

Executive Summary of the Trauma Centre Survey Results

Introduction, Objectives, and Context

The recent report about the Children's Homes had prompted an internal discussion, review, and discernment as to how to better serve those harmed and the fuller ecclesial community impacted by this tragic reality. The discussion then broadened to assess the wider Church community and society in the areas of sexual abuse, violence, and more generally “trauma” in all of its manifestations within and outside the Church community. The objective of this **Trauma Centre Survey** was to create a centralised resource for the provision of, and access to, trauma care services that can serve the Catholic and wider community.

In this regard, its purpose as stated in the introduction of the survey was to collect data to: *“identify which diocesan, ecclesial or religious orders are currently engaged in trauma care, assess the current levels of awareness and knowledge about trauma, determine the types of traumas we are dealing with through demographics such as, age and migrant/national status of affected persons, identify how we might already be responding to violence, abuse, and trauma across the diocese, encourage and increase the documenting and recording of trauma and the impact of trauma across all organisations, identify future needs and recommend solutions – inclusive of training and professional support, encourage collaboration and sharing of resources for better awareness, planning, and delivery of trauma care. Finally, to determine whether a centralized Trauma Centre might be helpful, recommended, or warranted.”* This summary is an attempt to only highlight and describe key findings. Please see the **“Summary Findings (SF-Slides- attached)** for a summary of the raw information and data that we have gathered thus far.

The fuller pastoral context is important to consider framing the impact - the depth and range of existing general services (SF-Slide #4). This is important contextual information. Sixteen (16) different diocesan, religious, and ecclesial organizations were surveyed. The reported **yearly estimates** of all those persons being directly served by fifteen (15) of the sixteen (16) organizations are quite impressive. The totals of those organizations are:

1. Directly served = @ **481,461 (counting Teachers/Staff)**
2. Indirectly served = @ **174,866**
3. Through various forms of the media: @ **3,360,000(TV)*, 30,000 (Weekly/Print) * and 1,330,000 (Digital) *Many are repeat readers/viewers/contacts.**

When asked about the groups of persons being served, most participants of the sixteen (16) surveyed indicated that they worked with Children in Education (11), Adults in Education (10), Parish Communities/Offices (11) and Persons with Special needs (8). This was followed by Children in Care Homes (6) and Migrant Communities (7). There were also additional populations being served that were not listed in the survey. Please refer to the Full Results for these groups. The Franciscan Institute uniquely serves persons suffering trauma from natural disasters. Follow-up interviews with some organizations have been conducted to determine the

specific trauma services being offered. Results of these interviews are now completed. These interviews confirmed the data in this report.

Types of Traumas

The range and depth of various types of traumas seen in multiple settings is quite frankly expansive. This data might inform future programming. There seemed to be consistent reporting of the types of traumas across several settings within key age groups. Children experienced different types of traumas than adults. Of those serving the young, teens aged 12-19 seemed to be most impacted followed closely by pre-teens (0-11). As an example, the most common forms of abuse among children in education are cyber bullying and neglect, followed closely by sexual, and emotional and psychological abuse. The most common forms of abuse experienced by the migrant community are neglect followed closely by cyber bullying, which impacts younger children and teens dramatically.

Adults are experiencing different forms of trauma. The highest incidents of abuse among adults in education were reported by those aged 20-35. Highest incidents of abuse were emotional abuse. Those aged 36-59 experienced abuse in three areas – physical, emotional, and spiritual. Organizational abuse is largely an adult experience affecting mostly these same age groupings, with some significant impact within those aged +60. The most common forms of abuse are physical or psychological. The second highest form of abuse was emotional and occurred primarily in young adults aged 20-35 and 36-59. Sexual, Racial and/or Gender abuse were cited by 3 organizations and primarily impacted persons aged 20-35. Racial Abuse was experienced only within the age group 20-35 and reported by 2 organizations. Gender Abuse was reported across all adults' groupings with adults aged 20-35 experiencing higher levels of abuse.

Special Needs Abuse was reported only by one organization – Emmanuel Community; although six (6) organizations in total provided trauma care to special needs persons. Sexual abuse was reported to occur in those aged 20-35 and 36-59. This age group was most impacted by abuse, with abuse occurring in all areas of the investigation except for organizational and cyber abuse. Cyber Abuse affected those aged 12-19. Organizational Abuse affected those aged 20-35.

The symptoms or impacts of trauma.

Every organization reported seeing the deleterious effects of trauma. Trauma impact was manifested in five major categories of symptoms: depression, suicidal thoughts, low self-esteem, acting out and self-harm. This was followed closely by symptoms of rage attacks, promiscuity, substance abuse, sex or pornography addictions and anxiety or insomnia. Half of the organizations observed symptoms of Psychosomatic Disorders. Seven of the surveyed organizations reported have observed all the common symptoms in their trauma population. They observed these in every age category and noted that the teen and young to middle adult populations are most impacted. The elderly were also clearly impacted.

The most common impacts among children in education are depression, suicidal thoughts, and low self-esteem. This is followed by acting out and self-harm. Again, the age group most impacted were 12 to 19 years; followed closely by those aged 0-11 years. This was followed by those aged 20-35 years. Eleven (11) organizations reported impacts of depression, suicidal thoughts, low self-esteem, acting out and self-harm. Ten (10) observed symptoms of rage attacks, sex/porn addictions, promiscuity, substance abuse and anxiety or insomnia. Least occurring but experienced by as many as 8 of 16 organizations was psychosomatic disorders. The data is clear. Pre-teens and teens need critical help and attention.

Competencies and Trainings

Considering this previous data set, there seems to be a serious issue of standardization of competencies within and across organizations. There are significant competencies already in place to manage trauma already, but this area still needs development and some careful attention. Collaboration with all organizations might help fill this gap or void. Eight (8) organizations are trained in the areas of Sexual and Physical Abuse. Seven (7) organizations are equipped to deal with Emotional Abuse. Six (6) are equipped to deal with Spiritual/Organizational 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.”

Impressively, most (13) report having a safeguarding policy in place. The most sourced organization for safeguarding training is Virtus with 8 organizations indicating this as a training resource for trauma and safeguarding training. State and Civil Society and Pastoral Training were the next most utilized resources for training with 5 organizations accessing each of these services. Four (4) organizations named Youth Ministry Leadership and Other (Online) Resources for training. Of concern is the fact that the least used services were Background Checks Training. UN trainings with only one (1) organization each accessing these services. FITT provides its own training and services.

Recommendations

The survey highlighted both internal and external foci; the Church needs to address its own agency in causing harm while also providing services to those being most affected by peer-cyber abuse, familial, societal, and organizational harm. Additionally, the training to effectively manage these traumas seems disparate and, in some cases, deficient. Further ways to engage in collaborative awareness, trainings, and ongoing education might be warranted and prove to be helpful. There might be some ways in which organizations are duplicating services because of a lack of awareness of others’ programs and trainings.

The following are key resources that most organizations (11-12) have suggested are needed and which the data supports: Psycho-Educational Trainings, Continuous Assessment, Institutional

Counsellors, Mentors, and Trauma Therapists. These were consistently recommended by almost all organizations. Eight recommended Church/religious counsellors.

Children's homes and schools need to have trauma trained counsellors and staff who can recognize and respond to trauma related behaviour. There is a deeply expressed need to better address this trauma. Teachers of young children need to be equipped to help and respond appropriately while also providing the teachers themselves with support and care. Providing additional, accessible resources in the healing and recovery services is being sought. Access to free or low-cost, confidential, faith-compatible resources is necessary. Providing a different model of having mobile therapists to improve access seems warranted. Readily available trauma interventions for critical situations with consistent follow through with a pool of professionals as a resource for referrals is desired by many.

All organizations surveyed see the need for a Trauma Centre. Some would encourage a prayerful, discerned, researched, professional, well-resourced trauma centre, and counsellors that might assist the Archdiocese with a clear and consistent approach to resourcing. This might assist in being a faith community that is seen as a safe resource in the current crisis within the country. Provide services that could be available to the Catholic community at the parish level and address publicly past and current abuse/trauma issues involving the Church that are accountable, transparent, and that restore trust. The data highlights the depth, breadth, and range of existing ecclesial, internal prevention efforts in this regard.

Summary: Dynamics that Could Engender Hope

"A Centre is needed to treat trauma and many 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 is recommended. 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 ideal. While our focus is providing a Catholic education to children, our teachers who are the direct providers must also receive trauma sensitive 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.

A prayerful discerned, researched, professional, and adequately resourced trauma centre/ service providers as part of a Catholic Christian response to those in need is highly recommended. Persons experiencing trauma most often need a safe space. We welcome the interest of the Archdiocese and would consider a centralized Trauma Centre to be of great benefit. 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. 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."