



CCCT

COMMUNITY TRAINING

# Thinking through the Impacts of Trauma

# MATERIALS ATTRIBUTION

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 These materials were developed in collaborative partnership.

Director Jennifer Greco kindly permitted us to use her excellent video as a teaching tool.


Rocio Chang bridged networks and helped in training development and translation

Ingrid Murrle supported the training planning and appropriate discussions.

Linda Olszewski provided expertise in audience needs and community connection

Andrea O'Campo provided feedback and facilitation guidance

Hannah Grossman developed the slide set and helped with tool creation

 Some material NCTSN included or adapted with permission from the UCLA-Duke University National Center for Child Traumatic Stress:

Walsh, C., Pauter, S., & Hendricks, A. (2020). Child Welfare Trauma Training Toolkit (3rd ed.). Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress. <https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit>

Grillo, C. A., Lott, D.A., Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network. (2010). Caring for children who have experienced trauma: A workshop for resource parents—Facilitator's guide. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

# CCCT GENERAL LEARNING OBJECTIVES

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1. **Core Concept Lenses:** Apply the 12 Core Concepts as conceptual lenses to frame information and guide critical reasoning about a case study.
2. **Ecological Factors:** Identify ecological factors hypothesized to influence children's traumatic experiences and contribute to their post-traumatic adjustment.
3. **Case Conceptualization:** Incorporate relevant ecological factors into a case conceptualization, and use that framework to evaluate the hypothesized contributions of different case factors and guide case-related reasoning.
4. **Critical Reasoning:** Use critical reasoning to make judgments about the relative impact of various factors hypothesized to influence a child's traumatic experience and post-traumatic adjustment.
5. **Trauma Communication:** Clearly and accurately communicate appropriate trauma information to fellow professionals, clients, and family members within and across settings.
6. **Real World Application:** Apply a trauma-informed conceptual lens to real-world aspects of professional practice, including assessment, case management, and treatment planning.



# 12 CORE CONCEPTS

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1. Traumatic experiences are inherently complex.
2. Trauma occurs within a broad context that includes children's personal characteristics, life experiences, and current circumstances.
3. Traumatic events often generate secondary adversities, life changes, and distressing reminders in children's daily lives.
4. Children can exhibit a wide range of reactions to trauma and loss.
5. Danger and safety are core concerns in the lives of traumatized children.
6. Traumatic experiences affect the family and broader caregiving systems.
7. Protective and promotive factors can reduce the adverse impact of trauma.
8. Trauma and posttrauma adversities can strongly influence development.
9. Developmental neurobiology underlies children's reactions to traumatic experiences.
10. Culture is closely interwoven with traumatic experiences, response, and recovery.
11. Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery.
12. Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care.

# UNDERSTANDING AND RESPONDING TO CHILD SEXUAL ABUSE

Child sexual abuse is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. (The age of consent is 14 in Colombia).

Children of all ages, races, ethnicities, and economic backgrounds may experience sexual abuse.

Child sexual abuse affects both girls and boys in all kinds of neighborhoods and communities.



# TYPES OF CHILD SEXUAL ABUSE

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## Touching Forms of Abuse

- Touching a child's private parts (vagina, penis, breasts or buttocks, oral-genital contact, or sexual intercourse)
- Requesting the child touch the abuser's genitals- over or under clothing
- Includes: sexual fondling, masturbation, and penetration of the vagina, anus, or mouth with the abuser's penis or other object

## Non-Touching Forms of Abuse

- Talking to a child in words that are sexually explicit
- Encouraging or forcing a child to watch adults and/or other children engaged in sexual acts (real life, movies, books, magazines, computer, etc.)
- Exposing one's genitals or the child's
- Making or listening to obscene telephone calls
- Talking in a sexual way with a child via the Internet or cell phone or sending sexually suggestive email or texts



# Collaborative Experiential Learning

- Collaborative Experiential Learning (CEL) creates a safe space for participants to explore their own thoughts and emotions, practice strategies to stay calm, and share different ideas and experiences. By learning together, participants can develop skills and confidence to apply trauma-informed practices in their work.
- During this training, we will watch the film Esmeralda together. At several points, we will pause to reflect on what we observe and discuss our interpretations. These discussions will help us uncover the hidden complexities in social interactions. Sharing our viewpoints allows us to see different sides of the same situation and make thoughtful decisions with greater clarity and support.



# ESMERALDA'S EXPERIENCE

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# PART 1: WELCOME HOME

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## REFLECTION QUESTION

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How are Latine culture and norms being shared in this video?

# SEXUAL ABUSE RISK FACTORS

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The following factors may increase the risk of abuse:

- Abused as children
- Attachment problems
- Chronic behavior problems
- Divorce
- Frequent moving
- Hostile environment
- Isolation from friends and family
- Low self-esteem
- Medical problems
- Mental or physical disability
- Mental health problems
- Nonbiological relationships
- Poor social network
- Poverty
- Prematurity
- Punitive child-rearing styles
- Substance abuse
- Unemployment
- Unrealistic expectations
- Young parents

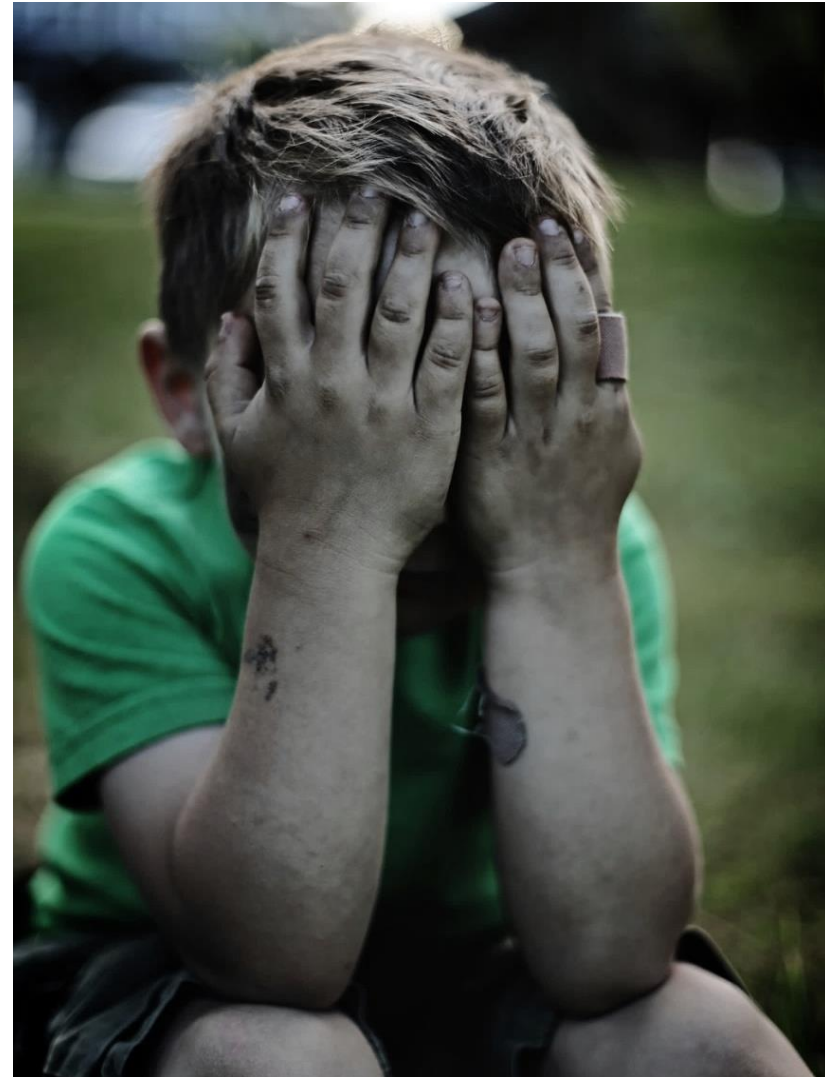
## PART 2: THE FAMILIARITY OF THE PAST



# TRAUMA REMINDERS

There are often smells, tastes, sounds, sights, people, even time of day that may serve as reminders of a trauma and may cause a response or trauma reaction.

This response is occurring as if there is current danger and is involuntary.





# PART 3: LAYERS OF EXPERIENCE

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## REFLECTION QUESTION

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Esmeralda's trauma has impacted her experience of the current party. How might other people at the party be interpreting her behavior changes?

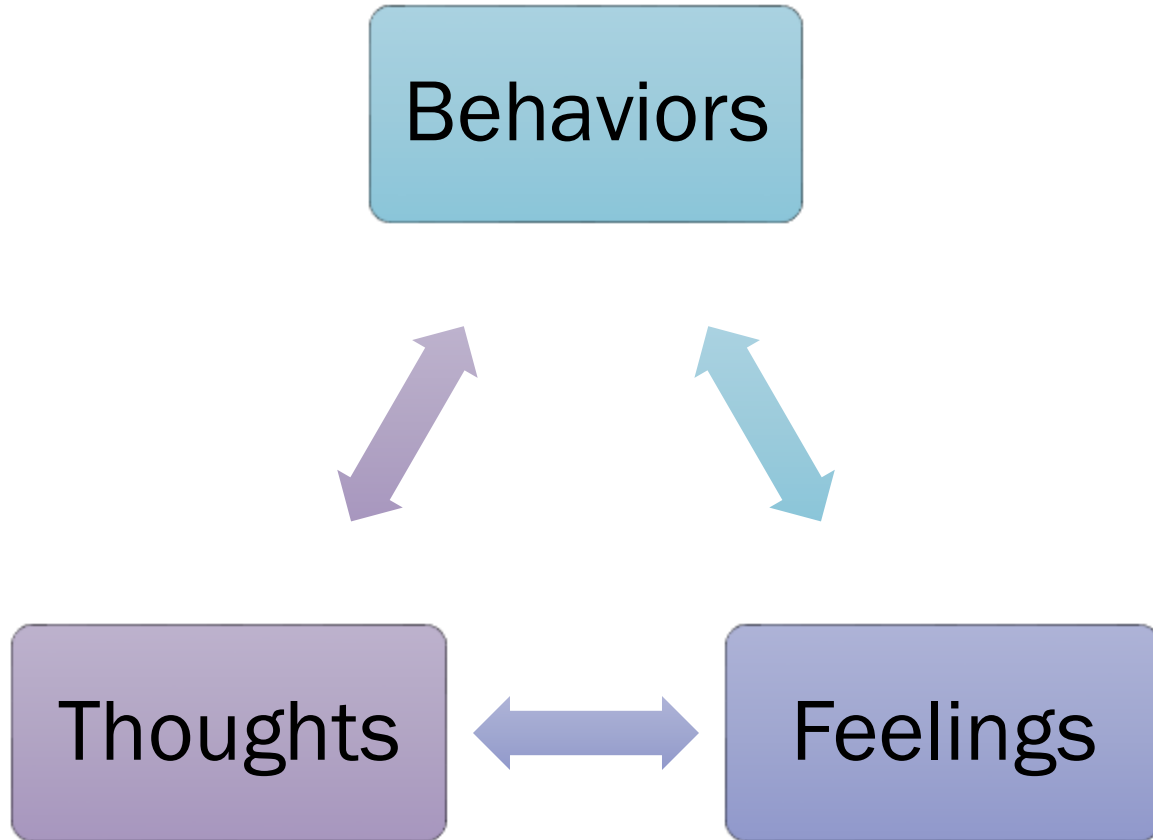
# HOLISTIC EXPLORATION

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Our behaviors, thoughts, and feelings are all linked together. When a child has experienced sexual abuse, we can sometimes see the impacts of this abuse in the child's behaviors as they process their thoughts and feelings. We can examine their behaviors to better identify what they might be thinking and feeling.

# HYPOTHESIZING ABOUT WHAT WE SEE



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Behaviors

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Feelings

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Thoughts

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# DISJOINTED REALITY



Children who have experienced trauma may find it hard to:

- See the connection between their feelings, thoughts, and behaviors
- Understand and express their own emotional reactions
- Accurately read other people's emotional cues
- Control their reactions to threats or trauma reminders

# PART 4: MEMORIALIZING



# CORE CONCEPT 12: STS SELF-ASSESSMENT

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Take a moment and notice which parts of the story evoked a strong physical or emotional response in you.



# IMPACTS OF SHAME

Esmeralda\*

The Abuser\*

Esmeralda's Mother\*

Her Friend's Mother\*

How might shame be impacting participants at this funeral?  
How might it be informing their behavior?

# WHY A VICTIM MIGHT AVOID DISCLOSURE

- **Emotional pain:** Trying to avoid thinking about, remembering, or talking about the sexual assault because it is emotionally painful.
- **Shame:** Sexual trauma is associated with a high degree of stigma in our society.
- **Fear of not being believed:** Victims may fear not being believed about the assault or worry that others will defend the perpetrator.
- **Fear of being blamed:** It is common for victims of sexual assault to face scrutiny regarding what they did to “cause” the incident instead of focusing on their lack of consent.
- **Fear of punishment or reprisal:** Victims may avoid disclosing because they fear parental punishment for rule breaking.
- **Feeling partly responsible:** When the perpetrator is an acquaintance, victims are more likely to feel responsible for the assault and delay disclosing.
- **Other traumatic reactions:** Feeling shocked, dazed, confused, and/or not remembering some details of the event can be traumatic responses to the sexual assault.
- **Limits to confidentiality:** Victims are aware that sexual assault is serious and that if they tell someone the authorities may be notified and become involved.
- **Fear that nothing will be done:** Data indicate that fewer than 2% of reported incidents of sexual assault lead to successful prosecution of the perpetrator.
- **Cultural or religious reasons:** Cultural or religious beliefs may contribute to a victims’ fears about punishment or ostracism.

# IMPACTS OF TRAUMA AND SEXUAL ABUSE

## COGNITIVE IMPACTS

- The survivor's sense of safety & well-being
- Higher predisposition to psychological problems
  - Depressive spectrum & Dysthymia (Williams et al, 2015)
  - Suicidality (Chatzittofis et al, 2017)
  - Intimate partner violence (Williams et al., 2015)
  - Post Traumatic Stress Disorder (PTSD) (Afifi et. al, 2008)
  - Anxiety disorders (Levitan, et al., 2003)

## EMOTIONAL IMPACTS

- Memories of childhood abuse can be highly distressing & associated with a broad spectrum of aversive emotions such as:
  - Anxiety
  - Helplessness
  - Anger
  - Sadness (Kleim, Graham, Bryant, & Ehlers, 2013)

## BEHAVIORAL IMPACTS

- Avoidant coping behaviors (Cook et al 2016)
  - Dissociation,
  - Binge-purge eating,
  - Substance use
  - Self-mutilation
  - Suicide attempt
  - Risky sexual behavior
- Researchers have established that there are elevated rates of childhood sexual abuse in borderline personality disorder patients (Menon et al., 2016)

## SYSTEMIC IMPACTS

- Exposures included psychological, physical, and sexual forms of abuse as well as household dysfunction such as substance abuse, mental illness, violence, and incarceration.
- Main outcome measures included risky behaviors including binge drinking, heavy drinking, current smoking, high-risk HIV behavior, obesity, diabetes, myocardial infarction, coronary heart disease, stroke, depression, disability due to poor health, and use of special equipment due to disability (Campbell, Walker & Egede, 2016).

# PART 5: INTERGENERATIONAL



# INTERGENERATIONAL/PARENT TRAUMA

Parents may have been victims of childhood trauma.

May have a history of their own trauma as adults from community violence, domestic violence, and/or serving in the military, etc.

This often impacts their ability to parent and their perspective on their own children's abuse.





# CAREGIVERS AS MEDIATORS OF TRAUMA RESPONSE

The caregivers' response to the trauma influences how the child perceives the trauma.

When there is interpersonal trauma, children and caregivers may serve as traumatic reminders for one another.

It is important to attend to parent and caregiver trauma because the relationship can mediate the child's response to a trauma.





## REFLECTION QUESTION

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How do cultural norms of secrecy impact the Esmeralda family's experience?

# WHAT COULD WE DO TO SUPPORT ESMERALDA IN THIS SITUATION

INDIVIDUAL

COMMUNITY

PREVENTION

INTERVENTION

# PART 6: CASE CLOSING

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Dedicated to those whose voices were stolen.

# RADICAL HEALING FRAMEWORK

