



Position Paper on Trauma Informed Care for Child Victims of 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 victim, 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 victim 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 employees 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 as 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 victims to cope with their situation and thrive despite the many challenges they have faced.⁷

Above all else, TIC providers must seek to empower their clients 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 victims and diminishing their anxiety.⁸

Implementing Trauma Informed Care Practices for Victims of Childhood Sexual Abuse

For children who have experienced childhood sexual abuse (CSA), traumatic sexualization and stigmatization can result in severe mental, behavioral, and physical consequences that, if left unaddressed, can last a lifetime. Traumatic sexualization refers to the process through which a child conflates healthy, developmentally appropriate relationships with the interactions they experienced through sexual abuse, which often result in fear, shame, and aggression that can permeate the victim’s sexual, romantic, and parenting relationships in their adult lives.⁹ Stigmatization refers to the negative connotations of sexual abuse, such as shame and guilt, that the child feels as a result of their abuse and often becomes the framework for their self-image. Stigmatization often manifests as aggression, substance abuse, criminal activity, depression and suicide attempts. These outcomes can intensify if the child is not believed, is blamed for the abuse, or is not removed from the abusive situation following disclosure of their abuse.¹⁰ For this reason, it is crucial that caretakers aiding a child who experienced CSA utilize TIC which

allow the survivor to express their story in a safe, nurturing, and empowering environment and address their difficulties identifying and addressing their emotions.

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 includes many of the key aspects of trauma informed care. TF-CBT focuses on creating strong relationship between both the child and the therapist and the child and parents, 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 the child's trauma.¹¹ Because victims of sexual abuse have experienced inappropriate and untrustworthy relationships, the act of building a strong, positive relationship between the child's care providers and the child is key to establishing trust and beginning the healing process. Whereas parents are so deeply involved in the care of child victims of sexual abuse, it is particularly important that parents are also included in therapy and provided with parenting skills and tools to develop positive relationships with their child and appropriately respond to behaviors that may result from sexual abuse.¹² Fostering strong bonds with parents and the child's therapists not only allows a child to develop resilience and coping mechanisms, but also models appropriate emotional regulation and social interaction.¹³

Once the child develops the skills to recognize their own emotions and form a relationship with their care provider, they will become open to expressing their experience in what is known as a trauma narrative. Developing a trauma narrative allows the child to gain power over their experience and address the fear and anxiety resulting from their sexual abuse. In children, addressing sexual abuse can be particularly difficult, given that many do not have the language or understanding of the trauma they have faced to relay their story to their parents, caseworker, or therapist. In these cases, alternative therapies are instrumental in allowing children to construct their trauma narrative, confront their traumatic experiences, and find healing. Oftentimes, play therapy is used with children who have experienced trauma, as it allows the child to tell the story of their trauma with dolls, drawings, plays, and other forms of expression that do not require the child to directly describe their trauma in detail.¹⁴

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.¹⁵

Child Advocacy Centers (CACs) are the ideal location for children who have disclosed sexual abuse to receive trauma informed care. CACs bring together a myriad of services, including child protective services, law enforcement, forensic interviewer, medical and mental health professionals, and prosecutors in a child-friendly, safe, and comfortable environment to allow for an inter-agency investigation and response to instances of child and family abuse.¹⁶ Bringing these services together in one location allows for efficiency in providing therapeutic services to victims, which ensures that the child victim and their parents receive the needed resources and support. Forensic interviews should be conducted at CACs to guarantee that a child is in a neutral, safe environment when undergoing questioning and to bring all parties together for one comprehensive interview, ensuring that the child is not subjected to traumatization due to long, repetitive questioning.¹⁷ The CAC model, with a rigorous national accreditation process guiding the work, gives the child and family access to services that address the mental, behavioral and social-emotional health impacts of their experience, preventing the potential adverse developmental outcomes associated with childhood sexual abuse.

Although we know that childhood sexual abuse can cause lasting detrimental impacts on a child's development, there is hope for recovery. By fostering healthy relationships, providing tools to regulate emotions, and empowering victims, trauma informed care practices build resilience and direct children toward a path of healing and healthy development, allowing them to transform from victims to survivors.

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- ¹ “Creating Trauma Informed Services: A Guide for Sexual Assault Programs and their System Partners.” WCSAP, 2012. <https://www.wcsap.org/sites/default/files/uploads/resources_publications/special_editions/Trauma-Informed-Advocacy.pdf>.
- ² Jill Levenson, Gwenda Mills, and David Prescott, “Adverse Childhood Experiences in the Lives of Male Sex Offenders: Implications for Trauma-Informed Care”. 2014. <<https://journals.sagepub.com/doi/full/10.1177/1079063214535819>>.
- ³ “Creating Trauma Informed Services: A Guide for Sexual Assault Programs and their System Partners.”
- ⁴ Alysse Loomis, Kellie Randall, and Jason Long, “Helping Young Children Exposed to Trauma: A Systems Approach to Implementing Trauma-Informed Care.” 2019. <<https://www.chdi.org/index.php/publications/reports/impact-reports/helping-young-children-exposed-trauma>>.
- ⁵ “Creating Trauma Informed Services: A Guide for Sexual Assault Programs and their System Partners.”
- ⁶ “Creating Trauma Informed Services: A Guide for Sexual Assault Programs and their System Partners.”
- ⁷ “Parenting a Child or Youth Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents.” 2018. <https://www.childwelfare.gov/pubPDFs/f_abused.pdf>.
- ⁸ “Creating Trauma Informed Services: A Guide for Sexual Assault Programs and their System Partners.”
- ⁹ “A Trauma-informed Health and Care Approach for Responding to Child Sexual Abuse and Exploitation: Current Knowledge Report.” 2018. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/712725/trauma-informed-health-and-care-approach-report.pdf>.
- ¹⁰ “Child Welfare Practices for Cases with Child Sexual Abuse.” The Oregon Department of Human Services, 2012. <https://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab4att5.pdf>.
- ¹¹ “Child Welfare Practices for Cases with Child Sexual Abuse.”
- ¹² Judith A. Cohen & Anthony P. Mannarino, “Trauma-Focused Cognitive Behavioral Therapy for Children and Parents.” Child and Adolescent Mental Health Journal, 2008. <https://tfcbt.org/wp-content/uploads/2014/07/camh_502.pdf>.
- ¹³ “Adverse Childhood Experiences in the Lives of Male Sex Offenders: Implications for Trauma-Informed Care”.
- ¹⁴ Paris Goodyear-Brown, “Trauma and Play Therapy: Holding Hard Stories.” TEDx Nashville, 2018. <<https://www.youtube.com/watch?v=SbeS5iezIDA>>.
- ¹⁵ “EMDR International Association.” EMDR International Association, 2018. <<https://www.emdria.org>>.
- ¹⁶ “Child Advocacy Centers.” Child Welfare Information Gateway, <<https://www.childwelfare.gov/topics/responding/jia/investigation/multidisciplinary/advocacy/>>.
- ¹⁷ “Give Children in Maryland a Voice.” Baltimore Child Abuse Center, 2015. <<https://www.bcaci.org/advocacy/>>.