Welcome to the third newsletter of the TSRC! During this time of disconnection and stress, we at the TSRC are finding it feels more important than ever to come together, collaborate, and share information. We are encouraged daily by the growing number of therapists worldwide who are joining us in our efforts to more fully understand what underlies internal patterns of distress. And through our collective experiences, to more deeply appreciate how safe connection with others can promote healing and allow us to thrive amidst great difficulty.
Hundreds of trauma therapists worldwide have responded to the call to join the Traumatic Stress Research Consortium’s innovative, collaborative efforts to explore the science of safety and connection. With our client survey now available online, we are counting on our network members to recruit a broad representation of clients to help us more fully witness and understand clients’ experiences. Only with the active participation of the clinicians in our professional network will we be able to reach the number of clients necessary to conduct a robust analysis and uncover meaningful patterns in the data.

Clients are eligible to take the survey if they are currently engaged in therapy. They do not have to identify as trauma survivors to participate. This survey will help us better understand the range of clients’ histories, mental health, physical health, purpose in life, and sense of autonomic reactivity and stress. We have also included questions related to mental health treatment during the pandemic.

The survey consists of an online questionnaire which will take 30-40 minutes to complete, and can be done at the time and place of the client’s choosing. There are questions about childhood and adult trauma experiences, including sexual abuse. Survey participants may skip any questions they do not wish to answer, or stop the survey at any time.

Client survey now available:

https://www.traumascience.org/client-invitation-letter
We continue to gather responses to our survey of trauma professionals. Over 500 participants have completed the survey since it was launched in November 2018. In our last newsletter, we shared some of the basic demographic information about our network, including our findings on the trauma history of people who do trauma work. In this newsletter, we’ll look into those findings in more depth, to examine the prevalence of childhood maltreatment history among trauma therapists, as compared to data collected in our recent study of U.S. adults.

Purpose of the clinician survey
The purpose of the clinician survey is to get to know the individuals who are doing trauma work: their own personal histories, the clients they serve, and methods they use. The survey includes questions related to practice and training, professional quality of life, personal trauma experiences, self-care, body stress responses and physical health.

How we measured trauma in this survey
We used the Childhood Trauma Questionnaire (CTQ)\(^1\), a validated, self-report measure of childhood abuse and neglect across multiple domains. In this newsletter we focus on childhood maltreatment because childhood has been found to be a particularly sensitive period for influencing later life. In addition, using the CTQ in our survey of trauma professionals allowed us to make a direct comparison with data from our recent online survey of 2,000 U.S. adults that also included the CTQ.

Finding: Trauma professionals are more likely to have experienced trauma
Overall, 74.5% of the trauma therapists who took the survey reported some form of abuse or neglect in childhood. The most commonly reported experience of childhood maltreatment was emotional abuse. When we compared our survey responses to that of a general U.S. adult population, we found that trauma professionals had a significantly higher rates of having experienced trauma in three particular domains: emotional abuse, sexual abuse and emotional neglect. When results were analyzed by gender and compared between US and other countries the results were the same, indicating that the difference was not related to gender or US residents.

Overall, 74.5% of trauma therapists who took the survey reported some form of abuse or neglect.

Trauma therapists were...
- 1.67 times more likely to have experienced emotional abuse in childhood
- 1.69 times more likely to have experienced sexual abuse
- 1.84 times more likely to have experienced emotional neglect

\(^1\) Bernstein, D. P., Fink, L., Handelsman, L., & Foote, J. (1994). Childhood Trauma Questionnaire (CTQ)
**Emotional abuse**

Forms of emotional abuse include verbal assaults on a child’s sense of worth or well-being and humiliating, demeaning, or threatening behavior directed toward a child by an older person. When we compared the general U.S. population sample with either all trauma therapists who responded to our survey or only those in the U.S., we found trauma therapists were more likely to have experienced emotional abuse. Our data showed that 45.3% of all trauma therapists and 42.9% of U.S. trauma therapists reported a history of emotional abuse -- nearly identical response rates -- while 27.1% of the general U.S. sample reported emotional abuse using the same measure.

**Sexual abuse**

Sexual abuse is sexual contact or conduct between a child and older person, typically with explicit coercion. Similar to the disproportionately high percentage of trauma therapists who experienced emotional abuse, international and U.S.-based trauma therapists were more likely to report having experienced sexual abuse than the general U.S. sample.

**Emotional neglect**

Emotional neglect is a caretaker’s failure to provide a child’s basic psychological and emotional needs such as love, encouragement, belonging, and support. Trauma therapists both worldwide and in the U.S. were also more likely to have experienced emotional neglect than the general U.S. sample.
Other measured domains of abuse and neglect

Physical abuse is the bodily assault on a child by an older person while physical neglect is a failure to provide for a child’s basic physical needs such as food, shelter, safety, and health care. Childhood physical abuse and neglect did not differ substantially between trauma therapists and the general U.S. sample.

Interpreting the findings
Therapists are usually trained to separate themselves and their own experiences from their work with clients. But with three-quarters of trauma professionals in our survey reporting that they themselves have experienced childhood trauma, we need to recognize both the amazing possibilities for resilience among trauma survivors and that therapists’ own histories do potentially inform their practice. In our next newsletter, we will explore how our data can illuminate ways in which trauma history may influence trauma work.

Looking Ahead
There is still much to be learned as we continue to explore patterns in the responses to our survey of trauma professionals. In particular, we have been looking into connections between therapists’ personal histories and motivation for choosing to become a therapist, as well as the types of methods therapists use and judge to be effective. We look forward to sharing the results of our analysis around these and other areas in future newsletters.
The TSRC is an international group of clinicians and researchers studying the science of safety and connection. We are committed to furthering our understanding of the personal trajectories of trauma survivors taking into account mental and physical health, social wellbeing, resilience, and personal meaning. Our research orientation is grounded in Polyvagal Theory, developed by Dr. Stephen Porges, which explains how threat can retune our autonomic nervous systems into states of defense.

Help grow our membership!
Invite your colleagues to join the TSRC network.
Register at trauma@indiana.edu

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