

CHILD USA 

THE NATIONAL THINK TANK FOR CHILD PROTECTION

**TRAUMA-INFORMED
ENGAGEMENT WITH
VICTIMS OF CHILDHOOD
SEXUAL ABUSE**

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UNDERSTANDING CHILD SEXUAL ABUSE

WHAT IS CHILD SEX ABUSE?

Child sex abuse ("CSA") is an interaction between a child and a perpetrator where the child is used for the sexual stimulation of the perpetrator or observer. This can include touching and non-touching behavior.¹

1 IN 10 CHILDREN



WILL EXPERIENCE SEXUAL ABUSE BEFORE THEIR 18TH BIRTHDAY

Every 9 minutes, child protective services substantiates, or finds evidence for, a claim of child sexual abuse.²

The effects of CSA can last well into adulthood. Victims of CSA are:³

- 4 times more likely to develop symptoms of drug abuse
- 4 times more likely to experience PTSD as adults
- 3 times more likely to experience a major depressive episode as adults

CSA IS A SOCIETY-WIDE PROBLEM

RELIGIOUS

Roman Catholic Archdiocese of New York (NY); NY Archdiocese (NY); Buffalo Dioces (NY); Las Vegas Catholic Diocese (NY)

SCHOOLS

Cathedral High School (MA); The Cambridge School of Weston (MA); James Madison High School (NY); Williston Northampton School (MA); Assumption Catholic School (CT); Brewster Academy (NH); Notre Dame Academy (MA); St. Stanislaus School (CT); Vermont Academy (VT); St. John's School for the Deaf (WI);

UNIVERSITIES

Patrick Henry College (VA); Jerry Sandusky - Penn State (PA); Yeshiva University (NY); Michigan State University (MI); University of Alabama in Huntsville (AL);

MEDICAL PROFESSIONALS

Palo Alto Medical Foundation (CA); Dominican Hospital (CA); Larry Nassar (MI); James "Doc" Jensen (MT); Dr. Reginald Archibald (NY); Dr. Johnnie Barto (PA); Dr. Earl Bradley (DE);

SPORTS

Women's Swimming; Syracuse Basketball (NY); Riverside Church basketball program (NY); USA Speed skating; Little League (WV); USA Gymnastics (IN); U.S. Olympic Committee (CO);

OTHER

*Includes Boy Scouts, Hollywood, Government, Armed Forces, and Camps

WHAT IS DELAYED DISCLOSURE?

The phenomenon common to survivors of child sexual abuse (CSA) where individuals wait for years, often decades, before disclosing to others that they have been victimized.

WHY DO VICTIMS DELAY DISCLOSURE OF ABUSE?

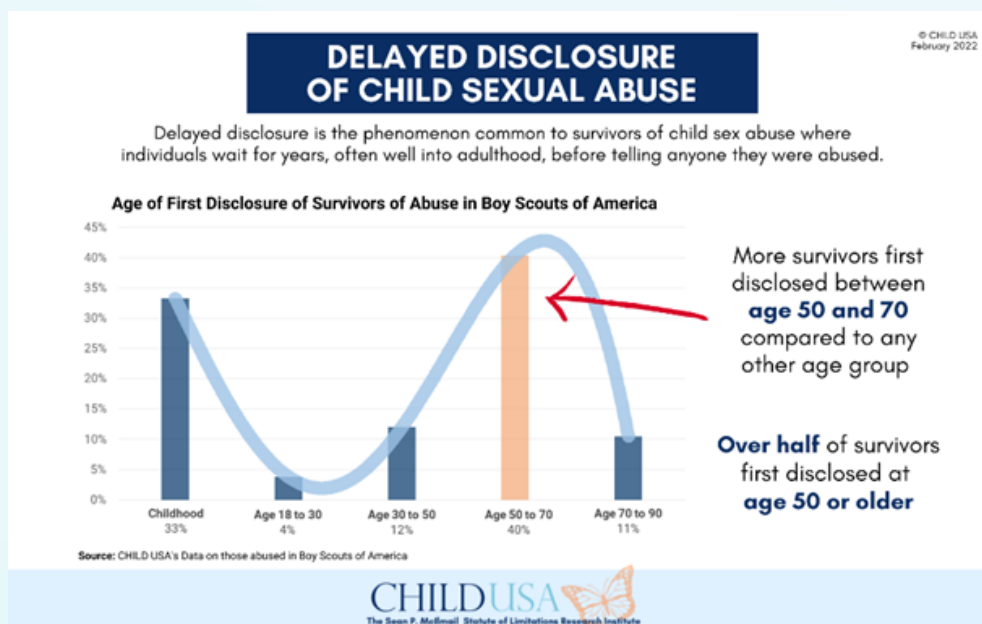
Child victims face many barriers to disclosing sexual abuse, including:

- Lacking knowledge about CSA
- Power differentials between victim and abuser
- Psychological barriers such as shame, guilt, fear, or self-blame
- Social barriers, such as gender-based stereotypes or stigmatization⁴
- Difficulty coping with long lasting effects of childhood trauma

Abuse by a family member has been shown to be associated with delayed disclosure.⁵ Child victims may fear disruption to family stability or that their parents will be punished if they report them as abusers.⁶

HOW LONG TO VICTIMS WAIT TO DISCLOSE ABUSE?

CHILD USA's analysis of data on abuse in Boys Scouts of America showed that over half of survivors first disclosed their abuse to someone else after age 50. Another study documented delays for male survivors of over 20 years on average.⁷ Other evidence shows that between 20 – 30% of survivors might never disclose abuse, and only 5 – 13% ever report abuse to authorities.^{8,9}

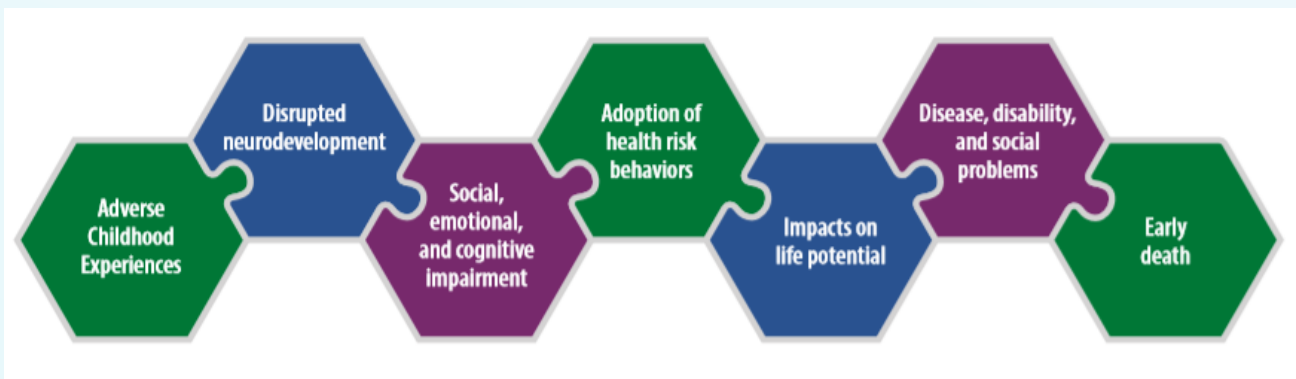


ACEs: ADVERSE CHILDHOOD EXPERIENCES

The childhood years of a person's life can be understood as "building block" years that serve as the foundation for adult life. Adverse childhood experiences, or "ACEs," during these critical years make the individual more susceptible to toxic stress, disrupting neurodevelopment at the most basic levels.

This excessive activation of the stress-response system leads to long-lasting damage on the body and brain. Imagine revving a car engine for weeks at a time and then expecting the vehicle to operate normally.

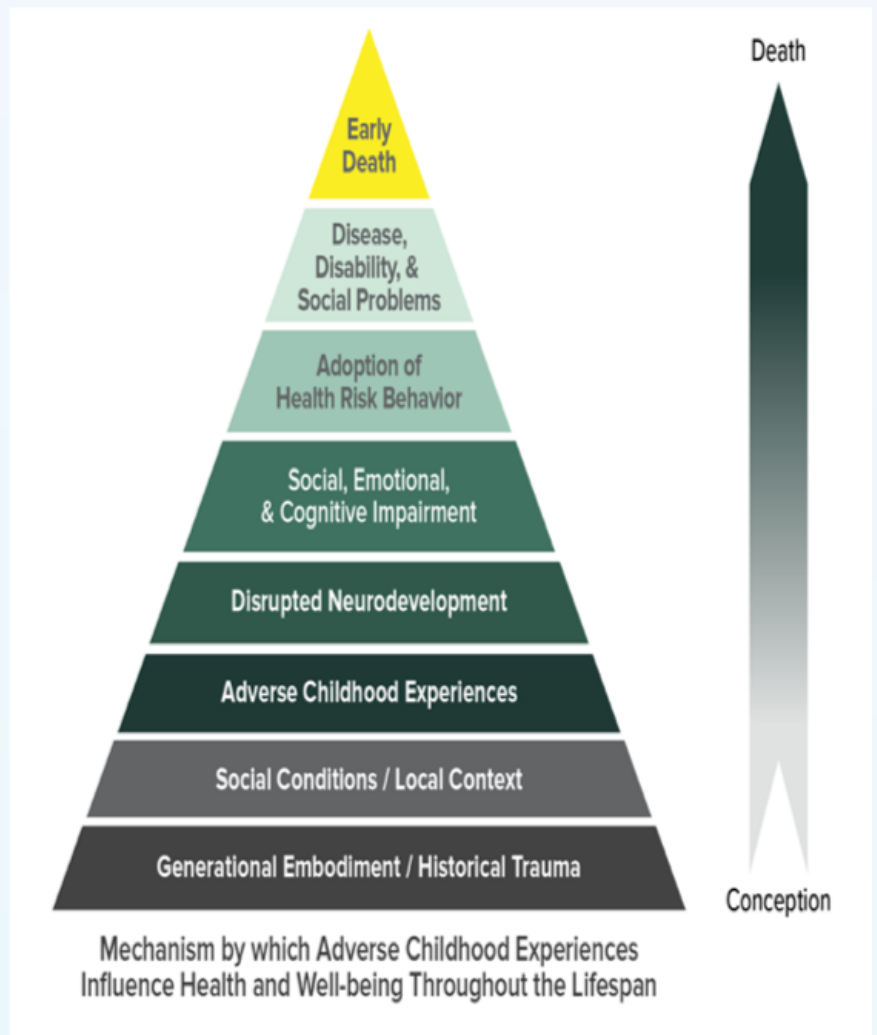
The more ACEs a child experiences, the more likely they are to suffer from the detrimental consequences that follow. These consequences can impair physical health, mental health, social ability, and academic/professional achievements later in life.



Centers for Disease Control and Prevention (2019). *Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

LIFELONG PHYSICAL, MENTAL, & BEHAVIORAL OUTCOMES OF ACEs:

- Obesity
- Sexually transmitted disease
- Smoking
- Suicide attempts
- Unintended pregnancy
- Criminality
- Illicit drug use
- Intimate partner violence
- Liver disease
- Alcohol abuse
- COPD
- Ischemic heart disease
- Depression
- Fetal death
- High risk sexual activity



The higher the ACE Score, the greater the incidence of co-occurring conditions from this list.



UNDERSTANDING TRAUMA



RETHINKING "TRAUMA" AS AN INJURY

Trauma is ancient Greek for *wound* or *injury*.

Traumatic and Stress reactions, symptoms and impairment should be conceived as *injuries* rather than *disorders*.

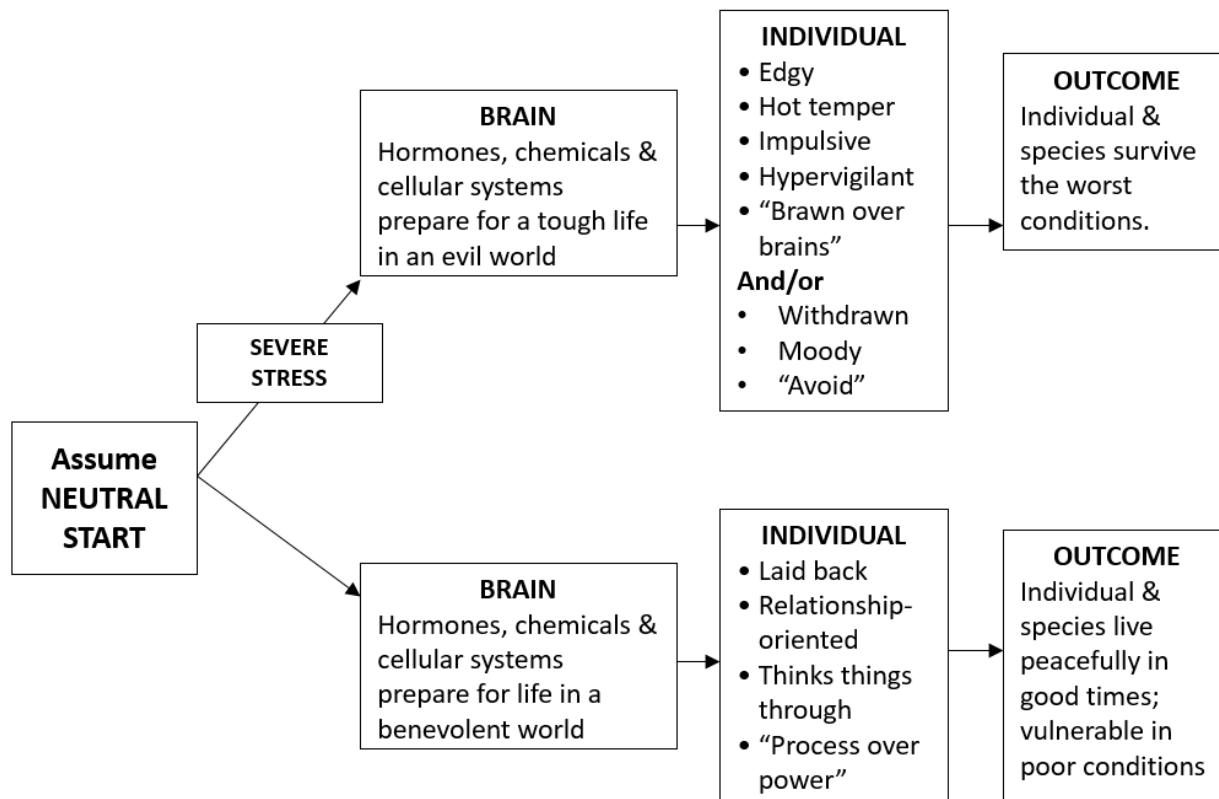
Conceptualizing trauma as injury helps us understand the wide-ranging impact that an experience can have on kids throughout their lifespan.

PSYCHOLOGICAL TRAUMA

Psychological trauma is any experience that causes a deleterious change in function.

The effects of these events can sometimes be short-lived, but other times they can extend throughout the victim's lifetime.

UNDERSTANDING WHY MALTREATMENT & ABUSE HAVE SUCH PROFOUND EFFECTS



The diagram above demonstrates the influence of early life stress on human development

Brains adapt in order to deal with these experiences.

If someone lives under severe stress/abuse, their brain develops to prepare for this kind of world. As a result, we see these changes.



BEING TRAUMA-INFORMED

A trauma-informed approach is a framework that helps shape how we provide services. It is not a specific program or service, but it is a shift in knowledge, skills, and attitudes towards victims who receive services as well as our co-workers.

Why should we adopt a trauma-informed approach?

The answer lies in the fact that every victim processes trauma individually, and their ability to cope and overcome their trauma depends on many different factors. Some victims have worked on their trauma through evidenced-based therapeutic modalities, some have participated in support groups, and others have not worked on their trauma at all. Since each victim is different, and comes from their own distinctive history and environment, it is essential that you adopt a universal trauma-informed approach to avoid re-traumatization or the onset of Post Traumatic Stress Disorder.

As you work with victims, it is important to understand the six core principles of a Trauma-Informed Approach.

THE SIX CORE PRINCIPLES OF A TRAUMA-INFORMED APPROACH



SAFETY

- Victims need to feel physically and emotionally safe.
- The physical setting needs to be safe and inviting.
- Interpersonal interactions should promote a sense of safety.
- It is important to ask about the degree to which they feel safe and how safety can be enhanced, while ensuring confidentiality.
- Strategies should be developed to address aspects of the environment that may be re-traumatizing.

2

TRUSTWORTHINESS AND TRANSPARENCY

- Priority should be placed on building and maintaining trust with the victim and their resources/partners.
- Operations and decisions need to be transparent for victims.
- Keep victims fully informed of rules, procedures, and the progression of their claim, etc., while recognizing that they may be overwhelmed and have difficulty processing information.
- Avoid changing meeting times and locations. Stay consistent.
- The potential impact of working with individuals with trauma exposure is acknowledged.

3

COLLABORATION AND MUTUALITY

- Priority should be on leveling power differences between you and the victim - discussing the differences.
- Share the power in decision-making to the extent possible.
- Relationship is valued as an important source of healing from sexual abuse and sex trafficking.
- Recognize that everyone in the organization has a role in a trauma-informed approach.

4

EMPOWERMENT, VOICE, AND CHOICE

- Strengths and experiences of the victims need to be recognized and built upon.
- Emphasize the victim's power of choice to participate and communicate.
- Encourage a belief in the ability of people to be resilient.
- Promote the development of advocacy skills for victims.
- Give the victim lots of opportunities to ask questions.

5

CULTURAL, HISTORICAL, AND GENDER ISSUES

- Address cultural stereotypes and biases.
- Recognize the ways that culture influences the experience of trauma and access to support and resources.
- Ensure that services are responsive to cultural and gender needs.
- Recognize and address historical trauma.
- Value traditional cultural connections.

6

PEER SUPPORT

- Recognize the value of those with a shared, lived experience, including family members, to promote healing.
- Provide meaningful involvement in planning, policy making, and governance for victims with lived experiences.
- Develop peer support services and resources for victims that can assist in solid decision-making.



DOING ALL THAT YOU CAN

As professionals working with victims of sexual abuse, you cannot ensure that all six core principles are always followed, but you can consider the principles as you engage victims and do your best to identify if the victim is triggered by your interaction.

For example, preparing the victim for your first interaction is important. You will want to prepare the victim and state your goal for today's discussion, review the details / topics that will be discussed, and inform them of the amount of time that is allotted for your first meeting.

The process of preparing the victim can help to avoid toxic stress and lessen the likelihood of triggering the victim. The more that the victim knows ahead of time, the better they can manage their stress around the situation.

VARIABLES THAT IMPACT VICTIMS AND THEIR TRAUMA:

1. The developmental stage and the chronological age when the abuse began:

The developmental stage and the chronological age at the onset of the abuse are important factors when a person was abused and now has complex trauma. There is an impact on cognitive functioning, and the victim may have fewer coping skills and a diminishing ability to make sense of their experiences.

2. The victim's past experiences:

Does the victim have previous experiences that are positive and reinforcing? Does the victim have negative experiences that have had an impact on their life? A victim's past experiences are indicators of how a person will cope with their trauma and stress.

3. The victim's overall well-being

How the victim views the world and others will be impacted by their trauma. Survivors can become withdrawn, anxious, and depressed, which can impact their well-being.

4. The network of support that the victim receives following the traumatic event

This is the key to beginning the healing process and it takes time and patience to effectively establish a network that deals with the trauma.

5. Toxic stress

A victim's repeated exposure to traumatic events can lead to toxic stress, which is the prolonged activation of stress response systems in the absence of protective relationships. This level of stress can have a negative and prolonged impact on their lives.

THE IMPACT OF TRAUMA ON VICTIMS OF CHILD SEXUAL ABUSE

The victim can have long-term emotional and physical health problems such as substance abuse, depression, self-harm, heart disease, cancer, chronic diseases, PTSD, and dissociative disorders.

The victim may have difficulty regulating and expressing emotions.

The victim may experience depression, anxiety, withdrawal, disorganized thinking, trouble answering questions, and changes in memory and concentration.

SUGGESTED ACTIONS TO REDUCE THE RISK OF RE-TRAUMATIZATION OF TOXIC STRESS FOR THE VICTIM

CONTACT THE VICTIM PRIOR TO FIRST MEETING

Mentally and emotionally prepare the victim for what to expect. Let the victim know the goal of the meeting and the amount of time allotted for the meeting.



TRUSTWORTHINESS AND
TRANSPARENCY



SAFETY

PREPARE THE SPACE FOR AN IN-PERSON OR VIRTUAL MEETING

It is recommended to not have a desk or table between you and victim. They can represent authority and intimidate the victim. Place chairs in a room with nothing between you. Remove messaging/magazines that may be triggering. Ask if it is okay that you close the door. For virtual meetings, create a neutral environment with nothing triggering in the background or on visible clothing. Always be aware of facial expressions and reactions.



SAFETY



COLLABORATION
AND MUTUALITY



CULTURAL, HISTORICAL
AND GENDER ISSUES

STAY IN TOUCH

Being consistent and careful with language is essential. Victims often feel a loss of control and disorganized thinking. Use a calm and quiet tone in discussions and be sure the victim understands the content so that they can regulate their emotions.



EMPOWERMENT,
VOICE AND CHOICE



TRUSTWORTHINESS AND
TRANSPARENCY

INCORPORATE PURPOSEFUL BREAKS INTO MEETINGS

Breaks help the victim to avoid becoming overwhelmed and assists with the victim having the time and space to process the information. If you see the victim becoming physically overwhelmed, take a break immediately.



TRUSTWORTHINESS AND
TRANSPARENCY



COLLABORATION
AND MUTUALITY



CULTURAL, HISTORICAL
AND GENDER ISSUES

DISCUSS THE PLAN WITH THE VICTIM

It is essential to lay out the plan of interaction with the victim moving forward. Victims can avoid re-traumatization by knowing what is coming next. Surprises or unexpected events can be triggers.



TRUSTWORTHINESS AND
TRANSPARENCY



SAFETY



CULTURAL, HISTORICAL
AND GENDER ISSUES

PROVIDE POSITIVE REINFORCEMENT

Provide positive reinforcement to the victim for their participation.

Reinforcing their success during each interaction provides a “safety message” to the victim. It helps the victim with their comfort, positivity and trust about the situation.



EMPOWERMENT,
VOICE AND CHOICE



TRUSTWORTHINESS AND
TRANSPARENCY



SAFETY

MAINTAINING YOUR WELL-BEING

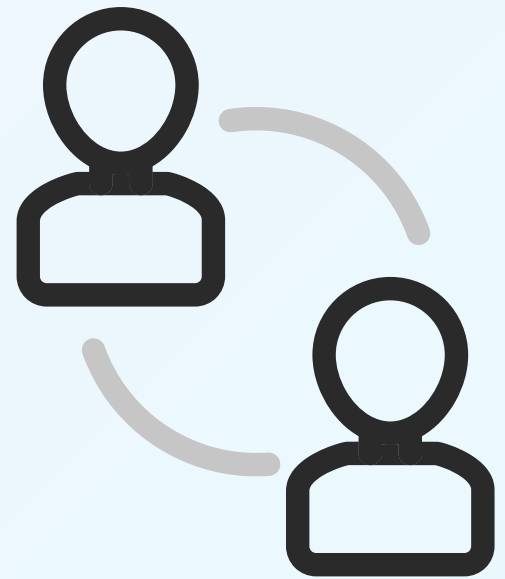


SECONDARY TRAUMATIC STRESS

The last piece of the puzzle is how you take care of yourself when you are impacted by secondary or vicarious trauma as someone working with a trauma victim.

As professionals who work with victims of abuse, we need to understand how much loss and trauma the victims face in their lives. Next, we need to think about how their trauma impacts us, our work, and our lives.

Developing a self-care plan is essential to addressing the ways that traumatic stress can impact you.





DEFINING YOUR EXPERIENCES:

Vicarious Trauma

As a professional working with victims of abuse, you are working with people who have experienced horrific violence or profound loss. When you witness the suffering of people you work with and feel a responsibility to help, over time this can change the way that you see yourself and what matters to you.

Secondary Traumatic Stress

The exposure to a victim's trauma is the precipitating factor that causes an alteration in the way a person thinks about the world, their feelings (about life, work, clients) and their relationships. Secondary traumatic stress can result in the overwhelming feeling of not wanting to get out of bed in the morning and start your day.

There are a few important considerations when thinking about how these various types of trauma affect you in the workplace and elsewhere:

- It is important to have conversations with staff to see if they have signs of traumatic stress after dealing with a case.
- Make conversations and “check-ins” with staff a normal part of the process.
- You and your staff need to identify possible resources around trauma in case you need to utilize those resources.
- Recognize when you need to help a co-worker get the assistance that they need if you see that they are affected by trauma.

SYMPTOMS OF SECONDARY TRAUMATIC STRESS INCLUDE:

- Increased fatigue
- Illness
- Social withdrawal
- Reduced productivity
- Feelings of hopelessness
- A sense of being overwhelmed
- Feelings of re-experiencing the event
- Unwanted thoughts or images of traumatic events
- Anxiety
- Avoiding people and normal activities
- Persistent anger and sadness

BUILDING & ENGAGING RESILIENCE

Resiliency

The idea that a person is capable of adapting well in the face of adversity, trauma, and/or significant stress. The person develops behaviors, thoughts, and actions that are positive and contribute to good health and self-care.

When someone suffers from trauma, it is important to look at resiliency factors that create a healing environment. It is important that each person comes up with their own ideas and strategies.

ASK YOURSELF:

Is what I am choosing to do a healthy and safe choice that is working towards my overall well-being?



BUILDING & ENGAGING RESILIENCE

Some ideas to help build resilience and increase a person's healthy well-being

Physical Self-Care and Well-Being

- Get enough sleep
- Get regular medical care
- Get regular physical activity
- Take deep breaths
- Eat regular well-balanced meals
- Balance work, play, and rest
- Reduce alcohol and caffeine consumption
- Limit exposure to media
- Meditate/Yoga
- Find creative outlets

Emotional Self-Care and Well-Being

- Know your vulnerabilities
- Get help early on
- Engage socially
- Set limits
- Listen to music that soothes you
- Establish a routine
- Practice gratitude
- Connect with nature

Social Self-Care and Well-Being

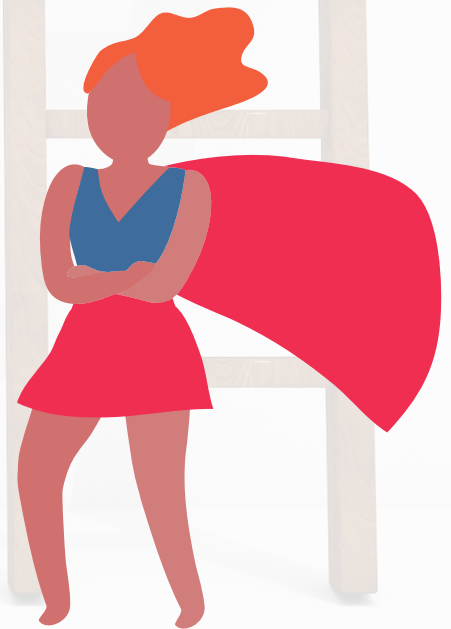
- Be aware of withdrawal and isolation
- Establish a work support system
- Seek support from family, friends, and community
- Find social activities that you enjoy
- Take time to laugh
- Have fun



BUILDING & ENGAGING RESILIENCE

Questions to Answer:

- What are my triggers that prevent me from having healthy well-being?
- What are my strengths?
- What has helped me endure previous difficult times?
- What healthy things can I do to take care of myself?
- Is there something I can do to influence what will happen next? If so, what?
- What are my resources to increase my resilience?
- Who are my support systems?
- What do I need, and how can I ask for what I need?
- Are my life choices safe and working towards my overall well-being?





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Notes

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