Trauma and Survivors of Sexual Misconduct

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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.

- *This Definition Developed by a 2014 SAMHSA Panel of Experts*

SAMHSA is an acronym for the US government agency, *Substance Abuse & Mental Health Services Administration*
Three Types of Trauma

**Acute** trauma results from a single incident. (Accidents/Violent Incidents).

**Chronic** trauma is repeated and prolonged such as domestic violence or abuse.

**Complex** trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature (civil unrest/war/child abuse/family violence).
Neurobiology of Trauma

The body and brain's physiological response to a traumatic event, characterized by the release of certain hormones and chemicals and effects on the central nervous system.

Trauma behavior resulting from rape and domestic violence often interpreted by other (law enforcement) as "sketchy" or "inconsistent" because they are applying criminal investigation techniques.

Effects of trauma vs. lying (now commonly recognized in the psychological community as part of the body's natural response to attack. Can also contribute to survivor self-blame.)

Fight, flight or freeze.
Rape Trauma Syndrome is the group of emotional, physical, and behavioral reactions reported by victims of attempted or completed rape. A subset of PTSD.

It is marked by an acute, immediate phase of disruption and disorganization; and a long-term process of reorganization. It is non-linear: length can vary, and people may move back and forth between stages.
Behavioral Examples Include:

- Re-Experiencing the Trauma: Rape victims may experience recurrent nightmares about the rape, flashbacks or may have an inability to stop remembering the rape.

- Social Withdrawal: This symptom has been called ‘psychic numbing’ and involves not experiencing feelings of any kind.

- Avoidance Behaviors and Actions: Victims may desire to avoid any feelings or thoughts that might recall to mind events about the rape.

- Increased Physiological Arousal Characteristics: This symptom can be marked by an exaggerated startle response, hypervigilance, sleep disorders or difficulty concentrating.
Acute Stage

Emotional reactions include shock and disbelief.

When the shock and disbelief begin to dissipate, the primary feeling is fear - fear of physical injury, mutilation, and death.

Other feelings include humiliation, degradation, guilt, shame, and embarrassment to self-blame, anger and revenge.

The range of strong feelings can result in wide mood swings.

All are a normal and understandable to sexual violence.
A time period during which victims attempt to return to their lives as if nothing had happened.

Attempt to block thoughts of the assault from their minds. They just want to forget about it.

Avoidance is the common theme of this stage.

Some may remain in this stage for years and may appear “over it,” despite the fact that the emotional issues are not resolved.

This period may be characterized by difficulty in concentrating and some depression.
The process of integrating the experience and of reorganizing a life, which has been seriously disrupted.

Some important factors influencing one’s ability to reorganize are: the nature of the assault, and the developmental stage of the survivor, social network, and cultural background. The nature of the act, the relationship with the offender, the type and amount of force used, and the circumstances of the assault all influence the impact of an assault on the person victimized.

Because the randomness of the attack creates an overwhelming sense of vulnerability, those victimized may move, change jobs, or otherwise alter their lifestyle in an attempt to feel safe.

More commonly, assaults are committed by someone the victim knows and trusts. In this kind of assault, feelings of self-blame and guilt can be overwhelming.
Tonic Immobility

The “Freeze” Response; a natural state of paralysis (profound motor inhibition) in the face of trauma present in the animal kingdom and in humans.

Result of traumatic violence of fear of violence by a predator or fear of death.

May re-occur during flashbacks.
Impact of Trauma on Recall

It is a mistake to assume that any inconsistency in a report of a traumatic incident is a sign of a false report.

Memory is often corrupted by trauma; recall impaired; the past is present.

Rebecca Campbell’s Post-It Notes Analogy on YouTube
Non Hetero and Gender-Normative Concerns

- The offender is not always opposite-gender.
- The survivor is not always the gender you presume – don’t presume.
- When asking about support be mindful about assuming gender.
What is Cultural Competency?

Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.

[Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989).]
Cultural Competency

Examples:

Example: Law Enforcement may not be the solution for everyone.

Don’t make assumptions about a person’s religion or interpretations about the functions of a survivor’s beliefs (for example if they express forgiveness).

Elements like race, class, gender/expression often dictate how (and whether) we view people as victims and offenders.
Working with Survivors

“There is no more effective neurobiological intervention than a safe relationship” – Bruce Perry on the importance of the ‘helping relationship’ we (first responders, therapeutic or any systems) develop with survivors.

1. The behavior of the survivor did not CAUSE the incident.

2. The behavior of the person causing harm did cause the incident (not alcohol or hormones).

3. Sexual misconduct/Interpersonal Violence is a choice.
Avoid Pathologizing Responses

• Whatever a survivor expresses... Guilt, Shame, Worthlessness, Anger, Etc.... They are having a normal response to an abnormal situation.

• You can be warm and compassionate and still “get at the truth”.

• Sometimes the survivor will not be likeable and sometimes the accused will be quite likeable.

• What if the survivor used poor judgement and even made what you consider stupid decisions?
Traditional vs. Trauma-Informed

**Traditional View**

Person chooses behavior and needs consequences.

Characterizes a person’s behavior negatively (i.e. manipulative).

Uses labels to describe people (borderline, etc.).

Authoritarian.

Minimizes coping strategies.

Create systems that make people work for support.

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**Trauma-Informed View**

People want to do well but lack the skills or have learned bad behavior patterns.

Characterizes a person’s behavior constructively (i.e. needs calming strategies).

Reframes behavior to identify strengths.

Collaborative.

Behavior is communication and serves a function.

All people receive support regardless of their needs.
Resources

http://nij.ncjrs.gov/multimedia/video-campbell.htm (Rebecca Campbell Interview)

http://www.aftersilence.org/rape-trauma-syndrome.php (Rape Trauma Syndrome)

https://www.youtube.com/watch?v=py0mVtZ7nc (Trauma and Investigating sexual assault)