Trauma Informed Care for Adult Survivors of Childhood Sexual Abuse

Trauma Informed Care at a Glance

Trauma Informed Care (TIC) refers to care practices which incorporate knowledge about the mental, behavioral, and physical impacts of trauma in all aspects of service delivery in order to address the root cause of trauma-related health issues, prevent re-victimization, and encourage healing.\(^1\) However, rather than focusing on the particulars of the traumatic experiences faced by the survivor, TIC practices create awareness of the impact of early trauma on health and encourage care providers to view negative health outcomes in the context of traumatic experiences, providing a comprehensive understanding of health issues and possible resolutions.\(^2\) Oftentimes, this framework is presented by changing the dialogue from “What is wrong with you?” to “What happened to you?”, allowing for a change in the narrative to capture the effects of trauma rather than simply placing blame on the survivor for their behavior.\(^3\)

For an agency to deliver TIC, intentional steps must be taken to create an environment where clients, regardless of their background, will feel safe, supported, and empowered. The first step is to educate staff on preventing, identifying and responding to childhood trauma.\(^4\) When care providers are aware of the signs and symptoms of exposure to trauma, rather than seeing an individual as “difficult” or unwilling to participate, they will see the potential presence of trauma and know what steps to take to address it.\(^5\) Because survivors of childhood trauma often unknowingly perceive the world through the lens of the past traumatic experiences, seemingly harmless events or environmental factors, known as “triggers” can evoke overwhelming emotion and fear.\(^6\) For this reason, it is crucial that agencies who wish to provide TIC are aware of common triggers and create an environment that is safe and comforting. Fostering healthy, positive, and supportive relationships is also essential to creating a trauma-informed care system, as these relationships act to create resilience, which allows survivors to cope with their situation and thrive despite the many challenges they have faced.\(^7\)

Above all else, TIC providers must seek to empower survivors to make their own choices, express their feelings, and tell their stories. Those who have experienced trauma often feel helpless and unable to control the situations they face, which results in high levels of stress and anxiety. Involving a client in decisions regarding the services they receive, allowing clients to create their own goals, and providing clients with tools to identify and express their emotions are all valuable methods for empowering clients and diminishing their anxiety.\(^8\)

Implementing Trauma Informed Care Practices for Survivors of Childhood Sexual Abuse

For individuals who have experienced childhood sexual abuse (CSA), there can be lasting mental, behavioral, and physical health impacts that result in increased risk-taking behavior, mental health disorders, and chronic illness. The dark reality of these long-term consequences was first recognized in the CDC Kaiser-Permanente Adverse Childhood Experiences (ACEs) study conducted in 1995 to examine the health impacts of childhood trauma. In the study, ten different ACEs were identified, including childhood sexual abuse.

<table>
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<th>10 ACE Categories Examined in the CDC Study on Childhood Adversities</th>
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<td>Emotional Abuse</td>
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<td>Physical Abuse</td>
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<td>Sexual Abuse</td>
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The data from this study presented a strong correlation between exposure to ACEs and negative risk factors and health outcomes, including many of the leading causes of death in the United States.\(^9\) Specifically, the study illustrated a dose-response relationship: as the number of ACEs one had experienced increased, so too did their chance of developing risk factors and disease conditions, including severe obesity, health disease, cancer, chronic bronchitis, and more.\(^10\)

Researchers have identified the cause behind these adverse outcomes as toxic stress, the body’s response to ongoing exposure to childhood adversities. When a child is exposed to stress, the body engages in a “fight, flight, or freeze” response that stimulates an entire body reaction that releases a spike of stress hormones. This response is normal and not
harmful to a child in small doses. However, when a child is exposed to large quantities of adversity for a prolonged period, this stress causes disruption to the body’s normal system functioning and brain development which can lead to a variety of adverse health outcomes that persist throughout adulthood. This means that, for survivors of CSA, the toxic stress response experienced as a result of their childhood trauma makes them more vulnerable to these adverse behaviors and health outcomes as adults.

Though the science of the ACEs study shows that adversity in childhood has long lasting impacts, subsequent studies have proved that there are interventions that are successful not only in preventing exposure to ACEs, but also in mitigating their effects after they occur. Building resilience to traumatic experiences is a crucial factor in preventing the onset of negative health consequences as a result of exposure to ACEs, as resilience has been shown to provide the needed buffer to return the body to its baseline state following a stress response. Skills required to build resilience include fostering positive, supportive relationships, developing strong coping skills, and developing a sense of competence, character, and control, all key components of trauma informed care.

Trauma-focused cognitive behavioral therapy (TF-CBT), a therapy developed specifically for treating childhood sexual abuse, is an extensively studied and widely accessible therapy which, by utilizing the trauma informed care framework, can mitigate the negative effects of toxic stress and help adult survivors of childhood sexual abuse heal. TF-CBT focuses on creating strong relationship between the client and therapist, developing emotional recognition and regulation skills, promoting anxiety regulation and relaxation practices, fostering feelings of safety and empowerment, and confronting difficult memories and feelings regarding one’s trauma. By forming these skills and techniques that are crucial to building resilience, TF-CBT can restore healthy emotional and physical functioning in clients, preventing the negative behaviors and outcomes that otherwise may result from a history of sexual abuse.

Other forms of therapy may be used alongside or in place of TF-CBT when needed, including Eye Movement Desensitization and Reprocessing (EMDR) and the Instinctual Trauma Response Method (ITR). Rather than focusing on relationship building and emotional awareness, these therapies help survivors of trauma heal by changing the way the brain has stored traumatic memories so they can be processed and placed in the past tense, alleviating the psychological and physical ailments that result from traumatic memories.

Although we know from the science of ACEs that CSA detrimentally impacts health in adulthood, there is hope for recovery. By fostering healthy relationships, providing tools to regulate emotions, and empowering survivors to find pathways to healing, TIC practices can build resilience and direct survivors toward emotional, mental, and physical wellbeing.

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5. “Creating Trauma Informed Services: A Guide for Sexual Assault Programs and their System Partners.”
10. “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults.”

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