

Summary Findings

Trauma Centre Survey

Nov.2023 – Feb. 2024



Reference

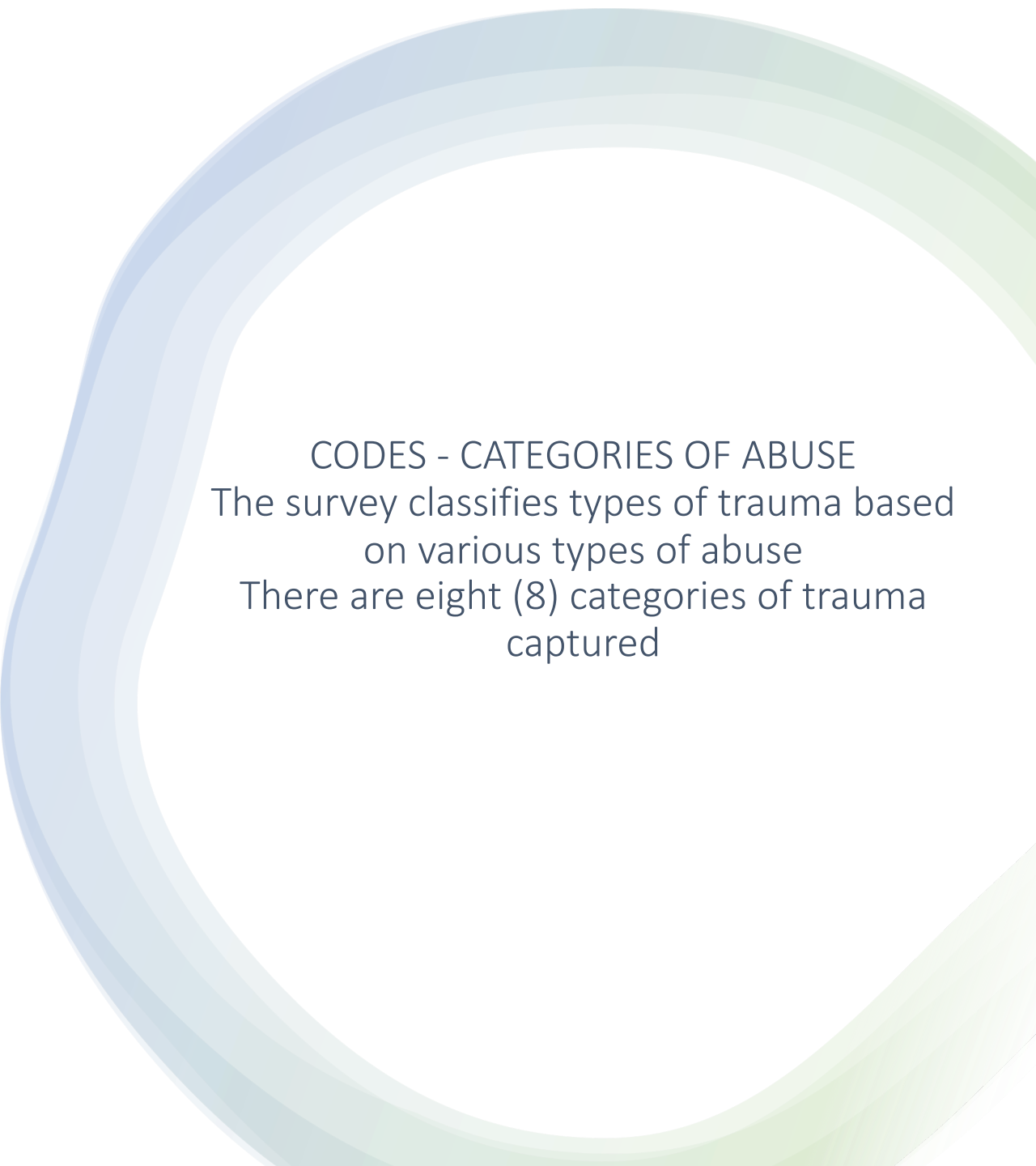
CODE BY AGE	AGE GROUPING
GROUP A	0-11
GROUP B	12-19
GROUP C	21-35
GROUP D	36-59
GROUP E	+60

CODES - AGE GROUPS

The survey classifies persons captured in the survey by age groups.
There are five age groups from zero to +60

Reference

SHORT CODE	TYPES OF TRAUMA
Sexual	Sexual Abuse
Physical	Physical Abuse
Emotional	Emotional & Psychological Abuse
Organisational	Spiritual or Religious Organisation
Cyber	Cyber Bullying
Neglect	Lack of Parental Care, Food, Clothing, Shelter
Racial	Race Discrimination & Xenophobia
Gender	Sex & Gender Abuse



CODES - CATEGORIES OF ABUSE
The survey classifies types of trauma based
on various types of abuse
There are eight (8) categories of trauma
captured

CODE BY ORGANISATION	NAME OF ORGANISATION	Estimates (Yearly)
AFLC	Archdiocese Family Life Commission (D)	27,300 (Direct) 81,366 (Indirect)
CAMSEL	Catholic Media Services Limited (D)	960,000(Print) 1,330,000(Digital)
CCSJ/AMMR	Catholic Commission for Social Justice (D)	30,000 (Direct) 90,000 (Indirect)
CEMB	Catholic Education Board of Management (D)(Primary and Secondary schools)	42,710 (Students) 2,488 (Teachers) 552 (Staff)
CTC	Companions of the Transfigured Christ Community (E)	1,000 (Direct)
ELC	Eternal Light Community (E)	2160 (Direct)
AEC	Arch Evangelization Commission(D)	367 (Direct)
EC	Emmanuel Community (E)	920 (Direct)
HFS	Holy Faith Sisters (R)	4500 (Direct)
ACC	Arch Catechetical Commission(D)	5,000(Direct)
LTC	Liturgical Commission (D)	1434 (Direct)
LWC	Living Water Community (E)	3,360,000 (TV) 340,000 (Direct)
OYM	Office of Youth Ministry (D)	6,500 (Direct) 3500 (Indirect)
POP	People of Praise (E)	6, 227 (Direct)
FITT	Franciscan Institute Trauma Team (R)	4,303 (Direct)
ZRCC	Zion RC Community (E)	6,000 (Direct)

N.B. This Question was asked after the Trauma Survey was completed.

"How many people do you estimate are impacted, supported and or served by the work of your specific Commission, Company (Schools, Media) or Ecclesial Community each year?"

CATEGORY OF RESPONDENTS

16 of 16 organisations polled responded.

8 Diocesan (D)

6 Ecclesial (E)

2 Religious (R)

These are represented in the report by
acronyms

Totals of those reporting:

Directly served (14) = **481,461**

(counting Teachers/Staff)

Indirectly served =174,866

Media:

3,360,000(TV)

960,000(Print)

1,330,000 (Digital)

CODE BY ORGANISATION	NAME OF ORGANISATION	AWARENESS
AFLC	Archdiocese Family Life Commission (D)	YES
CAMSEL	Catholic media Services Limited (D)	NO
CCSJ/AMMR	Catholic Commission for Social Justice (D) Arch-Ministry Migrants & Refugees	YES
CEMB	Catholic Education Board of Management (D)	YES
CTC	CTC Community (E)	NO
ELC	Eternal Light Community (E)	YES
AEC	Arch Evangelical Commission(D)	YES
EC	Emmanuel Community (E)	NO
HFS	Holy Faith Sisters (R)	YES
ACC	Arch Catechetical Commission(D)	NO
LTC	Liturgical Commission (D)	YES
LWC	Living Water Community (E)	YES
OYM	Office of Youth Ministry (D)	YES
POP	People of Praise (E)	NO
FITT	Franciscan Institute Trauma Team (R)	YES
ZRCC	Zion RC Community (E)	YES

What is the name of your organisation?
Q1. How is your organisation classified?
Q2. Do you believe that your organisation and its members are adequately aware of different types of trauma and their effects?

CATEGORY OF RESPONDENTS

16 of 16 organisations polled responded.
8 Diocesan (D)
6 Ecclesial (E)
2 Religious (R)

These are represented in the report by acronyms.

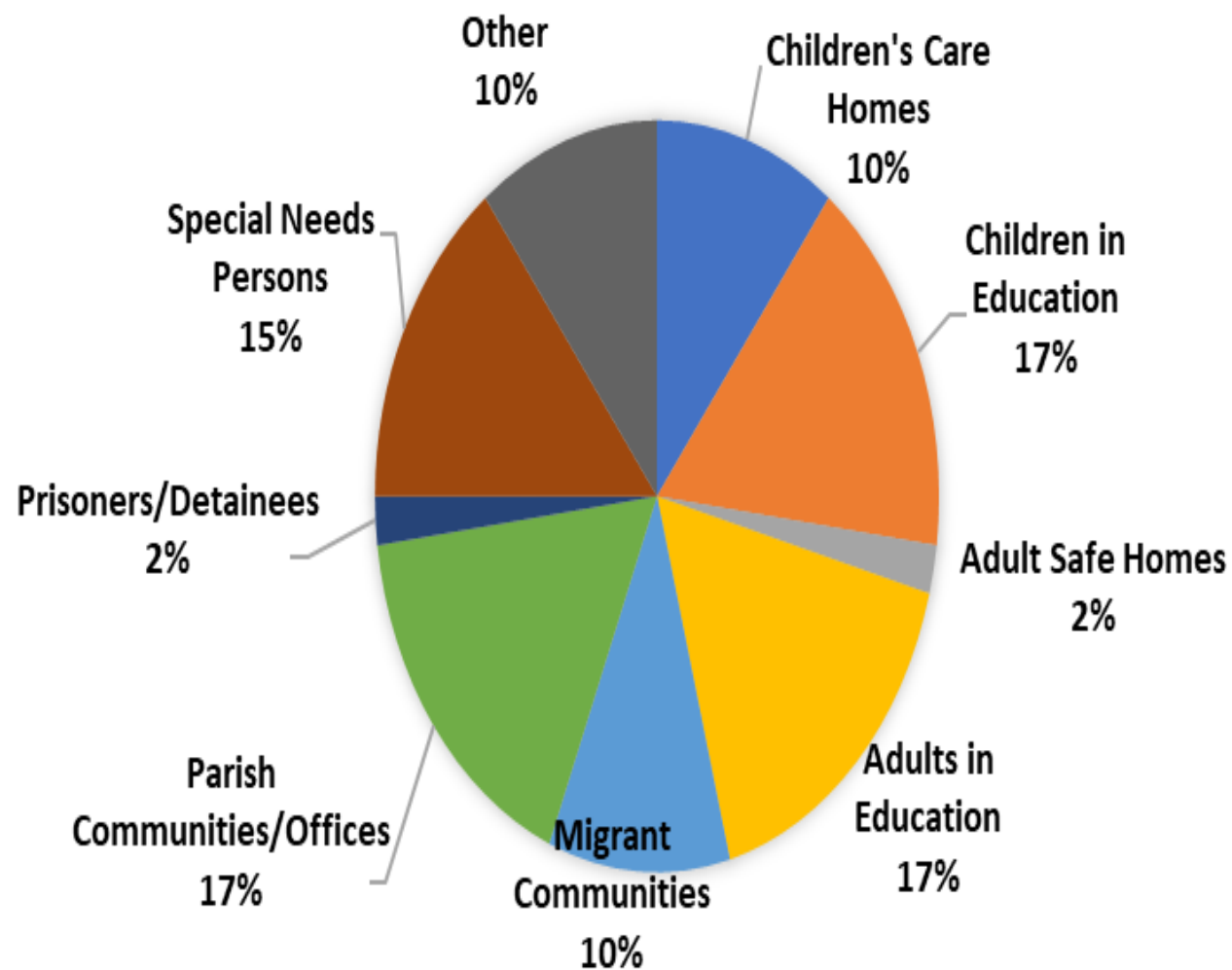
Ten(11) out the sixteen (16) or 69% surveyed suggested that they were adequately aware of the different types of trauma and their effects.

Q3. Does your team/organisation serve any of these groups of persons?

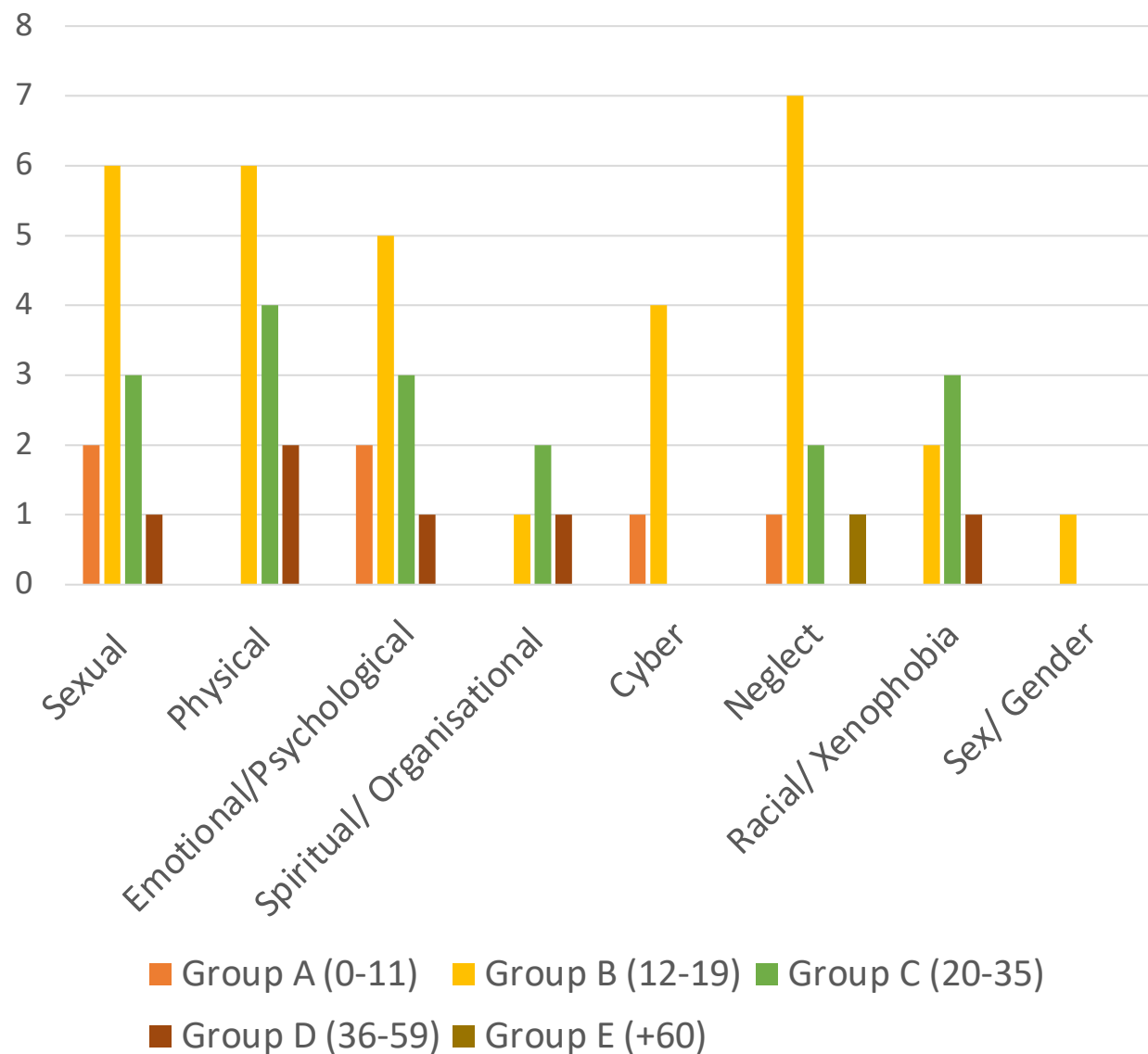
Groups of Persons Served by Organisations

- When asked about groups of persons served, most participants indicated that they worked with Children in Education (11), Adults in Education (10), Parish Communities/Offices (11) and Persons with Special needs (9). This was followed by Migrant Communities (7) and by Children in Care Homes (6).
- For those areas not listed, four participants added sub-groups such as family (parents, engaged/married couples, singles/separated/divorced persons), drug addicts or person in rehab, youth outside of education, and parish systems. foodbank, homework centre, home visitation/outreach ministry, poor in squatting areas, charismatic prayer community, youth ministry, children's ministry, healing and deliverance ministry.
- FITT serves persons suffering trauma from natural disasters.

CATEGORIES OF PERSONS SERVED BY NO. OF ORGANISATIONS



CHILDREN'S CARE HOMES



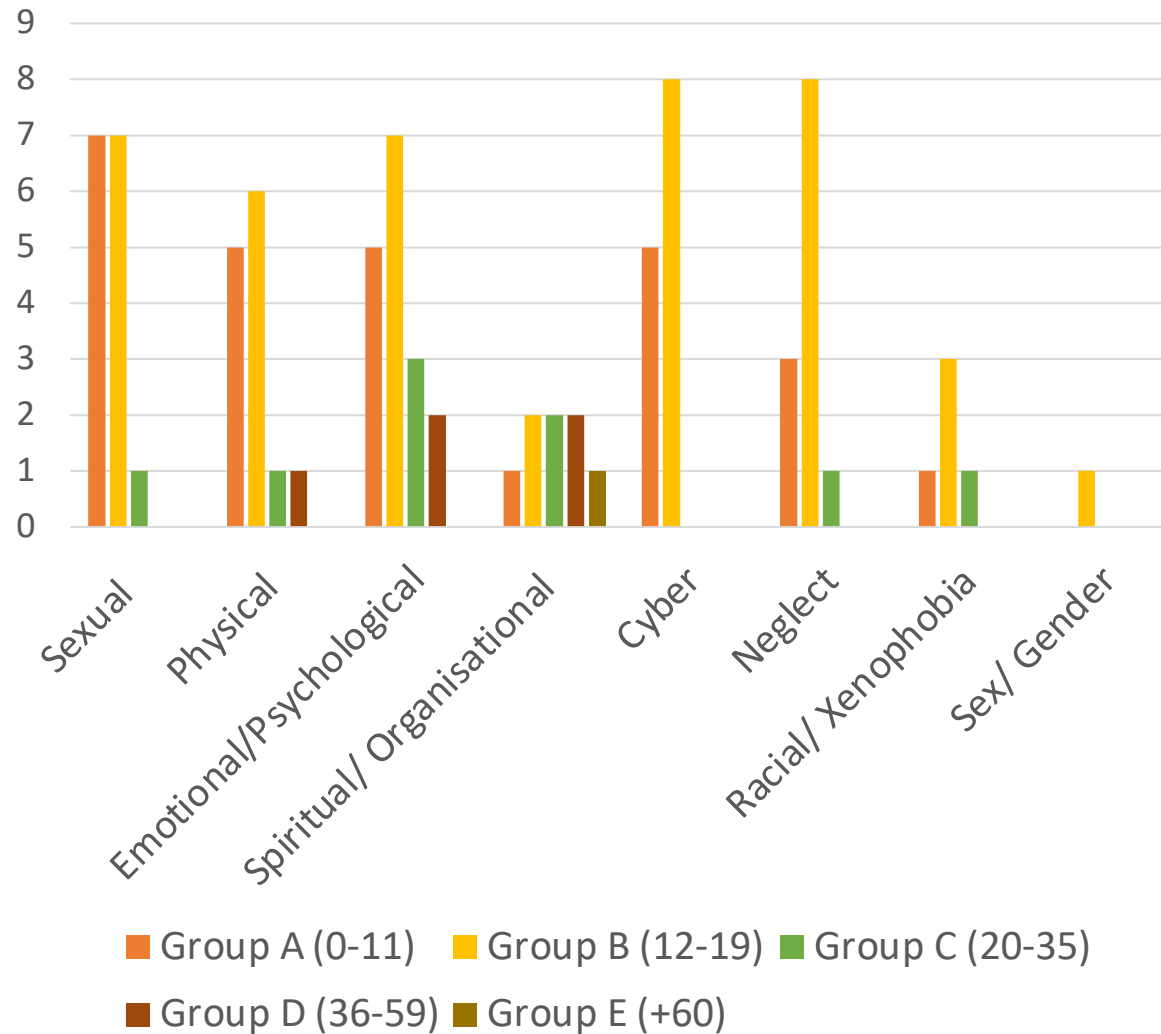
Q4a. Does your team/organisation encounter any of the following forms of abuse among those you care for in each of these age groups?

Children in Care by Age and Organisation

The most common form of abuse among children in Care Homes is neglect. The age group most affected was Group B (12 to 19) years.

- Seven (7) organisations cited neglect as a frequently occurring form of abuse. This was followed by sexual, and physical by six (6) organizations. Emotional abuse was cited by five (5) organizations, then cyber abuse was cited by four (4) organisations.
- Emotional abuse was cited by five (5) organizations.

CHILDREN IN EDUCATION



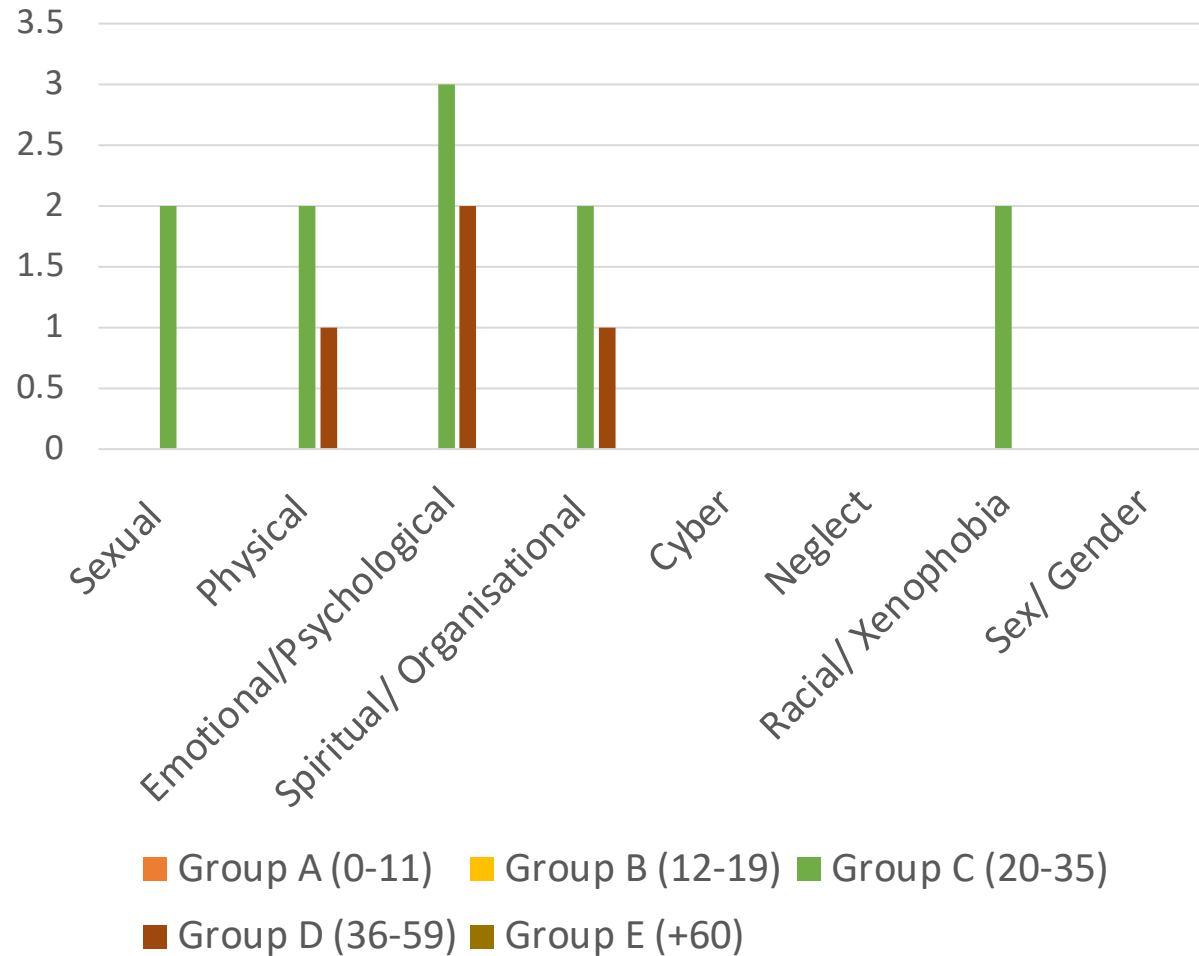
Q4b. Does your team/organisation encounter any of the following forms of abuse among those you care for in each of these age groups?

Children in Education by Age and Organisation

The most common form of abuse among children in education are cyber abuse and neglect. Each was cited by an average of 8 organizations. This was followed by sexual and psychological abuse.

- The age group most affected by abuse in these categories were Group B – 12 to 19 years; followed closely by Group A (0-11 years)
- Cyber Abuse in Group B (12-19) was cited by 8 organisations; followed closely by Group A (0-11) as cited by 5 organisations
- Neglect in Group B (12-19) was cited as frequently occurring by 8 organisations; and in Group A (0-11) by 3 organisations.
- Race was cited by 2 organisation across Age Groups A,B and C
- Sex/Gender abuse was cited by only 1 organisation and occurring in Group B (12-19)

ADULTS IN SAFE HOMES & ADULTS IN EDUCATION



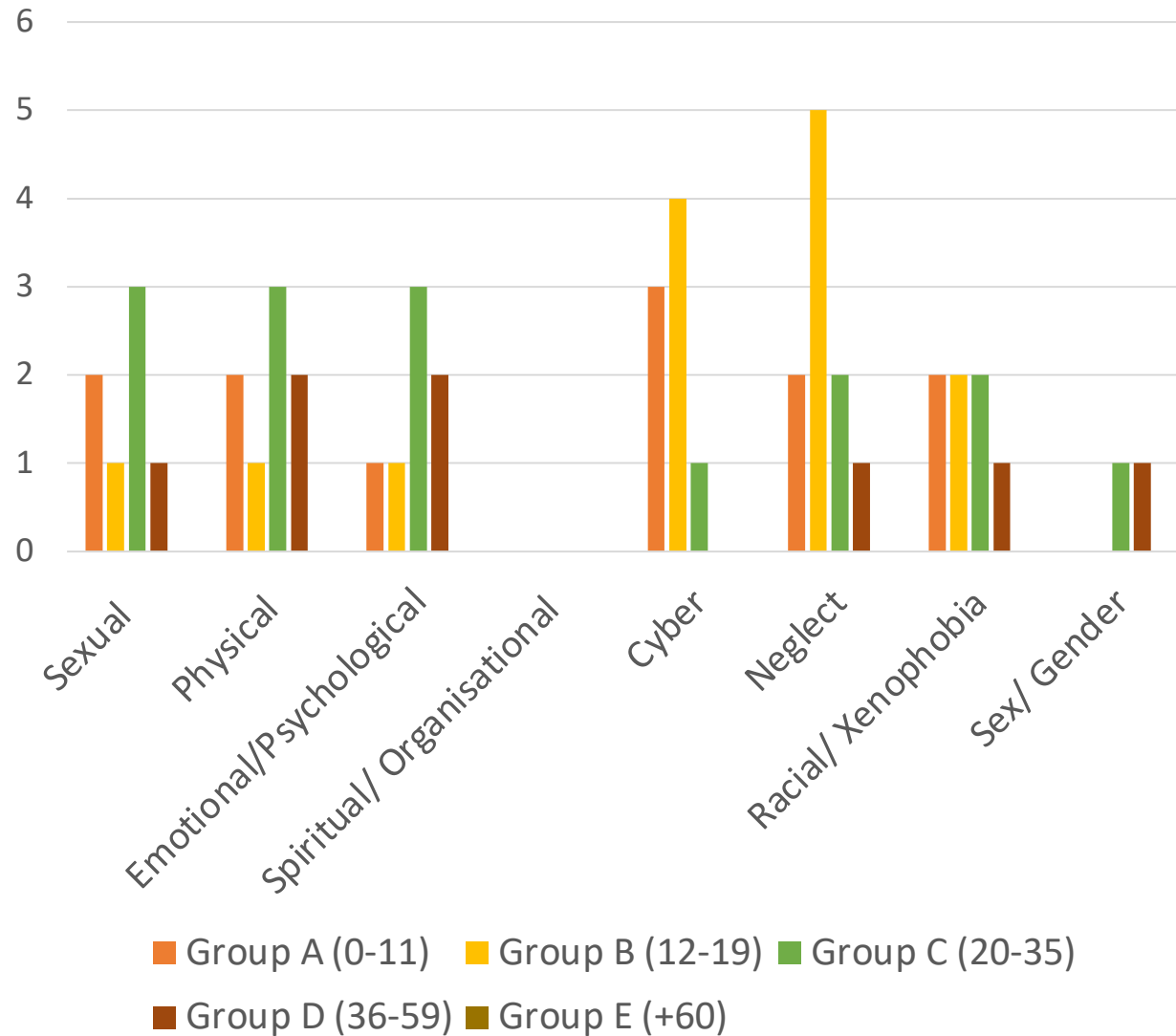
Q4c&d. Does your team/organisation encounter any of the following forms of abuse among those you care for in each of these age groups?

Adult Abuse by Age and Organisation

The highest incidents of abuse among adults in education were reported in Group C (20-35)

- Group C experienced abuse in 5 of 8 areas examined – sexual, physical, emotional, organisational and racial
- Highest incidents of abuse was emotional abuse experienced by Group C and reported by 3 organisations
- Group D (36-59) experienced abuse in three areas – physical, emotional and spiritual – highest frequency was across 2 organisations

MIGRANT COMMUNITY



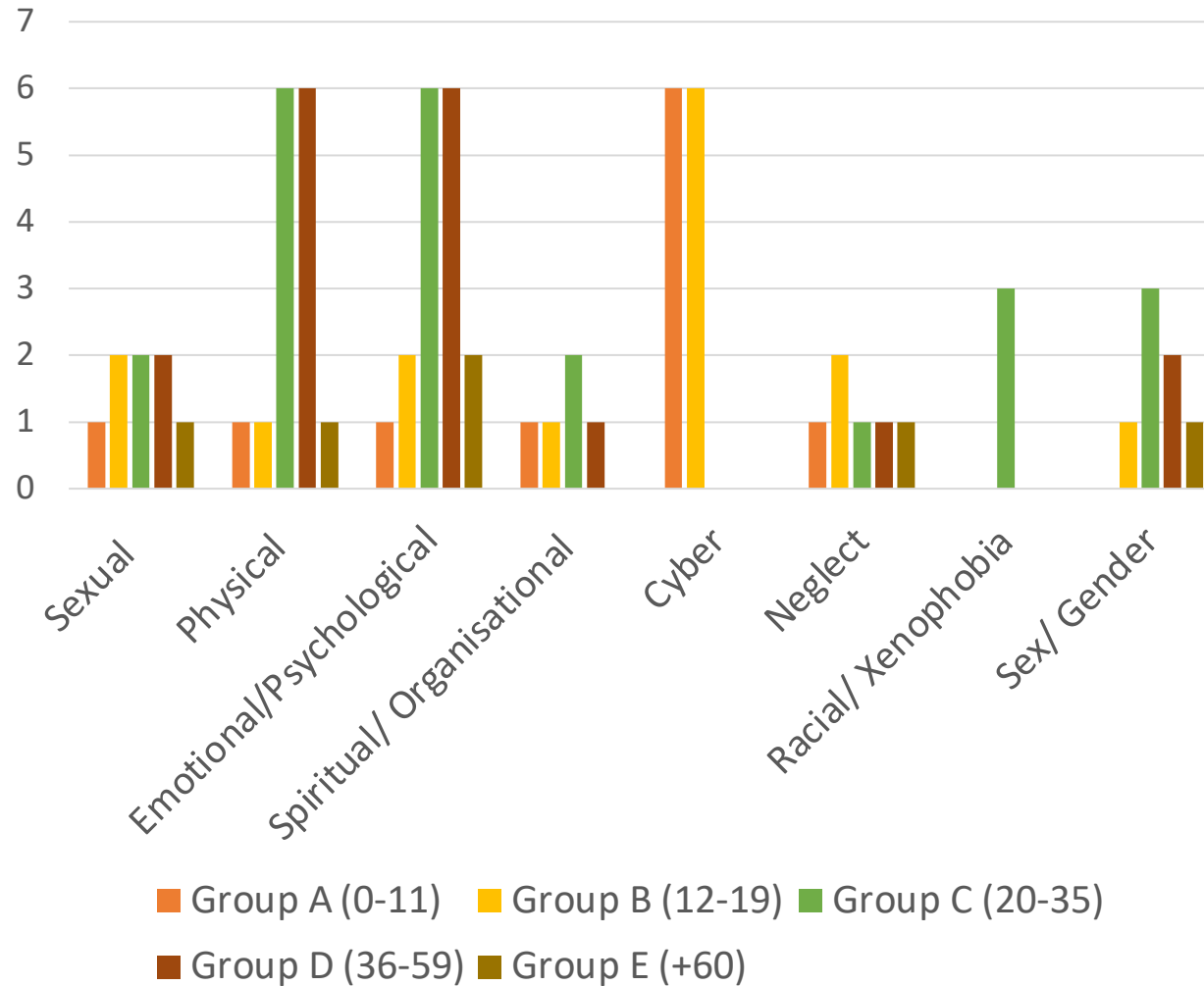
Q4e&f. Does your team/organisation encounter any of the following forms of abuse among those you care for in each of these age groups?

Migrant Abuse by Age and Organisation

The most common form of abuse experienced by the migrant community is neglect. This was cited by 5 organisations.

- The age group most affected by far by neglect is Group B (12-19 years).
- Cyber Abuse was the second highest category of abuse in Group B (12-19) was cited by 4 organisations; followed closely by Group A (0-11) as cited by 3 organisations.
- Sexual, Physical, and Psychological abuse was cited by 3 organizations and mostly in Group C (20-35).
- Race was cited by 2 organisations across Age Groups A, B, C, and D.
- Sex/Gender abuse was cited by only 1 organisation and occurring in Group C and D.

ORGANISATIONAL (PARISH COMMUNITIES & OFFICES)



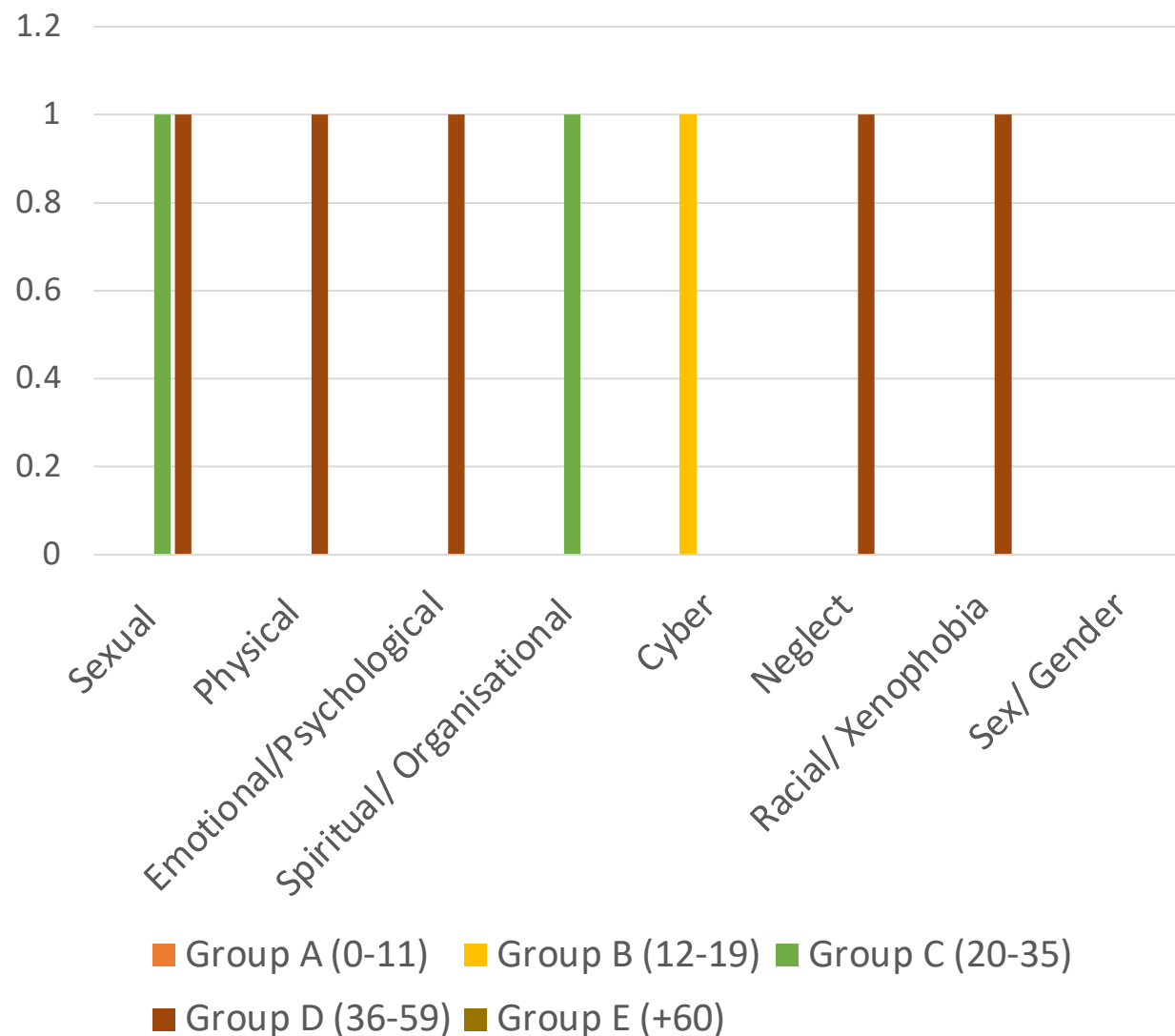
Q4g. Does your team/organisation encounter any of the following forms of abuse among those you care for in each of these age groups?

Organisational Abuse by Age and Organisation

Organisational abuse is largely an adult experience affecting mostly Groups C & D, with some significant impact on Group E (+60)

- The most common forms of abuse are Physical or Psychological, and was cited by 6 organisations
- The second highest form of abuse was Emotional and occurred primarily in Group C (20-35) and Group D (36-59)
- Cyber Abuse was determined to impact Group A (0-11) and Group B (12-19) and reported by 6 organisations .
- Racial Abuse was experienced only within the Group C demographic (20-35) and reported by 3 organisations.
- Gender Abuse was reported across Groups C,D, and E with Group C (20-35) experiencing higher levels of abuse.

SPECIAL NEEDS PERSONS



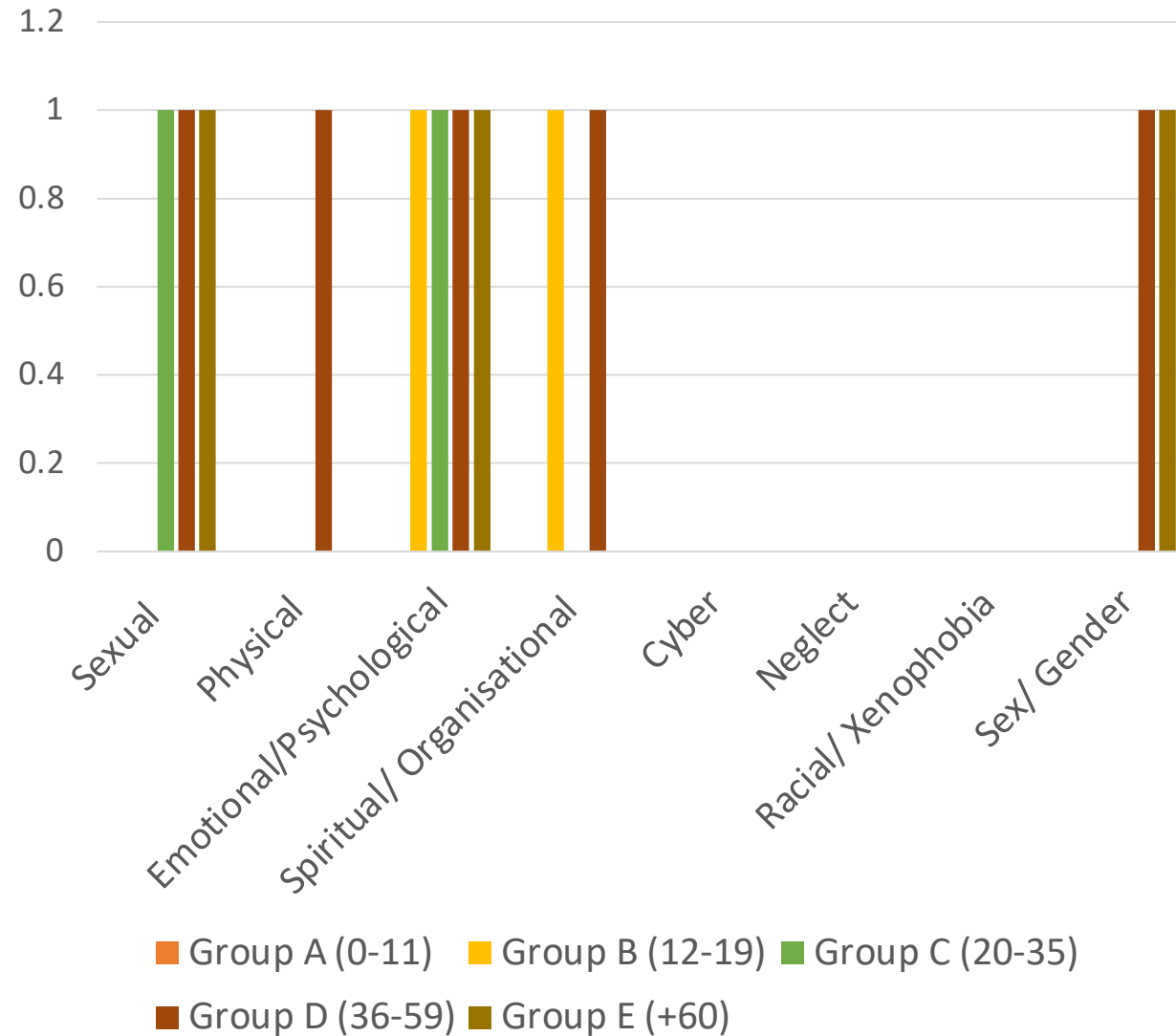
Q4h. Does your team/organisation encounter any of the following forms of abuse among those you care for in each of these age groups?

Special Needs by Age and Organisation

Special Needs Abuse was reported only by one organisation – Emmanuel Community; although six (6) organisations in total provided trauma care to special needs persons.

- Sexual abuse was reported to occur in two Groups – C (20-35) and D (36-59)
- Group D (36-59) were most impacted by abuse, with abuse occurring in all areas of investigation except for Organisational and Cyber abuse
- Cyber Abuse affected the Group B demographic (12-19)
- Organisational Abuse affected Group C (20-35)

OTHER GROUPS OF PERSONS



Q4i. Does your team/organisation encounter any of the following forms of abuse among those you care for in each of these age groups?

Other Groups by Age and Organisation

Other types of abuse were reported by the POP Community, OYM, and CTC. These demographics included: Youth, Men, Addicts, Persons in Drug Rehab, Youth (12-35) outside of Parish Systems or education.

The FITT deals with natural disaster trauma.

Data was available only for the POP Community

- Abuse occurred in five (5) of the eight (8) areas of enquiry – Sexual, Physical, Emotional, Organisational and Gender Abuse.
- The demographic most impacted were Group D (36-59). This was also the only group that reported Physical Abuse.
- The most frequently occurring form of abuse was Emotional/Psychological and affected Groups B,C,D and E
- There was no report of abuse in the areas of Cyber, Neglect and Racial Abuse in this group of persons.

Q5. Would your organisation benefit from a centralized resource to counselling, psycho-educational trainings, emergency responses, and other services for the issues identified in Question #4?

Q8. Does your organisation keep a record of persons who have accessed services for trauma care?

Q10. Does your organisation have a safeguarding policy for identifying and reporting abuse in place?

Q11. Are the members/staff of your organisation currently trained in safeguarding measures? (Dealing with vs. trained to do)

Centralization. Records. Safeguarding Policy & Training

- OYM indicated that they have 4 Staff and +300 Volunteers dealing with trauma
- OYM indicated that they have 2 Staff and 20 Volunteers trained in trauma care
- POP indicated that they have 1 Staff and 7 Volunteers dealing with trauma. Pop indicated that they have 1 Staff and 7 Volunteers in category “Others” who are trained with trauma in category “Others”
- HFS have 14 Staff dealing with trauma in homes, education and parishes but only 5 are trained in trauma care
- CCSJ indicated that 3 Staff are dealing with trauma but only 2 are trained
- AFCL has 1 Staff is dealing with trauma, but no Staff is trained in trauma care.
- FITT has 4 staff trained who deal with and actively provide care; and 30 volunteers.
- ZRCC have 2 staff and 5 Volunteers dealing with trauma and 1 in each group trained

	Would your organisation benefit from a centralised resource	Does your organisation keep a record of persons accessing care	Does your organisation have a safeguarding policy?	No. of personnel dealing with trauma	No of personnel trained in trauma care
AFCL	YES	YES	YES	1	0
AEC	YES	YES	YES	0	0
CAMS	NA	NO	NO	0	0
CCSJ	YES	YES	YES	3	2
CTC	YES	YES	YES	2	1
CEMB	YES	NO	YES	0	0
ELC	YES	YES	YES	6	0
EC	YES	NO	NO	0	0
FITT	YES	YES	YES	4 + 30	4+30
HFS	YES	YES	YES	14	5
LITCOM	YES	NO	YES	0	0
LWC	YES	YES	YES	0	0
OYM	YES	YES	YES	4 + 300 Vol	2 + 20 Vol
POP	YES	YES	YES	1 + 7 Vol	1 + 7 Vol
CC	YES	NO	YES	5	0
ZRCC	YES	YES	YES	2 + 5 VOL	1 + 1 VOL

Referrals by Category of Abuse

Q6. Do you currently access any of the available services in providing trauma care. If so, please identify which of these is your primary and secondary resource for each category of trauma.

	CATT	Public Health	Private Health	Church	Clergy	Institutional	Untrained	NGO	UN Types	Other
Sexual	6	1	3	1	0	1	0	1	1	0
Physical	6	0	1	0	0	2	0	2	1	0
Emotional	4	0	2	1	0	3	0	1	1	1
Organisational	1	0	1	2	3	0	1	0	0	0
Cyber	2	1	2	1	0	0	0	1	1	0
Neglect	5	2	1	1	0	0	0	1	1	1
Racial	2	0	2	1	0	0	0	2	1	0
Gender	2	0	2	1	0	0	0	2	1	0
	27	4	14	8	3	6	1	10	7	3

• **Highest levels of referrals are to the Children's Authority with 21 instances of referral for trauma care. This is followed by 14 instances of referral to Private Health and 10 instances to NGO type resources.**

- Highest levels of trauma referral are for Sexual and Physical abuse. CATT is used most, followed by Private Health, NGOs.
- 6 organisations use CATT as their preferred resource for sexual abuse trauma and physical abuse trauma.
- 6 organisations use CATT as the preferred resource for emotional trauma and trauma from neglect; while 3 source Public Health care.
- 4 organisations use Public Health services for sexual abuse trauma
- 8 use Church Counsellors, 6 organisations use Institutional resources as their preferred resource for Emotional trauma care
- 2 organisations also source CATT for cyber, racial and gender abuse trauma
- 2 organisations source Private Health services for emotional, cyber, racial and gender-based trauma issues
- 2 organisations source NGOs for trauma care in the areas of physical, racial and gender-based abuse
- 2 organisation refer to the Clergy and the Church for Organisational abuse trauma
- Least used resources are Clergy, and Other resources
- UN and UN Type resources are referred in 7 instances
- FITT is self-served

Experience of Impacts of Trauma – by organisation

Q7a. What are the psychological, psychophysical or psychosocial impacts you observe or experience by those persons who have been impacted by the types of trauma identified.

	AFCL	CAMS	CCSJ	CEBM	CTC	ELC/AEC	EC	FITT	HFS/ACC	LTC	LWC	OYM	POP ZRCC	
Depression	YES	NO	NO	YES	YES	YES/NO	YES	YES	YES/ Yes	NO	NO	YES	YES YES	11
Suicidal Thoughts	YES	NO	NO	YES	YES	YES/NO	YES	YES	YES/Yes	NO	NO	YES	YES YES	11
Low Self-Esteem	YES	NO	NO	YES	YES	NO/NO	YES	YES	YES/Yes	NO	YES	YES	YES YES	11
Rage Attacks	YES	NO	NO	YES	YES	NO/NO	NO	YES	YES/Yes	NO	YES	YES	YES YES	10
Acting Out	YES	NO	NO	YES	YES	NO/NO	YES	YES	YES/Yes	NO	YES	YES	YES YES	11
Self-Harm	YES	NO	NO	YES	YES	YES/NO	YES	YES	YES/Yes	NO	NO	YES	YES YES	11
Promiscuity	YES	NO	NO	NO	YES	YES/NO	YES	YES	YES/Yes	NO	NO	YES	YES YES	10
Substance Addictions	YES	NO	NO	NO	YES	YES/NO	YES	YES	YES/Yes	NO	NO	YES	YES YES	10
Sex or Porn Addictions	YES	NO	NO	NO	YES	YES/NO	YES	YES	Yes/Yes	NO	NO	YES	YES YES	10
Anxiety or Insomnia	YES	NO	NO	NO	YES	YES/NO	YES	YES	YES/Yes	NO	NO	YES	YES YES	10
Psychosomatic Disorders	YES	NO	NO	NO	NO	YES/NO	NO	YES	YES/Yes	NO	NO	YES	YES YES	8

All organisation reported observing or experiencing symptoms or impacts of trauma.

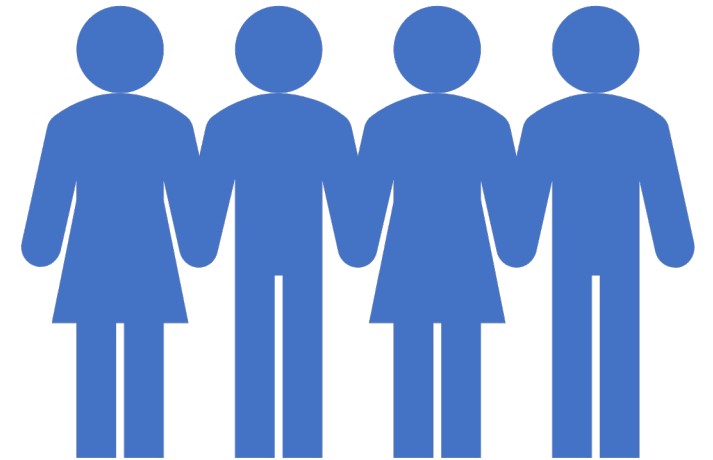
- Trauma impact was most prevalent in five (5) categories of symptoms: Depression, Suicidal Thoughts, Low Self-Esteem, Self Harm, and Acting Out. These were identified by 11 (11) of fifteen (15) organisations polled.
- This was followed closely by symptoms of, Rage Attacks, Promiscuity, Substance Abuse, Sex or Pornography Addictions, and Anxiety or Insomnia, which were each identified by ten (10) organisations.
- Eight (8) organisations reported symptoms of Psychomatic Disorders
- 7 Organizations have observed all the symptoms in their trauma population.
- CTC experienced 10 of 11 possible symptoms and EC 9.

Q7b. What are the psychological, psychophysical or psychosocial impacts you observe or experience by those persons who have been impacted by the types of trauma identified.

Impacts by Organisation and age demographics*

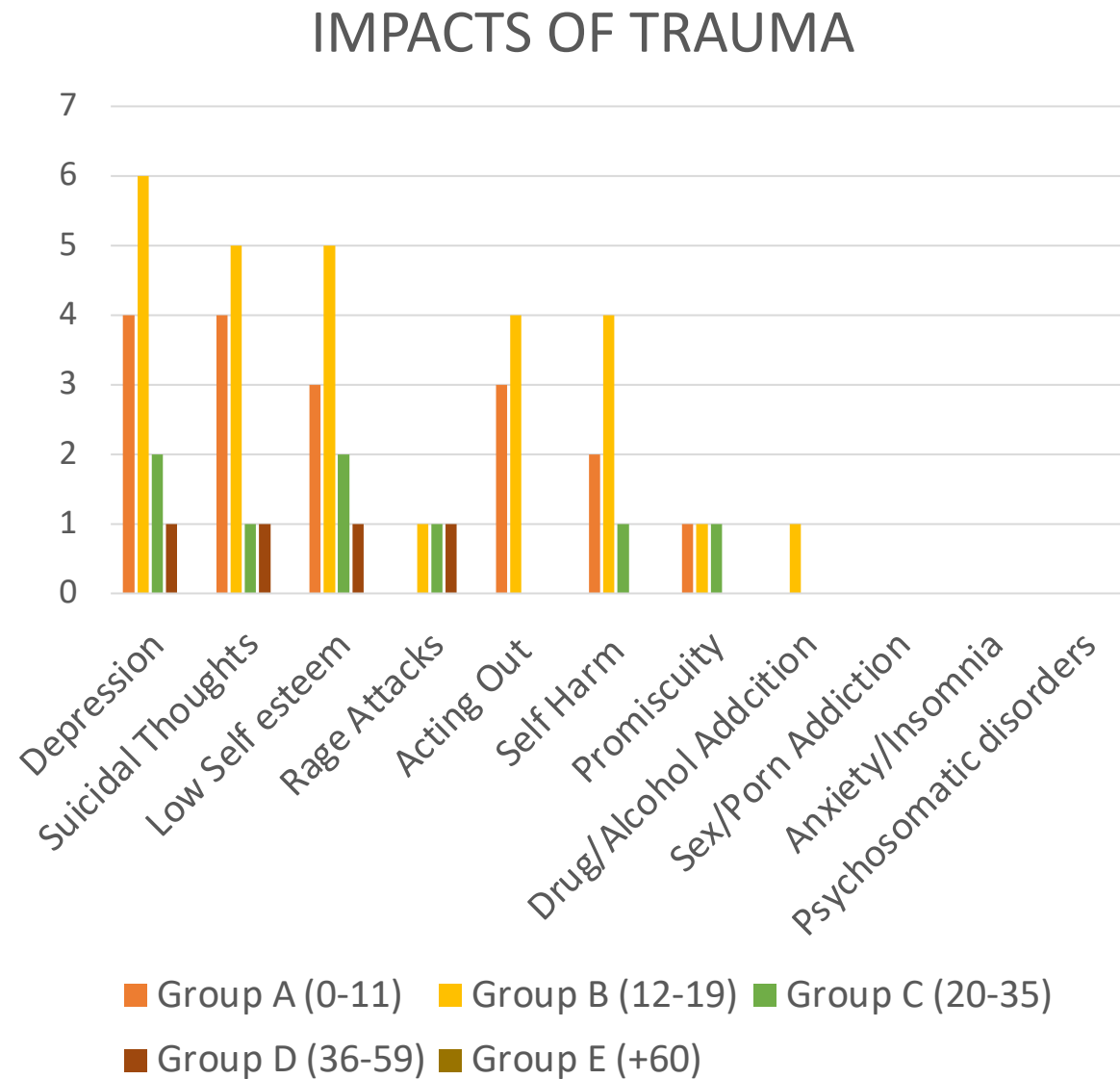
Symptoms of trauma were most prevalent in Groups A through D with some occurrences in Group E. Groups B,C, and D were most impacted.

- AFCL – experienced symptoms in Groups A-E
- CEBM experienced symptoms in Groups A-C
- CCSJ/AMMR - experienced symptoms in Groups A-E
- CTC experienced symptoms in Groups A-D
- ELC experienced symptoms in Groups A-E
- EC experienced symptoms in Groups B-E
- FITT experienced symptoms in Groups B-E
- HFS experienced symptoms in Groups A-C
- LWC experienced symptoms in Group A only
- OYM experienced symptoms in Groups A-D
- POP experienced symptoms in Groups B-E
- AEC experienced symptoms in Groups A-E
- ZRCC experienced symptoms in Groups A-E
- LTC, AEC, and CAMSEL –did not report.



Q7c. What are the psychological, psychophysical or psychosocial impacts you observe or experience by those persons who have been impacted by the types of trauma identified.

Impacts of Trauma Observed – by frequency*



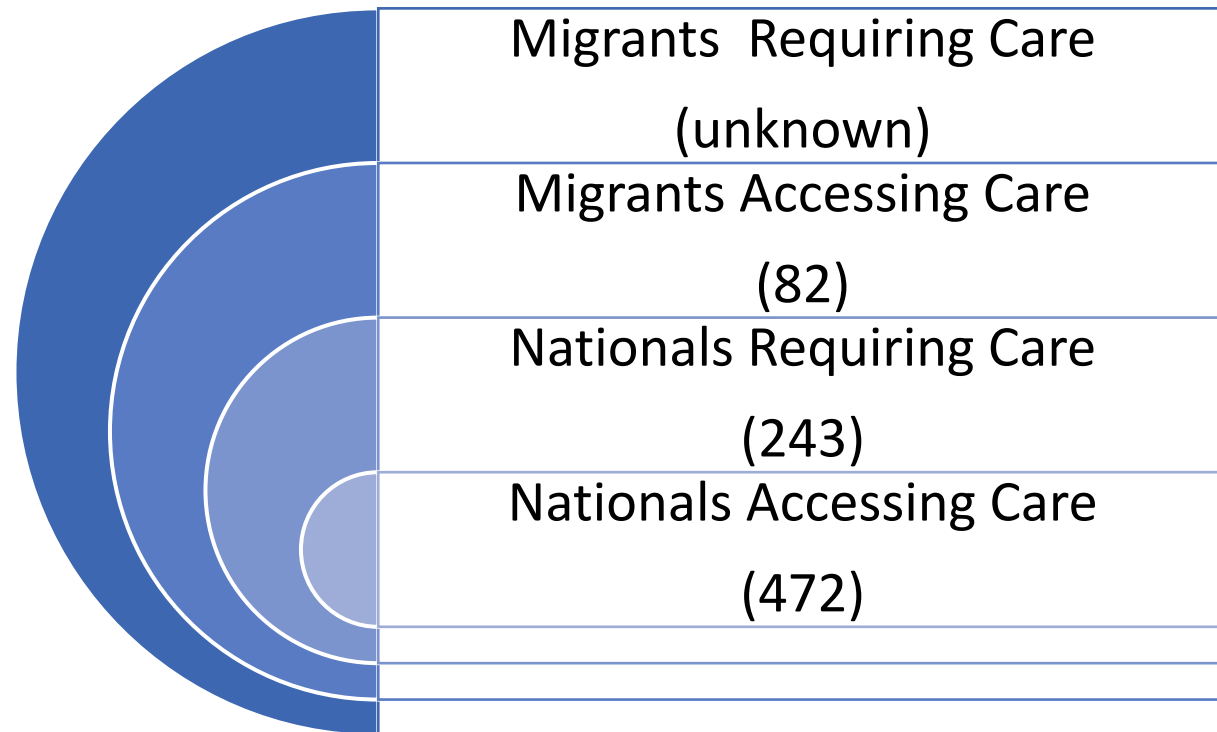
The most common impact among children in education are depression, suicidal thoughts and low self-esteem. This followed by acting out and self-harm.

- The age group most impacted were Group B – 12 to 19 years; followed closely by Group A (0-11 years)
- This was followed by Group C (20-35 years)
- A total of twelve (12) organisations reported impacts of low self-esteem, acting out, self-harm, and promiscuity.
- Ten (10) organisations observed symptoms of depression, rage attacks, sex/porn addictions and anxiety or insomnia. This was followed closely by suicidal thoughts and substance abuse observed by seven (9) organisations
- Least occurring but experienced by as many as 8 of 16 organisations were psychosomatic disorders.

Persons Requiring vs. Receiving Care

- Only 4 organisations captured data that tracked limits to access of persons needing care.
- FITT & ZRCC had data for migrants with 82 persons receiving care.
- HFS tracked 20 persons needing care while only 10 were able to access care services.
- OYM tracked 159 persons needing trauma care while only 70 were able to access it.
- ZRCC tracked 5 migrants needing and receiving care; 65 nationals requiring care with 25 receiving it.

Q9a&b. Using your records as reference, and based on known needs, how many MIGRANT persons and how many NATIONAL persons in your organisation currently RECEIVE as compared to those who REQUIRE trauma care.



Training Capability by Organisation

- Eight (8) organisations are trained in the areas of Sexual Abuse.
- Eight (8) are trained in the areas of Physical Abuse,
- Seven (7) organisations are equipped to deal with Emotional Abuse
- Six (6)) are equipped to deal with Spiritual/Organisational Abuse
- Six (6)) are equipped to deal with Neglect
- Four (4)) are equipped to deal with Racial or Xenophobic Abuse. Three of those are with “Migrants” or “Other”.
- Three (3) are equipped to deal with Cyber Bullying, Both of those are limited to either “Migrants” or “Other”
- Three (3) are equipped to deal with Sex/Gender abuse. Two of those are limited to either “Migrants” or “Other”
- _____
- ** Note: POP is trained to deal only with matters in the “Other” category of deliverance and healing ministries.
- ** Note: EMCOM is trained only in matters related to “Special Needs”.
- ** Note: OYM is trained to deal only with matters in the “Other” category of deliverance and healing ministries.
- ** Note: CCSJ is trained to deal only with matters in the “Migrant” category of deliverance and healing ministries.
- FITT deals mostly with natural disasters trauma.

Q11. Are the members/staff of your organisation currently trained in safeguarding measures?

Organisation	Sexual	Physical	Emotional	Organisational	Cyber	Neglect	Racial	Gender
AFCL	NO	NO	NO	NO	NO	NO	NO	NO
CAMS	NO	NO	NO	NO	NO	NO	NO	NO
CCSJ**	YES	YES	YES	YES	YES	YES	YES	YES
CTC	YES	YES	YES	NO	NO	NO	NO	NO
CEMB	NO	NO	NO	NO	NO	NO	NO	NO
ELC/AEC	YES/NO	YES/NO	YES/NO	NO/NO	NO/NO	YES/NO	NO/NO	NO/NO
EMCOM**	YES	YES	YES	YES	NO	YES	YES	NO
FITT	YES	YES	YES	YES	YES	YES	YES	YES
HFS/ACC	YES/NO	YES/NO	YES/NO	YES/NO	NO/NO	YES/NO	NO/NO	NO/NO
LITCOM	NO	NO	NO	NO	NO	NO	NO	NO
LWC	NO	NO	NO	NO	NO	NO	NO	NO
OYM **	YES	YES	YES	YES	YES	YES	YES	YES
POP	YES	YES	NO	YES	NO	NO	NO	NO
CC	NO	NOI	NO	NO	NO	NO	NO	NO
TOTAL	8	8	7	6	3	6	4	3

Accessing Current Programmes & Agencies

Q12. Does your organisation actively access any of the following training programmes?

DOES YOUR ORGANISATION ACCESS THESE TRAINING PROGRAMMES	AFCL	CAMS	CCSJ	CEBM	CTC	ELC	EC/AEC	HFS/CC	LTC	LWC	OYM	POP	
VIRTUS	Y	N	Y	N	Y	Y	N/Y	Y/Y	N	N	Y	Y	8
State Training	N	N	N	N	Y	Y	Y/N	Y/N	N	N	Y	N	5
Background Checks Training	N	N	N	N	N	N	N/Y	Y/N	N	N	N	N	1
UN Trainings	N	N	Y	N	N	N	N/N	N/N	N	N	N	N	1
Youth Ministry Leadership Training	N	N	N	N	Y	N	Y/N	N/Y	N	N	Y	N	3
Civil Society Training	N	N	Y	N	Y	Y	Y/Y	N/N	N	N	Y	N	5
Pastoral Training	N	N	N	N	Y	Y	N/Y	Y/N	N	N	Y	Y	5
Other	N	N	N	N	Y Online	N	Y/Y Online	N	N	N	N	N	2

- The most sourced organisation for training is Virtus with eight (8) organisations indicating this as a training resource for trauma and safeguarding training.
- State and Civil Society and Pastoral Training were the next most utilised resources for training with five (5) organisations accessing each of these services.
- Three (3) organisations named Youth Ministry Leadership and Other (Online) Resources for training
- The least used services were Background Checks Training, UN trainings with only one (1) organisation each accessing these services.
- FITT provides its own training and services.

Q13. What resources do you believe are needed to serve the psychological needs of these vulnerable persons?

Recommendations for new trauma care resources

(Each of 12 organisations was asked to make a recommendation)



Institutional Counsellors (14 recommenders)



Trauma Therapists (12 recommenders)



Church/Religious Counsellors (10 recommenders)



Mentors (13 recommenders)



Psycho-Educational Training (15 recommenders)



Continuous Assessment (14 recommenders)



Other – Specialist Centres & Clinics, a suite of social services inc. housing, medical etc.

Open Question
#14 Is there a
specific trauma
related service
that your
organisations
offers?

AFCL
• NA

CAMSEL
• NA

CCSJ
• Migrant Parent
Training

CEBM
• Teachers and
Students access
MOE resources

FITT
Crisis & Disaster
Mental Health

EMCOM - Inner
Healing, Addiction
Counselling and
Crisis counselling

ELC
• Mentoring &
Counselling
Meditation

CTC
• Psychosocial and
Conscious
Healing
Workshops

HFS
• NA

CC – No, uses FLC

LITCOM
• NA

LWC
• NA

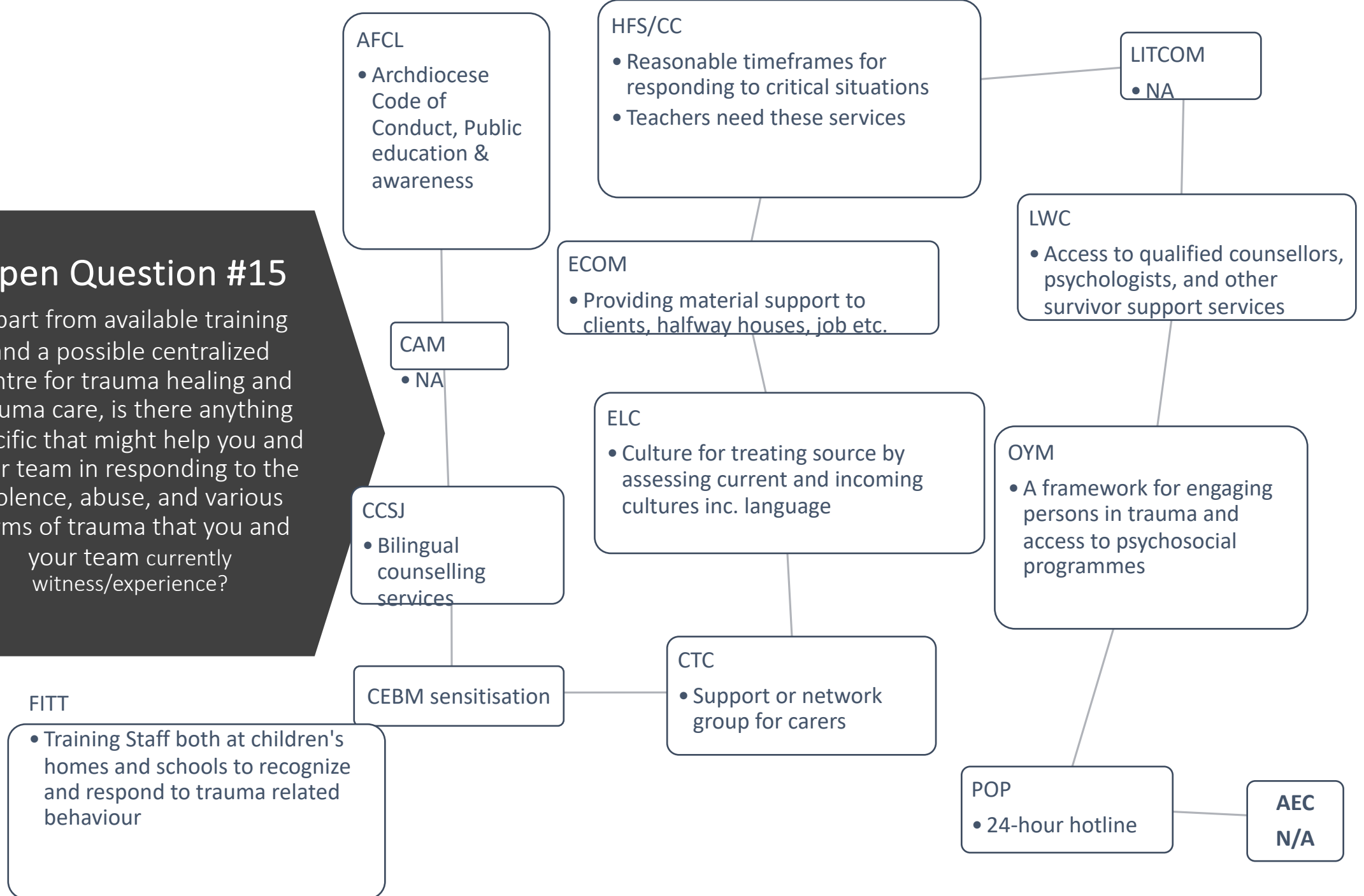
POP
• Counselling,
Healing and
Deliverance
ministries

OYM
• NA

AOC
Clinical-
therapists
available

Open Question #15

Apart from available training and a possible centralized centre for trauma healing and trauma care, is there anything specific that might help you and your team in responding to the violence, abuse, and various forms of trauma that you and your team currently witness/experience?



Open Question #16

What might engender hope, what would you like the Archdiocese to do in regard to trauma healing

FITT - Children's homes and schools have trauma trained counsellors and staff who can recognize and respond to trauma related behaviour.

AFCL

- Additional, accessible resources and healing and recovery services

CAM

- NA

CCSJ

- Mobile therapists to improve access

CEBM

- Access to free or low-cost, confidential, faith-compatible resources

HFS/CC

- Readily available trauma intervention for critical situations with consistent follow through
- We need these new services

ECOM

- A pool of professionals as a resource for referrals.

AEC

- Trainings Awareness Sessions

ELC

- Teachers of young children equipped to help

CTC

- prayerful, discerned, researched, professional, well-resourced trauma centre and counsellors

LITCOM

- NA

LWC

- A clear and consistent approach to resourcing and the church as a safe resource in trauma crisis

OYM

- Publicly address trauma issues involving the Church for accountability, transparency and trust

POP

- Services available to the Catholic community at the Parish level

Q17. Do you have any additional comments or feedback?

1. **AFCL** – A centre to treat with trauma and any other mental health issues available for religious, staff, volunteers, the catholic community and wider community at large. In addition, a full-time therapeutic presence and service in each school or a facility close in proximity to provide trauma services.
2. **CCSJ/AMMR** - Most of our cases are referred to the Children's Authority so having an additional option, particularly one that is faith based, to provide trauma informed ministry (be it counselling, mentorship etc.) would be idea. Additionally, as it relates to the information required for question 8(a) above this information is confidential pursuant to our partnership agreement and program document with UNICEF. Hence, records aren't kept at CCSJ/AMMR but are submitted directly to UNICEF by our resident psychologist and Case Management Officer)
3. **CEBM** - While the focus of CEBM is providing a Catholic education to children, our teachers who are the direct providers must also receive pastoral care. Also, there are children with special learning needs among regular students in Diocesan schools, but they are not placed in a separate category.
4. **ELC** – A prayerful discerned, researched, professional and adequately resourced trauma centre/service providers as part of a Catholic Christian response to those in need.
5. **EMCOM** – Persons experiencing trauma most often need a safe space
6. **HFS** – We welcome the interest of the Archdiocese and would consider a centralized Trauma Centre to be of great benefit.
7. **POP** – We look forward to the implementation of centralized trauma care and services as we see the need for this intervention in our archdiocese. Our community supports this initiative.
8. **AEC** - it is necessary to link up with some practitioners in our schools and hospitals so that they can be open to the Catholic worldview. The volume of those affected is very high. Services are needed in all areas.
9. No Feedback from: CAMSEL, CTC, LITCOM, LWC, OYM,
10. Our services need to be two-pronged, preventative and curative. Preventative by providing training as appropriate and needed. Curative by offering and providing services of healing. The church needs to find a formalized and structured way to help heal those who have been sexually abused by the church.