Trauma-Informed Responses to Student Disclosures of Sexual Violence

Organized by
Mahri Irvine and Thea Cola

July 15, 2015

INDIANA UNIVERSITY
Statewide Sexual Assault Education and Prevention Project
Our Plan for Today

- Welcome and Introductions
  - Mahri Irvine and Thea Cola

- Trauma and Health
  - Julie Lash (IUPUI)

- Considerations for Interactions with Survivors
  - Sareen Lambright Dale (IUPUI)
How to Use this Webinar Software

- Your microphone is automatically muted
  - You can unmute yourself, or a panelist can unmute you
- Questions or comments?
  - “Raise your hand”
  - Send chat messages to panelists
  - Send questions to panelists
- We do not have group chat capabilities 😞
Trauma and Mental Health

Long term psychological and behavioral consequences

Julie Lash, PhD
Response to Threat

Our minds and bodies respond to trauma at an instinctual level as danger.

Survival is the goal.

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Fight, flight AND FREEZE

How the Nervous System Helps Us Defend Ourselves

Fight-Flight Responses: “Don’t just sit there—do something!”

Freeze-Submit Responses: “Don’t move—it’s not safe”

Neurochemical release triggers Parasympathetic System

Sympathetic Nervous System: when the amygdala fires, the body uses an adrenaline rush to increase heart rate and respiration, causing muscles to tense and a surge of energy that prepares us for action. The frontal lobes shut down to increase speed of response.

Parasympathetic Nervous System: when it isn’t safe to flee or fight, or when “it’s over,” other chemicals slow heart rate and respiration, leading to physical collapse, exhaustion, weakness, shaking and trembling, increased gastro-intestinal activity, and the survival responses of freeze and submit.
Psycho-Biological Response

Elevated for 96 HOURS (4 DAYS) after the assault

And EVERY TIME the MEMORY is reactivated (when they retell the story)
Short Circuit to Safety

The Low and High Roads to Fear

- Sensory Thalamus
- Sensory Cortex
- Amygdala

High Road:
- Slow but accurate

Low Road:
- Quick and dirty

Emotional stimulus → Sensory Thalamus → Sensory Cortex → Amygdala → Emotional responses
Sensory cortex

Sensory thalamus

Amygdala

Hippocampus

Transitional cortex

Emotional stimulus (such as danger)

Steroid hormones

Paraventricular nucleus of the hippocampus

Corticotrophin-releasing factor

Pituitary gland

Adrenal cortex

Steroid hormones

Adrenocorticotropic hormone

[After LeDoux, 1996, p. 241]
Prolonged Symptoms

Symptoms of Un-Discharged Traumatic Stress

- Traumatic Event
- Stuck on "On"
- Normal Range

Depression, Flat affect
- Lethargy, Deadness
- Exhaustion, Chronic Fatigue
- Disorientation
- Disconnection, Dissociation
- Complex syndromes, Pain
- Low Blood Pressure
- Poor digestion

- Anxiety, Panic, Hyperactivity
- Exaggerated Startle
- Inability to relax, Restlessness
- Hyper-vigilance, Digestive problems
- Emotional flooding
- Chronic pain, Sleeplessness
- Hostility/rage
Trauma Memories

- Sensation
- Affect
- Image
- Behavior
- Meaning

Flashbacks
Panic Attacks
Avoidance
Acute Stress Disorder

- Exposure to actual or threatened death, serious injury, or sexual violence in one of the following ways:
  - Direct experience
  - Witnessing
  - Learning of experience of close family member/friend
  - Repeated exposure to aversive details

*Symptoms typically begin immediately after the trauma, but persistence for at least 3 days and up to a month is needed to meet disorder criteria.*
Presence of 9 or more

Intrusion Symptoms
- Memories
- Dreams
- Re-experiencing
- Triggered responses

Negative Mood
- Unable to experience positive emotions

Dissociative Symptoms
- Altered sense of reality
- Impaired memory of trauma

Arousal Symptoms
- Sleep disturbance
- Irritability/anger
- Hypervigilance
- Problems with concentration
- Exaggerated startle response

Avoidance Symptoms
- Avoid memories, thoughts, feelings
- Avoid external reminders

Clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Prolonged Impact of Trauma
Prolonged Stress following Acute Event
Brain Changes Over Time

- **Anterior cingulate cortex**: Involved in rational decision-making. Appears smaller in people with post-traumatic stress disorder (PTSD).

- **Hippocampus**: Has roles in long-term memory formation. Appears smaller in people with PTSD.

- **Amygdala**: Processes memory and emotional reactions and is overly responsive in people with PTSD.
Post Traumatic Stress Disorder

- Exposure to actual or threatened death, serious injury, or sexual violence in one of the following ways:
  - Direct experience
  - Witnessing
  - Learning of experience of close family member/friend
  - Repeated exposure to aversive details

*Duration of the symptoms is more than 1 month.*

*Disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.*
Intrusion

- Presence of one or more of the following intrusion symptoms associate with the traumatic event:
  - Recurrent, involuntary, and intrusive distressing memories
  - Recurrent distressing dreams
  - Dissociative reactions in which the individual feels or acts as if the traumatic event(s) were recurring
  - Intense or prolonged psychological distress at exposure to internal or external cues
  - Marked physiological reactions to internal or external cues
Avoidance

- Persistent avoidance of stimuli associated with the traumatic event as evidenced by one or both:
  - Avoidance of or efforts to avoid distressing memories, thoughts, or feeling about or closely associated with the traumatic event(s)
  - Avoidance of or efforts to avoid external reminders that around distressing memories, thoughts, or feelings
Cognition and Mood

• Negative alterations in cognitions and mood associated with the traumatic events as evidenced by two or more:
  • Inability to remember an important aspect of the traumatic event(s)
  • Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world
  • Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others
  • Persistent negative emotional states
  • Markedly diminished interest or participation in significant activities
  • Feelings of detachment or estrangement from others
  • Persistent inability to experience positive emotions
Emotional Reactivity

Marked alterations in arousal and reactivity associated with the traumatic event as evidenced by two or more:

- Irritable behavior and angry outbursts typically expressed as verbal or physical aggression toward people or objects
- Reckless or self-destructive behaviors
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance
Specifiers

- With dissociative symptoms:
  - Depersonalization – detachment, outside observer
  - Derelization – unreality, dreamlike

- With delayed expression – full criteria not met until 6 months after trauma
Long-Term Effects of Trauma

- Conditioned fear response to trauma-related stimuli
  - Extreme response to stimuli similar to the trauma

- Poor stimulus discrimination
  - Hyper-arousal to intense but neutral stimuli
  - Problems with attention and concentration
  - Dissociation
  - Somatization

- Loss of emotions as signals
  - Unable to take adaptive actions
  - Having feelings becomes the danger – anger, helplessness
Long-Term Effects of Trauma

- Difficulty modulating arousal
  - Aggression against self and others
  - Inability to modulate sexual impulses
  - Problems with social attachments (dependence, isolation)

- Shattered meaning
  - Loss of trust, hope, agency
  - Loss of “thought as experimental action”

- Social avoidance
  - Loss of meaningful attachments
  - Lack of participation in preparing for future
Complex Trauma Response
• Identity
• Boundary awareness
• Interpersonal relatedness
• Affect regulation

• Tension Reduction Behaviors
• Compulsive or indiscriminant sexual behavior
• Binging/purging
• Self-mutilation
• Suicidality
• Impulse control problems
• Substance abuse
Repeated Victimization

Individuals that are Sexually Victimized will be Revictimized

Risk Factors
- Child sexual abuse
- Severity of previous victimization
- Adolescent sexual abuse
- Recent victimization
- Physical abuse
- Ethnic minority
- Dysfunctional family

Impact
- Increased distress
- Psychiatric disorders
- Addiction
- Interpersonal problems
- Behavioral problems
- Cognitive problems
- Feelings of shame, blame
- Feelings of powerlessness
“Trauma survivors have symptoms instead of memories”
— Harvey 1990
Mental and Behavioral Health Consequences

**Mental**
- depression
- sleeping and eating disorders
- stress and anxiety disorders (e.g. post-traumatic stress disorder)
- self-harm and suicide attempts
- poor self-esteem

**Behavioural**
- harmful alcohol and substance use
- multiple sexual partners
- choosing abusive partners later in life
- lower rates of contraceptive and condom use

WHO (2012)
Physical Health Consequences

**Physical**

- acute or immediate physical injuries, such as bruises, abrasions, lacerations, punctures, burns and bites, as well as fractures and broken bones or teeth
- more serious injuries, which can lead to disabilities, including injuries to the head, eyes, ears, chest and abdomen
- gastrointestinal conditions, long-term health problems and poor health status, including chronic pain syndromes
- death, including femicide and AIDS-related death

WHO (2012)
### Sexual and reproductive health consequences

- unintended/unwanted pregnancy
- abortion/unsafe abortion
- sexually transmitted infections, including HIV
- pregnancy complications/miscarriage
- vaginal bleeding or infections
- chronic pelvic infection
- urinary tract infections
- fistula (a tear between the vagina and bladder, rectum, or both)
- painful sexual intercourse
- sexual dysfunction

WHO (2012)
Chronic Health Effects of Trauma

PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:

- 4 Times More Likely To Become An Alcoholic
- 4 Times More Likely To Develop A Sexually Transmitted Disease
- 4 Times More Likely To Inject Drugs
- 15 Times More Likely To Commit Suicide
- 2.5 Times More Likely To Smoke Tobacco
- 3 Times More Likely To Use Antidepressant Medication
- 3 Times More Likely To Be Absent From Work
- 3 Times More Likely To Have Serious Job Problems
- 3 Times More Likely To Experience Depression
### From Victim to Survivor to Thriver

<table>
<thead>
<tr>
<th>Victim</th>
<th>Survivor</th>
<th>Thriver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn’t deserve nice things or trying for the &quot;good life.&quot;</td>
<td>Struggling for reasons &amp; chance to heal</td>
<td>Gratitude for everything in life.</td>
</tr>
<tr>
<td>Low self esteem/shame/unworthy</td>
<td>Sees self as wounded &amp; healing</td>
<td>Sees self as an overflowing miracle</td>
</tr>
<tr>
<td>Hyper vigilant</td>
<td>Using tools to learn to relax</td>
<td>Gratitude for new life</td>
</tr>
<tr>
<td>Alone</td>
<td>Seeking help</td>
<td>Oneness</td>
</tr>
<tr>
<td>Feels Selfish</td>
<td>Deserves to seek help</td>
<td>Proud of Healthy Self caring</td>
</tr>
<tr>
<td>Damaged</td>
<td>Naming what happened</td>
<td>Was wounded &amp; now healing</td>
</tr>
<tr>
<td>Confusion &amp; numbness</td>
<td>Learning to grieve, grieving past ungrieved trauma</td>
<td>Grieving at current losses</td>
</tr>
<tr>
<td>Overwhelmed by past</td>
<td>Naming &amp; grieving what happened</td>
<td>Living in the present</td>
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Healing...
Considerations for Interactions
Victims of Relationship Violence & Sexual Assault

Sareen Lambright Dale, MBA
The survivor may...

- Have difficulty remembering specifics
- Avoid eye contact
- Become easily confused
- Speak softly
- Have difficulty formulating verbal responses
- Look to others for reassurance
- Appear calm, unemotional, detached
- Startle easily
- Appear embarrassed or ashamed
Recommended Approaches

- Consider the safety of the environment
- Recognize the associated stigma
- Avoid minimizing or judging
- Check your own biases
- Speak at a moderate tone of voice
Recommended Approaches

- Use open ended questions
- Allow time for the person to respond
- Avoid commands or directives ("look at me...you should...")
- Come back to a question later if clarification is needed
- Respect victim rights
There is no need to ask about the assault. Rather, focus on what the survivor may need in the moment.

“I am sorry this happened to you.”

“How can I help?”

“Do you have a safe place to be?”

“Have you had a chance to see a doctor?”

“I am glad you shared this with me.”

“Thank you for telling me.”

“What happened is not your fault.”

“I believe you.”
It is important to let the survivor know you will be reporting the information to University officials:

“I want to let you know that I will be sharing what you have told me with a campus administrator. The University wants to make sure you have information about local resources that might be helpful. They also want to make sure that the campus is safe. You can decide how much or how little you want to share with them – that is up to you. It is just my job to let them know when someone has been hurt.”
If the survivor has questions about what will happen next, consider the following:

“The office that I will talk to will work to keep your identity private. They are trained to address these situations while also looking out for your welfare.”

“They may ask if you want to make a formal report. No matter what you decide, these folks want to provide you support and make sure you have the resources you need. There are some specific things they can do to help you continue your education in a way that works for you.”

“They may ask if you want to make a police report.”

“Please consider speaking with the Sexual Assault Education and Prevention Specialist. She has a lot of information about the options for reporting.”
**Campus Resources**

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<tr>
<th>Reporting Resources</th>
<th>Confidential Resources</th>
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<tbody>
<tr>
<td>IUPUI Police: 317-274-7911</td>
<td>IUPUI Health and Wellness Promotion, Sexual Assault Specialist: 317-274-2503</td>
</tr>
<tr>
<td>IUPUI Student Conduct: 317-274-4431</td>
<td><a href="http://wellness.iupui.edu">http://wellness.iupui.edu</a></td>
</tr>
<tr>
<td>IUPUI Office for Equal Opportunity: 317-274-2306</td>
<td>IUPUI Counseling and Psychological Services: 317-274-2548</td>
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<td><a href="http://life.iupui.edu/caps/">http://life.iupui.edu/caps/</a></td>
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<tr>
<td></td>
<td>IUPUI Health Services: 317-274-8214</td>
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Questions and Discussion

Julie Lash, PhD

Sareen Lambright Dale, MBA
Thank You!

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- Please fill out the survey at the end of this webinar!
- Our next webinar is “Bystander Intervention Programs”
  - Wednesday, August 19th, at 10:00 am EST
  - Registration link will be available at stopsexualviolence.iu.edu