



# TRAUMA INFORMED RESPONSES TO SEXUAL ASSAULT

Professional Training Series

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Presented by The Women's Center of  
Tarrant County



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RAPE CRISIS AND VICTIM SERVICES

VIOLENCE PREVENTION AND EDUCATION

EMPLOYMENT SOLUTIONS

GENERAL COUNSELING

WE'RE HERE TO HELP

# 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<sup>1</sup>

## Texas Penal Code, 22.0111

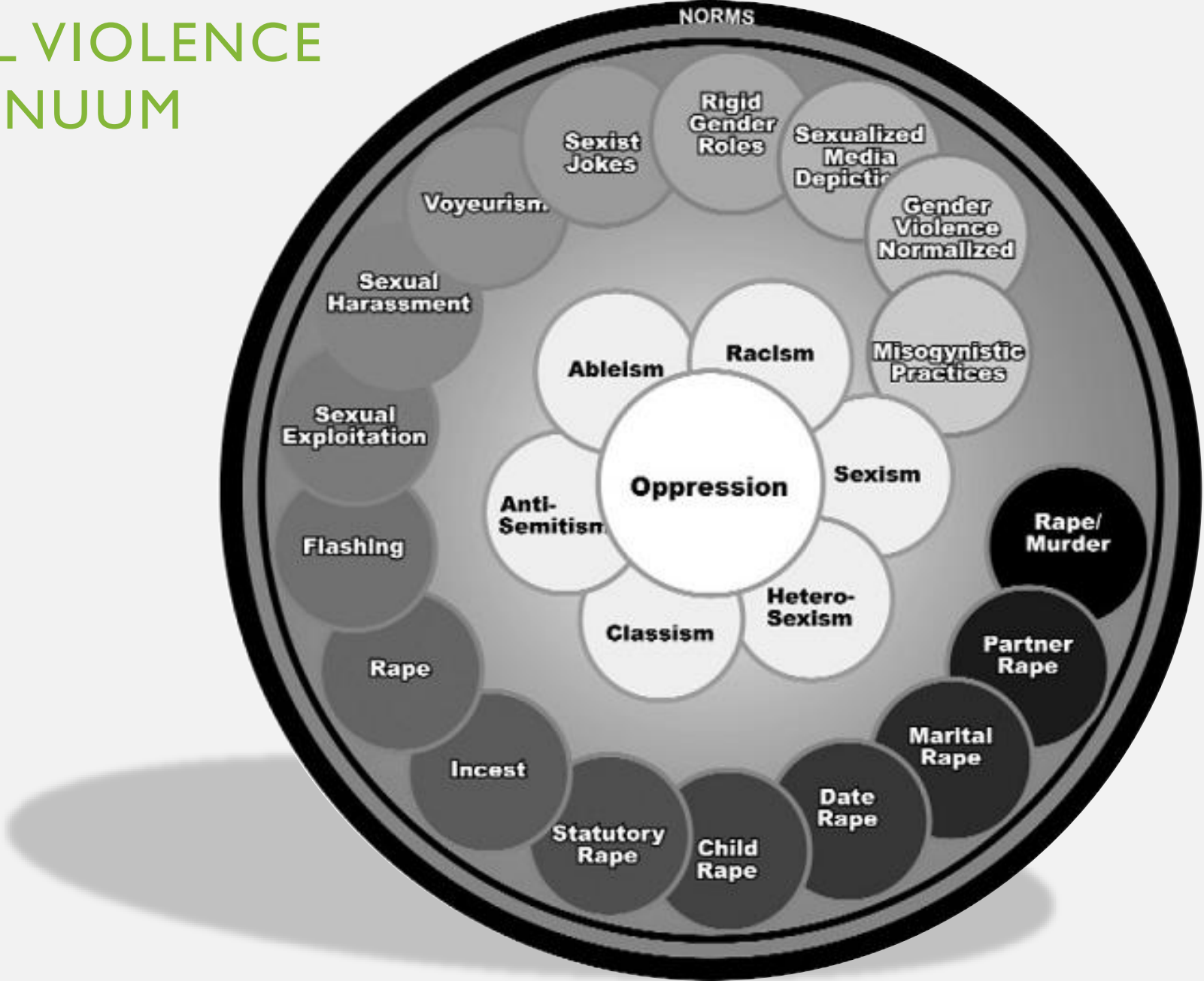
Oral, anal, or vaginal penetration with a body part or an object, or being made to penetrate someone else with a sexual organ.

- Sex without consent, consent has been withdrawn, or consent was gained through *coercion*.

The 85<sup>th</sup> 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<sup>3</sup>

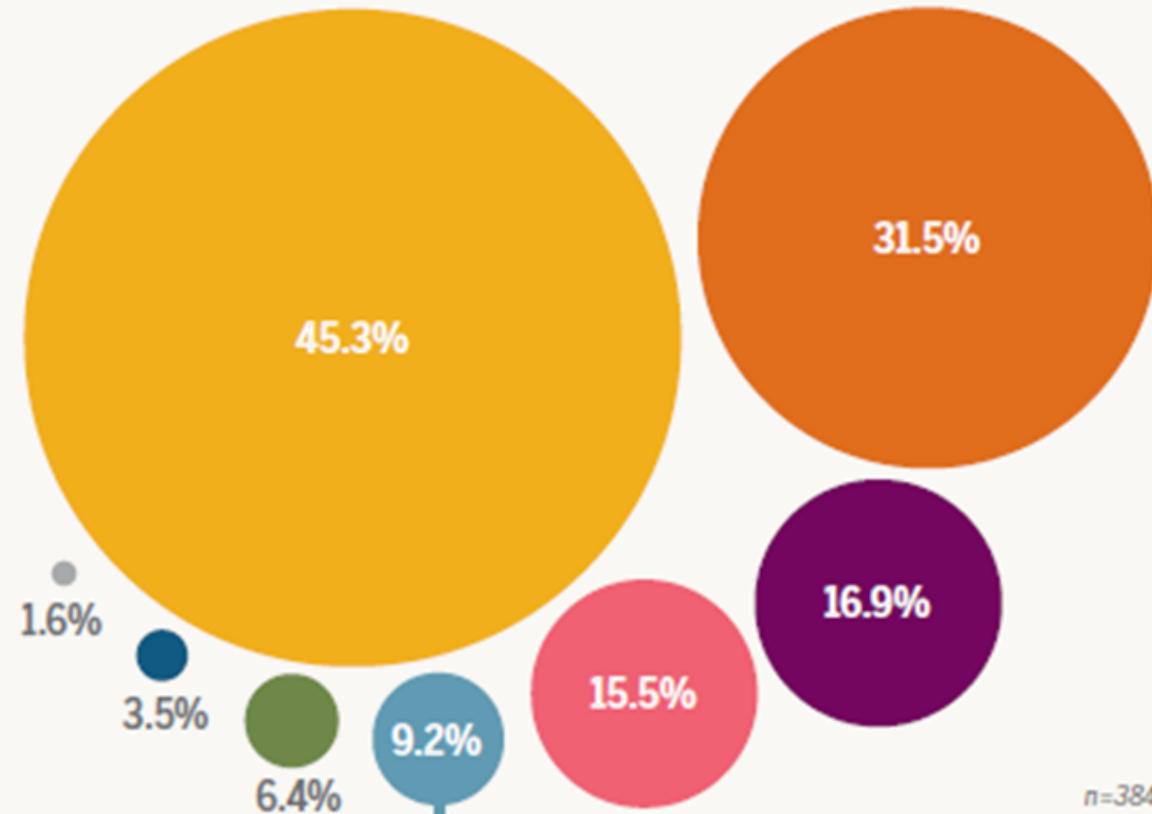
Only 9% of Sexual Assault is reported to law enforcement

Only 6% of survivors seek medical attention

## SEEKING HELP AFTER SEXUAL ASSAULT<sup>+</sup>

### ASSAULT REPORTING PATTERNS

- FRIEND
- FAMILY MEMBER
- INTIMATE PARTNER
- SOCIAL WORKER/  
HELPING PROFESSIONAL
- LAW ENFORCEMENT
- MEDICAL CARE
- SEXUAL ASSAULT  
NURSE EXAMINER
- CRISIS HOTLINE



# 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

A woman with dark hair pulled back, wearing a blue button-down shirt and a necklace with a blue pendant, is seated and speaking. The background is a plain, dark grey wall. The text "I was 22 when I was raped." is overlaid at the bottom of the frame.

I was 22 when I was raped.

**BROADEN OUR UNDERSTANDING:  
SEXUAL VIOLENCE AS A FORM OF  
TRAUMA**

## TRAUMA DEFINED

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.<sup>2</sup>

# 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

## COMPLEX TRAUMA

Rapid exposure to numerous traumas one after another lessens ones 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



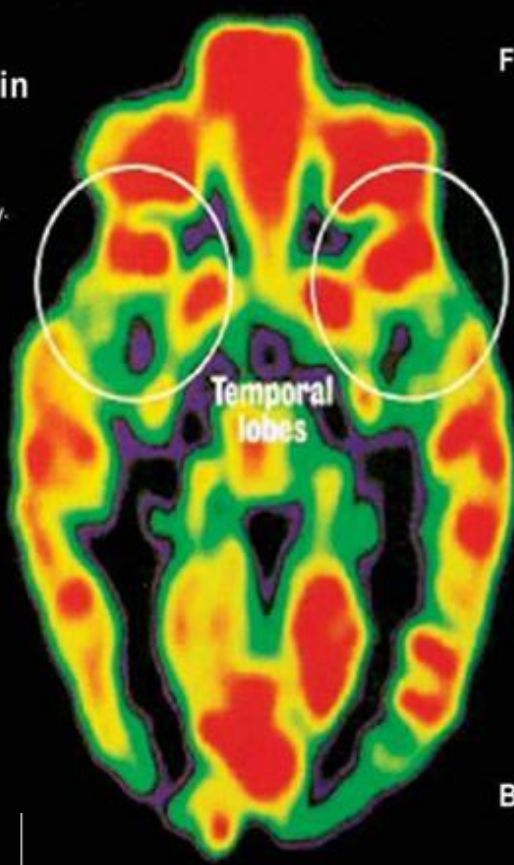




# TRAUMA & THE BRAIN

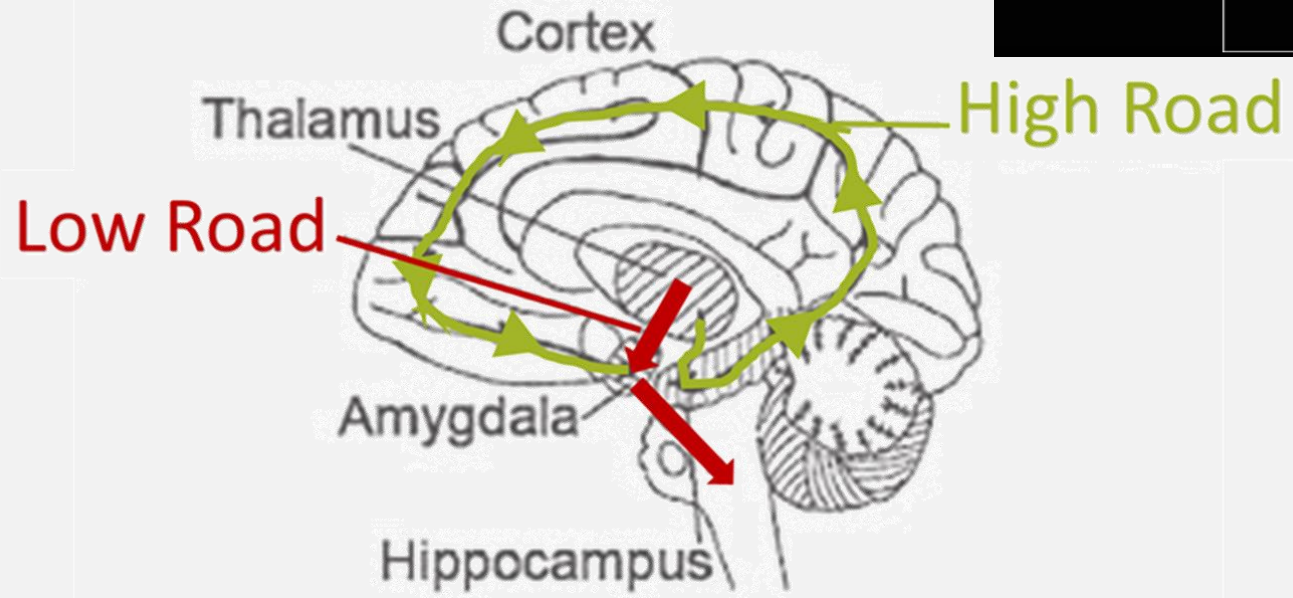
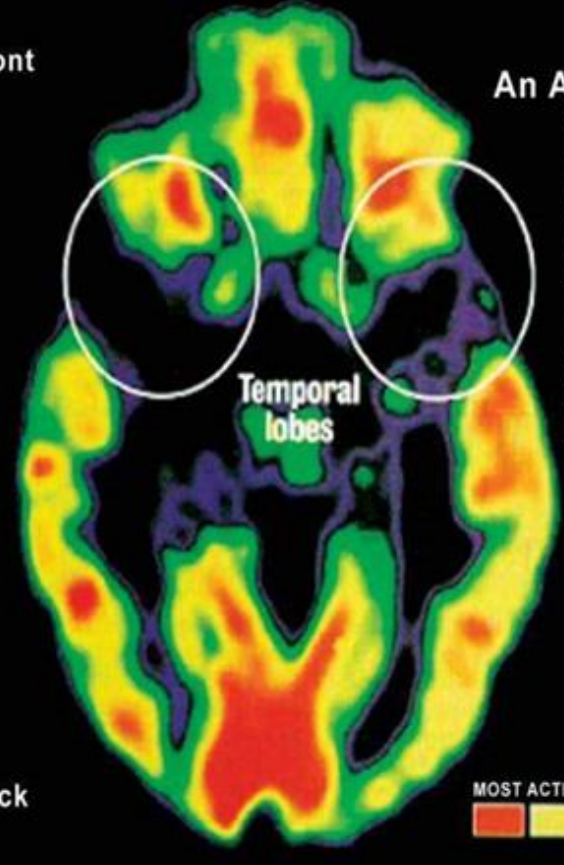
## Healthy Brain

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

This 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 emotions and receive input from the senses, are nearly quiescent. 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

What's wrong with this person?

What happened to this person?

Why did you do that?

Help me understand.

# Changing the narrative



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?



# BASER Model

**BELIEVE**

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.”*

**AFFIRM**

Acknowledge the importance of talking about the abuse and getting help.

*“I’m glad you told me about this.”*

**SUPPORT**

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.”*

**EMPOWER**

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.”*

**REFER**

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.”*

# RECOVERY Model

## VICTIM MANAGEMENT

**REASSURE**

Reassure the victim that they did nothing wrong and that you believe them. Tell them they are safe and you are here for them.

**EDUCATE**

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

**CHOICES**

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.

**OBJECTIVE**

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.

**VOICE**  
**BODY LANGUAGE**

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.

**EYE CONTACT**

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.

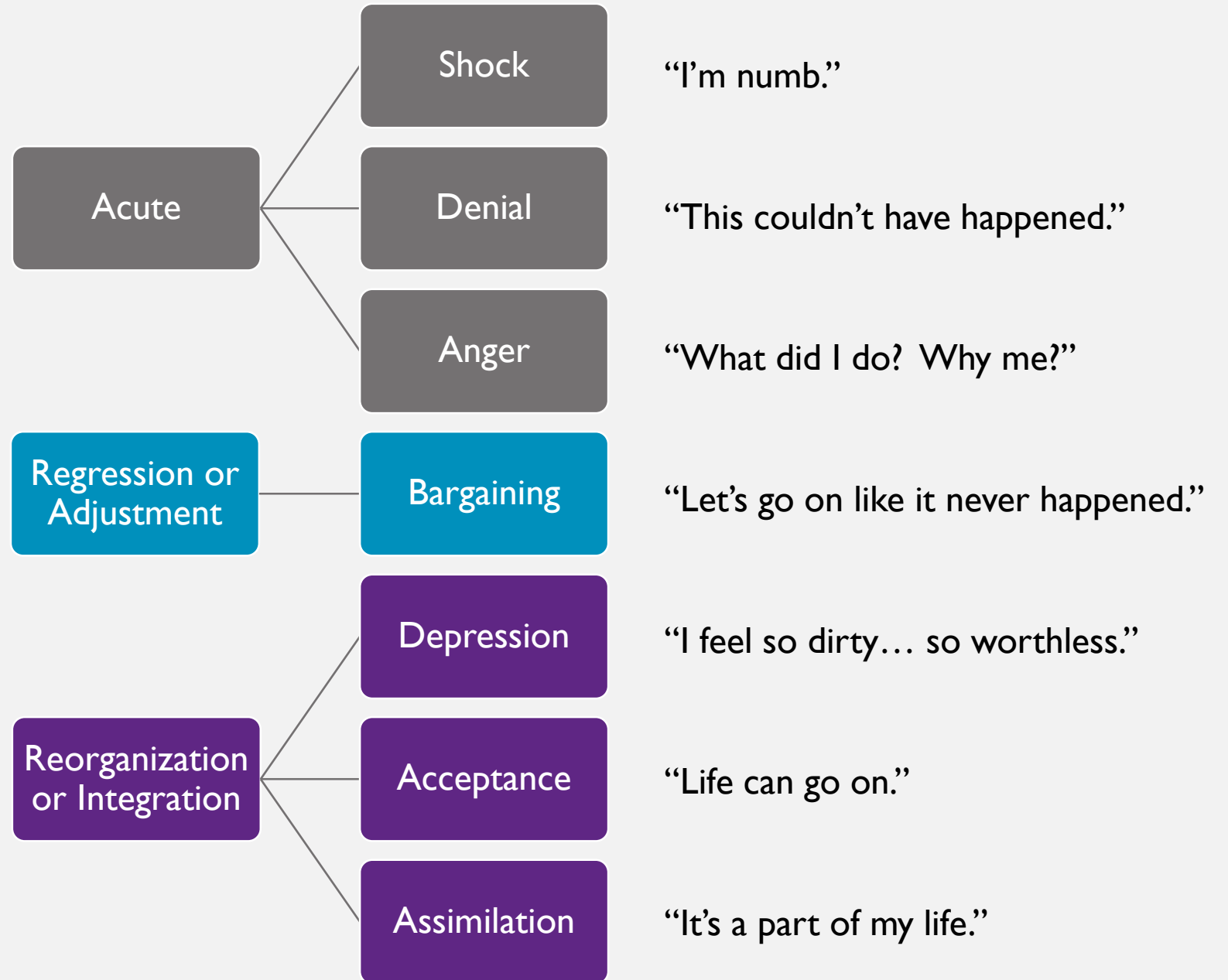
**RESOURCES**

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.

**YOURSELF**

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



# IMPLEMENTING TRAUMA- INFORMED CARE

# ELEMENTS OF TRAUMA-INFORMED CARE<sub>2</sub>

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

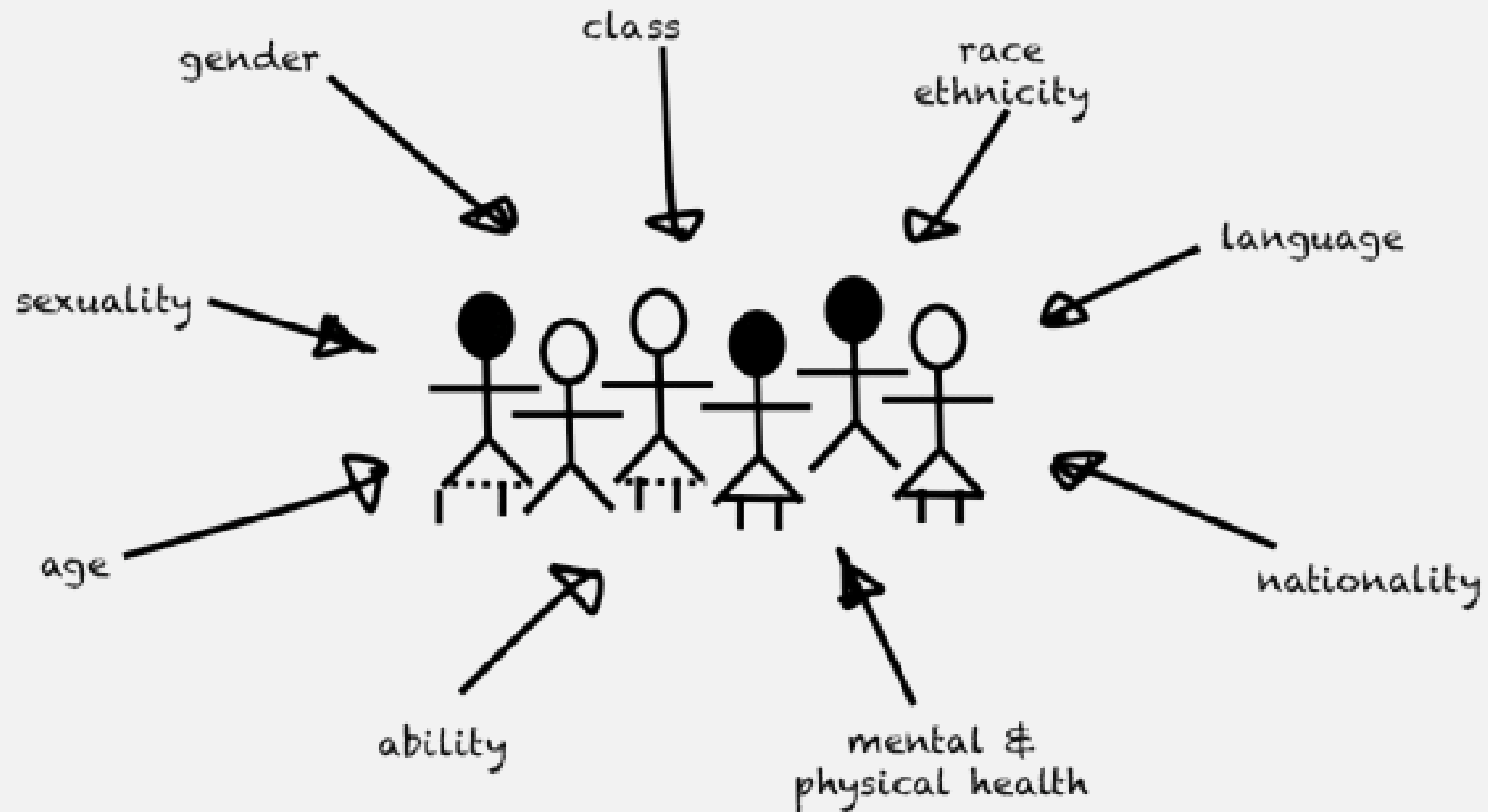


# I. COLLABORATION WITH CLIENT AND LOCAL SERVICE PROVIDERS

- 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*

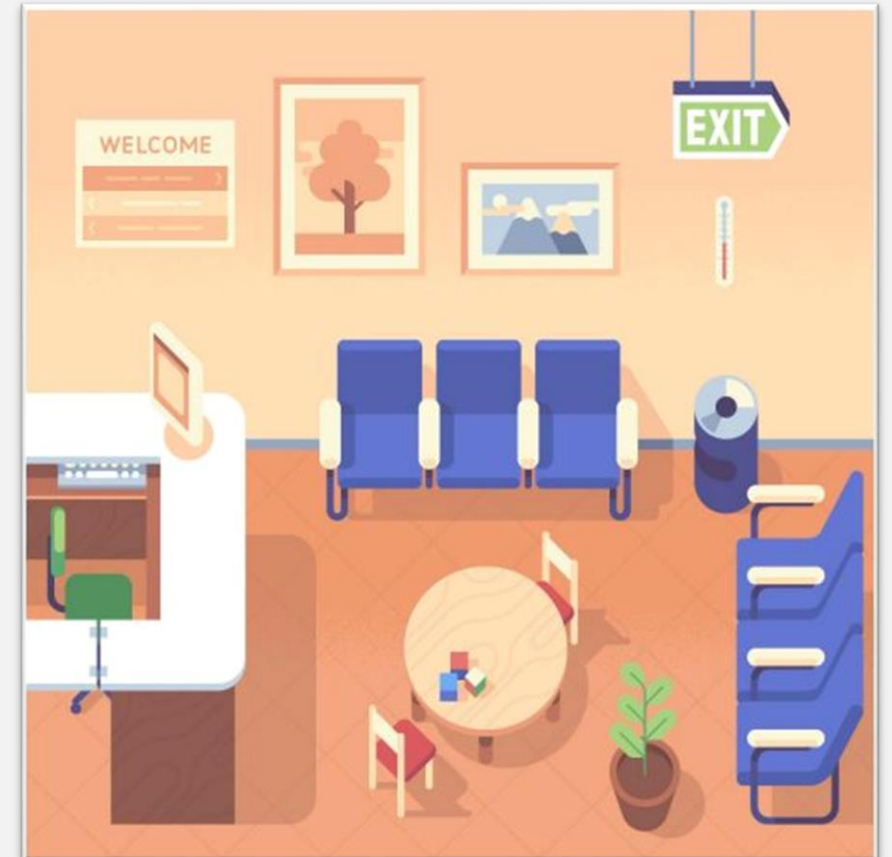
*Distrustful*  
*Fearful* of police/hospital  
staff/abuser

Getting their *needs met*  
Doing what they can to  
survive  
Using their '*survival skills*'

## 5. INSTILLING TRAUMA KNOWLEDGE AT ALL LEVELS

### *Physical Environment*

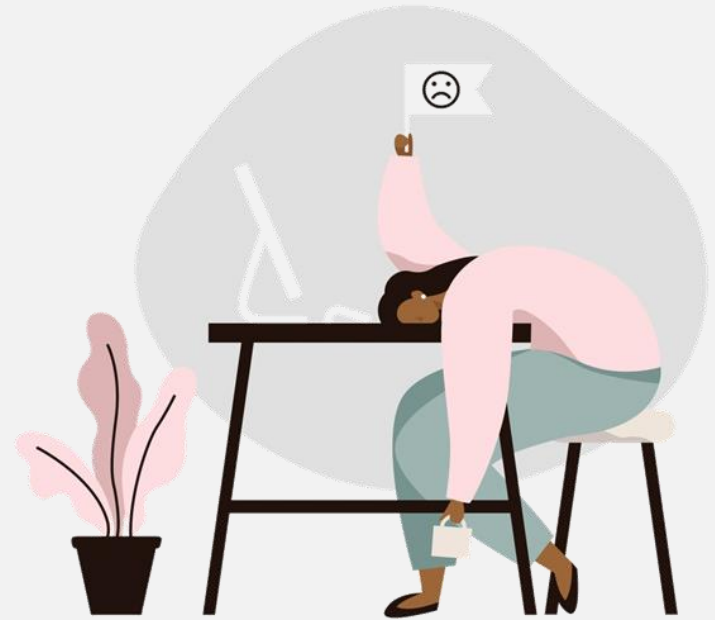
- Ensure space is inviting and comfortable
- Ensure space has clear, visible exits
- Remember common triggers, and decorate with these in mind





## 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**

Relationships  
and  
Connection

Spirituality

Physical  
Environment



Nutrition

Personal and  
Professional  
Growth

Movement,  
Exercise, and  
Rest

# 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



## ADDITIONAL RESOURCES

The Women's Center of Tarrant  
County

Hotline: 817-927-2737

[www.womenscentertc.org](http://www.womenscentertc.org)

Safe Haven of Tarrant County

Hotline: 1-877-701-7233

[www.safehaventc.org](http://www.safehaventc.org)

One Safe Place Tarrant County

817-916-4323

[www.onesafeplace.org](http://www.onesafeplace.org)

Texas Association Against Sexual  
Assault

[www.taasa.org](http://www.taasa.org)

Rape and Incest National  
Network

Hotline: 800-656-4673

[www.rainn.org](http://www.rainn.org)

National Sexual Violence  
Resource Center

[www.nsvrc.org](http://www.nsvrc.org)

## REFERENCES

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2. Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Service*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 14-4816. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
3. Busch-Armendariz, N., Olaya-Rodriguez, D., Kammer-Kerwick, M., Watcher, K., Sulley, C., Huslage, M.A., & Anderson, K. (2015). *Health and Well-Being: Texas Statewide Sexual Assault Prevalence Study*. Austin, TX: The University of Texas at Austin. School of Social Work. Institute on Domestic Violence & Sexual Assault



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Rape Crisis and Victim Services

Rape Crisis and Victim Services

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817-927-4039

817-927-4039

**24 Hour Crisis Hotline: 817-927-2737**

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