TRAUMA INFORMED RESPONSES TO SEXUAL ASSAULT

Professional Training Series
5.12.2022
Presented by The Women’s Center of Tarrant County
This project was supported, in part, by Subgrant No. 3268503/3266502 awarded by the state administering office for the Office on Violence Against Women & Victim Assistance, General Direct Services, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice.
OBJECTIVES

- Identify different types of trauma
- Increase understanding of the effects of trauma on the survivor
- Discuss trauma-informed responses to sexual assault
- Understand how to create a trauma-informed agency
SEXUAL ASSAULT AND SEXUAL VIOLENCE
SEXUAL ASSAULT AND TEXAS LAW

Texas Penal Code, 22.0111
Oral, anal, or vaginal penetration with a body part or an object, or being made to penetrate someone else with a sexual organ.
- Sex without consent, consent has been withdrawn, or consent was gained through coercion.

The 85th legislature (2017) added coercion to Texas Sexual Assault Law and created a new law (Sexual Coercion)
- Sexual Coercion happens when someone uses threats to get money, sexual services, or intimate visual material from someone else
- OR when someone promises NOT to commit a crime against someone in order to obtain those things
THE SEXUAL VIOLENCE CONTINUUM
SEXUAL VIOLENCE IN TEXAS

2 in 5 women in Texas are survivors of sexual assault

1 in 5 men in Texas are survivors of sexual assault

65.2% of victims report multiple victimization

13.7% of victims reported they were incapacitated or asleep at the time of the assault

In 8 out of 10 cases of rape, the victim knew their perpetrator

1 in 4 girls and 1 in 6 boys experience sexual abuse by age 18
SEXUAL ASSAULT REPORTING

Only 9% of Sexual Assault is reported to law enforcement

Only 6% of survivors seek medical attention
WHY DON’T SURVIVORS REPORT?

#1 Reason: Victims don’t think they will be believed

Victims blame themselves

Victims chose to deal with the sexual assault themselves or ask their friends and family for help

Victims wanted to forget about the assault and move on with their lives

Victims were too scared to report

Victims worried about jeopardizing their immigration status
I was 22 when I was raped.
BROADEN OUR UNDERSTANDING: SEXUAL VIOLENCE AS A FORM OF TRAUMA
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 life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. ²
TYPES OF TRAUMA

Acute
Results from a single incident
Examples:
• School shootings
• Natural disasters
• 1 time sexual assault

Chronic
Results from on-going exposure to a single event
Examples:
• On-going physical abuse
• Military/Combat
• Witnessing domestic violence
• Child Abuse

Complex
Experiencing multiple traumatic events, interpersonal in nature, often chronic
Examples:
• IPV
• Sexual abuse
• Child abuse
Rapid exposure to numerous traumas one after another lessens one's ability to process the event before the next onslaught, creating a cumulative effect and making it more difficult to heal from any one trauma.
IMMEDIATE RESPONSES TO TRAUMA
TRAUMA & THE BRAIN

Healthy Brain
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

An Abused Brain
The PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top) which regulate emotion and receive input from the senses, are nearly useless. Such children suffer emotional and cognitive problems.
TRAUMA DOESN’T JUST GO AWAY

Triggers

- Recorded by sensory data
- Smells, sounds, colors, objects, movements
- Feeling a loss of control or power
- Major life events
- Feelings of loneliness, vulnerability, rejection
- Conflict
WHAT DOES THIS MEAN FOR YOU?

Survivors are in their “Trauma Brain”

Terrified, overwhelmed, and angry

A lack of boundaries or very rigid boundaries

Hyper-focused on danger, threats, and survival

Their behavior is controlled by emotions

They are not acting logically

Thoughts and memories are fragmented and are not in chronological order
VICTIMS DEVELOP COPING SKILLS TO DEAL WITH TRAUMA

- Minimization
- Denial
- Fixation
- Drug & alcohol use/abuse
- Use of food
- Self-harm
- Healthy and Unhealthy

Trauma-Adaptive Behaviors are the actions, attitudes, and perspectives that a person develops as their best and most resilient attempt to manage, cope with, and rise above their trauma experience.
TRAUMA-INFORMED RESPONSE TO SURVIVORS
IMPORTANCE OF TRAUMA-INFORMED RESPONSE

- Care is individualized
- Emphasizes choice
- Victim is empowered
- Avoids re-traumatization
- Identifies and limits potential triggers
- Considers brain and body response to trauma
Changing the narrative

What’s wrong with this person?

What happened to this person?

Why did you do that?

Help me understand.

Why can’t they get it together?

What needs aren’t being met?

What were you wearing?

I need to gather evidence. Would you be willing to provide the clothes you were wearing?
Abuse is often embarrassing and hard to talk about. Let them know that you believe what they are saying.
“I believe what you are telling me.”

Acknowledge the importance of talking about the abuse and getting help.
“I’m glad you told me about this.”

Reinforce the idea that the abuse is not their fault, and that they are not to blame, regardless of the circumstances.
“This was not your fault.”

A victim often feels helpless and powerless. By affirming, supporting and educating victims about available resources, they are empowered with some control over their life.
“There are some things we can do to help you.”

Contact The Women’s Center of Tarrant County or a local rape crisis center for counseling referrals.
“I’m going to talk to some people who can help.”
Reassure the victim that they did nothing wrong and that you believe them. Tell them they are safe and you are here for them.

Victims desire as much information as you can provide. Tell them what will happen next and why things are done in a certain way.

Provide choices for the victim. These can be small choices, such as whether they would like a glass of water, or the choices could be more significant like who they want to tell about the rape.

Remain objective about the individual. You will see victims whose lifestyle you disagree with (i.e. sex workers, addicts, etc.) or who you simply don’t like. It’s important to remember that nobody deserves to be raped, regardless of the choices they have made.

Maintain a calm, quiet tone to your voice. Position yourself in relation to the victim to give them as much power as possible (i.e. sit if the victim is sitting). Tell them if it is necessary to touch them (i.e. medical exam), and explain what you are doing. If you sense they need a reassuring touch, simply ask.

Maintain eye contact with the victim. Eye contact will reassure them that you are willing to discuss the subject and that you are not embarrassed about the situation.

Provide the victim with as many follow-up resources as necessary. Be sure these are written down because they are probably in a state of shock and may not remember them later.

It is critical that professionals who work with sexual assault victims take care of themselves. From time to time, a particular case will impact you more than others. Following such an event, take time to process your reaction and determine what you need.
Stages of Adjustment

Acute

- Shock
  - “I'm numb.”
- Denial
  - “This couldn’t have happened.”
- Anger
  - “What did I do? Why me?”

Regression or Adjustment

- Bargaining
  - “Let’s go on like it never happened.”
- Depression
  - “I feel so dirty… so worthless.”

Reorganization or Integration

- Acceptance
  - “Life can go on.”
- Assimilation
  - “It’s a part of my life.”
IMPLEMENTING TRAUMA-INFORMED CARE
1. Collaboration with survivor and local service providers
2. Viewing the individual as a whole and through a sociocultural lens
3. Strength-based
4. Builds trust and safety
5. Instills trauma-knowledge at all levels
6. Addresses Vicarious Trauma
I. COLLABORATION WITH CLIENT AND LOCAL SERVICE PROVIDERS

• Allow client to play active role in creating service plan and choosing “next steps”
• Offer choices
• Familiarize self and client with trauma-informed services
• Work with local resources to develop shared information and practices
2. VIEWING THE INDIVIDUAL AS A WHOLE
3. STRENGTHS-BASED AND STRENGTHS-FOCUSED

• Work with client to identify already established strengths and skills
• Work with client to develop and identify more skills and tools
• Validate resilience
• Trauma-Informed responses and communication
4. BUILDING TRUST AND SAFETY

- Check in with client to clarify needs, determine level of support, and access to resources
- Ensure client feels safe in current living situation and environment
- Remember potential triggers and act with an awareness of these
- Respect privacy, confidentiality, and boundaries
- Be consistent, reliable, and transparent
LET’S PRACTICE…

Feeling *unheard*
Feeling like they are *not* believed
Feeling *unsupported/alone*

Using their ‘*trauma brain*’
In their brain’s *low road/survival mode*
Desperate for *support*

*Distrustful*
Fearful of police/hospital staff/abuser

Getting their *needs met*
Doing what they can to survive
Using their ‘*survival skills*’
5. INSTILLING TRAUMA KNOWLEDGE AT ALL LEVELS

**Physical Environment**

- Ensure space is inviting and comfortable
- Ensure space has clear, visible exits
- Remember common triggers, and decorate with these in mind
5. Instilling Trauma Knowledge at All Levels

- Provide trainings to all staff on trauma awareness
- Develop universal screening and assessments across the organization to assess trauma
6. ADDRESSING VICARIOUS TRAUMA

- Peer support
- Supervision and consultation
- Provide continuous training
- Encourage personal therapy
- Provide clear limits and boundaries with clients and colleagues
VICARIOUS TRAUMA
Vicarious Trauma is the negative effect of caring for others.

Also Known As …
Secondary Trauma
Compassion Fatigue

Can Lead To
Burnout
RISK FACTORS FOR VICARIOUS TRAUMA

• Personal history of trauma
• Overworked or overstressed
• Taking on too many responsibilities
• Poor boundaries
• Limited professional experience
• Limited success
ADDRESSING VICARIOUS TRAUMA

- Support, Supervision, and Consultation
- Provide Continuous Training
- Encourage Personal Therapy and Self Care
- Provide Clear Limits and Boundaries with Clients and Colleagues
SELF CARE
SELF-CARE ISN'T SELFISH
SELF CARE ACTIVITIES

- Yoga and Meditation
- Running, walking, or other exercise that helps to release endorphins
- Spending time with friends and family, pets
- Organize closet, clean house
- Read a good book or watch a feel-good TV show/movie
- Listen to music
- Take 3 deep breaths
- Cook a healthy meal
The Women’s Center of Tarrant County  
Hotline: 817-927-2737  
www.womenscentertc.org

Safe Haven of Tarrant County  
Hotline: 1-877-701-7233  
www.safehaventc.org

One Safe Place Tarrant County  
817-916-4323  
www.onesafeplace.org

Texas Association Against Sexual Assault  
www.taasa.org

Rape and Incest National Network  
Hotline: 800-656-4673  
www.rainn.org

National Sexual Violence Resource Center  
www.nsvrc.org
REFERENCES


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