

Handling Disclosures:

of TRAUMA:

GUIDELINES FOR EVIDENCE-BASED INTERVENTION (EBI) FACILITATORS

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.”*

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	TRAUMA AND ADOLESCENT SEXUAL BEHAVIOR
<p><i>“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</i></p> <p><i>“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</i></p> <p><i>“Experiences or situations that are emotionally painful and distressing and that overwhelm an individual’s ability to cope”—Van der Kolk 2005</i></p>	<p>Child maltreatment and childhood exposure to trauma are associated with:</p> <ul style="list-style-type: none"> • 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 <p>Trauma exposure has far reaching effects on adolescent development: http://www.safestartcenter.org/pdf/impact-exposure-violence-on-dev.pdf</p>
TRAUMA TREATMENT PROVIDERS	FOR MORE INFORMATION
<p>Your program’s referral network should include:</p> <ul style="list-style-type: none"> • 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 	<p>CDC Division of Violence Prevention www.cdc.gov/violenceprevention</p> <p>Child Welfare Information Gateway www.childwelfare.gov/responding/trauma.cfm</p> <p>Futures Without Violence www.futureswithoutviolence.org</p> <p>National Clearinghouse on Families and Youth ncfy.acf.hhs.gov/topics/trauma-informed-care</p> <p>National Domestic Violence Hotline 1-800-799-7233 www.ndvh.org</p> <p>National Teen Dating Abuse Hotline 1-866-331-9474 www.loveisrespect.org</p>

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

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