



**Kinder- und Jugend-
psychiatrie / Psychotherapie**

Universitätsklinikum Ulm

Care of traumatized children in youth welfare systems



Prof. Dr. med. Jörg M. Fegert , ULM





Potential conflicts of interest

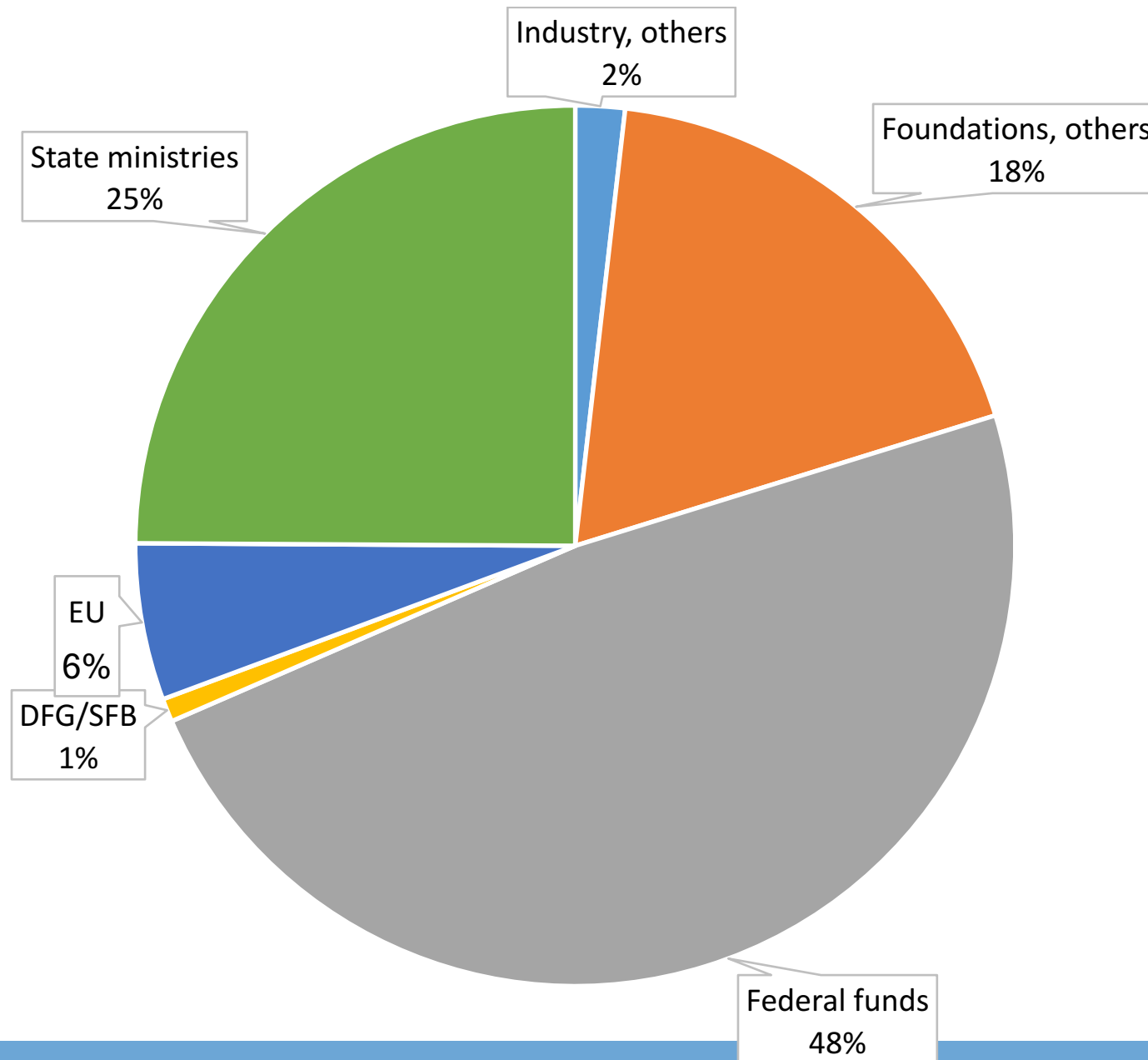
In the past five years, the author has received:

- **Research funding:** EU, DFG (German Research Foundation), BMG (Federal Ministry of Health), BMBF (Federal Ministry of Education and Research), BMFSFJ (Federal Ministry of Family, Senior Citizens, Women and Youth), several state ministries of social affairs, State Foundation Baden-Württemberg, Pontifical Gregorian University, CJD, Caritas
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- **The presenter is not party of any „speakers bureau“**
- **Clinical trials for Servier, BMBF, Lundbeck**
- **At least yearly declaration of conflicts of interest to the DGKJP (German Association of Child and Adolescent Psychiatry) und AACAP (American Association of Child and Adolescent Psychiatry) because of panel memberships**
- **No stocks, no involvement with pharmaceutical companies**





Funding during the last 5 years / Percent





Agenda

Introduction:

- Prevalence of psychiatric disorders and psychosocial problems in childhood and adolescence in residential care
- Traumatization in youth in residential care
- Sexual victimization in institutional care
- Risk factors for sexual victimization and offending in institutional care

German study: Sexual victimization and aggressive behavior of adolescents in institutional care (“Sprich mit!”)

Swiss studies:

- Swiss study for clarification and goal-attainment in youth welfare and juvenile justice institutions (MAZ.)
- Pilot project - Implementation and Evaluation of Trauma-pedagogic Concepts (Modellversuch Traumapädagogik)

Conclusion and Perspective





Introduction





Prevalence of psychiatric disorders and psychosocial problems in childhood and adolescence in residential care

- **Higher risk of emotional, behavioral, psychosocial problems compared with the general population** (Ford et al., 2007; McMillen et al., 2005, Schmid et al., 2008).
- 47% of 169 adolescents met the criteria for at least one psychiatric disorder (12 month prevalence) (McMillen et al., 2005).
- 71% met the criteria for one psychiatric disorder (Ford et al., 2007).
- **Poly-victimization** (e.g. victim of family violence) is associated with significantly increased risk of major depressive disorder, general anxiety disorder, conduct disorder (Greger et al., 2015).



Prevalence of psychiatric disorders in childhood and adolescence in residential and foster care – overview

Study	Sample	Sample size	Prevalence	Instruments	ICD-/DSM-diagnoses	Comorbidity
McCann et al. (1996)	Institutionalized / foster children	N=103 (overall) n=38 (institutionalized children)	96% in institutionalized children 57% in foster children	CBCL & Kiddie-SADS	yes	No detailed information
Dimigen et al. (1999)	Institutionalized / foster children	N=70	30–50% in several subscales	Devereux Scales of Mental Disorders	no	39% (N=27)
Graf et al. (2002)	Institutionalized children	N=103	80%	unspecific admission diagnosis	yes	No information
Meltzer et al. (2003)	Institutionalized / foster children	N=1.039 n=168 (institutionalized children)	68% in institutionalized children Overall 45-49%	SDQ and semi-structured interview (based on Kiddie-SADS, CAPA)	yes	OR=37.4 for CD with ADHD AND OR=55.1 for CD with anxiety disorder or depression
Blower et al. (2004)	Institutionalized / foster children	N=48	44% in institutionalized children	CBCL & Kiddie-SADS	yes	40% (N=19)
Schmid et al. (2008)	Institutionalized children	N=689	60%	ICD-10 diagnoses	yes	37,7%



Traumatization in youth in residential care

Rates of 50-70% of trauma exposure among youth in residential treatment programs (e.g., Bettmann et al. 2011; Jaycox et al. 2004; Warner and Pottick 2003)

In a study of Briggs et al. (2012) 92% of traumatized youth in residential treatment settings reported experiencing multiple traumatic events (M=5.8 exposures), whereas 77% of traumatized youth receiving non-residential community-based treatment reported experiencing multiple traumatic events (M=3.6 exposures)

Baker et al. (2006) found **that 20% of youth in residential treatment experienced sexual abuse only, 9% experienced sexual abuse and neglect, 36% experienced sexual and physical abuse, and 36% experienced all three types**





Traumatization in youth in residential care

most prevalent types of trauma exposure:

	Hussey & Guo (2002)	Dale et al. (2007)	Briggs et al. (2012)
Neglect	69%	51%	
Physical abuse	63%	42%	54,5%
Sexual abuse	48%	18%	40%
Emotional abuse			68%
Traumatic loss/bereavement			62%
Impaired caregiver			60%
Domestic violence	16%		58%
Community violence			31%
School violence			20%

Additional types of trauma exposure among institutionalized youth, which are highly prevalent, include witnessing community violence, school bullying and violence exposure, and physical assault by peers (Singer, 2007).



Risk factors for sexual victimization in institutional care

High rate of sexual and physical abuse and/or neglect/maltreatment in children in institutional care (Humphrey & White, 2000; Finkelhor et al., 2007; Seto und Lalumière, 2010; Greger et al., 2015).

High rate of mental health problems (Baker et al., 2001; Schmid et al., 2008; Greger et al., 2015)

Structural conditions, e.g. missing of sexual-pedagogical concepts, unreflected power structures, lack of concepts for dealing with closeness and distance (Bundschuh, 2010; Timmerman & Schreuder, 2014)

Perpetrators may work in institutions to gain access to potential victims (Turner et al., 2014)

Group dynamics/peer influence (Allroggen et al., 2016)

► Lack of studies that have systematically investigated the prevalence and circumstances surrounding violent sexual experiences of adolescents in institutional care



German Study:

Sexual victimization and
aggressive behavior
of adolescents in institutional
care
(residential care and boarding schools)

GEFÖRDERT VOM



Bundesministerium
für Bildung
und Forschung





Methods: Study „Sprich mit!“

- Nationwide German sample of adolescents in residential care and boarding schools
- **Adolescents 15 years or older** (inclusion criteria: e.g. informed consent, no severe mental health problems, language ability to cope with the questionnaire)
- **Self-report instrument** and interview/group discussion (in cooperation with Goethe University, Frankfurt/Main)
- 304 Boarding Schools and 2,281 Residential Care Facilities were contacted (direct and indirect through umbrella organizations)
- 393 Residential Care Facilities and 46 Boarding Schools agreed to participate
- 20 Residential Care Facilities (n=775) and 12 Boarding Schools (n=402) and were included according to aspects of representativity

Research questions (self-report instrument)

- Life-time prevalence and incidence of sexual victimization and offending**
- Situational aspects and circumstances**
- Mental health problems in victims/perpetrators**



Methods: Sample

Age: M=16.69 (SD=1.25), 15-22 years

	male	female	total (n)
Residential care	72 (22%)	81 (25%)	153 (47%)
Boarding schools	112 (35%)	57 (18%)	169 (53%)
Total	184 (57%)	139 (43%)	322

Mean time of stay in current institution: 3.08 years (SD 2.79)

School 75.5%, professional training 10.9%, work 0.6%, unemployed 1.6%



Methods: Self-report instrument (victimization-blue/offending-orange)

A

- **Nacktaufnahmen** (Foto, Film) machen, weitergeben, weiterschicken oder veröffentlichen (z.B. im Internet)
- etwas Sexuelles/Pornographisches **aufs Handy oder per Internet schicken** (z.B. Text, Bild-, Ton-, Filmmaterial)
- etwas Sexuelles/Pornographisches **zeigen** (z.B. in Zeitschrift, Text, Bild, Ton- oder Filmmaterial)
- etwas Sexuelles/ Anzügliches in **Chat oder Forum** schreiben (z.B. Bemerkung, Emoticon)
- etwas Sexuelles/ Anzügliches **beim Anruf (z.B. Telefon, Skype) machen** (z.B. Bemerkung, "Geräusch", Mimik, Gestik)
- etwas Sexuelles/ Anzügliches **im direkten Gespräch machen** (z.B. Bemerkung, "Geräusch", Mimik oder Gestik)

2

Wurde so etwas (**Situation A blau**) jemals gegen deinen Willen mit dir getan, wurdest du gezwungen, so etwas zu tun **ODER** gab es den Versuch

ja

nein

3

Hast Du so etwas (**Situation A orange**) jemals mit jemandem ohne dessen Einwilligung getan, hast du ihn/sie zu so etwas gezwungen **ODER** es versucht?

ja

nein

A *In den folgenden Tabellen mit „Sexuelle Belästigung“ bezeichnet

B Das eigene Geschlechtsteil (Penis/Vagina/Scheide)

C - an Brust, Po, zwischen den Beinen, an den Schultern, an den Armen, an den Händen, an den Füßen (direkter Hautkontakt ohne die Kleidung)
- einen Kuss geben (einen "Zungenkuss")

D Selbstbefriedigung ("Onanieren"/"Masturbieren")

E Mit Penis in After eindringen

F Mit Penis in After (Anus) oder Vagina (Scheide) eindringen

G Mit Finger, Gegenstand oder Zunge in After (Anus) eindringen

H Gab es noch weitere sexuelle Belästigung/Gewalt, die gegen deinen Willen mit dir geschehen, zu der du gezwungen wurdest ODER die jemand versuchte, mit dir zu tun?

A

Sexual harassment (online, verbal)

B-D

Sexual victimization/offending without penetration (exhibitionism, touching, kissing)

E-G

Sexual victimization/offending with penetration (genital, anal, oral)

H

Other

7 different situations



Methods: Other self-report instruments

Massachusetts Youth Screening Instrument – 2 (MAYSI-2)

Childhood events and parental education (Conflict Tactics Scale (CTS),

Childhood Trauma Questionnaire (CTQ)

Personality traits (BFI-K)

Depression (ADS)

Trauma screening: UCLA PTSD Reaction Index

Functional Assessment of Self-Mutilation (FASM)

Youth Self Report (YSR)



Prevalence sexual victimization (life-time)

	n	male		female	
		n		n	
Sexual harassment ***	310	29	16.5%	56	41.8%
Without penetration ***	314	49	27.5%	108	79.4%
Penetration ***	312	14	8.0%	64	46.7%
Any victimization ***					
	309	65	37.4%	111	82.2%

	n	Residential Care		Boarding School	
		n		n	
Sexual harassment	310	45	31.0%	40	24.2%
Without penetration	314	81	55.5%	77	45.2%
Penetration ***	312	55	37.9%	23	13.8%
Any victimization					
	309	89	62,2%	87	52.4%

*** p<.001, **p<.01, *p<.05 (Chi²)

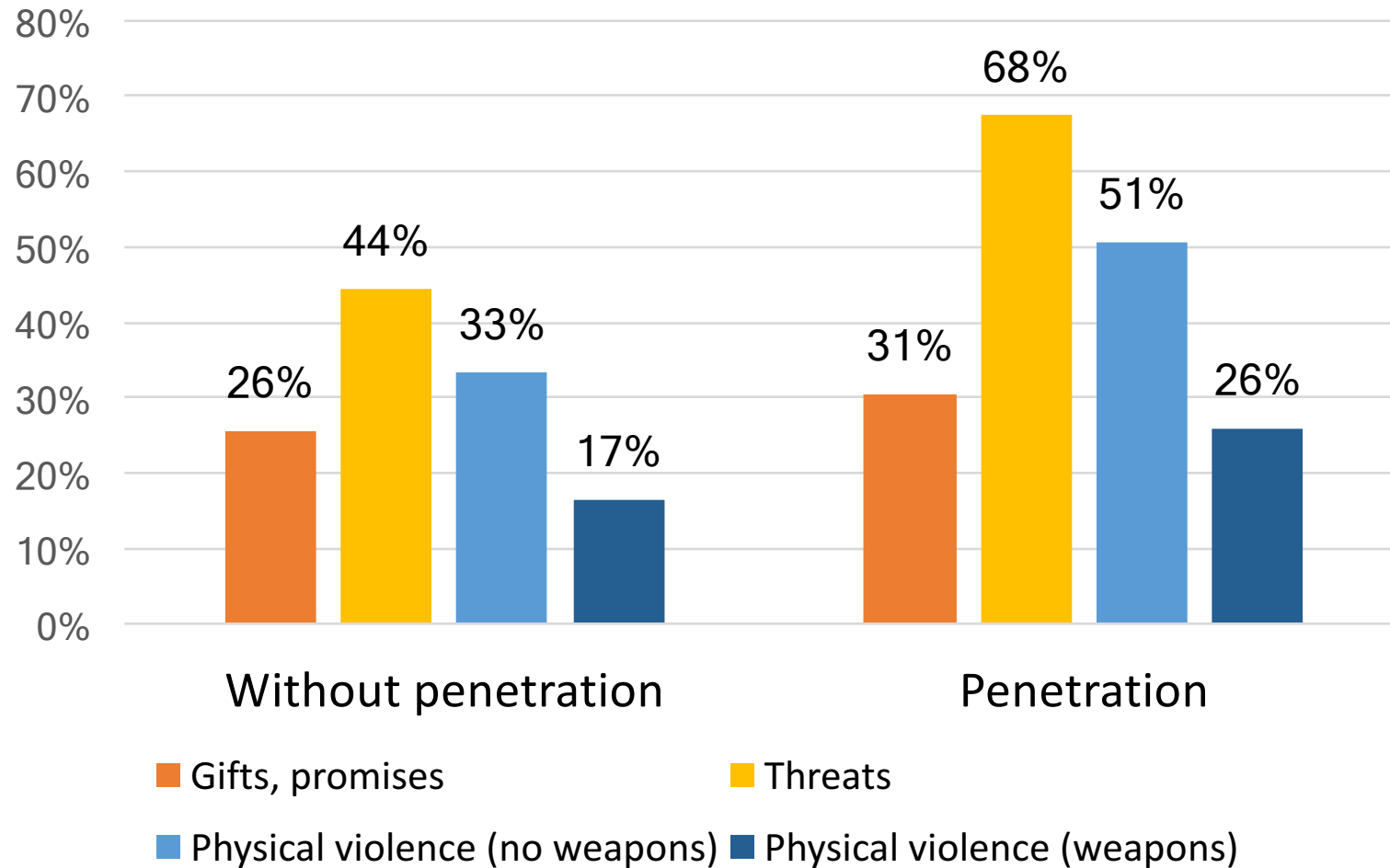


Results: Relationship between victim and offender (victim perspective; multiple offenders)

Relationship to offender	Sexual harassment % (n)	Assault without penetration % (n)	Assault with penetration % (n)
Steady partner	16% (11)	18% (24)	28% (17)
Family member (child)	13% (8)	9% (11)	13% (7)
Family member living elsewhere (child)	6% (4)	11% (5)	11% (6)
Family member (adult)	12% (8)	12% (15)	16% (9)
Other child living with victim	30% (20)	33% (43)	31% (17)
Child acquainted with victim	54% (38)	54% (76)	43% (24)
Child not acquainted with victim	26% (16)	18% (22)	14% (8)
Institutional caregiver	11% (7)	3% (4)	11% (6)
Adult acquaintance	15% (10)	18% (23)	27% (16)
Adult stranger	33% (22)	22% (29)	23% (14)



Offence characteristics (victim perspective)





Prevalence sexual offending (life-time prevalence)

	n	male		female	
		n		n	
Sexual harassment *	309	26	14.9%	10	7.5%
Without penetration ***	299	38	22.0%	8	6.3%
Penetration **	303	13	7.4%	1	0.8%
Any offending ***					
	285	52	30.8%	15	12.9%

	n	Residential Care		Boarding School	
		n		n	
Sexual harassment	309	13	9.2%	23	13.8%
Without penetration	299	18	12.9%	28	17.5%
Penetration	315	9	6.4%	5	3.1%
Any offending					
	285	25	19.4%	42	26.9%

*** p<.001, **p<.01, *p<.05 (Chi²)



Results: Incidence of sexual offending (first offending during stay in current institution)

	n	sample	offenders
Sexual harassment	11	3.4%	30.6%
Without penetration	23	7.1%	44.2%
Penetration	3	0.9%	18.8%

Mean time of stay in current institution: 3.08 years (SD 2.79)

Many adolescents became victims and/or showed sexual aggressive behavior for the first time after admittance in current institution → **provocation of sexual aggressive behavior by institutional factors/peer influences?**



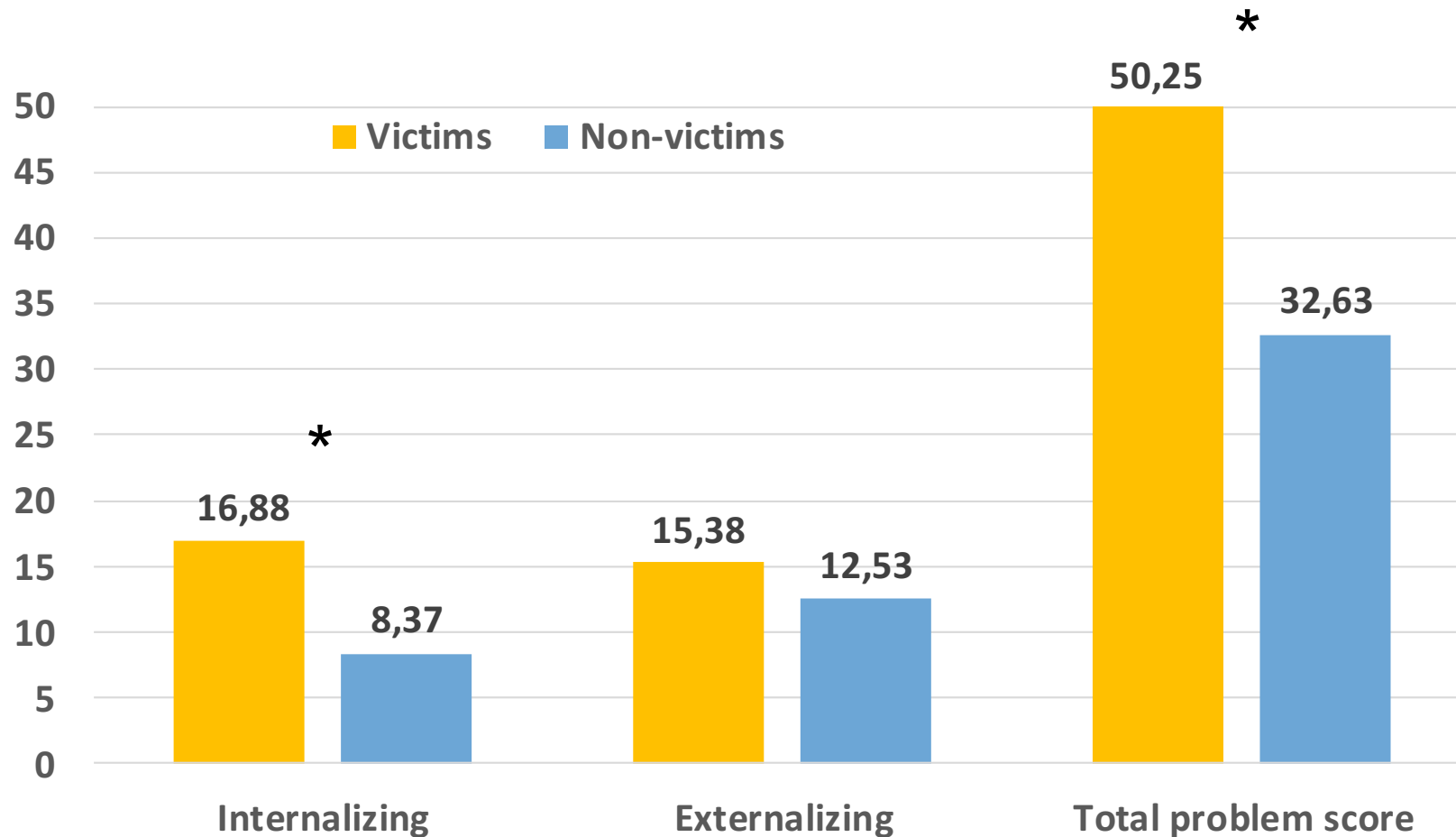
Correlation between victimization and offending

		Offenders (total number of incidents)				
		total	male	female	Residential care	Boarding school
Victims (total number of incidents)	Pearson's Correlation	.199***	.437***	.263**	.222**	.176*
	N	316	179	137	147	169

*p<0.05, **p<0.01, ***p<0.001



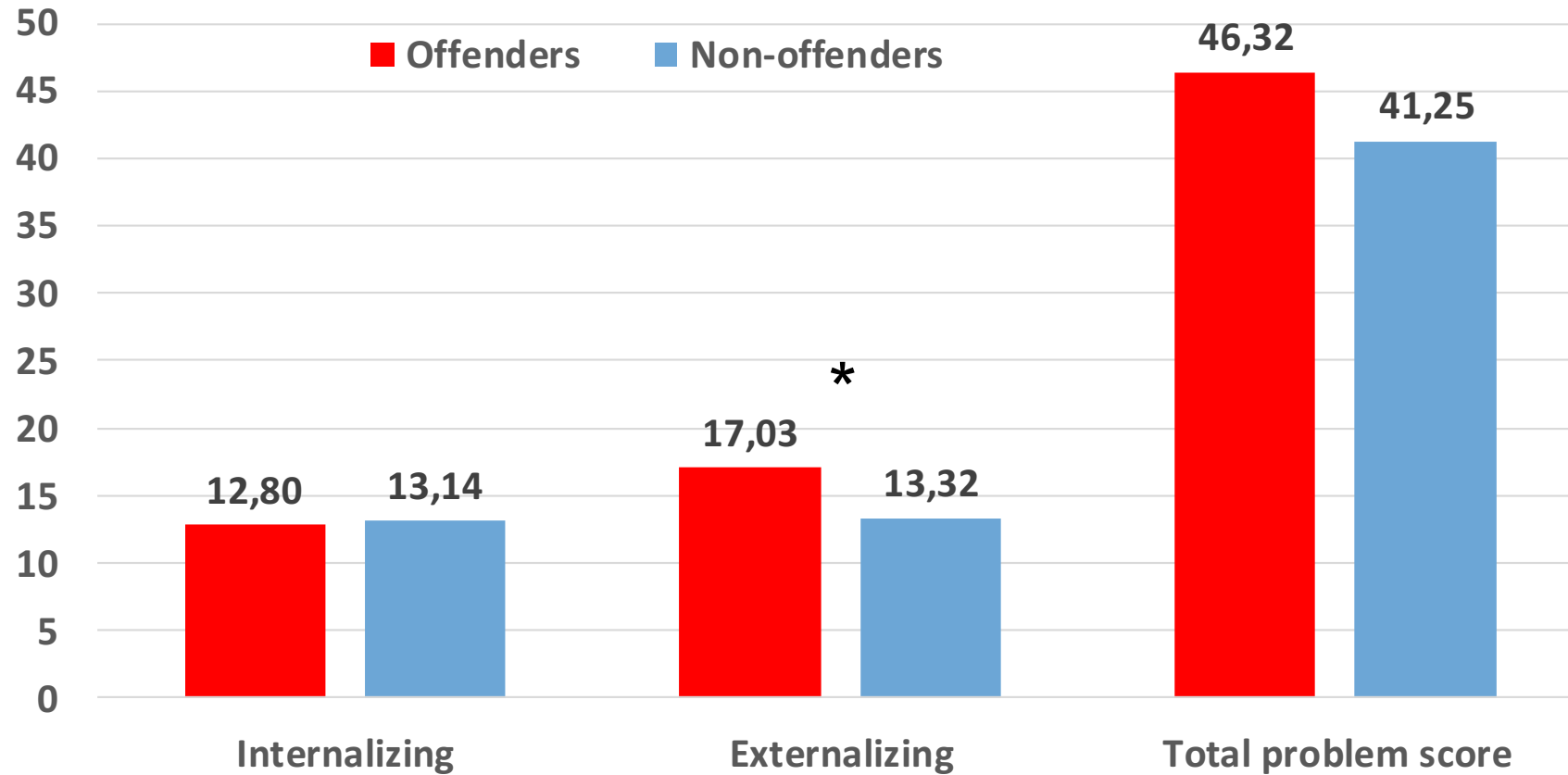
Results: Differences in psychopathology between victims and non-victims (YSR)



* Significant higher values for victims than non-victims



Results: Differences in psychopathology between offenders and non-offenders (YSR)



* Significant higher values for offenders than non-offenders





Conclusions “Sprich mit!”

High rate of sexual victimization experienced by adolescents placed in institutions, especially in residential care (compared to boarding schools) and in girls (compared to boys)

High rate of sexual aggressive adolescents

Both types of institution (residential care, boarding school) show high rate of sexual victimization and offending

→ “institutional factors” may play a central role besides individual factors (high burden of psychopathology in adolescents in residential care)

More traumatic experiences during their childhood reported by adolescents in residential care (compared to boarding schools)

More general traumatic experiences in victims of sexual aggression (compared to non-victims)

Victims (compared to non-victims) show a higher level of internalizing problems, offenders (compared to non-offender) of externalizing behavior problems



Swiss Studies





Swiss study ...

... for clarification and goal-attainment in youth welfare and juvenile justice institutions (MAZ.)

Funded by the Federal Office of Justice in Switzerland

Involved study sites: Basel, Lausanne, Ulm (evaluation)

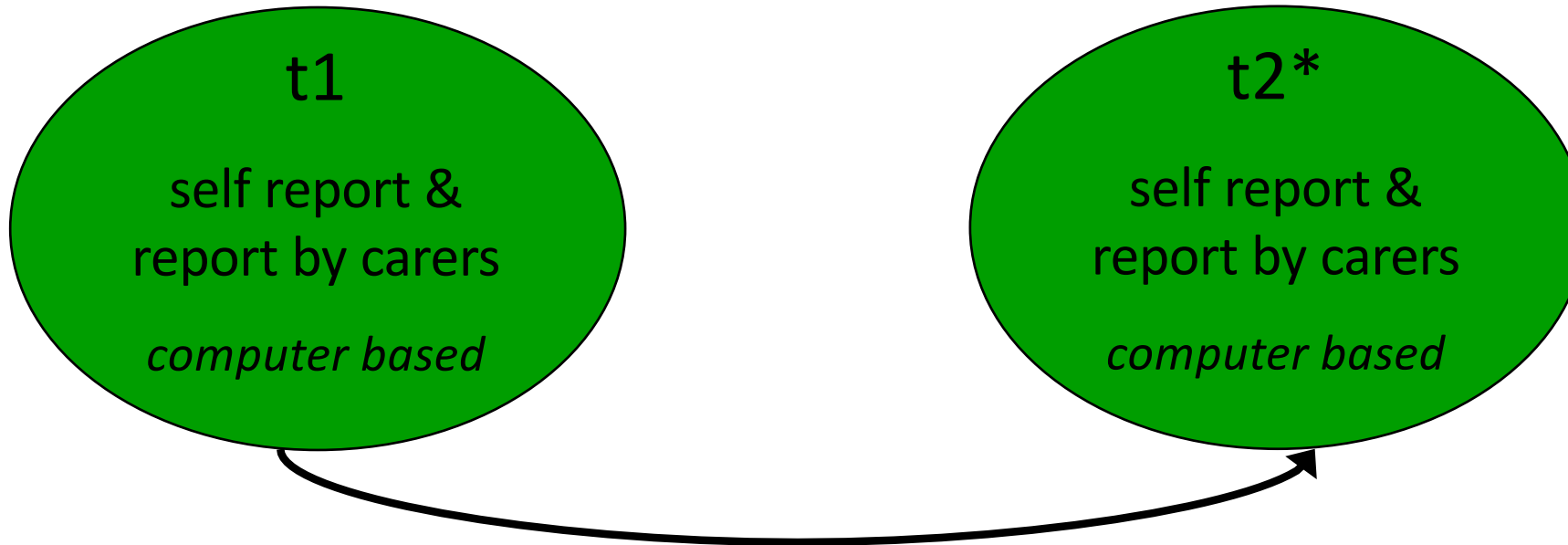
Measures:

- Epidemiology (t1): anamnesis, mental health (dimensionally and categorically), goal attainment
- Evaluation after one year (t2)





Design



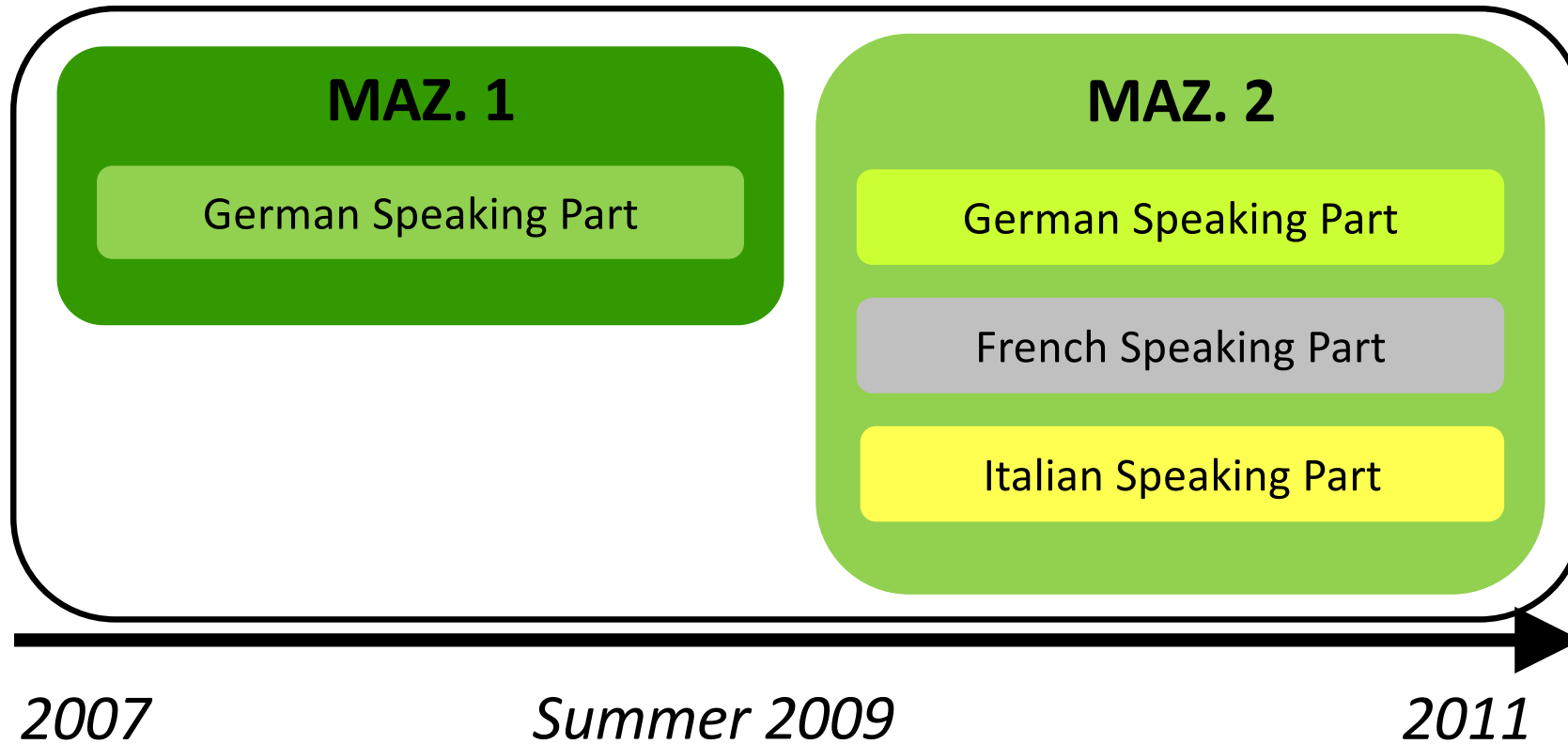
assessed once:

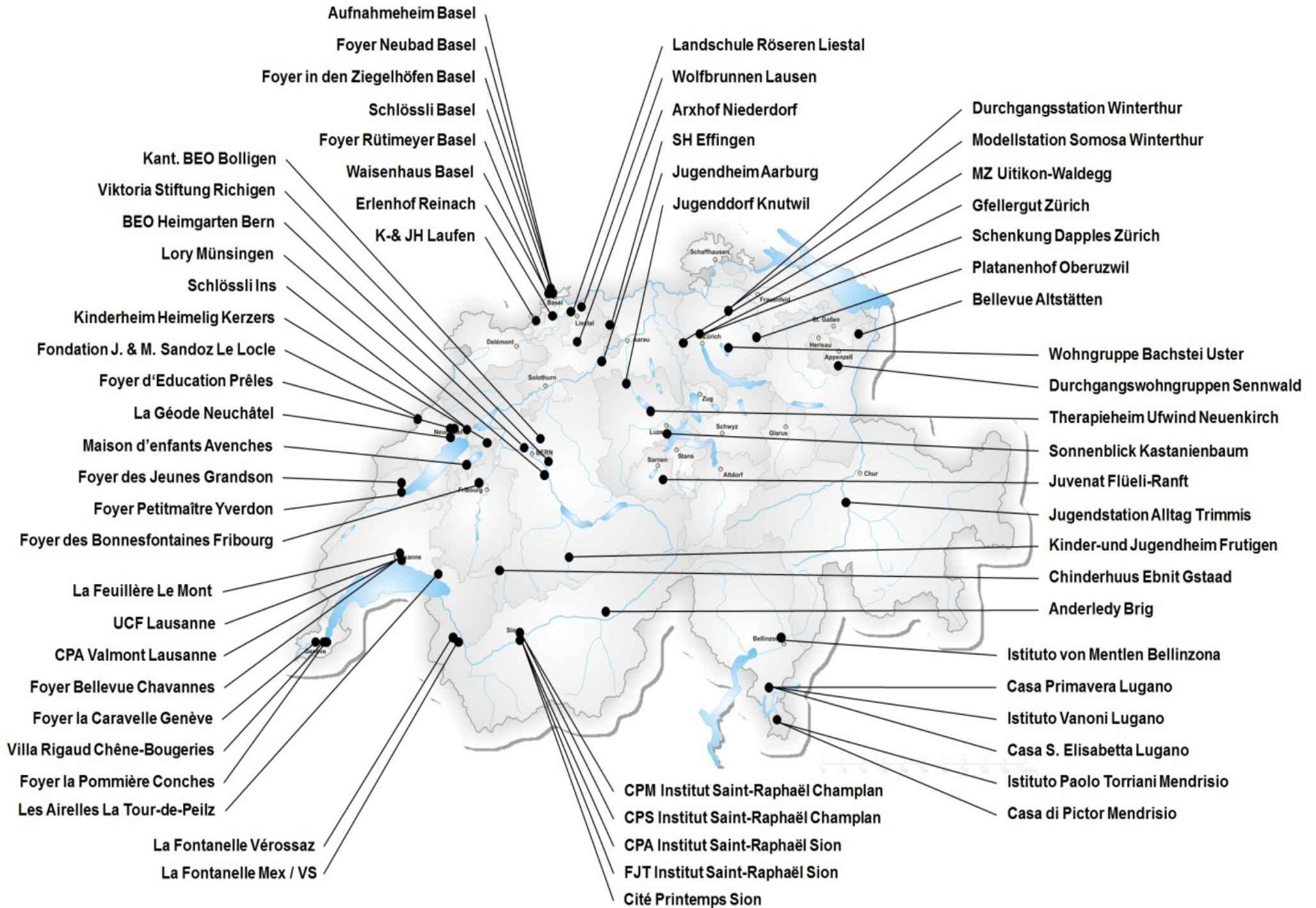
- screening interview (BARO)
- structured clinical interview (K-SADS etc.)

* 12 months or before educational measure ends



Time-line







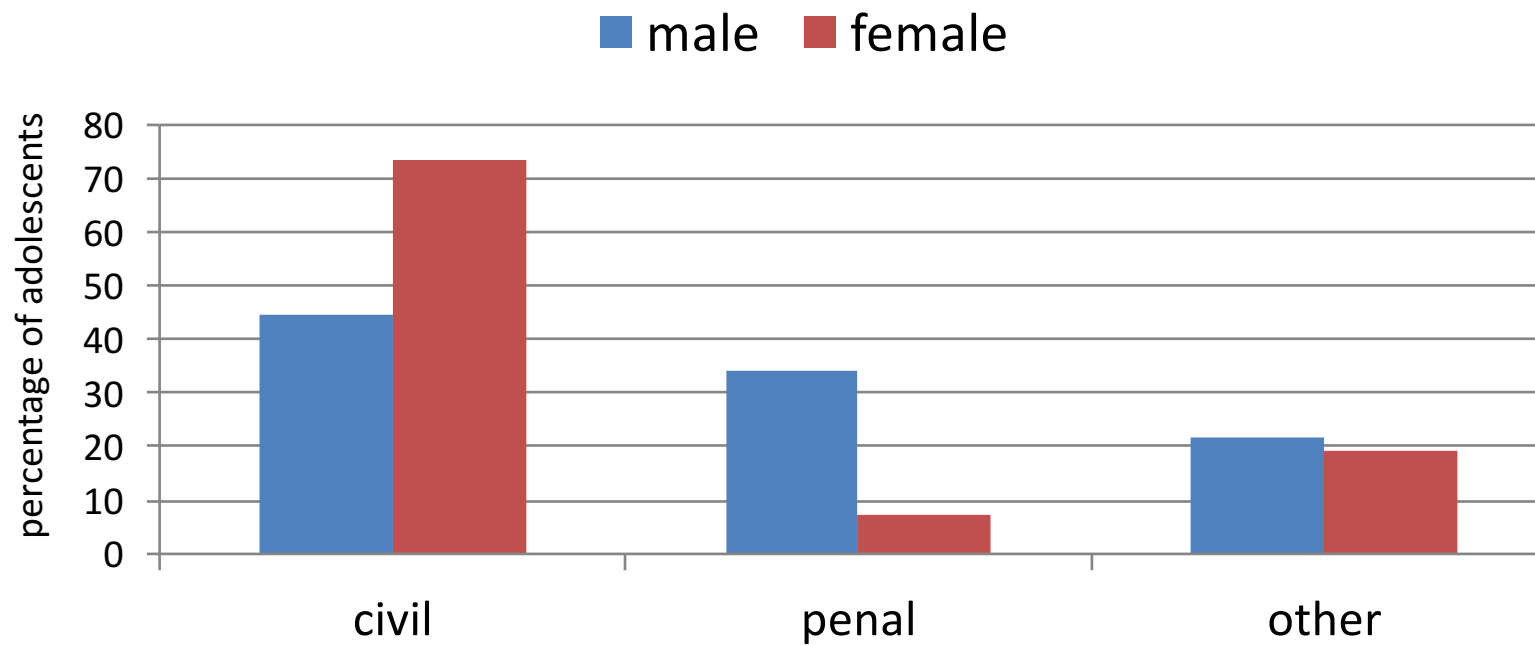
Description of sample

	MAZ. 1	MAZ. 2			MAZ. 1 & 2
	<i>German</i>	<i>German</i>	<i>French</i>	<i>Italian</i>	<i>TOTAL</i>
institutions	31	19	20	6	64
subjects	329	100	102	61	592
age (sd)	17.2 (2.7)	15.4 (2.7)	14.6 (2.9)	14.0 (3.3)	16.1 (3.1)
male	244 (74%)	62 (62%)	63 (62%)	33 (54%)	402 (68%)
female	85 (26%)	38 (38%)	39 (38%)	28 (46%)	190 (32%)
placement					
civil	145 (45%)	67 (70%)	69 (68%)	31 (51%)	312 (54%)
criminal	112 (35%)	10 (10%)	26 (26%)	-	148 (26%)



Legal basis of out of home placement

1. 54% **civil law**
2. 26% **criminal law**
3. 20% with **parents consent** and support of youth welfare service



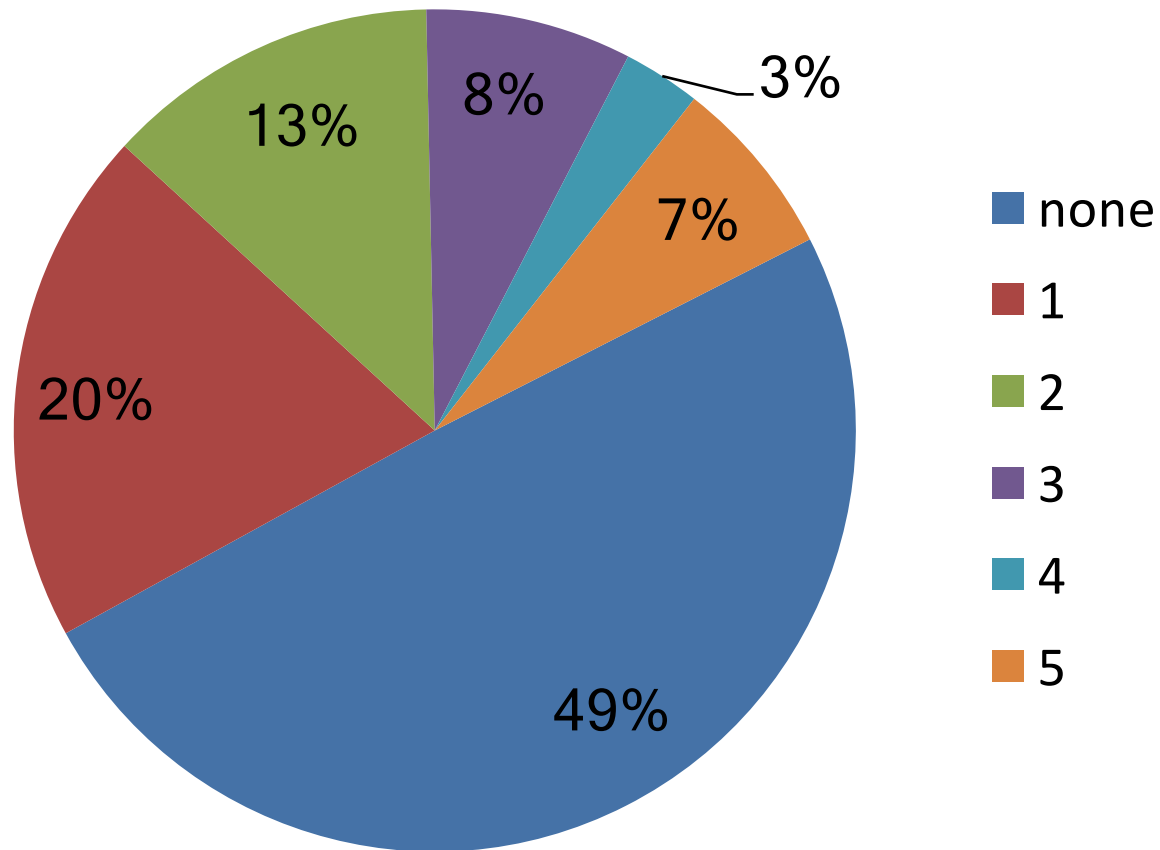
N=592





Previous out-of-home placements

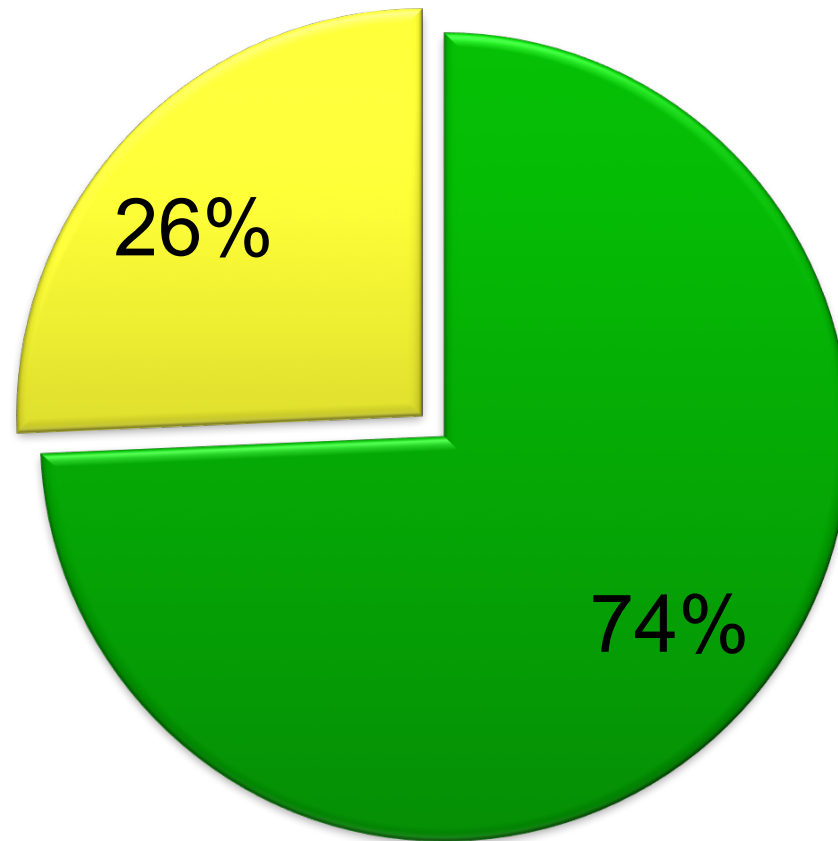
Of those being 16 years of age or older, **51%** have already been placed out of home at least once; **31%** twice or more often





6-month-prevalence of diagnoses (ICD-10)

■ at least one disorder ■ no disorder



N=483





Top 12 diagnoses

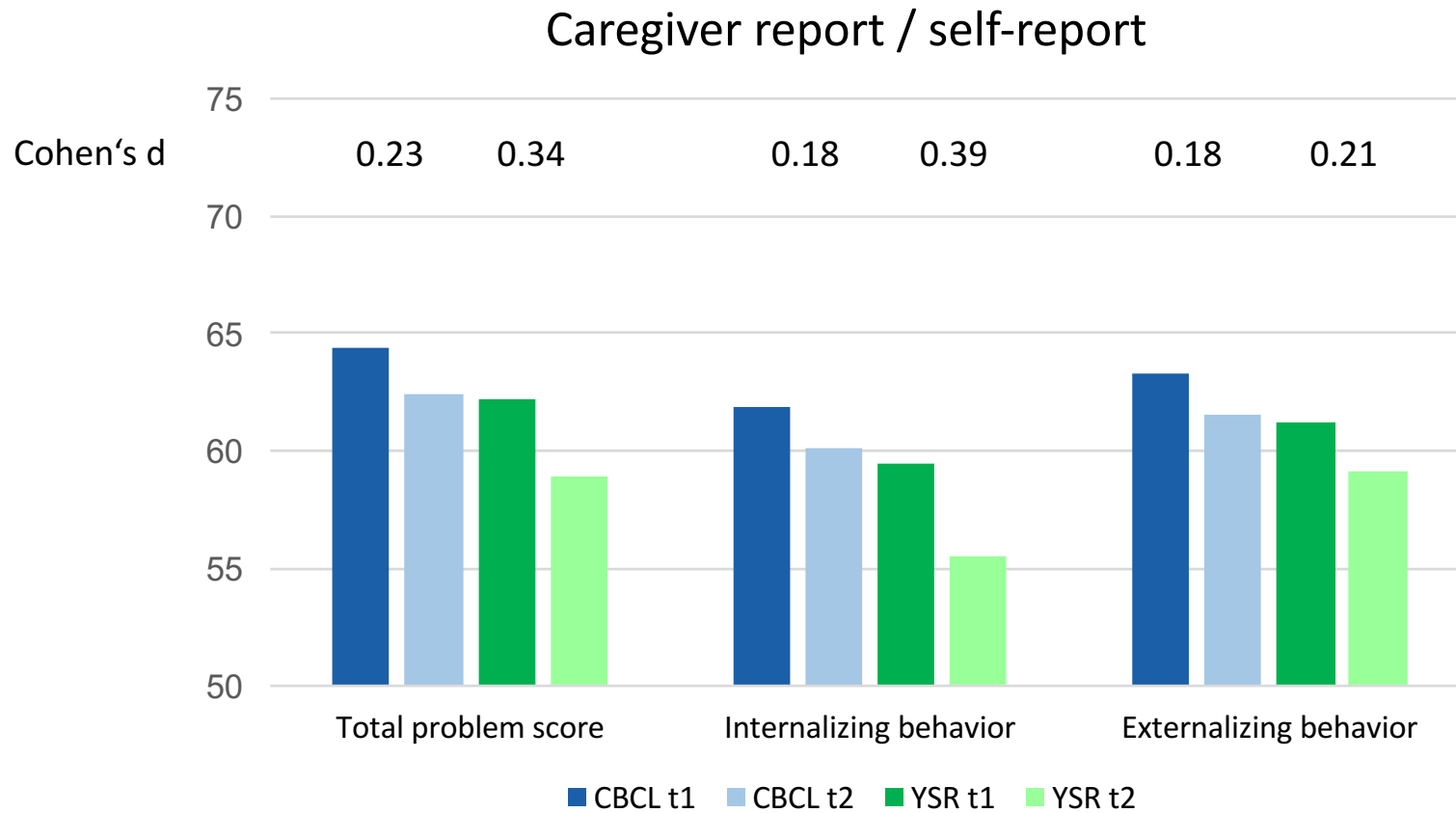
Category	Diagnosis / Group	n	%
F91	Conduct disorders	81	16.9%
F90.1	Hyperkinetic conduct disorder	64	13.3%
F92	Mixed disorders of conduct and emotions	63	13.1%
F12.1/ F12.2	Mental and behavioral disorders due to use of cannabinoids	53	11.0%
F61	Mixed and other personality disorders	42	9.6%
F40	Phobic anxiety disorders	37	7.7%
F90.0	Disturbance of activity and attention	28	5.8%
F32	Depressive episode	24	5.0%
F60.3	Emotionally unstable personality disorder, borderline type	19	4.3%
F43.2/ F43.8	Adjustment disorders/ Other reactions to severe stress	20	4.2%
F43.0/ F43.1	Reaction to severe stress/ PTSD	19	4.0%
F10.1/F10.2	Mental and behavioural disorders due to use of alcohol	17	3.5%

N=483/439





Course of psychopathology (dimensionally)



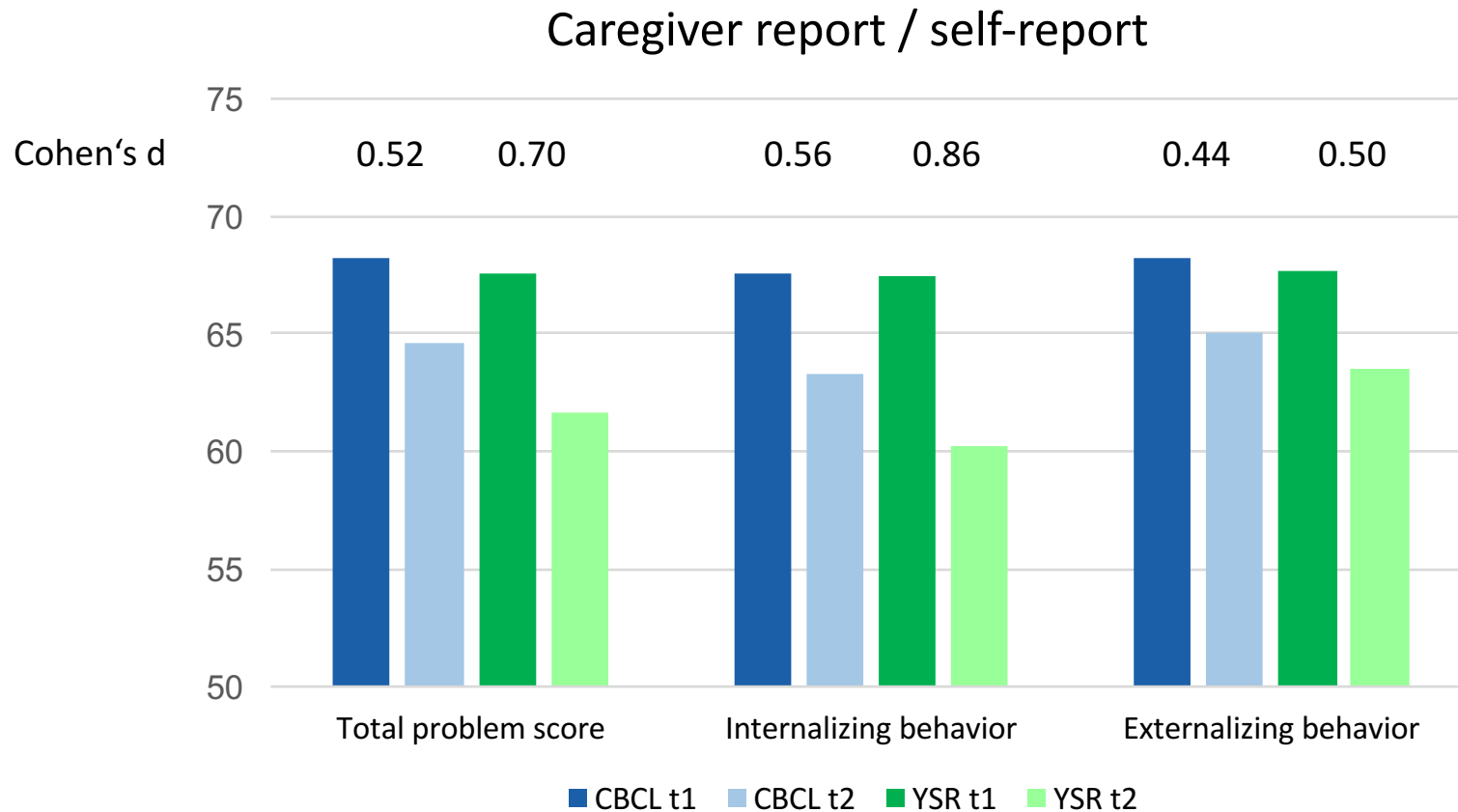
N(CBCL)=285
N(YSR)=228





Course of psychopathology (dimensionally)

Children and youths with T value ≥ 60 at t1:



N(CBCL)=182-213
N(YSR)=110-145





Self-reported potentially traumatic experiences (ETI)

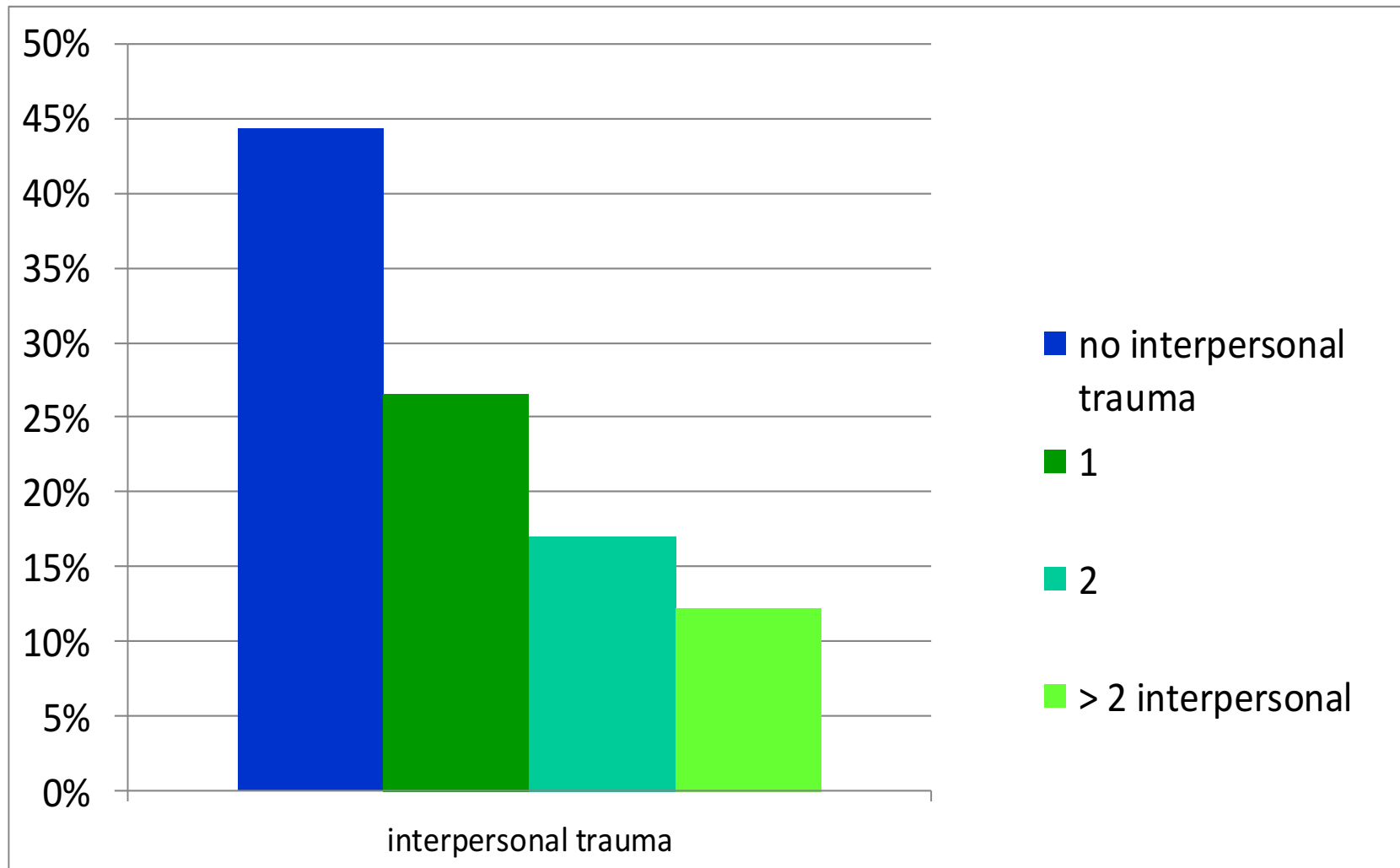
Traumatic experiences	Prevalence
Death of an important person	42.9%
Violent attack (unknown person)*	31.5%
Violent attack (known person)*	30.2%
Serious disease	28.6%
Serious accident, fire, or explosion	28.1%
Neglect*	23.6%
Imprisonment	17.9%
Natural disaster	17.0%
Sexual abuse (unknown person)*	12.8%
Sexual abuse (known person)*	8.8%
Stay in a war zone	2.8%
Torture	2.1%
Any experience	77.1%
Interpersonal experience	55.7%
Number of traumatic experiences	$M=2.4$ ($SD=2.1$)

* interpersonal traumatic experiences



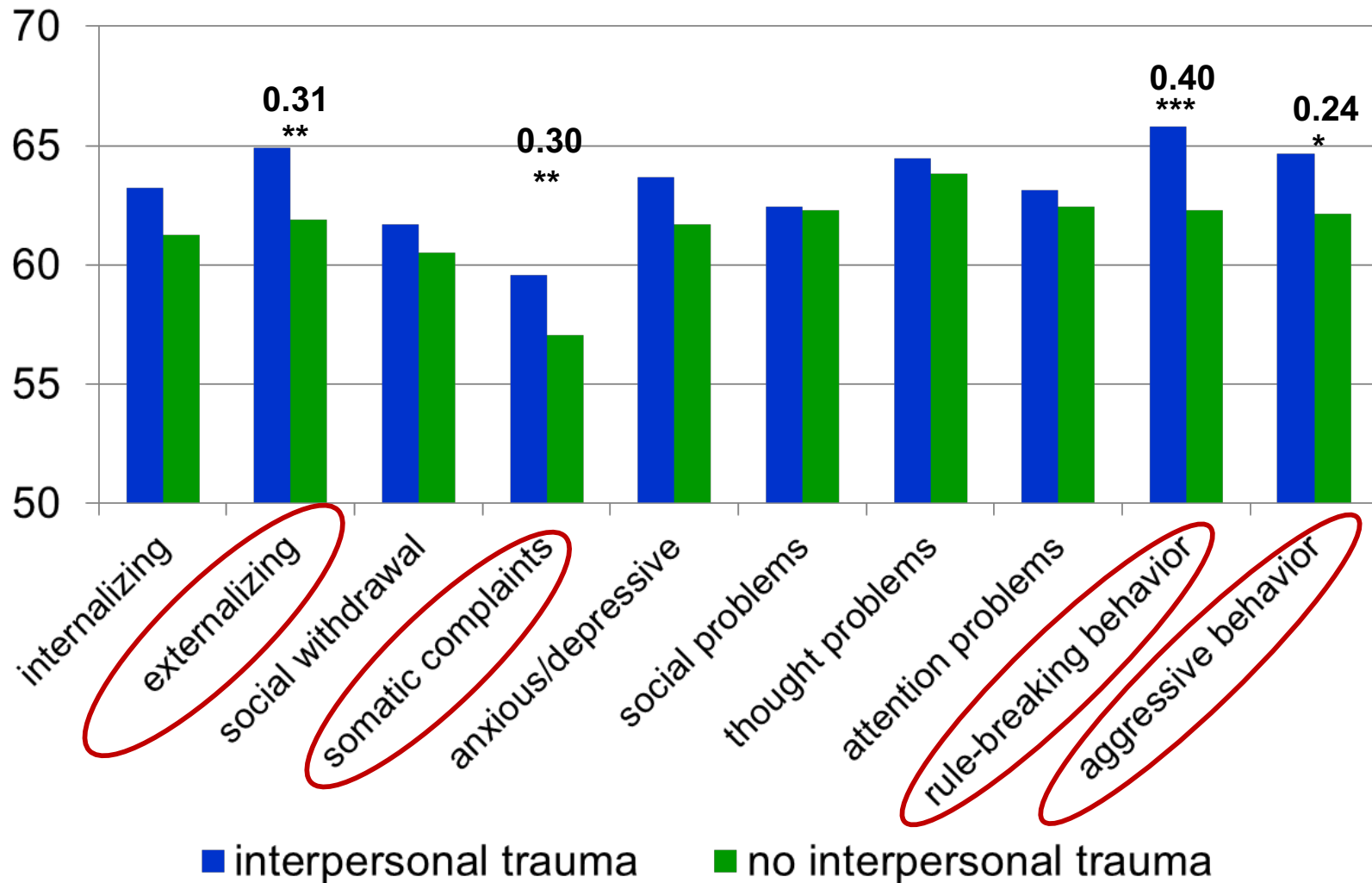
Prevalence of interpersonal trauma

→ **55.7 %** at least 1 interpersonal trauma caused by any person





Psychopathology (CBCL)

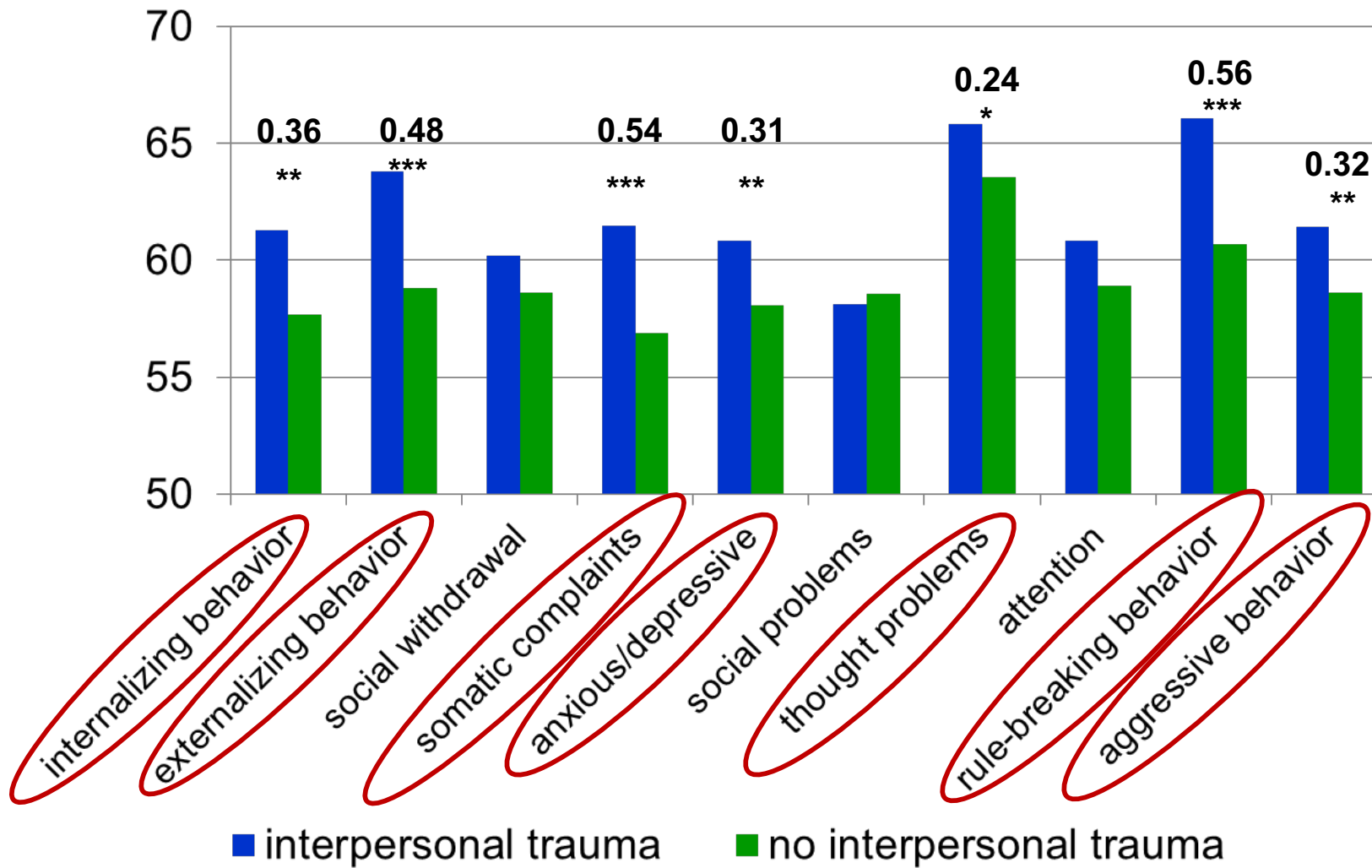


* $p < .05$
** $p < .01$
*** $p < .001$





Psychopathology (YSR)



* $p < .05$
** $p < .01$
*** $p < .001$





Results:

High impact of traumatic experiences (77%), especially interpersonal experiences (56%)

Adolescents affected by multiple interpersonal trauma

- were more likely to be **female** ($\chi^2 = 17.54, p < 0.001$)
- were significantly older than adolescents who did not report multiple interpersonal trauma ($F = 8.74, p < 0.001$)
- were **more likely to have lived in another welfare institution before their current institutionalization** ($\chi^2 = 27.95, p = 0.032$)



Conclusions from a follow up of criminal records 5-9 years after MAZ study

- Traumatic experiences and recidivism: **the probability for drug offenses is three times as high** for participants with any traumatic experience than for those without (not significant).
- Traumatic experiences and delinquency: **being the victim of interpersonal traumatic experiences significantly raises the probability for violent offenses.**



Pilot project - Implementation and Evaluation of Trauma-informed educational and care concepts (Modellversuch Traumapädagogik)

Implementation, continuation, and evaluation of trauma-sensitive care in child and youth welfare institutions in Switzerland

Aim: reduction of mental stress in employees as well as children and youths

Funded by the Federal Office of Justice in Switzerland

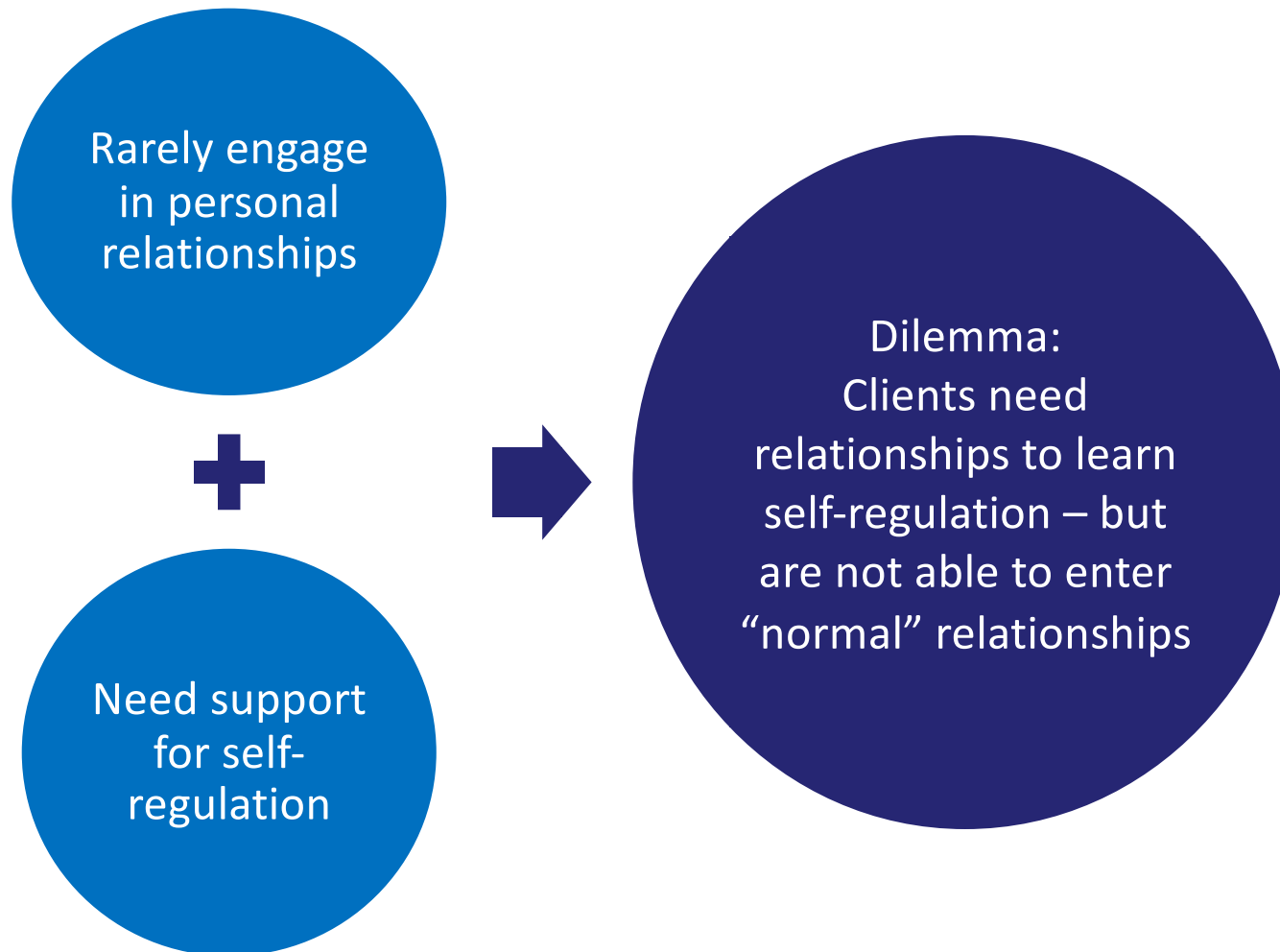
Involved study sites: Basel and Ulm for the evaluation





Attachment and self-regulation of traumatized children

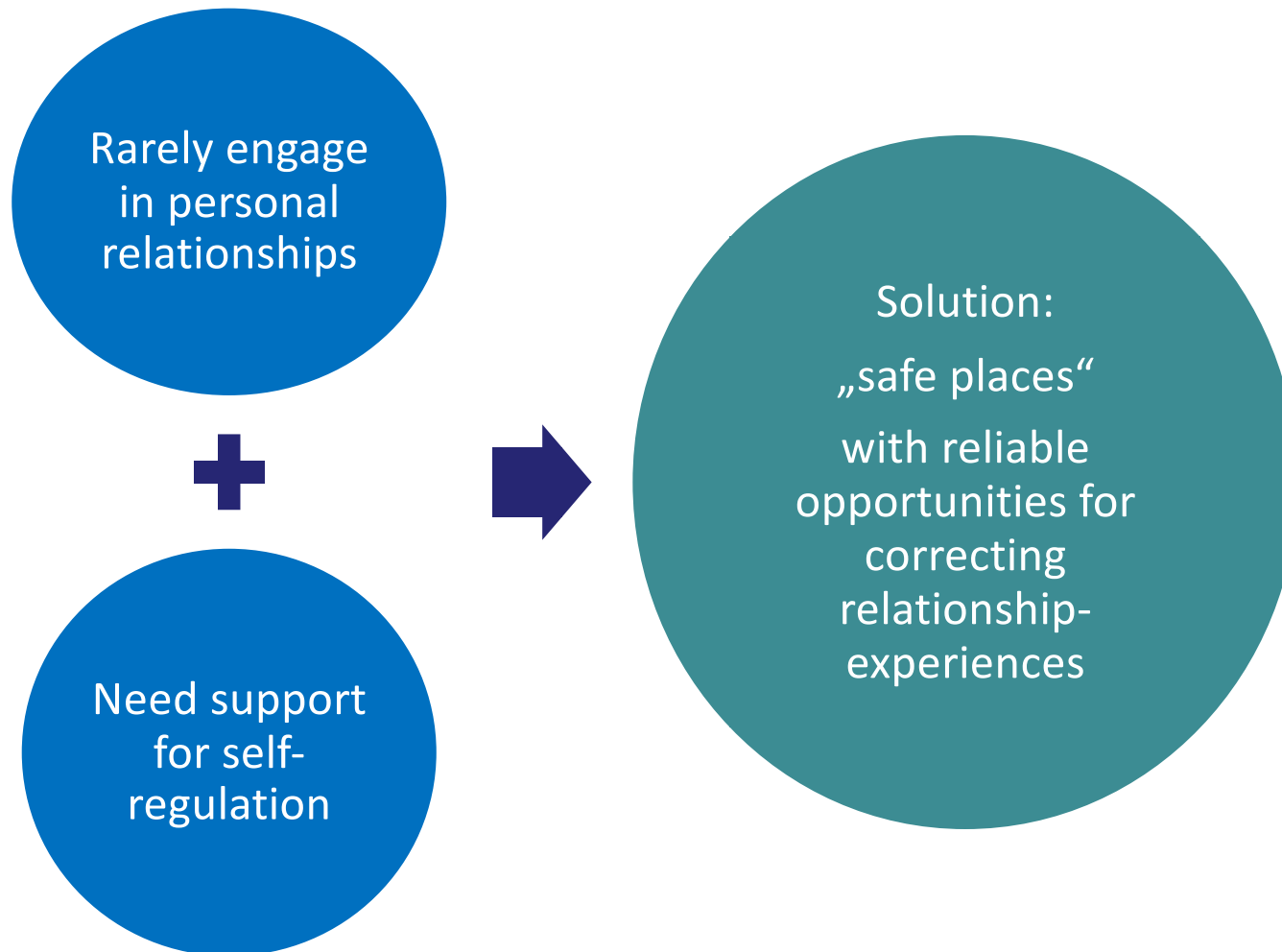
A pedagogic dilemma





Attachment and self-regulation of traumatized children

Attempt for a solution





What is innovative regarding trauma oriented concepts in child care ?

Trauma-informed attitude

Traumatizing environment

- Unpredictability
- Loneliness
- Not been seen or heard
- Disregard
- Criticism and discouragement
- Needs are violated
- Being at somebody's mercy- others decide on me
- Suffering

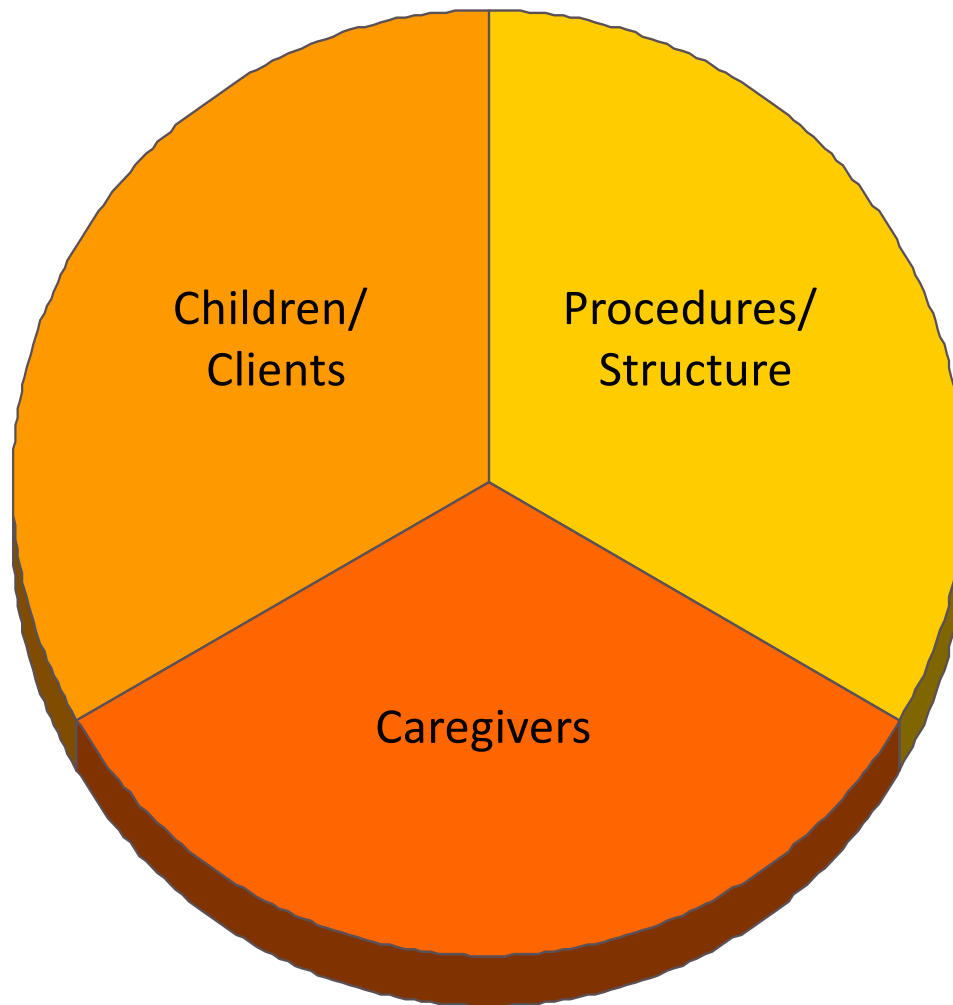
Trauma-pedagogic milieu

- Transparency and predictability
- Relationships/ advocacy
- Getting attention, being important
- Appreciation
- Encouragement
- Need-orientation
- Participation
- Joy



Trauma-informed concepts: Correcting experiences

Institutions as safe places



Approaches

- › Enhancement of emotion regulation abilities
- › Enhancement of sensual and body perception- reduction of the tendency towards dissociation
- › Self-care
- › Development of a positive self-concept, self-efficacy and social skills (incl. enhancement of self-tolerance)
- › Elaboration of dynamic resilience factors



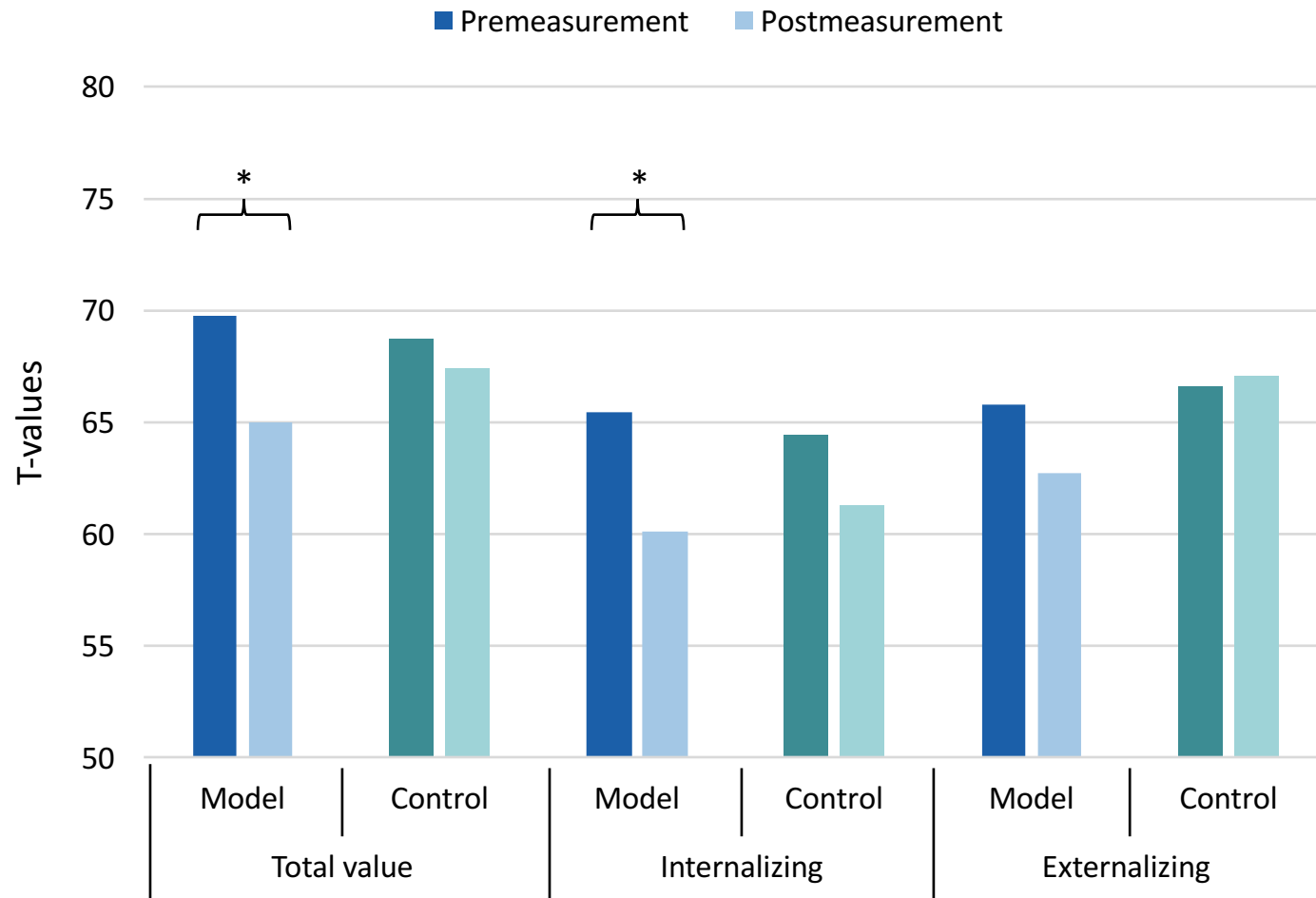
MAZ.-sample and follow-up

	MAZ. Sample	Trauma pedagogical Follow-up		Test
		Model	Comparison	
	N (%)	N (%)	N (%)	χ^2 (df=1)
Participants	592	34	51	n.s.
Gender				n.s.
Girls	190 (32.1%)	12 (35.3%)	25 (49.0%)	
Boys	402 (67.9%)	22 (64.7%)	26 (51.0%)	
Earlier placement	245 (41.4%)	18 (51.6%)	23 (44.2%)	n.s.
Reason for placement				n.s.
By civil law	329 (55.6%)	19 (55.8%)	38 (75.0%)	
By criminal proceedings	156 (26.4%)	8 (23.5%)	5 (10.4%)	
Other reasons	107 (18.0%)	7 (17.6%)	8 (14.6%)	
	M (SD)	M (SD)	M (SD)	<i>t</i>
age	10.0 (8.2)	8.3 (6.8)	8.3 (8.0)	n.s.



Influence of trauma pedagogical concepts on behavioral problems

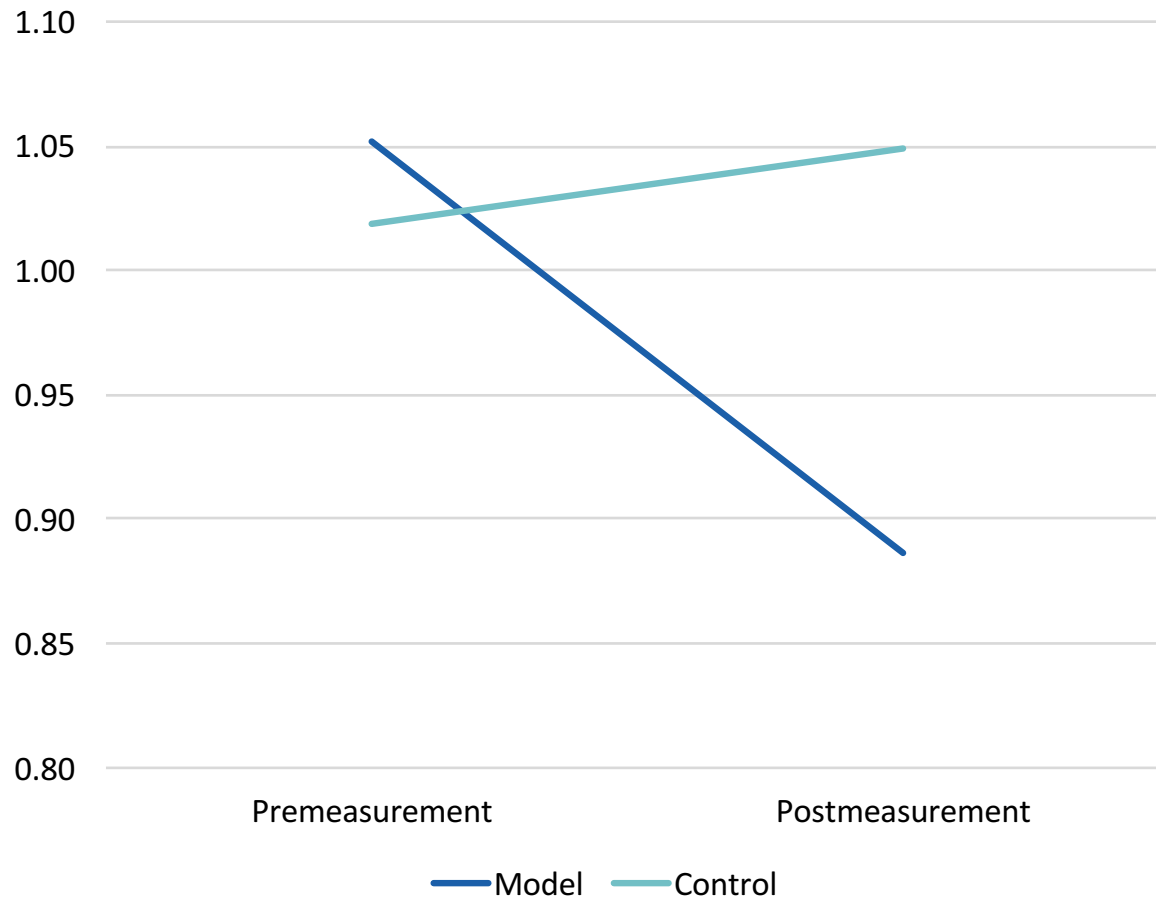
Changes of external assessed behavioral problems of children and adolescents being classified as noticeable at pre-test





Influence of trauma informed educational interventions on the physical stress reaction of the children and adolescents

Change in physical stress reaction measured with the Cortisol-DHEA-Ratio





Conclusions “Modellversuch Traumapädagogik”

- Trauma-informed educational and care concepts have effects on the **level of children and adolescents**: reduction of behavioral problems, physical stress reaction, etc.
 - Trauma-informed care concepts have also effects on **the caregiver’s level**: e.g. burnout, self-efficacy, physical stress reaction
 - But it is a **challenge to implement trauma-informed concepts in regular residential care groups**
- ➔ E-Learning Programs on qualification in trauma informed education and care, trauma therapy and development of concepts for safety and security of children in institutions (ECQAT)

<https://traumapaedagogik.elearning-kinderschutz.de/>





ECQAT - Traumapädagogik (Trauma informed care)

[Kennwort vergessen?](#)

VERBUNDPROJEKT ECQAT

Entwicklung eines E-Learning-Curriculums zur ergänzenden Qualifikation in Traumapädagogik, Traumatherapie und Entwicklung von Schutzkonzepten und Analyse von Gefährdungsrisiken in Institutionen

[Zur Startseite des ECQAT Verbundprojekts »](#)

Online-Kurs: Traumapädagogik



Herzlich willkommen!

Sehr geehrte Damen und Herren,

wir freuen uns, dass Sie sich für unser Kursangebot zum Thema Traumapädagogik interessieren.





Aktuell	Staat & Bürger	Gesellschaft	Wirtschaft	Sicherheit	Publikationen & Service	Über uns
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Startseite BJ > Sicherheit > Straf- und Massnahmenvollzug > Modellversuche > Berichte zu abgeschlossenen Modellversuchen

← Straf- und Massnahmenvollzug

Berichte zu abgeschlossenen Modellversuchen

Modellversuche

Berichte zu abgeschlossenen Modellversuchen

▼ Traumapädagogik / Pédagogie du traumatisme

Kinder- und Jugendpsychiatrische Klinik, Basel / Clinique de psychiatrie infantine et juvénile, Bâle
Modellversuch 2012 - 2016

- [Schlussbericht](#) (PDF, 4.03 MB)
- [Zusammenfassung](#) (PDF, 92.92 KB)
- [Résumé](#) (PDF, 94.03 KB)

▼ MAZ. – Modellversuch zur Abklärung und Zielerreichung in stationären Massnahmen / Recherche-pilote pour l'évaluation d'une procédure de placement dans le cadre de mesures de placement

Kinder- und Jugendpsychiatrische Klinik, Basel / Clinique pédo-psychiatrique, Bâle (2012).
Schmid M., Kölch M., Fegert J. M., Schmeck K. Modellversuch 2006 – 2011.
Zusammenfassung der wichtigsten Ergebnisse und Erkenntnisse des Modellversuchs Abklärung und Zielerreichung in stationären Massnahmen (MAZ).
Schlussbericht zum Modellversuch vom November 2012

- [Bericht](#) (PDF, 2.40 MB)
- [Rapport](#) (PDF, 2.11 MB)
- [Zusammenfassung](#) (PDF, 596.86 KB)
- [Résumé](#) (PDF, 588.10 KB)

You can find the reports in German and French on the homepage of bj





Conclusions

- Adolescents placed in out of home care are a high risk population
- Expansion of CAP diagnostic and therapeutic support for adolescents in youth welfare institutions and boarding schools
- **Training of staff in relation to dealing with sexual violence and traumatized youth: secure environment and trauma informed care**
- Greater consideration of **sexual violence and bullying among peers** in institutional prevention and protection concepts
- sexual harassment is a possible indicator / predictor of sexual violence
- **Trauma history as a predictor of victimization and behavioral problems**



Care leavers

Perspective: transition to adulthood

- Children and adolescents grow older and have to manage the important developmental step of **care-leaving and transition into adulthood**. Only some institutions and professionals try to support their clients when they attain full age.
- But, generally the clients fall out of the system, when they attain full age (or at the latest when they become 21 years old), so political/legal changes are needed to better support young people on their way from adolescence to adulthood: **secure base for care leavers during emerging adulthood**
- **transition is especially difficult given the high rate of interpersonal traumatic experiences in the relationship history of young persons placed in out of home care**
- During the phase of emerging adulthood higher risk of (re-)offending: cycle of violence



Perspective JAEL study

- A new study has started in 2016 to reexplore the participants of the MAZ. study and their development during **emerging adulthood**. The aims of the study are
 - to identify the importance of specific protective and risk factors for social participation in the longer term,
 - to detect the factors for success and risk factors in transition from adolescence to adulthood, and
 - to provide the lessons learned on an E-learning-platform for professionals.
- ➔ “JAEL – Jugendhilfeverläufe: Aus Erfahrung lernen“ (2016-2021)
(*“Processes in youth welfare services: learning from experience“*)



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**Thank you very much for
your attention!**

joerg.fegert@uniklink-ulm.de





**Kinder- und Jugend-
psychiatrie / Psychotherapie**

Universitätsklinikum Ulm

**Klinik für Kinder- und Jugendpsychiatrie /
Psychotherapie des Universitätsklinikums Ulm**

Steinhövelstraße 5
89075 Ulm

www.uniklinik-ulm.de/kjpp



Ärztlicher Direktor: Prof. Dr. Jörg M. Fegert

