

TRAUMA INFORMED



FOR PROFESSIONALS AND
CARERS WORKING WITH YOUNG
PEOPLE AND ADULTS WHO ARE
SURVIVORS OF CHILDHOOD
SEXUAL ABUSE AND / OR CHILD
SEXUAL EXPLOITATION



WHEN ACTION
MEETS COMPASSION,
LIVES CHANGE

USING THIS RESOURCE

THIS BOOKLET HAS BEEN DEVELOPED TO SUPPORT PROFESSIONALS WORKING WITH YOUNG PEOPLE AND ADULTS WHO ARE SURVIVORS OF CHILDHOOD SEXUAL ABUSE AND CHILD SEXUAL EXPLOITATION. (YOU MAY ALSO FIND THIS RESOURCE HELPFUL WHEN WORKING WITH INDIVIDUALS AFFECTED BY OTHER TYPES OF TRAUMA)

Many survivors of adverse childhood experiences may have experienced **trauma** and developed **trauma responses**. This resource attempts to explain trauma and trauma responses as well as explore sexual violence enabling professionals to better understand and support the people they work with. This resource is not for survivors, it is for professionals working with survivors. If you would like a resource for survivors contact RASAC P&K (details on pg 18).



WHAT IS CHILD SEXUAL ABUSE AND CHILD SEXUAL EXPLOITATION?

CHILD SEXUAL ABUSE (CSA)

CSA is when a child or young person under the age of 18 is forced or coerced into taking part in sexual activities. This can be broken down into contact and non-contact abuse.

Contact abuse is when physical contact has taken place which could include:

- Sexual touching of any part of a child's body (if the child is clothed or not)
- Forcing a child to touch another person's genitals
- Penetration of a child's vagina, anus or mouth with a body part or object

Non-contact abuse involves non-touching activities, which could include:

- Online abuse including making, viewing or distributing child abuse images
- Showing pornography to a child
- Failing to prevent a child being exposed to sexual activities
- Grooming and/or meeting a child after grooming them with the intent of abusing
- Persuading/manipulating a child into performing sexual acts over the internet
- Forcing or encouraging a child to see/watch or hear sexual acts

CHILD SEXUAL EXPLOITATION (CSE)

Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a child into engaging in sexual activity in return for something received by the child and/or those perpetrating or facilitating the abuse.

- Often CSE seems like a normal relationship or friendship at the start.
- Like child sexual abuse, CSE can happen directly in person or online, and can include contact and non-contact activity.
- Sometimes the sexual activity can appear consensual, however it is still abuse.
- The child/young person may not recognise they are being exploited and may protect the perpetrator.
- The perpetrators of CSE may be in groups or individuals, young people or adults, male or female.
- Regardless of who the perpetrators are, there will be a power imbalance in favour of the abuser.
- The abuse can be opportunistic or organised, a one-off incident or part of a series of abuse.

SEXUAL VIOLENCE STATISTICS

SCOTTISH GOVERNMENT CRIME STATISTICS

- 10,822 sexual crimes reported in 2016-17
- 65% increase in reported sexual crime since 2007-2008
- 44% of the 10,822 sexual crimes recorded in 2016-17 by the police related to a victim under the age of 18 = 4762 - equivalent to a report every 110 minutes, everyday of the year

<https://beta.gov.scot/publications/recorded-crime-scotland-2016-17/pages/6/>

BBC STATISTICS

In the 3 years between 2012 and 2015 more than 5,500 alleged sex crimes in UK schools were reported to police BBC figures show. Freedom of Information requests sent to all UK forces showed there were nearly 4,000 alleged physical sexual assaults and more than 600 rapes.

<http://www.bbc.co.uk/news/education-34138287>

FAWCETT SOCIETY STATISTICS

In 2017 report the Fawcett Society found that 59% of girls and young women aged 13-21 have faced some form of sexual harassment at school or college in the past year. One third of women have experienced sexual assault on campus

<https://www.fawcettsociety.org.uk/Handlers/Download.ashx?IDMF=fbf75b5f-ae4-4624-8df4-833ffcc1a2d7>

RASAC P&K STATISTICS

In 2016-2017 the Rape and Sexual Abuse Centre Perth and Kinross reported that 78% of the survivors of sexual violence who accessed RASAC P&K Support Services were first abused at the age of 19 or under, with 41% of all survivors being first abused under the age of 13.

<https://www.rasacpk.org.uk/resources/RASAC-PK-Annual-Report-2016-2017.pdf>

NSPCC STATISTICS

- 1 in 20 children in the UK have been sexually abused
- 1 in 3 sexually abused children did not tell anyone
- Over 90% were abused by someone they knew
- Around a third of sexual abuse is committed by other children and young people
- There were over 2,100 counselling sessions with young people who talked on Childline about online child sexual exploitation (CSE) in 2016/17 (UK)
- Disabled children are over 3 times more likely to be abused than non-disabled children

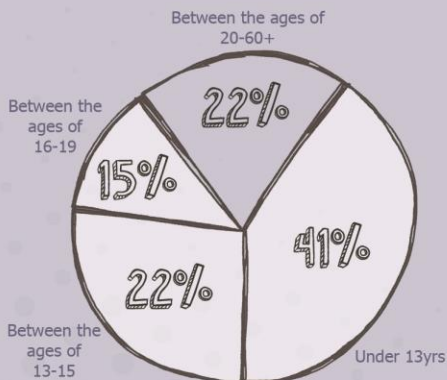
<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/sexual-abuse-facts-statistics/>

HUTTON STATISTICS

A Perth and Kinross funded research paper from 2014 (Hutton Research and Consultancy), focused on the needs of young people affected by rape and sexual assault in rural Perthshire.

The research estimated that 3,600 individuals since the age of 16 could experience a serious sexual assault and 9,600 individuals since the age of 16 could experience a less serious sexual assault

RASAC P&K SURVIVORS AGE AT THE START OF ABUSE



HARMFUL SOCIETAL ATTITUDES REGARDING SEXUAL VIOLENCE

Those working with survivors of sexual violence as well as most people in society will have heard common harmful societal attitudes towards sexual violence. These ultimately blame the victim, trivialise/ minimise the sexual violence or simply disbelieve it could have happened. Many of these attitudes are especially common with regards to young people 12+.

IT WAS A MISCOMMUNICATION, IT WASN'T HIS FAULT, HE'S A LOVELY BOY...



WELL SHE IS NO ANGEL...

It's their fault

(dress, drink/drugs, went home with them, was asking for it, flirting, sending out wrong messages)

She's lying...

Attention seeking
For revenge
She was caught having a sexual relationship/ cheating

They didn't fight back, they're not bruised or hurt

It was a **miscommunication**, they just need to learn how to communicate better

They are in a relationship so it can't be rape

If it was true **they would have told** the police/parent/someone

There's so many safety messages now that **children are using terminology they don't fully understand.**

They are a really nice, respected person, **no way they did that** (about perpetrator)

She's no angel, it take two to tango, she was a willing participant

If this had really happened they would have not wanted to see them again

She should have told to **protect her siblings.**

Well the siblings say they were not abused

The mum would have known

WHAT THE RESEARCH TELLS US...

23% of young men disagree that having sex with someone who has said no is rape

(Opinion Matters, 2010)

41% of men aged 18-24 and **30%** of women the same age agree that women are to blame for being raped if they are drunk and wearing revealing clothing

(Fawcett Society, 2017
Sounds Familiar Report)

23% of respondents either strongly agreed or agreed that women lie about being raped

(ScotCen's 2015 Social Attitudes Survey)

WHY CHILDREN & YOUNG PEOPLE DON'T TELL

With the NSPCC reporting that 1 in 3 children do not disclose to anyone, it is important that we understand what barriers there are and why some children & young people find it hard or impossible to get the help/support they need. Each survivor has a different disclosure experience, some positive, some very negative, some never tell anyone until adulthood. Below are some of the reasons why children and young people don't tell and throughout this booklet you will find a better understanding of some of these barriers;

IT IS NORMAL

No understanding that what is happening to them is abuse

It might be seen as being 'loving' and consensual, or 'just what happens'

NO WORDS FOR IT

Not having the language skills to explain

Very young children or children/young people with learning disabilities

SHAME & GUILT

The abuser tells them it is their fault, they wanted it to happen

Society tells them it is their fault

The abuser makes them abuse another child

FEAR OF NOT BEING BELIEVED

The abuser tells them no one will believe them

The abuser has confused the child's memory, (drugs, masks, blindfolded)

I didn't know it was abuse until I was 13. I thought all dads did that.

I didn't tell till I was 5, I just didn't know what to say.

I believed I deserved the abuse. It was all my fault, I felt disgusting.

They told me no one would believe me. No one would have believed me anyway.

FEAR OF WHAT WILL HAPPEN

The abuser threatens them, their sibling/ parent/ pet with harm if they tell

The family might be split up

Their family might reject/'hate' them

They love the abuser and will protect them

FEAR OF AUTHORITY

The abuser uses authority figures to scare the child

Prior negative experience of authority figures (being taken into care- Social Work Police)

CONFUSION

Not sure what happened, who hurt them

Memories are muddled and do not make sense

They do not realise that they are memories but think they are going 'mad'

MAKES NO DIFFERENCE

They have told before and no one understood

They have told before and no one believed them

They told before and were told to keep quiet

They told me they would do the same to my little sister if I told anyone.

He told me he was a policeman, and he would know if I ever told anyone.

The dissociation made it impossible for me to tell. I didn't remember.

She told me to stop saying horrible things, so I did.

WHAT IS TRAUMA

TRAUMA IS FROM
THE GREEK WORD
'WOUND'

An event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well being.

<https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

A ground breaking study from the American Centre of Disease Control (CDC) reported that Adverse Childhood Experiences (ACE's) can have long lasting negative impacts on health and wellbeing. The study was replicated in Wales in 2016 with almost identical results.

The study highlighted that the more ACEs an individual experiences, the more impact their experiences have on their long term health and wellbeing, including heart disease, cancers, type 2 diabetes, ultimately leading to early death.

ACEs STUDY

<https://www.cdc.gov/violenceprevention/acetstudy/index.html> - CDC ACEs Study (1998)

<https://www.wales.nhs.uk/sitesplus/documents/888/ACE%20Chronic%20Disease%20report%20%289%29%20%282%29.pdf> -Welsh ACEs Study (2016)

- Verbal abuse
- Physical abuse
- Sexual abuse
- Psychological Abuse
- Physical & Emotional Neglect
- Parental separation (loss of a parent)
- Household domestic violence
- Household mental illness
- Household alcohol & drug abuse
- Household member incarcerated

'ACEs'
THE 10 ADVERSE
CHILDHOOD EXPERIENCES



More information on Pg 10

EVERYBODY IS DIFFERENT...

Trauma is experienced differently by different people. The same adverse childhood experiences may have significant impact on one person and little impact on another. The impact of any adverse childhood experiences can also be affected by an individual's resilience - mental and physical wellbeing, their life experiences, coping mechanisms and the support structures they have in their life. Not all adverse childhood experiences lead to trauma. In addition trauma and the effects of trauma can be experienced at any point in life not only in childhood.

"MY SISTER AND I SUFFERED THE SAME ABUSE THROUGHOUT OUR CHILDHOOD. SHE SEEMED TO THRIVE IN ADULTHOOD. I NEEDED SUPPORT PERIODICALLY TO DEAL WITH THE EFFECTS"

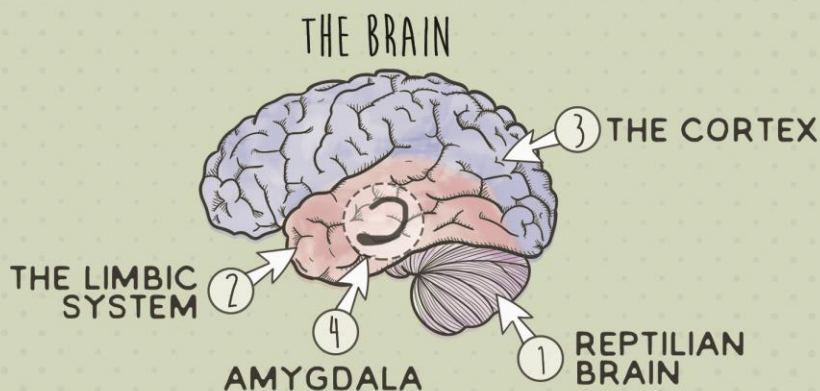
TRAUMA AND THE BRAIN

① THE REPTILIAN BRAIN

The reptilian brain is the oldest part of the human brain. **The main task of the reptilian brain is to maintain survival** and therefore controls basic and vital bodily functions such as **breathing, balance and temperature**. This part of the brain works subconsciously and instinctually.

② THE LIMBIC SYSTEM

The limbic system developed with the first mammals. Like the reptilian brain, it is concerned with survival and operates sub-consciously. The limbic system **controls the expression of emotions, the body's response to danger and the processing of short term memory**.



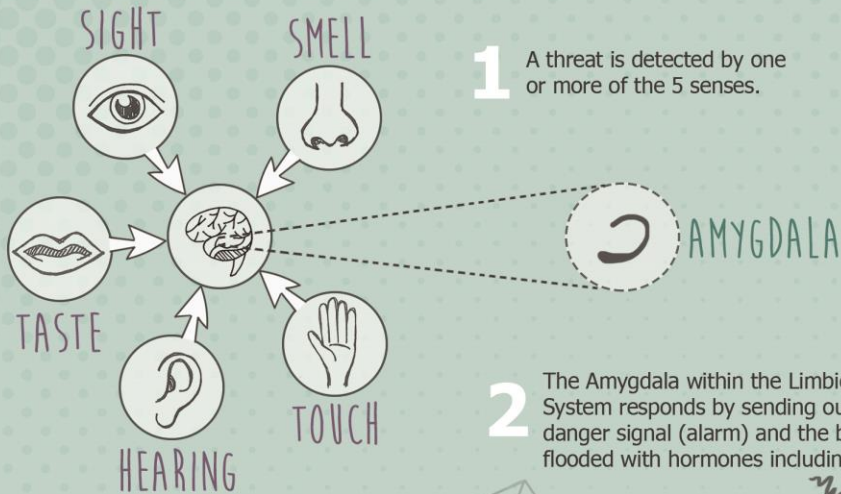
③ THE CORTEX

The cortex is the newest part of the human brain and gives humans the ability to engage in higher levels of thinking. This includes **the ability to analyse, use logic, imagine and plan**. This newer, sophisticated part of the brain involves more conscious processes and so is slower than the more instinctual parts of the brain.

④ THE AMYGDALA

The amygdala processes information from the senses and it **asks one simple question – “is this safe?”** The amygdala does not wait for a more reasoned response from the more sophisticated cortex. It is designed to keep the person alive so if the amygdala perceives a threat it immediately sets off the **brain's alarm system – often called the “fight or flight” response**.

A THREAT IS DETECTED...



ADRENALINE

Helps put the body on alert (increases blood pressure and breathing) as well as provides a quick boost of energy.

CORTISOL

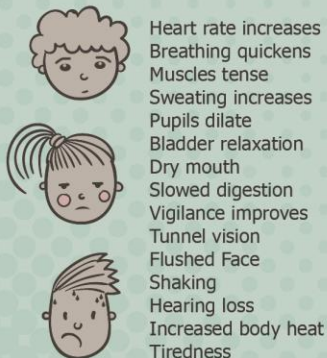
Provides the body with a boost of energy and reduces or stops pain. Systems which are not crucial to survival are 'switched off' temporarily (such as the immune system).

OXYTOCIN

Reduces blood pressure, calms the body down and is responsible for 'befriending' during time of stress.

3 PHYSICAL EFFECTS

An individual can experience one or many of the following;



This process allows the body to prepare for the

6 'Fs'

6 'Fs' - IMMEDIATE TRAUMA RESPONSES

Responses are NOT decisions but reactions to aid survival.

Survival does not necessarily mean 'winning' but reduces potential harm.

These responses are commonly known as 'Fight & Flight' but more accurately, instead of just the 2 responses (fight & flight) there are thought to be 6 responses, 3 passive and 3 active.

ACTIVE RESPONSES



FIGHT

Responding with aggression but more likely to be verbal.
(e.g. "NO" "Stop", a child crying)



FLIGHT

Responding by running away but more likely backing away.
(e.g. a child hiding)



FRIEND

Responding by finding human connection to minimise harm.
First survival tool we use from birth, in times of fear/worry we find vital attachment. (e.g. a baby smiling when being told off)
Can lead to trauma bonding.

PASSIVE RESPONSES



FREEZE

Responding by being immobile - catatonic musculature tension
(one of the most common responses)



FLOP

Responding by being immobile - muscle tension is lost
(in animals it is known as 'playing dead')



FAINT

Responding by being immobile - unconscious

The brain will choose which response will most likely aid survival in each situation but it will consider:

- What is most likely to reduce the risk of death and injury
- What has worked successfully in the past, or not worked
- What is likely to ensure vital attachments are maintained/developed

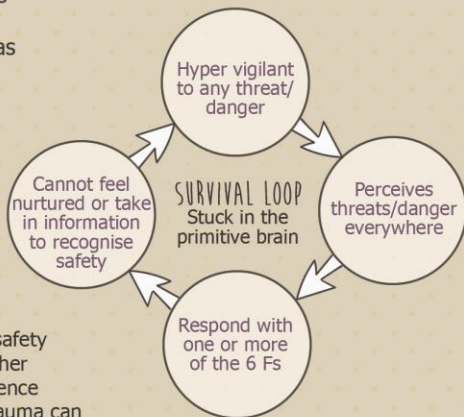
COMPLEX TRAUMA



This hyper vigilance is designed by the primitive brain to ensure survival but the brain can get stuck in this state when danger is no longer there. The brain perceives a threat when a threat is not present, this is known as being stuck in a Survival Loop or being hyper-aroused.

DID YOU KNOW...

Many children, young people and adults who have experienced multiple/complex trauma are perceived and labelled as having, 'behavioural problems', 'personality disorders', 'undiagnosed ADHD or Autism', when the reality is they may be hyper vigilant (stuck in the survival loop) and unable to find safety and be in a relaxed state. Trauma can also further exacerbate 'symptoms' of those who do experience these conditions, sometimes working on the trauma can lessen these 'symptoms'.



PRE- BIRTH TRAUMA

In the last 3 months of pregnancy a woman's body releases the hormone Oxytocin to reduces stress and keep mum in a relaxed state. This enables the baby's brain to grow and develop getting baby ready to enter the world.

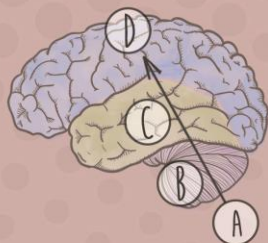


If mum's life has high levels of toxic stress or trauma such as being in a violent relationship, suffering from serious mental ill-health or has a history of multiple trauma herself, the cortisol released in her body may be too high for the oxytocin to counteract, meaning baby's brain development may be effected.

In addition the baby may be born hardwired to be hyper vigilant to threats and danger as that is what their brain has experienced during these crucial months in the womb.

This hampered brain development is commonly known as **developmental trauma...**

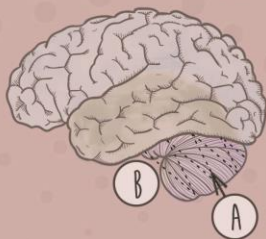
DEVELOPMENTAL TRAUMA



HEALTHY INFORMATION FLOW

TRAUMA HAS NOT AFFECTED BRAIN DEVELOPMENT

- A. Information is collected by the senses;
- B. Is assessed by the Reptilian (primitive brain) to ensure survival;
- C. Emotionally processed by the Limbic system;
- D. Logically processed by the Cortex.

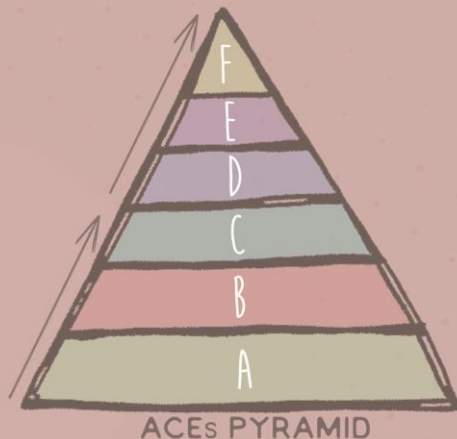


DEVELOPMENTAL TRAUMA INFORMATION FLOW

- A. Information is collected by the senses;
- B. Is assessed by the Reptilian (primitive brain) to ensure survival. The information is not processed past the primitive brain as it is stuck in a Survival Loop. Attachment and cognitive development is compromised.

HOW DEVELOPMENTAL TRAUMA CAN AFFECT LIFE-LONG HEALTH AND WELLBEING ACES STUDY

- F. EARLY DEATH
- E. DISEASE, DISABILITY & SOCIAL PROBLEMS
- D. ADOPTION OF HEALTH-RISK BEHAVIOURS
- C. SOCIAL, EMOTIONAL, COGNITIVES IMPAIRMENT
- B. DISRUPTED NEURODEVELOPMENT
- A. ADVERSE CHILDHOOD EXPERIENCES



According to the Welsh ACES Study (2016), individuals with 4 or more ACES are...

4 x more likely to be a high risk drinker

11 x more likely to have smoked cannabis

16 x more likely to have used crack cocaine or heroin

6 x more likely to have had sex under the age of 16

14 x more likely to have been a victim of violence over the last 12 months

20 x more likely to have been incarcerated at any point in their life

TRAUMA & MEMORY

During trauma, or if affected by developmental trauma, information and memories can get stuck in the Reptilian (primitive) brain. These memories are not correctly emotionally or logically processed or filed away for later use. They can float about the Reptilian brain until they are triggered. These memories can be confusing, unconnected and at times terrifying.

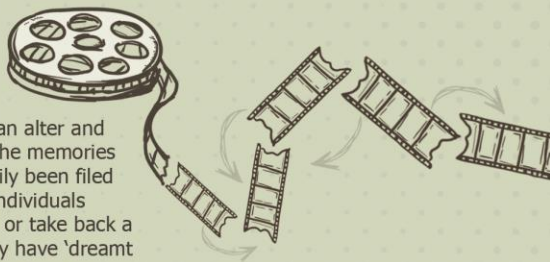


DID YOU KNOW...

Many children, young people and adults who have experienced multiple/complex trauma struggle and at times find it impossible to learn. Not only because they are constantly alert and looking for danger but because information is not stored correctly which affects learning and cognitive development. The ability to emotionally connect and develop healthy attachments can also be significantly affected.

MEMORY RECALL

Memory recall can be severely affected by trauma. When disclosing an incident timelines can be disjointed and seem to change. Details can alter and not always make sense. This is simply because the memories have not been processed and have not necessarily been filed sequentially. This disjointed memory can make individuals disclosing anxious, feel like they are 'going mad' or take back a disclosure as it doesn't make sense or worry they have 'dreamt it up'. This can be even more difficult if the survivor was drugged or had taken alcohol/drugs before the abuse/assault.



INDIVIDUALS CAN RECALL MEMORIES IN DIFFERENT WAYS...

"I have memories of being abused as a child that feel like I am watching a video of someone else being abused... I have no emotions attached to these memories, just images."

"I have body memories of being abused as a child. I re-live all the pain, smells, body sensations and fear but no visual memory. It feels like there is something wrong with my body rather than having a memory."

"My abuser drugged me before abusing me. I wouldn't have been able to tell you who abused me as a child, and had I tried, it would have made no sense."

"At the age of 15 I started to remember. I had been abused since the age of 2 but it was like my brain had boxed up the memories... Slowly they appeared one by one. It was terrifying"

"I could remember everything about the abuse in detail just not my abuser. It was only years later that I realised it was my brother. One day the memories came flooding out of the blue."

THE BRAIN IS AN AMAZING ORGAN THAT CAN PROTECT YOU IN MANY DIFFERENT WAYS.

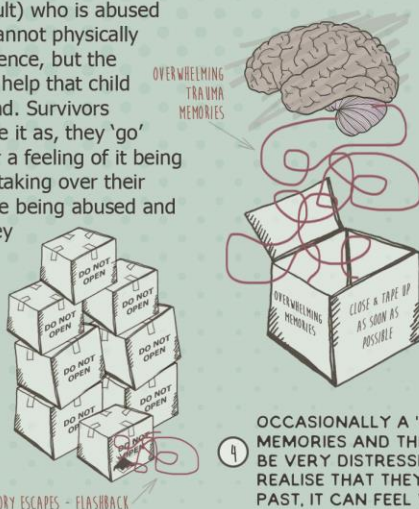
ONE OF THE WAYS IT DOES THIS IS TO COMPARTMENTALISE TRAUMA MEMORIES IN A WAY THAT THEY ARE NOT EASILY RECALLED...

DISSOCIATION...

A SURVIVAL MECHANISM

A child (and/or adult) who is abused and/or exploited cannot physically escape that experience, but the amazing brain can help that child escape in their mind. Survivors sometimes describe it as, they 'go' somewhere else or a feeling of it being like someone else taking over their mind while they are being abused and when it is safe, they 'come back'.

Dissociation is also associated with memory loss, as they were 'not there' to remember.



1 THE LOGICAL AND EMOTIONAL PART OF THE BRAIN CAN SWITCH OFF DURING TRAUMA TO KEEP THE CHILD SAFE. THE CHILD 'ZONES' OUT.

2 TRAUMA MEMORIES ARE STORED AWAY 'SAFELY' IN DIFFERENT COMPARTMENTS, SOMETIMES PERMANENTLY.

3 WHEN IT IS SAFE, THE CHILD 'COMES BACK' TO THE PRESENT, SOMETIMES WITH VERY LITTLE OR NO UNDERSTANDING THAT ANYTHING HAPPENED

4 OCCASIONALLY A 'TRIGGER' CAN OPEN UP THE TRAUMA MEMORIES AND THE SURVIVOR HAS A FLASHBACK. THIS CAN BE VERY DISTRESSING AS THEY DO NOT NECESSARILY REALISE THAT THEY HAVE EXPERIENCED THIS EVENT IN THE PAST, IT CAN FEEL VERY 'REAL' LIKE IT IS HAPPENING NOW.

If the brain sees this survival mechanism as the safest way to survive it may use it at any time of perceived danger or stress. Professionals/ carers working with survivors may notice the survivor 'zoning' out when seeming to talk about anything challenging, stressful or difficult. The survivor may also 'zone' out when triggered by smells, colours, noises or other that the brain perceives as a threat (triggers). The survivor may not even be aware that this is happening and that they are zoning out.

Beacon House - who specialise in trauma recovery, categorises dissociation into 4 different experiences:

AMNESIA

- No memory of long periods of time in their childhood
- In day to day life, the child (or adult) may have lapse for seconds, minutes or hours

DEREALISATION

- A feeling everything around them is unreal, like they are in a dream
- Feeling as if other people are not real, or that they are like robots

DEPERSONALISATION

- Having an out of body experience and looking down on themselves from above
- Feeling disconnected from their body as if their body belongs to someone else
- Feeling as if they are floating away

IDENTITY CONFUSION (RARE)

- Speaking in different voices/ different ages
- Feeling as if they are losing control to 'someone else' inside them
- Acting like different people from moment to moment
- Feeling as if there are different people inside

WINDOW OF TOLERANCE

Trauma survivors do not necessarily have trauma memories, they may have symptoms, body memories which can change day to day, minute to minute, from hyper aroused to hypo aroused.

We all have a 'window of tolerance' where our emotional and physical needs are being met and the way we feel is tolerable. When we are in this window we can engage with all parts of our brain, we can think, learn, laugh, relax and develop attachment to others. Then our environment exceeds our optimal window of tolerance we are either hyper-aroused (Flight, Fight) or hypo-aroused (Freeze, Flop). When someone experiences trauma their window of tolerance can become smaller making stressful situations unbearable.

Hyper-aroused

(Fight, Flight)

Optimal Arousal

Hypo-aroused

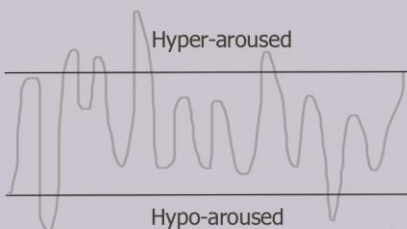
(Freeze, Flop)

REDUCED WINDOW OF TOLERANCE DUE TO TRAUMA



HYPER-AROUSSED

Screaming/ shouting
Swearing
Hurtful words
Hitting /kicking
Biting /spitting
Pushing away
Avoiding physical contact
Hiding /running away
Frantic moving /rocking
Poor judgements
Racing thoughts
Out of control
Increased heart rate
Feel sick/dread
Sweating



HYP0-AR0USED

Gone quiet
Distant
Auto pilot
Zoning out
Feel nothing
Feel frozen
Slow or no responses
Dream-like
'Catatonic -like'
Loss of time
No connection with others
Loss of reality
Physical collapse
Increased heart rate
Sweating

"She is her own worst enemy"

"Its like the lights are on, but no one is home"

"You just cant work with them when they are like that"

"She is sticking her head in the sand"

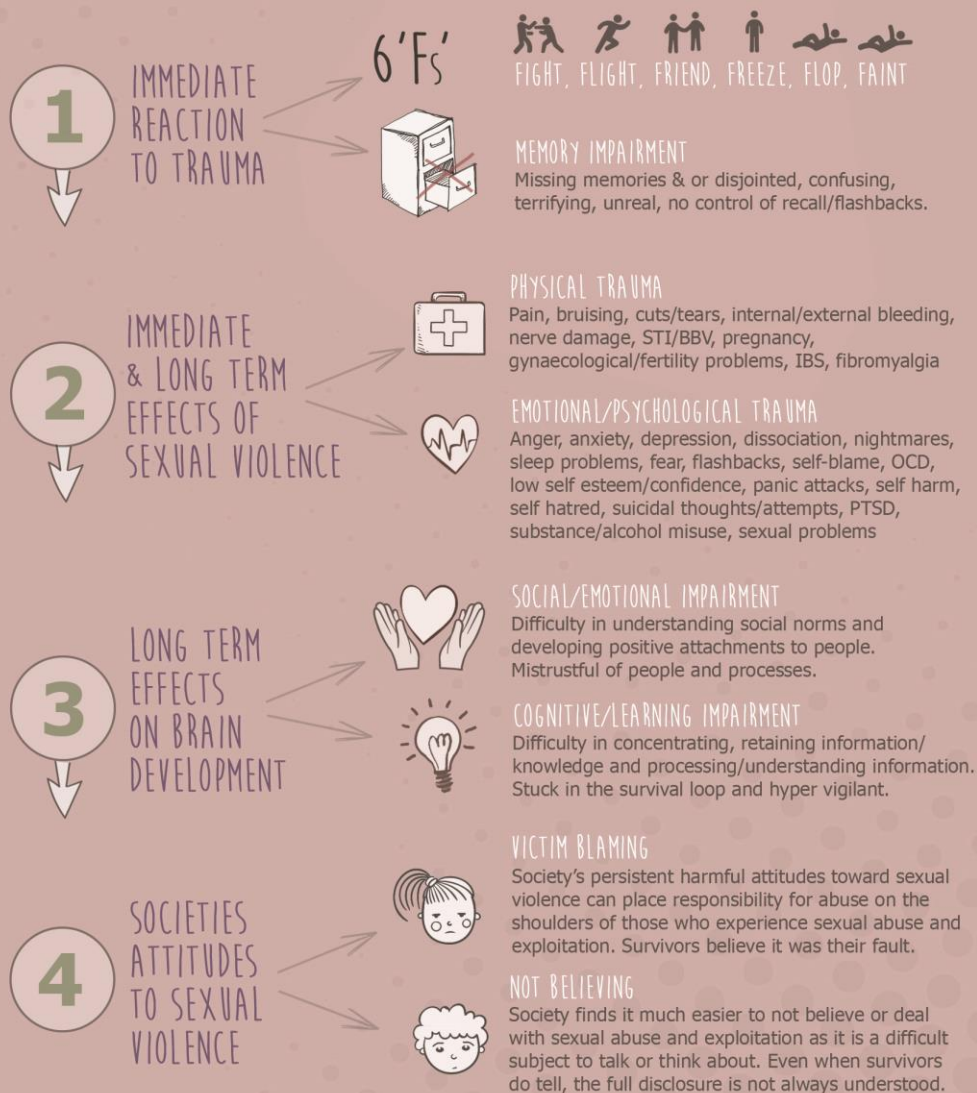
"They have ADHD or some sort of disorder"

"They must be on the 'spectrum' "

A SMALL WINDOW OF TOLERANCE CAN BE ANOTHER CAUSE OF CHILDREN, YOUNG PEOPLE & ADULTS BEING LABELLED AS HAVING, 'BEHAVIOURAL PROBLEMS', 'PERSONALITY DISORDERS', 'UNDIAGNOSED ADHD OR AUTISM',...

SEXUAL ABUSE/EXPLOITATION SURVIVOR'S EXPERIENCE...

Each survivor's experience is unique, but their journey can include some or all of the following;



HOW DO SURVIVORS MOVE FORWARD...

HOPE THE RE-WIRING OF THE BRAIN

It may seem that there is no hope for a child or young person who has experienced complex trauma and/or developmental trauma. How can they overcome these tremendous difficulties? **There is hope, the brain is flexible** and can be 'rewired', but the child/young person needs some help.

POSITIVE RELATIONSHIPS
CAN HEAL TRAUMA CAUSED
BY NEGATIVE RELATIONSHIP...

ALWAYS AVAILABLE ADULT

An always available adult is key to the re-wiring of the brain and finding safety. An always available adult is not necessarily someone who is available 24 hrs per day 7 days per week, but is someone who is available at a reliable/regular time and place.

A positive and secure relationship can be made with carer/parent/family member, teacher, youth worker, social worker, or any other adult that can provide safety.

SO HOW DOES AN ALWAYS AVAILABLE ADULT FACILITATE RE-WIRING...

EMPATHY

Imagining yourself in the child's/ young person's place, understanding their thoughts, feelings and experiences. Show them compassion and kindness.

He asked 'what happened to you' rather than 'what's wrong with you'. It made such a difference. I felt he cared about me.

VALIDATION

Accept the child/young person, give them unconditional positive regard, do not be judgemental. Let them know they are believed even if at times it might not always make sense to you.

It was the first time I didn't feel judged. The first time I didn't feel disgusted with myself telling someone what had happened.

SELF ESTEEM

Supporting the child/young person to find self acceptance, self awareness and self confidence. They will find self-worth and be able to build resilience.

She encouraged me everyday. Told me I could do it, that I was capable, which was amazing as most of the time I didn't believe in myself.

EMOTIONAL RESILIENCE

Support the child/young person to adapt to different and difficult emotional states; stress, anger, sadness.

The development of emotional resilience (inner strength) will enable them to meet adversity more effectively and calmly throughout their life.

I don't lash out as much, I feel more in control, like I make the decisions, not the angry person inside.

My self harming has almost stopped. I am very proud that I have found new ways to deal with my stuff.

ALL OF THIS IS FAR MORE LIKELY TO HAPPEN FOR THE CHILD/
YOUNG PERSON IF THEY HAVE A POSITIVE DISCLOSURE EXPERIENCE...

BE THE ADULT THAT
MAKES THE DIFFERENCE!

VICARIOUS TRAUMA

& SECONDARY TRAUMA/PRIMARY TRAUMA OF WORKERS/CARERS

If we are to support children and young people to move past their trauma, to be that adult that makes a difference, we need to take care of ourselves. The very nature of providing good support is to utilise empathy, and empathy asks us to truly try to understand what someone is feeling and their experiences. This can mean that without the right support we can take on some of the trauma that we have heard and/or seen. This is the personal cost of working with trauma.

"THE EXPECTATION THAT WE CAN BE IMMERSED IN SUFFERING AND LOSS AND NOT BE TOUCHED BY IT IS AS UNREALISTIC AS EXPECTING TO BE ABLE TO WALK THROUGH WATER WITHOUT GETTING WET" RACHEL REMEN

VICARIOUS TRAUMA

Vicarious Trauma occurs in people who hear about traumatic incidents. It is usually a culmination of hearing about distressing or emotionally disturbing experiences, which overwhelm usual coping mechanisms.

"I supported young people who had difficult family lives for over 8 years, I heard hundreds of terrible experiences that children should never have to experience, eventually I just couldn't emotionally do it. It affected my work, my family life, the way I saw myself and the world."

SECONDARY TRAUMA

Secondary Trauma occurs in people who have witnessed or felt like they have witnessed the aftermath of a traumatic incident. It can be triggered by a one off experience or be the 'straw that broke the camels back', if vicarious trauma has not been dealt with.

"I've had many people disclose sexual violence in my career. But one disclosure in particular really affected me. I couldn't get it out of my head. I went over it again and again, like I had been there, or even experienced it myself."

PRIMARY TRAUMA

Primary Trauma occurs in people who are present when a traumatic incident occurs. This can be a 'victim/survivor' or a witness.

"When I saw what she did to herself (self harm) and the blood, and her emotional distress, and how I could not get her the service provision she needed immediately, it stuck with me. I was really affected, upset and couldn't stop thinking about it for months. My family were really worried about me, I had to take some time off work."

TO ENSURE THAT WE CAN PROVIDE GOOD SUPPORT/CARE WE MUST BE SUPPORTED OURSELVES...

SELF CARE } SELF CARE IS NOT OPTIONAL

We should all actively seek a time and space for self care.
We must take responsibility for looking after ourselves and our peer's wellbeing.

BE TRAUMA INFORMED

Anyone working with or could work with a child/ young person or adult who has experienced trauma needs to be trauma informed. This supports the worker/carer to understand trauma, its effects on the survivor and the potential to affect the workers/carers.

PEER SUPPORT

Fostering a culture of support in an non judgemental environment is key to self care within a team. Showing self doubt and vulnerability can be very difficult and a compassionate environment goes a long way to dealing with vicarious trauma. If we are to show compassion with those we support, we must be able to do the same with our peers. In addition, from compassion can come collective problem solving and new ways of thinking.

EXTERNAL COUNSELLING

Access to free confidential external counselling can be crucial for a worker/carer who is working with high levels of trauma every day. In addition external counselling should be offered to a worker/carer who has experienced primary trauma within their role.

TIME TO DEBRIEF/REFLECT

Protected time after direct work with a trauma survivor is crucial to allow reflection, a deepening of self awareness and to debrief with a peer/ line manager if needed. In today's climate of ever shrinking resources, including time, we are all trying to do more with less, however without this time we risk finding ourselves overwhelmed.

SUPPORTIVE SUPERVISION

Supervision should not only look at an individuals processes, procedure and targets. Positive supervision should look at the wellbeing for the worker/carer, team and organisation. Not feeling judged or penalised for having insecure feelings and self doubt is key to a positive supportive supervision experience.

PROMOTE WELLBEING

Promote self care and wellbeing activities within your team. Access mindfulness training for everyone, have a weekly/monthly team meeting focusing on wellbeing; breathing, stretching, relaxation. Actively promote a 'proper' lunch break. Encourage and promote leaving work related thoughts and feelings at the 'office' door before going home.



KINDNESS GOES A LONG WAY
BE KIND TO YOURSELF AND OTHERS...



SO WHAT NEXT...

TRAUMA AWARE

Develop your understanding and your teams understanding of trauma informed practice.

DISCLOSURE

Develop your understanding of positive trauma aware disclosure as this can be the key in supporting children/ young people and adults who have experienced trauma.

CHALLENGE

Challenge yourself and others to better understand sexual violence and harmful societal attitudes that cause so many difficulties for survivors.



Perth & Kinross Council in conjunction with RASAC P&K offer Trauma Informed Practice Training and Workshops for frontline workers working with children, young people & adults.

Check out;
www.ecslearninghub.org.uk
for the next training in P&K

WHO TO CONTACT...

If you think a child or vulnerable adult is at risk of harm or abuse contact;

P&K Child Protection Duty Team - **01738 476768**

P&K (Vulnerable Adult) Early Intervention & Prevention Team - **0345 3011120**

Police Scotland - non emergency **101**, emergency **999**

PLACES TO GET SUPPORT FOR YOU AND THOSE YOU WORK WITH

RASAC P&K (Rape & Sexual Abuse Centre Perth & Kinross)

Business Phone: 01738 626290

Helpline: 01738 630965

www.rasacpk.org.uk

Support email: support@rasacpk.org.uk

FOR:
YOUNG PEOPLE 12+
WOMEN 18+
FAMILIES OF SURVIVORS
PROFESSIONALS

Family Change Project

Phone: 01738 783450

FOR:
CHILDREN & YOUNG PEOPLE
& THEIR FAMILIES & CARER
PROFESSIONALS
SOCIAL WORK REFERRED

REACH Team

Phone: 01738 474590

Email: Reach@pkc.gov.uk

FOR:
YOUNG PEOPLE 12-18
& THEIR FAMILIES & CARER
SOCIAL WORK REFERRED

Perth and Kinross Council

Child Sexual Abuse & Exploitation Directory of Support Services:

http://www.pkc.gov.uk/media/40254/Perth-Kinross-Child-Sexual-Abuse-and-Exploitation-Directory-of-Support-Services/pdf/PK_CSA_and_CSE_Directory_of_Support_Services

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**Getting it Right
in Perth and Kinross**
Helping children be the best they can be

