



WCSAP
Washington Coalition of
Sexual Assault Programs

**THE
ADVOCACY STATION**

Fostering Resilience in Children, Teens, and Caregivers

Many of us have become familiar with the [Adverse Childhood Experiences \(ACES\) Study](#) over the last several years. It has been impactful in our field due to its findings that link childhood abuse, neglect, and household dysfunction to a notable increased risk for negative long-term health outcomes, such as alcoholism, depression, substance abuse, heart and liver disease, intimate partner violence, suicide, and sexually transmitted disease(s). It also found that those who had experienced one ACE had an 87% chance of experiencing another.

Adverse Childhood Experiences:

- Sexual abuse
- Physical abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Household substance abuse
- Mentally ill, depressed or suicidal person in the home
- Parental separation or divorce
- Incarceration of a family member

Research about the neurobiology of trauma goes hand-in-hand with ACEs because it helps us to understand how trauma's impact on the brain may be connected to some of these health outcomes. In a nutshell, brains adjust to help us survive in our environment. When there is danger and stress, the brain responds by releasing stress hormones and neurotransmitters. This response, while adaptive and necessary, can become problematic if it is activated repeatedly and not countered by protective factors. Additionally, when the brain is in survival mode other parts of the brain are not engaged, such as those that control emotions, empathy, self-awareness and decision-making. If this happens repeatedly and goes unaddressed, it can affect brain development, which also affects behavior. This is often referred to as toxic stress.

Furthermore, we know that survivors of all ages are looking for ways to feel better when they experience trauma. If they are lacking information, support, and positive intervention, the coping mechanisms they develop and utilize during crisis may not always be effective or healthy in the long-term. Some of these coping mechanisms, such as substance use, self-harm, risk-taking, and excessive or restrictive eating can contribute to negative health outcomes which may translate into ACEs for the next generation.

How is this research helpful to our work?

- In many ways, this research gives power to the stories of survivors and advocates. Understanding the science behind the responses to and the potential effects of trauma can validate survivors' experiences and ease the self-blame and shame that they often feel. Educating about ACEs empowers advocates and survivors "to understand the connections to self, health, wellbeing, and parenting" (*Futures Without Violence, Trauma-Informed Approaches to Adverse Childhood Experiences and Resiliency*).
- It reinforces the best practice of early intervention and dual generation work to stop the cycle of abuse and adversity. If we work with adults and caregivers who have experienced trauma, it may reduce the likelihood of outcomes that can become ACEs for the next generation; if we work with child survivors and their families, it may also reduce the likelihood of children experiencing another ACE and the risk for negative long-term health outcomes.
- Ultimately, the ACEs study is telling a story about individual, family, and community health. Approaching education from this angle may open the

door to conversations about issues that communities may otherwise be reluctant to talk about, such as child sexual abuse.

- It provides evidence to our communities and our funders for the necessity of prevention.

However, the ACEs study leaves out the most important part of the story: the infinite possibility for resilience that we see every day in our work. Neurobiology also tells us that the brain heals and grows over the entire lifespan. While we understand that childhood adversity increases the *risk* for negative health and well-being outcomes, we know that they are not inevitable. In contrast, the strength of survivors and our work with them is a key component to minimizing and mitigating this risk. Consistent with a strengths-based advocacy approach, we should focus on identifying and building upon a survivor's protective and resilience factors rather than focusing on their ACEs score. Ultimately, it is these factors rather than a person's trauma history that will have the greatest impact on their well-being.

Thus, the rest of this resource will focus on resilience and how we can promote it in our everyday advocacy with young survivors and their caregivers. We often talk about the healing process; what we are really referring to is one understanding of resilience: *The human capacity to face, overcome, be strengthened by or even transformed by, the adversities of life.* In our work, we provide tools and support to empower survivors of all ages to build upon that capacity that already exists. Promoting resilience aligns with the core principles of advocacy; often, we are doing it without knowing it and other times, it may get lost in the shuffle of crisis response. It can take the form of an intentional conversation, modeling an exercise, or providing some informal education. Whatever it looks like in your daily work, making time and space to focus on resilience is beneficial to those you serve and it also reminds us to see the forest through the trees.

Applications in Advocacy Practice

Promoting Resilience with Children and Teens:

- Know your biases. Are there any beliefs or feelings you may have that will prevent you from staying true to the core advocacy principles of confidentiality, self-determination, and empowerment? We serve survivors best when we are *collaborating* with them, no matter what their age.
- Information is power, especially for teens. Our role is to provide that information, without imparting our own values or making assumptions about what we think is relevant to them. Create the conditions for informed decision making—it is critical to resilience and healthy development.
- Understand young people’s behaviors within the context of trauma and help other professionals to do so as well. Do their reactions to everyday stimuli or stresses seem out of proportion? Is it difficult for them to focus? Are they overly alert or distracted? Are they noticeably withdrawn or attached? These are common in trauma survivors of all ages; however, they may more often be seen as “bad behavior” or disorders in children. Be patient and avoid labels. Ask about their feelings and needs in the moment, and use some advocacy sessions to explore coping skills. Be conscious of less obvious triggers that may be impacting behavior, such as smells, sounds, or locations.
- Help them find opportunities for skill-building and community engagement. What are they good at? Foster their aspirations and goals, no matter how big. This helps to develop feelings of capability, identity, and accomplishment. Furthermore, risk-taking and exploration are part of the normal developmental process for teens, and we want them to have positive avenues for this.

Promoting Resilience with Caregivers:

- Reinforce that they are a good caregiver and approach your work with them from a belief that they want to be the best support possible to their child. Remember, being a supportive caregiver is often a process, not a trait. You can provide the resources (see below) and the encouragement to help them get there, no matter how they initially responded to their child’s disclosure.

- Educate about ACEs and how their own trauma could be affecting their parenting. This will help to normalize parenting challenges that they may be feeling guilty about and may lead to conversations about action steps. For example, they might be struggling to connect with their child, have questions about discipline strategies, or feel unable to manage their emotions. They might not have had good models for this when they were young and/or had positive interventions to help them develop coping skills.
- Focus on how they have successfully dealt with challenges in their life before. What skills and strategies have they already developed that can be utilized now to help them nurture their child and cope with the impact?
- Don't forget about the practical stuff. Making sure the caregiver's and family's immediate needs are met will allow them more time, energy and resources to focus on their child's healing and growth as well as their own.

Tools and Resources

Think about these tools in the context of this definition of resilience: *The shift from reactivity to a state of resourcefulness in moments of stress and crises.* We are helping people build skills and internal and external resources not only to respond to potential impacts of trauma, but to all life challenges they may face. Those who have survived adversity and trauma may be *better able* to cope with future challenges—we can help survivors of all ages identify and build upon this strength.

- The 7 Cs: Essential Building Blocks of Resilience:
http://fosteringresilience.com/professionals/7cs_professionals.php
 - Competence
 - Confidence
 - Connection
 - Character
 - Contribution
 - Coping
 - Control

These building blocks will look different for every survivor and family you work with. All resilience and protective factors will also be shaped by a

person's intersecting identities and experiences of privilege and oppression. Some of these "Cs" may come up more naturally than others in your conversations; for those that don't, think of some ways that you can help survivors identify and utilize existing strengths in these areas. For example, what areas of your life do you feel like you have the most control over? How have you established that? Is it helpful to identify those aspects of your life that you can't control? How do you cope with those things?

There are many resources and experts that address resilience and protective factors. Some others that have been identified are: culture, community, spirituality, high expectations/goals, and of course, nurturing relationships.

- Relaxation and grounding exercises are helpful for survivors of all ages. They can be used when a survivor is experiencing triggers or overwhelming emotions. They work to re-focus the brain and re-connect with the body. Teaching simple exercises to children is important to the development of coping skills, managing feelings, and ultimately, building resilience. Some examples are tightening and relaxing different parts of the body, lying down and putting a stuffed animal on their belly that they can watch as they breathe in and out, or identifying an object such as a soft blanket, a rubber band, or a rock that can be used to engage the sense of touch. The links below provide some suggestions for teen and adult survivors and caregivers who are managing parenting stress.
 - <http://www.livingwell.org.au/relaxation-exercises/>
 - <http://www.pandys.org/articles/grounding.html>
- Sometimes, when children and families are surviving abuse, typical developmental processes can be interrupted or overshadowed. Resources created by The Search Institute provide us with easy-to-understand guidance on the things that support young people's healthy development and success. Their publications on [Developmental Assets](#) and [Developmental Relationships](#) can inform your work with children and youth and can also be shared with caregivers who are looking for more information on how to help their children heal and thrive after abuse.
- The [Amazing Brain Series](#) is an "easy-to-read set of booklets designed to give providers and caregivers important information about how children's

brains develop, the impact of trauma on brain development and new science about the teenage brain.” The booklets were written by epidemiologist and traumatologist Linda Burgess Chamberlain, PhD, MPH and produced in partnership with the [Institute for Safe Families](#). They can be purchased or downloaded directly from the website.

- WCSAP’s [2015 SAAM campaign](#) includes a *Be the Solution* game and discussion guide. The game encourages kids to discuss topics related to healthy development. The purpose of this activity is to help nurture protective factors in children. Topics that are discussed in this game, such as: supportive adults, healthy relationships, boundaries, confidence and competence, and healthy coping skills, are connected to building resilience in kids. The topics and prompts are used to cultivate conversations that will help kids identify, learn about, and reflect on these aspects of their lives. This activity can be beneficial to all kids, including those who have experienced trauma.
- Create a Personal Bill of Rights. This activity can be adapted to be developmentally appropriate for anyone you are working with. A Bill of Rights does not have to be solely focused on physical safety and boundaries; it can address all areas of a person’s well-being. For example, “I have the right to be proud of my accomplishments and use my strengths to help those around me.” A sample Bill of Rights can be found in Appendix D of the [Teen Support Group Guide](#).
- WCSAP created this [Parent Survivor resource](#) for nonoffending caregivers who are also child sexual abuse survivors. This may help validate some of their feelings and be a helpful reminder of a caregiver’s own resilience as they are coping with their child’s disclosure of abuse.

Acknowledgments

There are many organizations and individuals who are doing influential work around ACEs and resilience, many of whom shared expertise and resources compiled in this paper: [Linda Chamberlain, PhD, MPH](#), [Futures Without Violence](#), [The International Resilience Project](#), and [multiple departments and initiatives in Washington State](#). It is incumbent upon us as advocates for child sexual abuse survivors that we continue to build partnerships and share knowledge with others dedicated to the safety, well-being, and healthy development of children and families.