



Using a Trauma Informed Approach to Create Safer Spaces for Young People

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The Facts

Youth tell us they are sexually active....

- 46.8% of high school students have had sex
- 41% report not using a condom the last time they had sex
- 15% report having had sex with more than four people during their lifetime

The numbers show us that sexual activity is not always safe...

- 8,300 youth 13-24 years old had HIV infection in 2009
- Half of the 19 million STDs each year are among young people aged 15-24 years
- About 30% of American girls are pregnant before the age of 20



Compared to the general population, these groups start earlier...

	Juvenile Justice	Developmental disabilities	Foster care	Homeless	LGBTQ	Mental health
Age of first sex	✓	✓	✓	✓	✓	

Compared to the general population, these groups have a lower incidence of:

	Juvenile Justice	Developmental disabilities	Foster care	Homeless	LGBTQ	Mental health
Birth control use	✓		✓			
Condom use	✓		✓	✓	✓	✓

Adapted from Pathways RTC

Compared to the general population, these groups have a higher incidence of:

	Juvenile Justice	Developmental disabilities	Foster care	Homeless	LGBTQ	Mental health
Multiple sexual partners				✓	✓	
Pregnancy	✓	✓	✓	✓	✓	✓
Sexually active	✓					
STI rates	✓		✓	✓	✓	
Sub use during sex	✓				✓	
Survival sex			✓	✓	✓	
Dating violence					✓	

Adapted from Pathways RTC

Where We Are

- Trauma not considered in the design of teen pregnancy prevention programming/resources
- Our current approach to teaching/talking about sexuality with youth is steeped in discourses of danger and risk

Where We Are

- Potential for positive sexual development among young trauma survivors overlooked
- Exclusion of gender, sexual, and relationship diversity in many sexual health programs

Where We Are

Need a more holistic, **positive**, and **normative** approach to adolescent sexuality

- Discuss more than danger and risk
- Consider the gender and sexual diversity of the youth you work with
- Minimize judgment and shaming

Trauma-informed sexuality education: recognising the rights and resilience of youth

Nicole M. Fava a & Laina Y. Bay-Cheng , School of Social Work, University at Buffalo, Buffalo, NY

In **Sex Education: Sexuality, Society and Learning**

Components of Trauma Informed Systems

- Authentic relationships
- Honest, judgment-free discussions
- Age appropriate information



Where We're Going

- See and treat youth who have experienced trauma as whole people, not only as victims of trauma
- Acknowledge that sexual activity is not always a choice
- Talk with youth about building healthy relationships

Where We're Going

- Remember that risk-taking and mistake-making are a potentially universal part of adolescence
- Recognize youth as experts on adolescent sexuality
- Represent diversity in the classroom

SAMHSA's Guidelines for a Trauma Informed Approach

1. **Safety** - throughout the organization, staff, and clients; physical and psychological
2. **Trustworthiness and Transparency** – organizational operations are transparent to build trust with staff, clients, family
3. **Peer Support** – key for trust, safety, empowerment
4. **Collaboration and Mutuality** – true partnering and leveling of power differences
5. **Empowerment, Voice and Choice** – build on strengths, believe in resilience, strengthen experience of choice
6. **Cultural, Historical, and Gender Issues** (disproportionate rates of trauma) – be informed and inclusive

Safety

- Use LGBTQ inclusive language – separate gender from body parts, ask youth for their preferred terms
- Avoid scare tactics
- Include positive messages that affirm healthy sexuality
- Explicit discussions about consent
- Disclaimer about sex and choice
- Examine attitudes and values, know triggers to minimize judgment
- Be mindful of room setup

Example Language

If implementing TPP programs or conducting groups

- At times, “sex can be healthy when everyone involved consents, or chooses to take part; other times it is not healthy, like when one person is forced by another, or raped”
- “sometimes people choose to have sex because they feel pressured”
- “sometimes people choose to have sex in order to survive”

Emphasize: “no matter how a person experiences or has experienced sex in the past, they can have a healthy sexuality”

OR: “no matter how a person experiences or has experienced sex in the past, they can choose abstinence at any time.”

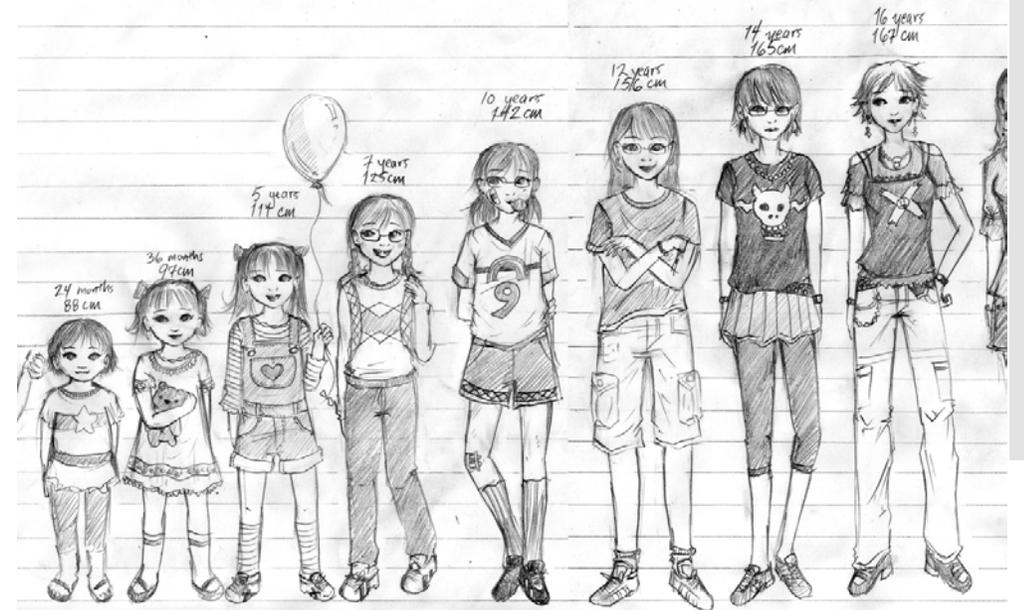
Trustworthiness and Transparency

- Be clear about confidentiality and reporting
- Provide up to date, accurate medical information
- Answer all questions truthfully
- Provide age-appropriate information



Collaboration and Mutuality

- View sexuality education as an ongoing conversation
- Ask youth for their input and feedback regularly, and act on it



Empowerment Voice, Choice

- Modify shaming language around teen pregnancy/parenting, STIs, gender and sexual diversity
- Recognize youth expertise in adolescent sexuality
- Facilitation rather than presentation
- Understand importance of cultural proficiency



Cultural, Historical, Gender Issues

- Consider social determinants of health in addition to individual behavior
- Consider young people's choices within the context of their lived experience



Disclosure

Handling Disclosures

of TRAUMA:

GUIDELINES FOR EVIDENCE-BASED INTERVENTION (EBI) FACILITATORS

For more resources on trauma-informed care, visit <http://heyjsi.com>

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Disclosure

EBI sessions provide a “safe space” to discuss sensitive and personal issues. For some participants this may trigger memories and/or disclosures of trauma, such as sexual abuse or dating violence. Here are some steps you can take to be ready for these disclosures.

BEFORE Disclosures Happen: Be prepared.

- **Expect disclosures of trauma**—recognize the likelihood of trauma among your program’s teen participants. Over 60% of U.S. youth under 18 have either directly experienced or witnessed some type of violence in the past year. Nearly 40% experienced two or more direct victimizations.
National Survey of Children’s Exposure to Violence
- **Know your agency’s (or host site’s) protocol for handling disclosure of trauma by teen clients, including:** who on site to contact, approach to interviewing the teen, documentation, handling immediate safety concerns, involving the teen’s family, reporting, and referring to trauma treatment services.
- **Know your state’s reporting laws concerning violence to minors—who must report, what must be reported, and how.** All states require the reporting of concerns of child abuse to the state child welfare agency. Many states identify specific professionals as “mandated reporters” including social workers, health care providers, and teachers. For state by state information go to: https://www.childwelfare.gov/systemwide/laws_policies/state/index.cfm
- **Have referral information at your fingertips, so that you can connect the teen to appropriate counseling and trauma treatment services.** Know how to contact qualified staff at your site and also be familiar with your agency’s referral network of community providers. See the list on the back for referral network recommendations.
- **Be aware of how disclosures may arise.** *Outside the EBI session* disclosures may arise: before/after group, in relation to a written EBI assignment, as part of assessments, through observation, or someone else tells you. *During the EBI session* disclosures may arise: during sensitive activity/discussion, spontaneous disclosure, or during side conversations with peers.
- **At the beginning of every session, emphasize confidentiality, but also outline the limits:** *“Everything said in this group stays in this group. What we talk about here is completely confidential. But with one exception: If someone says they are in danger of being harmed or harming someone else, I would have to do everything I could to be sure they are protected. And that can mean involving others.”*

Disclosure

AFTER Disclosures Happen: Acknowledge, Listen, Refer.

- **Acknowledge that you heard what was said, and validate the teen's courage in speaking.**
- **Explain that you will speak to the teen privately after the session to understand more and determine if the teen is currently safe.** If you're working with a co-facilitator, one of you could continue with the group session, while the other talks with the teen in another room.
- **If other teens are present when disclosure is made, restate confidentiality rules.** Bring group attention back to planned activities, allowing teen who disclosed to abstain if desired.
- **Check in with the teen after group as promised.** Take action as indicated and in conformance with your agency's protocol: Notify the right person internally. Make child abuse report if necessary. As appropriate, refer teen to a trauma treatment provider.
- **Stay connected to the teen over time as best you can.** Healing happens in relationships.

DEFINITIONS OF TRAUMA

"The personal experience of interpersonal violence including sexual abuse, physical abuse, severe neglect, loss and/or the witnessing of violence, terrorism and/or disasters."—NASMHPD 2004

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being."—SAMHSA 2012

"Experiences or situations that are emotionally painful and distressing and that overwhelm an individual's ability to cope"—Van der Kolk 2005

TRAUMA AND ADOLESCENT SEXUAL BEHAVIOR

Child maltreatment and childhood exposure to trauma are associated with:

- Early sexual debut
- Having unprotected sex
- Sex with multiple partners
- Having sex while using substances
- Teen pregnancy
- Substance use
- Engaging in violent behavior towards others, including sexual violence

Trauma exposure has far reaching effects on adolescent development:

<http://www.safestartcenter.org/pdf/impact-exposure-violence-on-dev.pdf>

TRAUMA TREATMENT PROVIDERS

Your program's referral network should include:

- Child protective services
- Rape crisis center
- Community/adolescent mental health services
- Emergency mental health services (crisis counseling)
- Family violence prevention program
- Domestic violence shelter
- Domestic violence hotline
- Substance abuse treatment services, including adolescent services

FOR MORE INFORMATION

CDC Division of Violence Prevention
www.cdc.gov/violenceprevention

Child Welfare Information Gateway
www.childwelfare.gov/responding/trauma.cfm

Futures Without Violence
www.futureswithoutviolence.org

National Clearinghouse on Families and Youth
ncfy.acf.hhs.gov/topics/trauma-informed-care

National Domestic Violence Hotline
1-800-799-7233 www.ndvh.org

National Teen Dating Abuse Hotline
1-866-331-9474 www.loveisrespect.org