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INTIT
INtegrated Trauma Informed Therapy for Child Victims of Violence
www.intitproject.eu

GUIDELINES
FOR TRAUMA-FOCUSED CARE FOR ABUSED AND NEGLECTED CHILDREN IN CYPRUS

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INTRODUCTION

Childhood exposure to interpersonal violence and associated developmental trauma has been recognized as a silent epidemic and a major public health challenge. In recent years, the relationship between trauma experiences and both physical and behavioral health disorders has been increasingly recognized. As such, the need to address trauma is seen as a fundamental obligation for service providers and policy makers.

The possibilities for exposure to trauma are multiple and range from trauma resulting from war, natural disasters and accidents to trauma resulting from interpersonal violence and abuse. Violence against children affects millions of children worldwide:

- Around a third of children are estimated to suffer physical abuse;
- Approximately one in four girls and one in five boys experience sexual victimisation.

Although official statistics are limited, a 2014 European Parliament report estimated that "around 18 million children in Europe suffer sexual abuse, 44 million suffer physical abuse and 55 million suffer psychological abuse, resulting in at least 850 children under the age of 15 dying each year."

Each of the professionals in the court, protection and care system has their own remit and perspective on trauma and it is important that all views are shared and valued.

Working with young people exposed to trauma and violence is not just the responsibility of clinical professionals (psychological, psychotherapeutic, neuropsychiatric), all professionals involved in the protection of young people have an important contribution to make.

Trauma does not only affect those who have experienced it, it affects anyone who works with traumatised people, especially when they are children. It is important to consider the impact that the traumatic experience can have on the professionals themselves, which can affect their case work and each other.

Inter-professional collaboration can help to address these challenges and maintain a more objective view of the case.

Professionals generally recognize 6 types of abuse, although their exact definition may vary from culture to culture. These include: abuse, sexual abuse, emotional or psychological abuse, intimate partner violence (domestic violence), and physical abuse,

and bullying (verbal, social, physical, cyber). In general, the types of violence by age group affected are as follows.

In terms of types of abuse, there are

- Abuse, which includes physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, carers and other persons in authority, most often in the home but also in settings such as schools and orphanages.

- Sexual abuse which includes non-consensual completed or attempted sexual intercourse; non-consensual acts of a sexual nature that do not involve intercourse (such as voyeurism or sexual harassment); acts of sexual trafficking committed against a person who is unable to consent or refuse; and online exploitation. The signs and symptoms are as follows: Increased nightmares and/or other sleep difficulties; inappropriate behavior; angry outbursts; anxiety; depression; not wanting to be alone with a particular person/s; problematic sexual behaviors and relationship problems; and sexual knowledge, language and/or behaviors that are age-inappropriate for the child.

When dealing with a sexually abused child, you should:

- Remain calm, listen carefully and without judgment;
- Never blame the child;
- Thank the child for disclosing and informing you that he or she was abused;
- Reassure him/her of your support;
- Validate and smooth their feelings;
- Make an appropriate referral for treatment/services
- Emotional or psychological abuse that includes Includes Restriction of the child's movements, name-calling, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment. Monitoring of violence may include, for example, forcing a child to witness an act of violence or the accidental witnessing of violence between two or more other persons. The signs and symptoms of emotional or psychological abuse are:
    - Delayed or inappropriate emotional development;
    - Loss of self-confidence and self-esteem;
    - Social withdrawal or loss of interest and enthusiasm;
    - Depression or loss of interest, loss of self-esteem, or loss of interest or self-esteem;
    - Avoidance of certain social situations, such as going to school, riding a bicycle and;
    - Loss of previously acquired developmental skills.

When dealing with an emotionally or psychologically abused child, you should:

- Provide a safe place where the child can feel nurtured and protected;
- Praise the child and reinforce those things that they are good at to address the loss of self-confidence;
- Emphasize that the child is lovable and deserves to be cared for and loved.

Intimate partner violence (or domestic violence) Involves violence by a partner or ex-partner. Although men can also be victims, intimate partner violence disproportionately affects women. It usually occurs against girls in the context of child and early/forced marriages. Between sexually involved but unmarried adolescents it is sometimes called "dating violence".

The signs and symptoms of intimate partner violence are as follows: Changes in emotions: increased fear and anger; changes in behaviour: clinging, difficulty sleeping or angry outbursts; and aggressive and violent behaviour at school and at home. When dealing with a child victim of domestic violence, If you suspect that a child is a victim of domestic violence, try to talk privately with the child and assess their safety at home, create a sense of security by providing reassurance and validating their feelings, if necessary, alert the appropriate authorities, identify the non-aggressive caregiver and promote a safe and nurturing relationship and, finally, develop a safety plan when the child is exposed to violence.

Physical abuse occurs when a parent or caregiver commits an act that results in physical injury to a child or adolescent, such as red marks, cuts, cuts, stretch marks, bruises, muscle sprains or broken bones, even if the injury was unintentional. Physical abuse can occur when corporal punishment goes too far or when a parent lashes out in anger. Note that in some countries any form of corporal punishment is considered physical abuse.

The signs and symptoms of physical abuse are:

The signs and symptoms of physical abuse are:

- Frequent physical injuries attributed to the child being clumsy or accident-prone;
- Injuries that do not seem to fit the explanation given by the parents or the child;
- Habitual absence from school or tardiness without a credible reason;
- Clumsy movements or difficulty walking.

When dealing with a physically abused child you should:

- Begin with open-ended questions;
- Do not assume the child is being abused;
- There may be many explanations for why a child is behaving in a certain way or how a child was injured;
- If the child has a visible trauma, ask how the child was injured;
- Ask open-ended follow-up questions to look for inconsistencies if the explanation for the injury seems unlikely or does not match the injuries.

Bullying (verbal, social physical, cyber) includes unwanted aggressive behavior by another child or group of children who are neither siblings nor romantically involved with the victim. It involves repeated physical, psychological or social harm and often takes place in schools and other settings where children congregate, as well as on the internet.

The signs and symptoms of bullying are as follows:

- Anxiety, distress and depression;
- Loneliness and isolation;
- Feelings of rejection, poor self-esteem;
- Avoidance of social situations, going to school, making new friends;
- Emotional and social withdrawal;
- Aggressive behaviour towards younger siblings, oppositional behaviour;
- Separation anxiety.

In dealing with a child victim of bullying:

- Talk with the child about safety, including cyber safety and personal;
- Solve the problem with the child about strategies to use when being bullied (try to stay calm, walk away, etc.);
- Help the child to understand that being bullied does not reflect that there is something wrong with them, but that often bullies hurt too;
- In cases of cyberbullying, teach the child how to protect their identity by being careful what they share online, using passwords, etc.

When children have experienced a recent trauma, they may experience some acute trauma symptoms, which are different from the longer-term trauma symptoms we discussed earlier. It is important to be able to recognize these symptoms in order to identify recent or ongoing trauma:

- Changes in the level of physiological arousal and reactivity;
- Intrusions;
- Avoidance;
- changes in thoughts and mood.

More specifically, regarding changes in the level of physiological arousal and reactivity: the child may become more nervous, startle quickly, be constantly alert, have problems with sleep and concentration, engage in reckless behaviors. The child is also characterised by alertness to danger, speed in agitation, irritability/irritability, reckless and self-destructive behaviour, sleep or concentration problems and tantrums

Regarding intrusions: The child may experience intrusive memories of the traumatic event, intrusive thoughts and "flashbacks" that feel like the experience is happening again. But intrusions may also present as nightmares during sleep. These intrusions can be really scary and disturbing. They can include intrusive images, sensations, dreams, intrusive memories of the traumatic event and finally, repetitive play reenactment.

In terms of avoidance, we all tend to avoid thinking, talking and remembering the bad things that happened to us. But in children, avoidance can interfere with their normal development. For example, a teenager who was sexually abused in a car may begin to avoid getting in a car, seeing friends and meeting new people for fear that the abuse might happen again. She may begin to avoid all places, people and situations that remind her of it. Avoidance can be internal or external: avoiding people, places or things that bring back memories of the trauma and also trying not to have thoughts, feelings or memories about the trauma.

Another symptom of recent trauma is changes in the child's thoughts and mood. Exposure to trauma can lead to the development of negative thoughts, beliefs and expectations in the child. Usually these negative beliefs are about: self, others and the future. Many children may believe that it is their own fault, that they are unlovable and broken and that they can' trust no one.

Children with trauma may also have:

- Difficulties with memory, learning new information and focusing;
- Memory problems;
- Withdrawal from activities and relationships, including play;
- Getting caught up in negative thoughts and feelings;
- Blaming themselves for bad things that happened.

NEED TO FOCUS ON THE TRAUMA

Children and young people who have experienced violence go through multiple systems, including mental health services, medical services, welfare services, the education system and, in some cases, the criminal justice system as part of the investigation and prosecution of the perpetrator(s).

Although individuals respond differently to violence and abuse based on varying degrees of resilience and support, it can be assumed that trauma often emerges as a consequence of these experiences.

Failure to recognise and understand trauma by relevant service providers can magnify harmful and costly health impacts.

The 'trauma-informed care' (TIC) approach

TIC emerged in recent years as a response to better address trauma, with early research and development funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

Definition of trauma

SAMHSA defines trauma as follows:

"Individual trauma results from 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 has a lasting adverse impact on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." Therefore, trauma is an experience, not a disorder.

The experience of a real or perceived threat to life or physical integrity OR the life or physical integrity of a loved one AND causes an overwhelming feeling of terror, horror, powerlessness and fear. Traumatic experiences are those that are overwhelming, cause intense negative affect, and involve some degree of loss of control and/or vulnerability. The experience of trauma is subjective and developmentally linked.

The above definitions demonstrate that trauma is a subjective experience. It is determined not so much by the nature of the incident itself, but by the way in which the individual perceives and responds to it. In this sense, trauma is incredibly subjective, allowing for very different reactions from different people, even if they experienced the same event.

No one is exempt from trauma. Trauma has no boundaries in terms of: age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation.

In terms of types of trauma, there are many different types of trauma and they are mainly divided into two categories: acute and chronic. Acute trauma is an isolated event that has a beginning and an end. Examples could be a car accident, natural disaster, medical procedure, watching a loved one die, being bitten by an animal. Chronic trauma is a type of trauma that the child experiences

for a prolonged period of time. Multiple traumatic experiences can be of the same type (witnessing domestic violence) or of different types (sexual abuse, emotional abuse, bullying).

Complex trauma can affect 7 areas of a child's development: Attachment, biology, emotion regulation, detachment, behavioral control, cognition and self-concept. Complex trauma has 3 main characteristics: it occurs at a young age, for a prolonged period of time and is caused by someone on whom the child depends for survival and safety.

Symptoms of Complex Trauma: Complex trauma can create problems that are included in the acronym CRAFTS, namely Cognitive (attention, concentration, negative thoughts), Relational (family problems, disruption in attachment, close relationships), Emotional (depression, anxiety), Family (disruption of family system), Traumatic (repetitive behaviour) and Physical (sleep problems, headaches, etc.).

More specifically, trauma-informed care:

Stems from the realization that public institutions and service systems themselves often cause trauma by inducing "unintentional" re-traumatization by treating a patient or client for behavioral issues (e.g., substance abuse, diagnosis of "conflict disorder" in children) in a vacuum without regard to the impact of trauma.

Recognizing and understanding the trauma on the other side could prevent misdiagnoses that focus on treating symptoms alone while not addressing the underlying cause of a "trauma".

Adopting a trauma-based approach reflects the recognition that many people experience trauma which in turn affects their behaviour and can be exacerbated by an inappropriate response from an agency or carer.

Trauma-informed care assumptions/principles of care (SAMHSA pp. 9-10)

To comply with a TIC approach, agencies should adhere to the following four key assumptions:

All people in an agency or system have a basic awareness of trauma and how it affects families, groups, organizations, communities, and individuals.

All people within an organization or system recognize the signs of trauma.

The program, organization, or system responds by applying the principles of a trauma-informed approach across all areas of operation, including staff, leadership, policies, manuals, and organizational culture.

The trauma-informed care approach seeks to resist re-traumatization of clients as well as staff.

Commitment at the organizational level is required to put these principles into practice (SAMHSA, p. 11)

Safety: staff and the people they serve feel physically and psychologically safe.

Trustworthiness and transparency: agency operations are geared toward building trust among clients, family members, and staff.

Peer support: "Peers" or "trauma survivors" are considered key elements in promoting treatment and recovery. In the case of children, peers may be family members who themselves have experienced trauma during childhood.

Collaboration and reciprocity: Everyone in an organization has a role to play in a trauma-informed approach. Power differences between staff and clients and between staff are flattened as opposed to reproducing a hierarchy of client expertise and compliance.

Empowerment, voice and choice: Organisations believe in resilience and the ability of individuals and communities to heal and recover from trauma. Self-advocacy skills are promoted and staff members are seen as facilitators of recovery rather than controllers of recovery.

Cultural, historical and gender issues: Organisations are responsive to cultural needs, recognise historical trauma and are aware of gender-specific needs.

Trauma awareness

Leadership needs to demonstrate commitment and set clear expectations.

Staff training and workforce development are equally important as, due to their frequent exposure to complex mental health issues and emotional needs, professional caregivers often suffer from high levels of stress, burnout, compassion fatigue and vicarious trauma.

In a recent study Schmid et al. found that exposure to TC practices and training in an organization has a positive effect on reducing emotional distress for both staff and clients.

Staff experience a higher level of satisfaction through improved client engagement and benefit from a higher level of awareness of the risks of (unintentional) re-traumatisation and re-hospitalisation of clients and patients.

Successful implementation of TIC

An important prerequisite for the successful implementation of a TIC approach is interdisciplinary and cross-sectoral collaboration between service providers and between care systems.

Lack of inter-agency collaboration could lead to misdiagnosis, incorrect medication and re-injury.

Prevalence of trauma-based approaches in Europe

Although there is increasing recognition of the impact of trauma and the importance of trauma-focused treatments, there are no pan-European policies to ensure the availability of treatment for trauma survivors.

It should be noted, however, that the Barnahus model - a multidisciplinary and inter-agency model that responds to child victims and witnesses of violence or sexual abuse in the context of court proceedings - has been implemented in an increasing number of European countries, including Cyprus.

However, Trauma Informed Care (TIC) is not a 'panacea' for the difficulties faced by children who have experienced trauma. TIC focuses on healing and recovery from trauma.

THE COST OF CHILDHOOD TRAUMA

The costs of childhood trauma on an individual, economic and social level are quite high.

Adverse Childhood Experiences (ACE) studies show that adverse childhood experiences are much more common than is recognized or acknowledged and have a strong association with adult health half a century later.

Studies show a highly significant association between ACEs and depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, smoking, obesity, physical inactivity and sexually transmitted diseases.

Individuals who had 4 or more ACEs were 50% to 70% more likely to develop mood and anxiety disorders, substance abuse, and impulse control disorders.

Origins of the Adverse Childhood Experiences (ACE) Studies

The ACE Study had its origins in an obesity clinic in San Diego, California in 1985:

Dr. Vincent Felitti, MD, head of Kaiser Permanente's revolutionary Preventive Medicine Department in San Diego, was frustrated by the 50% dropout rate of patients with severe obesity from his San Diego clinic.

Upon review, Felitti was shocked to find that most dropouts were losing weight when they left the program. Subsequent interviews with these patients revealed that the majority (55%) had experienced some form of childhood sexual abuse.

The association between adverse childhood experiences (AEs)-abuse, neglect, and household dysfunction during early development-and impaired health in adulthood, including severe obesity, has garnered considerable attention in recent decades.

What determines how a child will respond to trauma?

Every child will respond differently to trauma. Often, even if we see no visible signs of trauma, as in the case of neglect, there can be many invisible and psychological effects that are detrimental to a child's development.

There are several risk and protective factors that will determine how a child will respond to trauma. All of these factors are multi-level and can occur at the individual, family, community and societal levels.

THE MULTIPLE BENEFITS OF TRAUMA-INFORMED CARE

The approach represents a relatively low-cost, high-return investment in addressing the needs of clients and patients who have experienced trauma.

The participatory approach of involving trauma victims themselves has the potential to better tailor services to client needs and improve program retention rates.

Increasing inter-agency collaboration in TSC can enhance early identification of trauma while reducing re-traumatization through repeated questioning and multi-stakeholder interaction.

The TIC approach also has the potential to mitigate emotional stress and subsequent traumatization of staff through training and transmission of the concept of shared responsibility among colleagues and systems.

A reservation

Different stakeholders need to carefully tailor TIC to their specific context, as a 'one-size-fits-all' template will not respond to trauma sensitivity. Also, culture is also closely intertwined with traumatic experience, response and recovery. Certain cultural norms and beliefs can profoundly influence caregivers' parenting styles (e.g., corporal punishment), resulting in detrimental practices and outcomes for the developing child. It is important to realize that certain norms and stereotypes persist across cultures despite efforts, at various levels, to change them. Work to reduce child trauma needs to acknowledge and openly recognise the norms and behaviours that persist even when the culture moves towards non-violence and equality.

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