



ROCA

# WORKING WITH TRAUMATIZED YOUNG WOMEN

Imagine a lifetime of sexual and physical abuse at the hands of people that are supposed to protect you. Being arrested and incarcerated during a mental health crisis. Losing custody of your children because you are homeless. Imagine being brought to this country by a trafficker who continues to threaten your safety.

And then imagine that many of the systems that are supposed to protect you minimize your safety and hold you accountable for any harm that comes your way.

**A TEAM FROM TUFTS INTERDISCIPLINARY  
EVALUATION RESEARCH (TIER) EXAMINES  
ROCA'S WORK WITH YOUNG WOMEN  
THROUGH THE LENS OF THE LATEST  
SCIENTIFIC FINDINGS ABOUT WORKING  
WITH HIGHLY-TRAUMATIZED YOUNG  
WOMEN**

---

## **AUTHORS**

Rebecca C. Fauth  
M. Ann Easterbrooks  
Danyel A.V. Moosmann  
Chie Kotake  
Rachel A. Dooley



# THE CHALLENGE

Roca serves a population of young women who have been left behind. They have experienced complex trauma, which is severe, repetitive, hard to escape, and often interpersonal. They have survived violence at the border, in the streets, inside their homes, and in other places where they were supposed to be safe. They have become involved with multiple systems in ways that are often involuntary, uncoordinated, and unpredictable. These traumatic experiences are often visited on them in the places where they were supposed to be safe, by the very people and institutions that were supposed to protect them.

There are programs for youth, for young mothers, or for people who have experienced trauma. But Roca focuses on young women who are not the right fit for any other program.

Existing programs use outreach approaches that favor brevity and efficiency over persistence and depth.<sup>1</sup> These programs are too short-term, requiring participants to engage quickly and consistently, without room for relapse.<sup>2</sup> Many programs also cannot accommodate the depth of complex trauma, violence, and multisystem involvement faced by the young women who Roca serves. People who are deeply entangled in the criminal legal, child welfare, and immigration systems are subject to difficult and often conflicting requirements, which most programs are not equipped to support.<sup>3</sup>

# BRAIN DEVELOPMENT AND TRAUMA

In Massachusetts alone, there are an estimated 5,500 young women experiencing complex trauma, violence, and multisystem involvement.<sup>4</sup> Roca's program is grounded in the science of adolescent development, and tailored to the needs of this specific population.

Brains are built by both genes and experiences. Exposure to complex trauma, violence, and multisystem involvement makes young people more reliant on the "survival brain" (including the amygdala and hippocampus), which detects and responds to perceived threats by engaging the fight, flight, or freeze responses. This may cause Roca participants to act in ways more characteristic of younger adolescents. Roca works to increase young people's feelings of safety and trust so they can activate the "learning brain" (guided by the prefrontal cortex) which controls principled decision-making.<sup>5,6</sup>

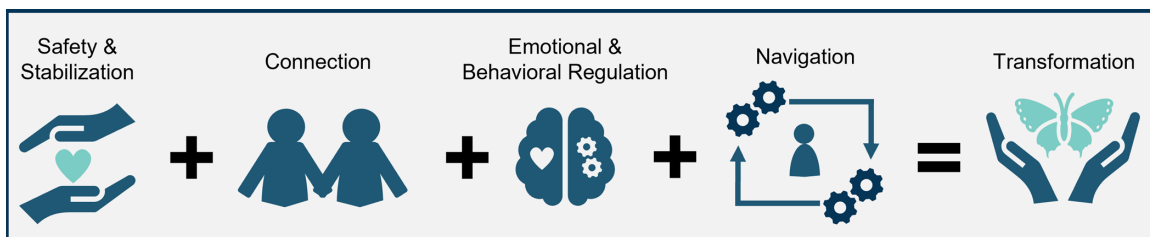
For young mothers, negative experiences may also inhibit the development of brain systems that help parents think about their infants' experiences, needs, and desires, leading to over- or under-responsiveness to their

infants' behaviors.<sup>7</sup> Roca aims to stimulate the “human caregiving network” of the brain to support parenting.<sup>8</sup>

To provide tailored programming for young women who have experienced complex trauma, violence, and multisystem involvement, Roca builds on the theory of developmental plasticity: the idea that new experiences, exposures, and relationships can change behaviors and thought patterns to make way for healing.<sup>9,10</sup>

## THE OPPORTUNITY

Roca targets these women with a program that combines ***safety and stabilization, connection, emotional and behavioral regulation, and systems navigation.*** This leads to ***transformation.***



### **Safety and Stabilization** **KEY INDICATORS:** *RELENTLESS OUTREACH, DECREASED BARRIERS TO ENGAGEMENT, ACCESS TO BASIC RESOURCES*

Roca has had success identifying and engaging its focal population through relentless outreach, the initial step in creating safety and stabilization. It allows young women to feel “seen”—perhaps for the first time in their lives—and to trust that Roca will not give up on them.<sup>1</sup> Young women who had been cast aside are brought back into contact with essential services so they can receive the basic resources and supports they need to achieve stability.

Establishing a sense of safety is paramount for young women who have lived much of their lives under threat, and who may feel unsafe around others or even in their own minds and bodies.<sup>11,12</sup> Roca’s program sites provide a safe physical space for many young women, while their community-based youth workers provide psychological safety for young women who are not willing or able to come to the program sites. That basic safety allows young women to focus on priorities beyond simply surviving,

so they can be supported to make thoughtful decisions.

During the initial engagement period (the first 6+ months of participation) outreach and relationship building are the primary focus. Roca recognizes that it takes youth workers a great deal of time—and multiple efforts—to break through the protective layers and behaviors that young women develop in response to complex trauma, violence, and multisystem involvement. In practice, more than a quarter of Roca’s contact efforts during those first 6 months are unsuccessful.

Roca is intensive—in line with the severity of the young women’s experiences—but also loosely staged and responsive to each young woman’s level of readiness.<sup>13,14</sup>



## Connection

**KEY INDICATORS:** *SUSTAINED ENGAGEMENT, POSITIVE SOCIAL CONNECTIONS*

Roca is a multi-year program, taking a long view of engagement to build strong connections and healing relationships between youth workers and young women.

Children’s early relationships provide the template for how they think about themselves, their future relationships, and the world. When this template includes complex trauma, violence, and multisystem involvement, it can lead to withdrawal, insecurity, and distrust.<sup>15,16</sup> This lack of trust pervades all relationships, including potentially helping relationships, which can lead to non-engagement in programs as an act of survival.<sup>17</sup> New relational experiences can revise and reformat young people’s relationship templates.<sup>16,18</sup>

Consistency is a crucial starting point for healing relationships, and for building connections that are intentional and unconditional, not transactional.<sup>19</sup> This requires accepting young people’s negative emotions and behaviors alongside their positive ones, emphasizing to young people that their mistakes and missteps are part of the journey and are not grounds for rejection.<sup>20</sup> A young woman who has experienced complex trauma, violence, and multisystem involvement may seek safety by alternately surrounding herself with people, and then testing or rejecting relationships by isolating herself.<sup>12</sup> As Roca youth workers build healing relationships with young women, they become a secure base from which youth can safely explore new views of themselves and the world.

Participants are often terminated from other programs because they are not ready, willing, or able to work with staff or make changes to their behaviors.<sup>21,22</sup> While engaged with Roca, young women may still be participating in problematic behaviors such as fighting, substance use,

or stealing. Roca tolerates behaviors that make other programs give up because sticking with these young women helps them see that positive change is possible.



## Emotional and Behavioral Regulation

**KEY INDICATORS:** *USE OF CBT SKILLS, IMPROVED EMOTION REGULATION AND WELL-BEING*

While the young women participating in Roca may be at or approaching the age of young adulthood, many of them are not yet adults developmentally. These young women missed out on critical opportunities to build and scaffold their developmental capacities when they were children and adolescents, so they never learned to self-regulate their behaviors and emotions.<sup>23</sup> Because of this they may engage in behaviors that put their own safety at risk, such as self-harm, substance misuse, extreme aggression, or risky sexual behavior.<sup>24,25</sup> Their trauma can also show up when they become parents<sup>26</sup>: a child's distress can trigger its mothers' fear response, causing the mother to respond to her child's needs with hostility or helplessness.<sup>27</sup>

Roca uses cognitive behavioral theory (CBT) as a guiding principle to teach critical self-regulation skills and retrain the brain's reactions to intense experiences and feelings. These skills help young women exert control over their own bodies, minds, emotions, and behavior—despite the lack of control they may feel in other areas of their lives. Staff act as models of well-regulated behaviors while they help the young women identify and express their emotions; tolerate and manage negative emotions; de-escalate catastrophic thoughts; and self-calm.<sup>28,29</sup> Young mothers in particular are encouraged to harness their desire not to pass the effects of their own trauma onto their children in order to strengthen their commitment to change.<sup>27</sup>

It can take a year or longer to see benefits from CBT,<sup>30</sup> so CBT-based interventions that are short-term and require a high level for compliance will not lead to lasting change. CBT-based interventions need to be slow enough to remain flexible and responsive to the needs of young women who have experienced complex trauma and violence. They must allow the time it takes—sometimes years—to form intentional and committed relationships between youth workers and young women. They must allow for relapse—for young women to make mistakes or move backward before getting back on track.<sup>2</sup> If these young women are to sustain their behavior change over the long term, it is also crucial to shore up the resources and supports that meet their basic needs, and to address any barriers (whether practical or emotional) to accessing those supports.

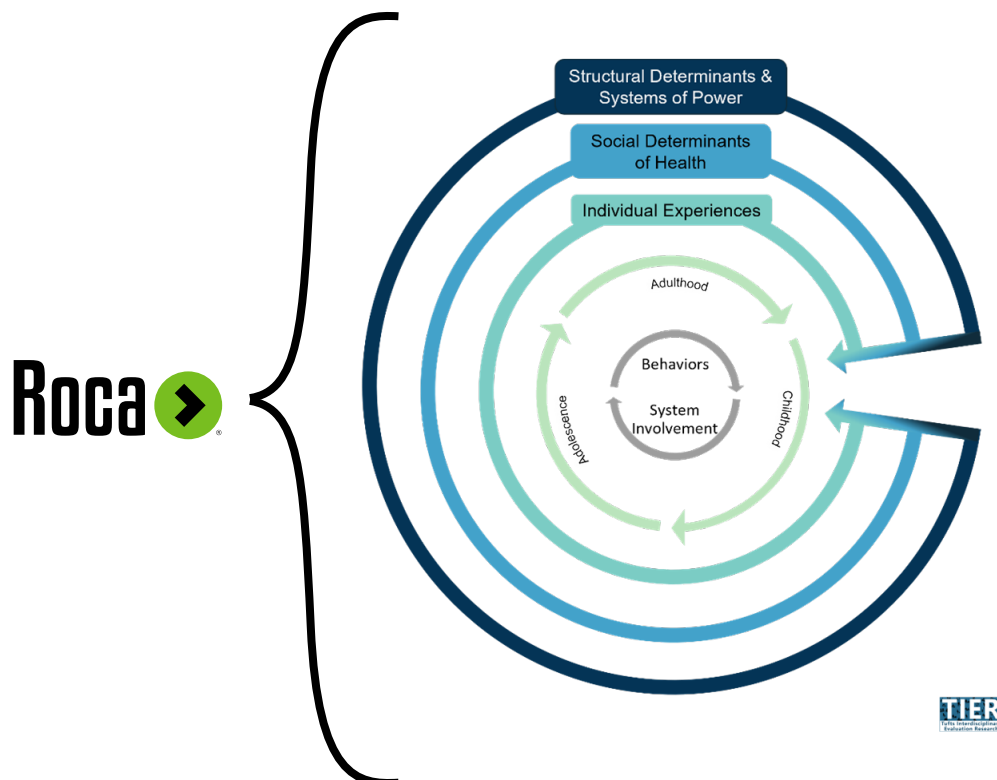


## Navigation

**KEY INDICATORS:** ATTENDANCE AT ROCA PROGRAMMING; REFERRALS AND CONNECTIONS TO SERVICES; RESOLUTION OR MOVEMENT OF CHILD WELFARE, COURT, AND IMMIGRATION CASES; EDUCATIONAL ATTAINMENT; WORKFORCE READINESS

Young women's opportunities and experiences are shaped by societal forces beyond their control, such as structural racism, systemic discrimination, and social determinants of health (e.g. economic (in)opportunity; school and housing quality; segregation; concentrated poverty; violence and crime; and health care access and quality).<sup>31,32,33,34</sup> The young women served by Roca have typically experienced heightened exposure to complex trauma and violence, as well as poverty and untreated mental health and substance use challenges.

These formative experiences lead young women to engage in behaviors that are regulated or criminalized, such as fighting, stealing, selling drugs, sex work, "failure to protect" children from intimate partner violence, or an inability to provide basic resources to their children.<sup>35,36</sup> As a result they become involved in multiple public systems—notably the criminal legal, child welfare, and immigration systems—which further expose the young women to complex trauma and violence. This ongoing cycle of complex trauma, violence, and multisystem involvement increases the likelihood that women will cycle in and out of jail, experience homelessness, and become separated from their children.<sup>37</sup>



Roca helps young women and their families untangle themselves from the web of (mostly) involuntary multisystem involvement by supporting them to resolve their child welfare, court, and immigration cases, and increasing their willingness and ability to navigate voluntary community systems of care. Their work includes interfacing with public systems and advocating for the young women moving through them. Additionally, Roca either directly provides or offers referrals for many of the services and supports that young women need, including housing; substance use services; counseling; driver's education; financial literacy; vocational and educational services; and job training and placement. In this way they help bridge the gaps between voluntary and involuntary systems, providing structure and coordinating case planning and goal setting across disparate systems and services. Roca's work with these young women displays a deep understanding of the multiple levels of influence that drive multisystem involvement. Roca cannot draw a direct connection between their work and the reduction in homicides among 16–24-year-olds. However, between the significant number of young people engaged and the unprecedented coordination with the Baltimore Police Department, the Maryland Department of Juvenile Services, and the Maryland Department of Parole and Probation, it is apparent that Roca has had a positive impact.



Transformation comes when young people are ready to develop meaningful and intimate relationships, recognize new possibilities, and foster a renewed appreciation of life.<sup>38,39</sup> It comes when young people can reframe their hardships and use them to catalyze growth.<sup>40</sup> Transformation helps youth engage with the world in an empowered and future-oriented manner, and fulfill their desires to be the parents they want to be. It comes when we see measurable, positive changes in young women's safety and stability; connection; emotional and behavioral regulation; and systems navigation.

Roca recognizes the unique potential of each young woman it serves. It also recognizes—and never minimizes—the depth of trauma, violence, poverty, racism, and exclusion these young women have experienced. The program provides a physically and psychologically safe environment and an unyielding effort to reach these young women, even in the face of barriers and extreme resistance. Roca also cares deeply about the communities in which it is embedded, aiming to become a voice for the young people it serves in communities across Massachusetts and Connecticut. Roca is working relentlessly to ensure the young women it serves are no longer forgotten.

*This is a summary of a White Paper written by Rebecca C. Fauth, M. Ann Easterbrooks, Danyel A.V. Moosmann, Chie Kotake, & Rachel A. Dooley, Tufts Interdisciplinary Evaluation Research (TIER), Tufts University, 2023.*

# REFERENCES

- 1      *Andersson B. Finding ways to the hard to reach—considerations on the content and concept of outreach work. European Journal of Social Work. 2013;16(2):171-186.*
- 2      *Polaschek DLL. Many sizes fit all: A preliminary framework for conceptualizing the development and provision of cognitive–behavioral rehabilitation programs for offenders. Aggression and Violent Behavior. 2011;16(1):20-35.*
- 3      *Fauth RC, Winestone JG. Home visiting and justice system collaborations: Two programs' approaches to advocating for justice system-involved parents. Children and Youth Services Review. 2021;120:105742.*
- 4      *Monitor Deloitte. Roca Young Mothers: Impact story 2020.*
- 5      *Cross D, Fani N, Powers A, Bradley B. Neurobiological development in the context of childhood trauma. Clinical Psychology Science and Practice. 2017;24(2):111-124.*
- 6      *Kozłowska K, Scher S, Helgeland H. Functional somatic stomas in children and adolescents: A stress-system approach to assessment and treatment. Springer International Publishing; 2020.*
- 7      *Schechter DS, Moser DA, Wang Z, et al. An fMRI study of the brain responses of traumatized mothers to viewing their toddlers during separation and play. Social Cognitive and Affective Neuroscience. 2011;7(8):969-979.*
- 8      *Feldman R. The neurobiology of human attachments. Trends in Cognitive Sciences. 2017;21(2):80-99.*
- 9      *Cohodes EM, Kitt ER, Baskin-Sommers A, Gee DG. Influences of early-life stress on frontolimbic circuitry: Harnessing a dimensional approach to elucidate the effects of heterogeneity in stress exposure. Dev Psychobiol. 2021;63(2):153-172.*
- 10     *Fisher PA, Beauchamp KG, Roos LE, Noll LK, Flannery J, Delker BC. The neurobiology of intervention and prevention in early adversity. Annual Review of Clinical Psychology. 2016;12(1):331-357.*
- 11     *Covington SS. Women and addiction: A trauma-informed approach. Journal of Psychoactive Drugs. 2008;40(sup5):377-385.*
- 12     *Herman JL. Trauma and recovery: The aftermath of violence--From domestic abuse to political terror. New York: Basic Books; 2022.*
- 13     *Dorsey S, McLaughlin KA, Kerns SE, et al. Evidence base update for psychosocial treatments for children and adolescents exposed to traumatic events. Journal of Clinical Child & Adolescent Psychology. 2017;46(3):303-330.*
- 14     *Lanktree CB, Briere J, Godbout N, et al. Treating multitraumatized, socially marginalized children: Results of a naturalistic treatment outcome study. Journal of Aggression, Maltreatment & Trauma. 2012;21(8):813-828.*
- 15     *Bevington D, Fuggle P, Fonagy P. Applying attachment theory to effective practice with hard-to-reach youth: the AMBIT approach. Attachment and Human Development. 2015;17(2):157-174.*

- 16 Van Nieuwenhove K, Meganck R. Interpersonal features in complex trauma etiology, consequences, and treatment: A literature review. *Journal of Aggression, Maltreatment & Trauma*. 2019;28(8):903-928.
- 17 Mason C, Taggart D, Broadhurst K. Parental non-engagement within child protection services—how can understandings of complex trauma and epistemic trust help? *Societies*. 2020;10(4):93.
- 18 Fonagy P, Allison E. The role of mentalizing and epistemic trust in the therapeutic relationship. *Psychotherapy*. 2014;51:372-380.
- 19 Sapiro B, Ward A. Marginalized youth, mental health, and connection with others: A review of the literature. *Child Adolesc Soc Work J*. 2020;37(4):343-357.
- 20 Roehlkepartain EC, Pekel K, Syvertsen AK, Sethi J, Sullivan TK, Scales PC. *Relationships first: Creating connections that help young people thrive*. Minneapolis, MN: Search Institute; 2017. <https://sites.ed.gov/nsaesc/files/2017/07/12758351-0-FINALRelationships-F1.pdf>
- 21 Dierker L, Nargiso J, Wiseman R, Hoff D. Factors predicting attrition within a community initiated system of care. *Journal of Child and Family Studies*. 2001;10(3):367-383.
- 22 Smith KJ, Subich LM, Kalodner C. The transtheoretical model's stages and processes of change and their relation to premature termination. *Journal of Counseling Psychology*. 1995;42:34-39.
- 23 Blaustein ME, Kinniburgh KM. When age doesn't match stage: Challenges and considerations in services for transition-age youth with histories of developmental trauma. *Focal Point: Youth, Young Adults, and Mental Health*. 2015;29:17-20.
- 24 Ford JD, Kerig PK, Desai N, Feierman J. Psychosocial interventions for traumatized youth in the juvenile justice system: Research, evidence base, and clinical/legal challenges. *Journal of Juvenile Justice*. 2016;5(1):31-49.
- 25 Kerig PK. Linking childhood trauma exposure to adolescent justice involvement: The concept of posttraumatic risk-seeking. *Clinical Psychology: Science and Practice*. 2019;26(3):17.
- 26 Greene CA, Haisley L, Wallace C, Ford JD. Intergenerational effects of childhood maltreatment: A systematic review of the parenting practices of adult survivors of childhood abuse, neglect, and violence. *Clinical Psychology Review*. 2020;80:101891.
- 27 Chamberlain C, Gee G, Harfield S, et al. Parenting after a history of childhood maltreatment: A scoping review and map of evidence in the perinatal period. *PloS one*. 2019;14(3):e0213460.
- 28 Cohen JA, Mannarino AP, Kliethermes M, Murray LA. Trauma-focused CBT for youth with complex trauma. *Child Abuse Negl*. 2012;36(6):528-541.
- 29 Ford JD. Progress and limitations in the treatment of complex PTSD and developmental trauma disorder. *Current Treatment Options in Psychiatry*. 2021;8(1):1-17.
- 30 Wethington HR, Hahn RA, Fuqua-Whitley DS, et al. The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: A systematic review. *American Journal of Preventive Medicine*. 2008;35(3):287-313.

- 31 Crear-Perry J, Correa-de-Araujo R, Johnson TL, McLemore MR, Neilson E, Wallace M. Social and structural determinants of health inequities in maternal health. *Journal of Women's Health*. 2021;30(2):230-235.
- 32 Rotter M, Compton M. Criminal legal involvement: A cause and consequence of social determinants of health. *Psychiatric Services*. 2022;73(1):108-111.
- 33 Yearby R. Structural racism and health disparities: Reconfiguring the social determinants of health framework to include the root cause. *Journal of Law, Medicine & Ethics*. 2020;48(3):518-526.
- 34 Gómez CA, Kleinman DV, Pronk N, et al. Addressing health equity and social determinants of health through Healthy People 2030. *Journal of Public Health Management and Practice*. 2021;27.
- 35 Lindauer M. Damned if you do, damned if you don't: Why multi-court-involved battered mothers just can't win. *Journal of Gender, Social Policy & the Law*. 2012;20(4):797-822.
- 36 National Academies of Sciences, Engineering, and Medicine. *Reducing racial inequality in crime and justice: Science, practice, and policy*. Washington, DC: The National Academies Press; 2022.
- 37 Jones A. *Correctional control 2018: Incarceration and supervision by state*. Prison Policy Initiative; 2018. <https://www.prisonpolicy.org/reports/correctionalcontrol2018.html>
- 38 Meyerson DA, Grant KE, Carter JS, Kilmer RP. Posttraumatic growth among children and adolescents: A systematic review. *Clinical Psychology Review*. 2011;31(6):949-964.
- 39 Kilmer RP, Gil-Rivas V, Griesse B, Hardy SJ, Hafstad GS, Alisic E. Posttraumatic growth in children and youth: clinical implications of an emerging research literature. *American Journal of Orthopsychiatry*. 2014;84(5):506.
- 40 Grych J, Hamby S, Banyard V. The resilience portfolio model: Understanding healthy adaptation in victims of violence. *Psychology of Violence*. 2015;5(4):343-354.