to real or threatened death, serious injury, or sexual violation.
- b. **Experience:** How the event is perceived by the individual, typically harmful
- c. **Effect:** The short and long-term affects on a person’s physical, emotional, social, or spiritual health

Reference: Substance Abuse and Mental Health Services Administration, 2014, SAMHSA’s concept of trauma and guidance for a trauma informed approach. Retrieved from: <https://store.samhsa.gov/system/files/sma14-4884.pdf>

40. **Traumatic Expectations:** Ideas about the future and what will happen to oneself socially, educationally, and occupationally; shaped by past victimization and/or exposure to traumatic or violent events. Often, these ideas are negative.

References: Thompson, R., Wiley, T., Lewis, T. English, D., Dubowitz, H., Litrownik, A., Isbell, P., & Block, S. (2012). Links between traumatic experiences and expectations about the future in high risk youth. *Psychological Trauma: Theory, Research, Practice, and Policy*. 4. 293-302. 10.1037/a0023867.

41. **Trauma Reminders/Triggers:** Things, events, situations, places, sensations, or people that a person consciously or unconsciously associates with a traumatic event.

Reference: Substance Abuse and Mental Health Services Administration. (2014). *Understanding the Impact of Trauma*. In Substance Abuse and Mental Health Services Administration (Eds.) in *Trauma Informed Care in Behavioral Health Services*

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42. **Traumatic Stress Reactions:** Traumatic stress reactions are behaviors that people exposed to trauma may have. Often, these behaviors were helpful when the traumatic event occurred, but are currently unhelpful due to the harm they cause to the individual or others.
- Re-experiencing:** spontaneous or cued recurrent, involuntary, and intrusive memories of the traumatic events that are distressing, or feeling like the traumatic event is happening again.
  - Avoidance:** ignoring or refusing to acknowledge distressing memories, thoughts, feelings, or external reminders (people, places, things) that remind one of the traumatic event.
  - Negative Alterations in Mood/Cognition:** thoughts, beliefs, and feelings that come from a persistent and distorted sense of blame of self or others, diminished interest in activities, estrangement from others, or inability to remember key aspects of the event.
  - Hyperarousal/Reactivity:** aggressive, reckless, or self-destructive behavior, sleep disturbances, hypervigilance (constantly on edge looking for a threat) or related problems.
  - Dissociation:** mentally separating oneself from a situation. This often happens without the person's awareness and can include depersonalization (the belief that one is not experiencing the events that are presently happening).

*Reference: Substance Abuse and Mental Health Services Administration, 2014, SAMHSA's concept of trauma and guidance for a trauma informed approach. Retrieved from: <https://store.samhsa.gov/system/files/sma14-4884.pdf>*

43. **Vicarious Resilience:** Acknowledging the positive effects we have had on the people we work with, including becoming aware of how they have healed, recovered, or shown resilience—even if this has only happened in small ways.

*Reference: Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. Family process, 46(2), 229-241.*

44. **Vicarious Traumatization:** Changes in the inner experience of staff such as expectations for trust, safety, control, esteem, and intimacy that result from cumulative exposure to trauma.

*Reference: Association, A. C. (2012). Vicarious Trauma. Traumatology Interest Network (Vol. 66). Retrieved from <https://www.counseling.org/docs/trauma-disaster/fact-sheet-9--vicarious-trauma.pdf>*

45. **Victimization and Polyvictimization:** A crime or perpetrated act causing harm and affecting one individual person, household, or a single person multiple times.

*Reference: Bureau of Justice Statistics. 2019. Statistical Tables Index. Retrieved from: <https://www.bjs.gov/content/pub/html/cvus/definitions.cfm>*

46. **Wellness:** An active process through which people become aware of, and make choices toward, a more successful existence.

*Reference: Bill Hettler. (1976). The Six Dimensions of Wellness - National Wellness Institute. Retrieved October 28, 2019, from [www.nationalwellness.org](http://www.nationalwellness.org)*

# Think Trauma Participant Resource List

## Resources Developed by the National Child Traumatic Stress Network (NCTSN)

1. Essential Elements of a Trauma-Informed Juvenile Justice System  
<https://www.nctsn.org/resources/essential-elements-trauma-informed-juvenile-justice-system>
2. Trauma-Informed Juvenile Court Self-Assessment  
<https://www.nctsn.org/resources/trauma-informed-juvenile-court-self-assessment>
3. National Juvenile Probation Officer Survey Findings  
<https://www.nctsn.org/resources/nctsn-national-juvenile-probation-officer-survey>
4. Understanding Complex Trauma among Justice-Involved Youth  
<https://www.nctsn.org/resources/complex-trauma-juvenile-justice-system-involved-youth>
5. What You Need to Know about Trauma-Informed Child and Family Service  
<https://www.nctsn.org/resources/what-trauma-informed-child-and-family-service-system>
6. Addressing Trauma and Disproportionate Ethnic Minority Contact with Juvenile Justice  
<https://www.nctsn.org/resources/addressing-trauma-and-disproportionate-ethnic-minority-contact-juvenile-justice-through>
7. Assisting Commercially Sexually Exploited Youth in the Juvenile Justice System  
<https://www.nctsn.org/resources/assisting-commercially-sexually-exploited-youth-juvenile-justice-system>
8. Trauma-Informed Services and Treatments for Crossover Youth  
<https://www.nctsn.org/resources/trauma-informed-services-and-treatments-crossover-youth>
9. Addressing Trauma Among Girls in the Juvenile Justice System  
<https://www.nctsn.org/resources/trauma-among-girls-juvenile-justice-system>
10. Engaging Families Involved with the Justice System  
<https://www.nctsn.org/resources/role-family-engagement-creating-trauma-informed-juvenile-justice-systems>
11. Cultivating Trauma-Informed Environments in Institutions of Care  
<https://www.nctsn.org/resources/trauma-and-environment-care-juvenile-institutions>
12. Cross-System Collaboration between Justice and Other Systems  
<https://www.nctsn.org/resources/cross-system-collaboration>
13. Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency  
<https://www.nctsn.org/resources/ten-things-every-juvenile-court-judge-should-know-about-trauma-and-delinquency>

## Resources Developed by the NCTSN Centers

1. ACS-NYU Children's Trauma Institute (n.d.). Promoting resilience and reducing secondary trauma among child welfare staff.  
Retrieved from: [https://www.nctsn.org/sites/default/files/resources/training-curriculum/resilience\\_alliance\\_training\\_manual.pdf](https://www.nctsn.org/sites/default/files/resources/training-curriculum/resilience_alliance_training_manual.pdf)
2. Tull, M. (2019). Questions to ask a new therapist.  
Retrieved from: <https://www.verywellmind.com/questions-for-therapist-2797498>
3. The University of Minnesota Center for Resilient Families (2019). Family partnerships for juvenile justice professionals.  
Retrieved from: <http://crf.umn.edu/partnering/>
4. Office of Juvenile Justice and Delinquency Prevention. (2014). LGBTQ Youths in the Juvenile Justice System.  
Retrieved from: <https://www.ojjdp.gov/mpg/litreviews/LGBTQYouthsintheJuvenileJusticeSystem.pdf>

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U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Office of Policy, Planning and Innovation (2016). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Washington, DC.

Teplin, L. A., Abram, K. M., Washburn, J. J., Welty, L. J., Hershfield, J. A., & Dulcan, M. K. (2013). *Northwestern juvenile project: overview*. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Steiner, H., Garcia, I. G., & Matthews, Z. (1997). Posttraumatic stress disorder in incarcerated juvenile delinquents. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*(3), 357-365.

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Yehuda, R., Halligan, S. L., & Grossman, R. (2001). Childhood trauma and risk for PTSD: relationship to intergenerational effects of trauma, parental PTSD, and cortisol excretion. *Development and Psychopathology, 13*(3), 733-753.

Baglivio, M. T., Wolff, K. T., Piquero, A. R., & Epps, N. (2015). The relationship between adverse childhood experiences (ACE) and juvenile offending trajectories in a juvenile offender sample. *Journal of Criminal Justice, 43*(3), 229-241.

Becker, S. P., & Kerig, P. K. (2011). Posttraumatic stress symptoms are associated with the frequency and severity of delinquency among detained boys. *Journal of Clinical Child & Adolescent Psychology, 40*(5), 765-771.

Stimmel, M. A., Cruise, K. R., Ford, J. D., & Weiss, R. A. (2014). Trauma exposure, posttraumatic stress disorder symptomatology, and aggression in male juvenile offenders. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*(2), 184.

Bennett, D. C., & Kerig, P. K. (2014). Investigating the construct of trauma-related acquired callousness among delinquent youth: Differences in emotion processing. *Journal of Traumatic Stress, 27*(4), 415-422.

Bennett, D. C., Modrowski, C. A., Kerig, P. K., & Chaplo, S. D. (2015). Investigating the dissociative subtype of posttraumatic stress disorder in a sample of traumatized detained youth. *Psychological Trauma: Theory, Research, Practice, and Policy, 7*(5), 465.

Abram, K. M., Washburn, J. J., Teplin, L. A., Emanuel, K. M., Romero, E. G., McClelland, G. M. (2007). Posttraumatic stress disorder and psychiatric comorbidity among detained youths. *Psychiatric services, vol. 58, no. 10, 1311-6*

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Cisler, J.M., Begle, A.M., Amstadter, A.B., Resnick, H.S., Danielson, C.K., Saunders, B.E., and Kilpatrick, D.G. (2012). Exposure to interpersonal violence and risk for PTSD, depression, delinquency, and binge drinking among adolescents: Data from the NSA-R. *Journal of Traumatic Stress, 25, 33-40.*

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