

A Trauma-Informed Approach to Working with Survivors of Sexual Assault

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Introduction: Kate Watson, M.A., Ed.M.

- **Assistant Professor** at Peirce College in Philadelphia
 - Healthcare Administration
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- **Trainer** at Watson Wellness Promotion (www.watsonwellnesspro.com)
 - Motivational Interviewing
 - Trauma-Informed Practice
- **Researcher** in the field of: intimate partner violence, sexual assault, & social policy
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Purpose

- Enhance understanding of trauma
- Increase awareness about the importance of good training
- Share some skills

Trauma Symptoms may include

- Difficulty beginning new tasks, blame, depression, inability to trust (especially those in power), fear of risk-taking, disturbed sleep, eroded self-esteem, inability to concentrate, flashbacks, avoidance, substance abuse, persistent expectation of danger, constriction “zoning out”, memory impairment, defensiveness, hyper-arousal.
- These symptoms may be manifested in behavior like: missing class, inappropriate reactions to classroom discussions, avoiding tests, blaming others for missed work, arguing with the staff member, missing appointments, or dropping out/ failing.
- Think about the work in your office, what kind of behavior do you see from students that might indicate trauma symptoms?

Trauma Injures the brain

Healthy Brain	Traumatized Brain
<p>Info comes into the brain from various sensory organs and usually enters the Thalamus region. The Thalamus asks itself, "Is this a threat?" The Prefrontal Cortex and other cortical, or "thinking" areas of the brain, then considers this new information and asks itself, "Have I ever experienced this before? What is the best thing to do?" The Prefrontal Cortex sends a signal to the Amygdala, which provides a measure of emotional output that is appropriate.</p>	<p>Info comes into the brain, and the Thalamus assesses threat. Because of past trauma, the Thalamus interprets even minor events as a new traumatic event. The Amygdala has a strong fear/emotional response to the experience and sends signals to the Brain Stem. The individual gets a dose of cortisol and adrenaline. He experiences a fight or flight urge. Behaviors such as impulsive decisions or aggression may occur. The reason is that the Prefrontal Cortex was skipped.</p>

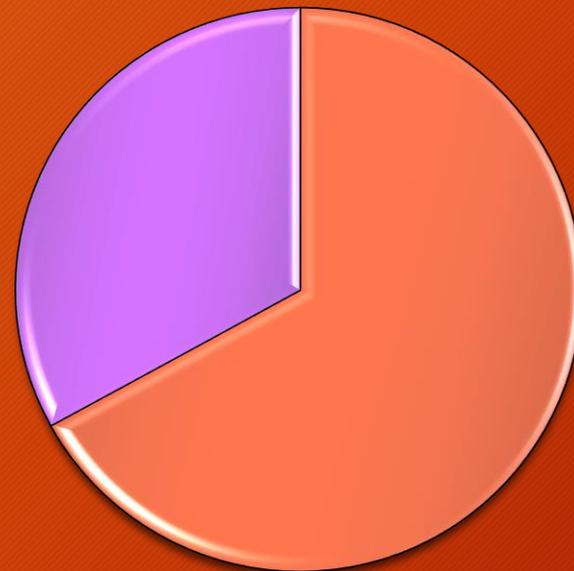
Beyond Sexual Violence

- Physical abuse (hitting, restraining, use of weapons, etc.)
- Emotional abuse (threatening, berating, manipulating, etc.)
- Medical or surgical experiences (including diagnosis of a terminal illness, loss of a body part, etc.)
- Sudden loss of a loved one
- Witnessing violence in one's community
- Accidents
- Robberies/ home invasions
- War, military experience
- Hate crimes, discrimination
- Chronic poverty, homelessness, hunger
- Chronic shame
- Natural disasters (hurricanes, tornadoes, fires, earthquakes)

*“Rather than asking,
‘What’s **wrong** with him/her’,
Instead wonder
‘What **happened** to him/her?’”*

64% of the population has experienced at least one traumatic experience before entering adulthood (called ACES- Adverse Childhood Experiences) (Felitti, et al., 1998).

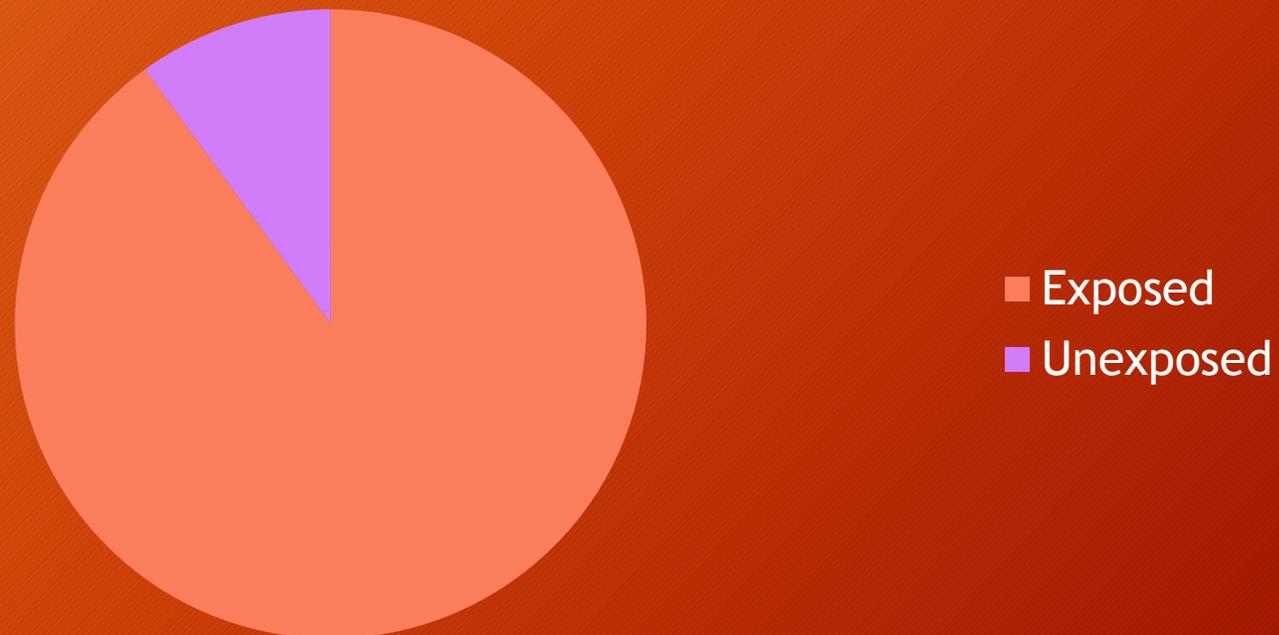
% of Population Exposed to Trauma in Childhood



Exposed Unexposed

In a sample of 3,575 older adults (ages 55-69), **90%** had experienced at least one potentially traumatic event (Ogle et al., 2013).

Percent of Older Adults Exposed to Trauma



Challenges for Survivors

- Credibility: “People who have survived atrocities often tell their stories in a highly emotional, contradictory, and fragmented manner which undermines their credibility” (Herman, 1997).
- Isolation/ Alienation
- Emotional Disconnection: People who experience trauma have, at times, difficulty recognizing and naming their emotions
- Victim Blaming Attitudes: Tempting because it reassures the rest of us that we are safe.

Needs of victims

- **Safety:**
 - Be very clear with expectations and procedure- no surprises
 - Establish boundaries and rituals
 - Warn about interruptions
- **Trust:**
 - Follow through on what you said you would do
 - Suspend judgment
- **Emotional Connection:**
 - Listen and show that you are understanding
- **Power:**
 - Allow choices whenever possible
 - Would you like an email or a phone call?
 - Would you like to meet in the morning or the afternoon?

What I'm Learning

INSECURITY

- “I just sit in my office and hope that no one ever reports anything. I wouldn't even know where to begin.”
- “I'm not cut out for this. I was hired to work in HR, and one day someone said they were adding this to my responsibilities. I have no idea what I'm doing.”
- “One day I read about a school that was being sued for Title IX violations and I broken down and cried because I knew it could easily be us tomorrow.”

What I'm Learning

LACK OF SUPPORT/ ISOLATION

- “When my colleagues found out that I was doing this Title IX stuff now, they started to keep their distance from me. It feels like they're afraid of me now.”
- “I work in a complete silo.”
- “I asked for training, but no one will fund it. They told me to find some webinars, but even those cost money.”

What I'm Learning

Perceived Lack of Importance or Necessity

- “Most of this Title IX stuff doesn't apply to our school anyway. That kind of stuff doesn't happen here.”
- “Our students don't really want us involved in their lives that much. We try to stay out of it.”

What I'm Learning

LACK OF EVIDENCE BASED PRACTICE

- “I don't worry about these things too much. When I work with students who have been victimized, I tell them not to worry because everything will be fine. I tell them what they need to do, and for the most part, they do it.”
- “What these students really need is a place to blow off steam. Once they do, they're usually okay.”

Sampling of Trauma-Informed Practice

1. Emphasize autonomy

2. Identify strengths

3. Lend students an emotional vocabulary

4. Establish safety wherever possible

Skill #1: Exchanging Information with EPE

- **Purpose of the skill: Exchanging Information**
 - People can sometimes feel put-off by information or education that was unsolicited. This is a gentle and engaging way to offer advice, education, recommendations, or even evidence from research.
- **Connection to Trauma-Informed Practice: Engaging and offers a sense of safety and control**
 - In this approach, the professional does not assume the role of sole expert, but shares it with the student
 - When the professional trusts the student with some responsibility and power, the student can relearn to trust himself or herself.

Example of EPE

- **STEP 1: ELICIT KNOWLEDGE AND PERMISSION**

- What do you know about the affect trauma may have on your body?
- Would it be okay with you if share a little bit more about the affect of trauma on the body?

- **STEP 2: PROVIDE INFORMATION**

- Some people find that they have trouble remembering the details of the event.

- **STEP 3: ELICIT REACTION**

- Does that resonate with you? How?

Exchanging Information with E-P-E

- **STEP 1: ELICIT KNOWLEDGE AND PERMISSION**
 - What do you already know about _____?
 - Would it be okay with you if I share what I know about _____?
- **STEP 2: PROVIDE INFORMATION**
 - Some people find _____.
 - Research shows _____.
- **STEP 3: ELICIT REACTION**
 - What do you think about that?
 - How do you think you might use that?
 - What is your reaction to that?

Applications of EPE

- Elicit interest in a referral to counseling
- Elicit permission to provide feedback (or correction?) of myths, misconceptions, or unrealistic goals
- Elicit in science or research
- Elicit permission to even initiate contact
- Elicit permission to share resources
- Elicit ideas for change before giving advice
 - (find out what the person has already tried)

Quick Practice

- Find a partner sitting next to you
- Assign roles as speaker and listener
- Speaker: Think of something you might consider changing in your life (i.e. eating better, exercising more, reading more books, reducing stress, etc.)
- Listener: Practice using EPE
- Reminder:
 - Elicit the speaker's prior knowledge about the subject
 - Elicit permission to offer your own ideas
 - Provide an idea or some information (if you don't have any ideas, just pretend)
 - Elicit the speaker's response

Skill #2: Affirmations

- Purpose of Skill: Build confidence, rapport, elicit change talk
- Connection to Trauma-Informed Practice: Strengths-based approach
- What are affirmations?
 - Affirmations identify a strength in your student
- How are affirmations different from praise?

Affirmations vs. Praise

- Praise is a form of positive judgement or approval. It assumes that we have the power to determine good from bad and right from wrong, and implies that the student should aim for the professional's approval. Praise can feel paternalistic. It may sounds like this:
 - Good for you!
 - Well done!
 - That's awesome!
 - Great work!

Affirmation vs. Praise

- Affirmations are an observable strength that the provider has noticed in the student. An affirmation might sound more like this:
 - “You were able to take action even though you didn’t have a lot of support.”
 - “You dared to try something that you had never tried before.”
 - “You look out for the good in other people.”
 - “You take a lot of pride in being an effective and thoughtful parent.”

Skill #3: Reflective Listening

- Purpose of the skill: Expression of empathy
- Connection to Trauma-Informed Practice: Helps with emotional vocabulary

Consider the difference:

- Student says: “I just feel like such a terrible person.”
 - Response #1: “You shouldn’t feel like a terrible person. You’re a really good person.”
 - Response #2: “You feel disappointed that you haven’t met your own expectations.”
- What is the difference between these responses?

Consider the difference:

- Student says: “I would go to counseling if I thought it would actually help.”
 - Response #1: “I’ll bet you like if you just give it a try.”
 - Response #2: “There is a part of you that is open to counseling, and a part of you that has doubts about it. You’re feeling a bit torn.”
- What is the difference between response #1 and response #2?

Empathy

- Empathy is not the attempt to make someone feel “better”
- Telling a person not to feel how they feel is invalidating and impossible. Rather than actually helping the person feel better, you instead teach them not to express their true feelings.
- You may accidentally be sending the message, “I’m not comfortable when you feel that way.”

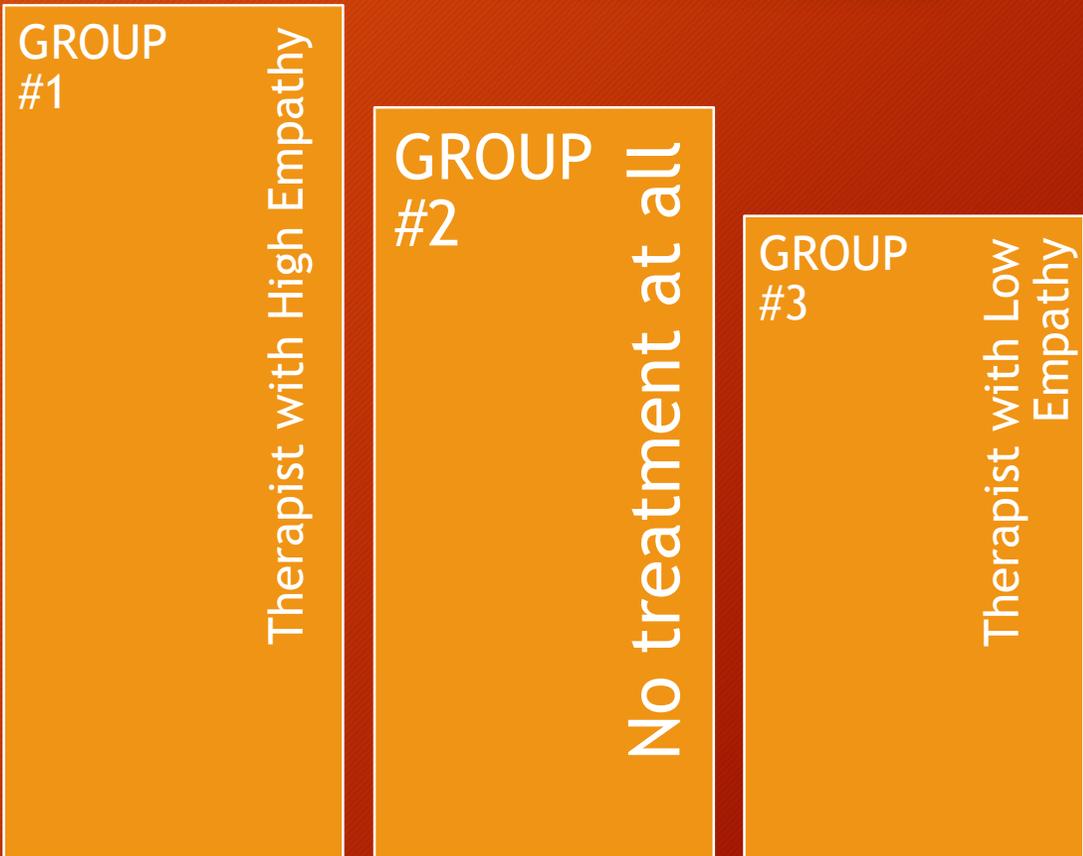
The Work of Brene Brown

- “No one reaches out to you for compassion or empathy so that you can teach them how to behave better. They reach out because they believe in our capacity to sit in the dark with them. Unfortunately, we have a tendency to try to flip on the lights.”

Research on Empathy

See “Is Low Empathy Toxic?” (Moyers & Miller, 2013)

- Subjects who received an intervention from a provider who was low in empathy actually demonstrated poorer outcomes than subjects who received no intervention at all.
- This debunks that myth that any treatment is better than no treatment at all. A treatment team that lacks empathy can actually do more harm than good.



Examples of Reflections: Simple and Complex

- Student: “I can’t believe this happened to me.”
 - Simple Reflection: You can’t believe it.
 - Complex Reflection: You feel like you’re in shock.
- Student: “I don’t like the way that I feel these days. I’m not myself.”
 - Simple Reflection: You don’t like it.
 - Complex Reflection: You feel pretty sad about that.

More reflections

- **“I have a good sense of humor”**
 - You know how to laugh at yourself.
- **“I take on more than I should”**
 - You feel a lot of responsibility.
- **“I don’t know what to do.”**
 - You’re feeling lost.
- **“I can’t do anything right.”**
 - You’re disappointed.

Discussion

- How can you incorporate these skills into your work immediately?
 - EPE?
 - Affirmations?
 - Reflective Listening?
- What else might you need in order to begin using these skills?
- In what ways might you already be doing this in your work?

Contact Information

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