

Working alongside Children, young people (CYP), and families with lived experience of Childhood Sexual Abuse (CSA).

Jodie Pierson- Team Leader & CSA centre practice lead, Somerset Phoenix Project.

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Somerset Phoenix Service.





- A specialist service supporting children, young people & their families who have experienced childhood sexual abuse.
- We also support the professional development of the workforce across Somerset through consultation & training.
- Our goal is to empower others to join us in mitigating the negative impact of child sexual abuse on the lives of children and families living in Somerset, so they can rebuild & thrive.
- We offer bespoke support through:
 - Creative Therapy
 - Psychotherapy
 - Family support & advocacy
 - Counselling
 - Specialist community-based support
 - Virtual support
 - Young person's voice projects
 - TI CBT approaches & psychoeducation
 - Advocacy & Counselling for non-abusing parents/carers









Long-term support for CSA-experienced CYP & families



Key concepts:

- CSA is not an 'event-oriented' trauma. It is 'process-oriented'.
- It is an **ongoing, dynamic process** in the child; some are short-term, and some are long-term.
- It is the combination of the trauma-causing factors that makes the impact of CSA so significant.
- We need to consider that each time the survivor is triggered, the child is reliving an element of the 'original' trauma as if it is happening in that moment.
- The subjective severity of abuse is less relevant & it is more important to consider the factors present **before**, **during** & **after** the incident(s) of abuse.







The mind-body connection



Hyperaroused

Arousal levels too high, fight or flight kicks in and trauma processing is too overwhelming

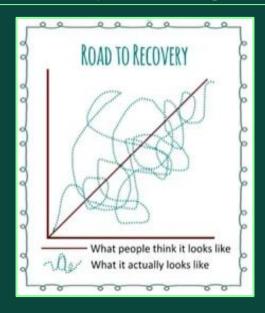
Window of tolerance

Arousal levels are regulated so that emotions can be activated but are not overwhelming that trauma processing stops

Hypoaroused

Arousal levels are inhibited. Processing cannot take place as no access to emotion

- Experiencing childhood sexual abuse disrupts the mind-body connection by causing chronic activation of the stress response system.
- If left unprocessed, this can lead to physiological changes, embedding psychological distress in the body.
- This can lead to emotional dysregulation and physical health difficulties.
- All safe & supportive adults play a role in gently soothing this threat response and gradually widening the window of tolerance.





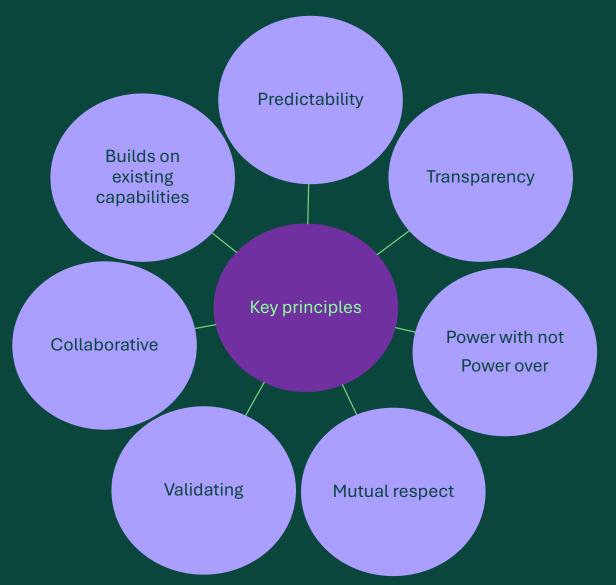
The Simple Guide to Child Trauma: Betsy de Thierry

Long-term support for CSA-experienced CYP & families

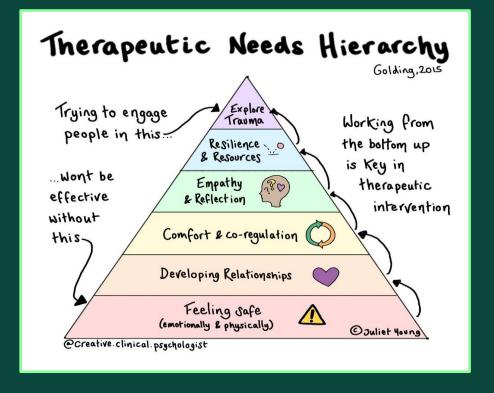


Trauma causing factors:	Mitigating & supportive factors:
Traumatic Sexualisation - a child's experience of sex & intimacy is shaped in a developmentally & interpersonally abusive manner.	 Psychoeducation – healthy relationships, consent, body autonomy. Exploration of sexuality – free from shame Empowerment and opportunity for self-discovery of identity.
Stigmatisation – the abusive & negative connotations are attributed to the act of CSA & are communicated to the child.	 Use validating, non-blaming language. Encourage self-compassion. Advocate and challenge stigmatising narratives. Create space & opportunity for self-worth to grow.
Betrayal – the person causing the harm was someone the child depended on or trusted.	 Be consistent Maintain clear boundaries, reliability & transparency. Foster a safe connection that is founded in mutual trust & respect. Be patient!
Powerlessness – the child's wishes & free will are constantly disregarded or violated.	 Prioritise giving choice & control. Collaborate consistently. Recognise the child as the expert in their own healing. Listen!

Trauma-responsive care



- Safety
- Trust
- Choice
- Collaboration
- Empowerment & strengths-based support
- Respect for diversity



Top tips

"I am wondering how we can make this as comfortable as possible for you. Do you have any ideas?" "What happened to you is not ok. And it is not your fault."

"Would you prefer to discuss this now, or book in another time to talk when you feel ready?" "Is there anything important about your background or beliefs you'd like me to consider?"

"I am a stranger, I know I would find it weird to talk to a stranger about my personal life. We can take as long as you need."

"Given everything been through, it makes sense you're feeling this way. You've already taken a strong step by meeting me."

"You should hear back from us within two days." "I know when I feel nervous, I can find it hard to speak.

Would you be able to raise your hand if you want me to stop asking questions?"

"I can tell what I would like to speak about now & then you can take time to think about it."

"I would like to do XYZ so I can support you, but it is ok to say no."

"You know yourself better than anyone. Let's work together on this plan."



Top tips

Be human, be 'real'.

Have visuals on display that indicate you are CSA/trauma aware. Have visual clues on

> Use grounding techniques or fidget toys to calm and soothe.

Use of flashcards

with emotional

distress

indicators.

Think about the layout of the space - can the young person leave the room easily?

Have information

readily available

in other

languages.

Are there overwhelming trigger?

Keep your word, show remorse

when you can't.

Is the initial welcome kind, gentle & compassionate?

Attune to

indicators of

distress.

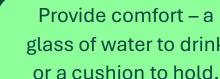
Provide comfort - a glass of water to drink or a cushion to hold.

Would this response be 'good enough?'

Slow down

smells/sounds that might be a sensory

display that it is ok to say no!



Self Care



- Vicarious trauma is real protect your own wellbeing.
- Be aware of your own triggers or biases.
- Use supervision & peer support.
- Model trauma-informed communication with staff and colleagues.



The cornerstones of Phoenix.



"Survivors are not others. They are you & I, your son or daughter, your niece or nephew. CSA is not dictated by culture, religion, wealth, or status."

"Being trauma-informed is not a checklist — It's a mindset."

"Hearing a survivor's story is a privilege.

You must treat it with the compassion & respect it deserves."

"We can alter childhoods. If we do not give a trauma-informed, compassionate response to children, we are causing adversity, not mitigating against it."