The Cleveland Rape Crisis Center presents

Children who witness or experience sexual violence: what we know about impact and treatment

Presented by: Kirsti Mouncey, LISW-S, LCDCIII
Vice President of Client & Clinical Services
National Sexual Assault Statistics

• 1 in 4 girls will experience sexual abuse before she turns 18
• 20% of victims are under the age of 8
• Children of all ages are at risk, though teens may be at higher risk (Douglas & Finklehor, 2005)
• More than 60% of pregnant teens have been sexually abused
• More than 90% of abusers are people the child knows, loves, trusts
• Offenders are most often acquaintances (approximately 50%) followed by family members (approximately 25% to 33%) and strangers (7% to 25%) (Douglas & Finklehor, 2005)

• There are over 39 million survivors of sexual violence in the US

• It is estimated that 3.3 million children and 10 million teenagers witness violence in their home each year
Without

One girl.

HELP

A VOICE

Lost Innocence

∅ Protection
MY HEART IS BROKEN

Now it is six o’clock in the evening.
The children got up at six o’clock in the morning.

ALL THE TIME

At five o’clock the boy has an appointment with the dentist. Is he on time?
Clip from:

“THE HEALING YEARS”

A DOCUMENTARY ABOUT SURVIVING INCEST AND CHILDHOOD SEXUAL ABUSE

By Big Voice Pictures
Trauma is...

An event that is so overwhelming in nature that it causes significant distress in almost anyone who experiences it. These events are often sudden and encased in an overwhelming amount of fear and terror that is unmanageable in the moment of the event. As result of this event the survivor experiences symptoms and behaviors that are often organized around management of intense fear and loss.

Trauma & Addictions Collaborative of Cuyahoga County
“Repeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality. The child trapped in an abusive environment is faced with formidable tasks of adaptation. She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness.”

Judith L. Herman (1992), pg. 96
IMPACT OF TRAUMA

Trauma Related Issues Across The Lifespan

1. (Health Related Problems) ACE study: smoking, heart disease, obesity

2. (Social Problems): teenage pregnancy, adolescent drug abuse, school failure

3. (Mental Health): neuro-psychiatric conditions: PTSD, dissociative disorders, and conduct disorders
Symptoms of Trauma in Children

- Fatigue
- Difficulty concentrating
- Edginess and agitation
- Muscle tension
- Insomnia
- Being startled easily
- Racing heartbeat
- Aches
- Shock
- Anger
- Guilt
- Feeling sad or hopeless
- Confusion, difficulty concentrating
- Anxiety and fear
- Withdrawing from others
- Feeling disconnected or numb
- Dissociation

- Nightmares
- Physical pain
- Irritability
- Mood swings
- Shame
- Bedwetting
- Other disruptions in toileting
- Lack of appetite/ decreased eating
- Overeating
- Hoarding food and other things
- Various forms of self-harm
- Increased clumsiness/ change in fine motor skills
- Crying, tantrums
- Aggressive or sexualized play
- Fears and acute phobias
- Clinginess/ separation anxieties

American Medical Association, 2008
Re-experiencing (intrusive recollection of event through thoughts or sensations; nightmares; distress when triggers occur)

Hyperarousal (sleep difficulties; irritability; trouble concentrating; hypervigilance)
Avoidance (of thoughts, feelings, people, places; amnesia; diminished interest in activities; feelings of detachment or foreshortened future)
<table>
<thead>
<tr>
<th>Tasks of child:</th>
<th>Trauma impact:</th>
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</thead>
<tbody>
<tr>
<td>• exists as separate entity</td>
<td>• communication difficulties</td>
</tr>
<tr>
<td>• learns connection/ builds relationships with caregivers/attachment</td>
<td>• difficulties negotiating relationships</td>
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<tr>
<td>• affect tolerance and regulation strategies</td>
<td>• inadequate self soothing strategies</td>
</tr>
<tr>
<td>• exploring/establishing foundation of world</td>
<td>• behavior and affect difficulties</td>
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<tr>
<td>• “I matter”</td>
<td>• “I am helpless”</td>
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*Early Childhood*
**Elementary School/Middle School**

**Tasks of child:**
- community/peer relationships
- increase in independence
- investment in personal accomplishments
- building filter through which to see world

**Trauma impact:**
- impairment in competent development across domains, especially in school/peer functioning
- impact on sense of self
- “I am not capable of anything”
Adolescence

Task of child:
• cognitive abilities, social skills and perspective-taking abilities mature
• complex understanding of self
• focus on how world views me
• healthy separation from caregivers
• future becomes real and meaning full

Trauma impact:
• High-risk time for trauma survivors!!!
• disconnection and negative self-identity
• Primitive/harmful self soothing/coping skills
• Dissociation, depersonalization
• DE realization
• Feeling of separation from the world
• High risk for re-victimization
We have an opportunity to impact change....
# The Building Blocks of Resilience

<table>
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<tr>
<th>Internal:</th>
<th>External:</th>
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<tbody>
<tr>
<td>- Positive temperament</td>
<td>- Relationships</td>
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<tr>
<td>- Secure attachment style</td>
<td>- Peers</td>
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<tr>
<td>- Capacity for social orientation</td>
<td>- A safe mutual bond with one person</td>
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<tr>
<td>- Sense of self and ability</td>
<td>- Familial values and socialization practices (communicating positive expectations)</td>
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<tr>
<td>- Ability to provide self with structure</td>
<td>- Positive school experience</td>
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<td>- Ability to manage emotions</td>
<td>- Support and connection from larger community</td>
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<tr>
<td>- Humor</td>
<td></td>
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<td>- Belief in abilities</td>
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With treatment, the effects of childhood trauma can be alleviated. Early and aggressive treatment of traumatized children decreases the risk of PTSD. Early and sustained treatment for children who have suffered trauma is important if the long term effects are to be avoided. (Child Trauma Academy 2002)

Therapeutic interventions: Will they work?

Nature, pattern, timing and duration of the therapeutic interventions is key.

Therapeutic interventions with goals to seek change in person must target changing the brain.

Research needed for intervention strategies in expressive therapy realms in concert with psychology/psychiatry.
Approach to Trauma Informed Care

Does not pathologize symptoms (across the lifespan)

Addresses symptoms as coping mechanism

Addresses trauma as root issue of symptoms

DSM-IV PTSD diagnosis does not serve our population

Work with referral network for long term care
Working with parents/supporters

• Confidentiality with children as primary clients.
• Healing the divide...how does this look?
• Working with the family system.
• Encouraging services for family members.
• Empathy, support, empowerment.
Building blocks of trauma-informed therapeutic services

Empowerment
Self-awareness
Coping
Safety
Effective Trauma Interventions:

• Has to access the right hemisphere of the brain

• Has to access the sensory-motor aspect of information processing

• Has to access the non-verbal remnants of the trauma

• Ultimately, has to serve as a container for the chaos (*emotions and sensory aspects*) and help regulate the body’s reaction

2009, Malchiodi, C
Creative Expression Interventions: What the research tells us...

- Drawing facilitates verbal reports of emotionally laden events
- Increases memory retrieval during interviewing
- Helps children organize narratives
- Prompts telling of more details than talking alone
- May reduce anxiety and increase child’s comfort level with helping professional

2009, Haifa University
Why Creative Expression Aids in Trauma Recovery:

• The experience of trauma makes verbal language difficult and in severe cases impossible.

• *Brocas* (left hemisphere) area of the brain actually “shuts down” when some individuals try to talk about traumatic memories (aka speechless terror)

• The brain and body record the experience of trauma predominantly as a *somatic experience*

• Most commonly recalled memories are in *visual form*, but also in other forms of sensory processing

• Trauma memory gets stored in the right hemisphere of the brain associated with visual-motor functioning and emotions

2009, Malchiodi, C
Responding to disclosures

- Challenging moment for all involved
- Opportunity to empower the discloser
- Beneficial to have a plan in place for handling these moments
- Taking care of yourself is essential
• **Breathe**
  - Breathe deeply
  - Check in with yourself

• **Listen**
  - Listen supportively and empathetically to the child

• **Affirm**
  - Affirm, validate experience, normalize response

• **Believe**
  - Assure child you believe him/her and that this is a safe space
• Information
  - Create supportive environment to collect information, empower child/parents (if appropriate) to have choices surrounding the reporting process

• Trauma informed support
  - Make appropriate referrals for supportive services
  - Continue to validate, normalize and offer referrals for ongoing concerns
  - Be aware of any symptoms of vicarious trauma; practice self-care
Addressing your questions/ concerns...
Thank you!

The Cleveland Rape Crisis Center
The Leader Building
526 Superior Avenue, #1400
Cleveland, OH 44114
216. 619. 6194 x 118
216. 619. 6192 (24-hour-hotline)
www.clevelandrapecrisis.org
kirstim@clevelandrcc.org