

# Continuing Our Education

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We have covered much ground. Next, we will learn from experts in the field of sexual violence and law enforcement.

Some clarifications and caveats:

- The presentation uses some criminal terminology
- The criminal system is an entirely different system than an internal Title IX proceeding
- Use of terms such as “victim” is not meant to convey or imply that criminal terminology should be used in Title IX proceedings
- Trauma-informed training developed by these community partners is helpful to provide investigators more background on this relevant topic.

# Trauma-informed Education – What to Expect

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Trauma-informed tactics are another tool in the toolbox of Title IX Team Members. This session will help you learn:

- The potential impacts of trauma on some people
- That trauma response is not the same for all people
- To check biases and avoid an uncritical assumption that a person is being untruthful or truthful
- To avoid snap judgments and bias

# Why Learn about Trauma?

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Trauma informed training improves interview and assessment techniques, and benefits all participants, by:

- Encouraging witnesses to share more
- Leading to the ability for fuller, more complete interviews
- Making all Parties more comfortable, regardless of sex
- Helping Title IX team members to better interview/question for clarification and more information, leading to better informed investigations

# What Trauma-informed Education Is

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Trauma-informed training:

- Cautions against immediately jumping to a conclusion that a person must be lying
- Is one component of an overall educational program
- Is part of system that contains robust procedural protections for all parties
- Is encouraged by state and federal laws
- Co-exists with concepts covered in earlier program sessions



# What Trauma-informed Education is Not

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Trauma-informed training does **not** mean or imply that trauma indicators are:

- Evidence of the truth or falsity of the allegations
- Evidence of a policy violation
- Evidence that everything the person is saying is true

Trauma indicators are not a substitute for evidence



RESPOND, EDUCATE & ADVOCATE TO END SEXUAL VIOLENCE

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## PITTSBURGH ACTION AGAINST RAPE

MEGAN ZURASKY, MSCP  
SUSIE BALCOM, MSW-C

7/28/2020

# Our Mission

To respond, educate, and  
advocate to end sexual violence.

# PAAR services



## VICTIM RESPONSE TEAM

- **MEDICAL ADVOCACY**
- **LEGAL ADVOCACY AND ACCOMPANIMENT**
- **CRISIS COUNSELING IN VARIOUS SETTINGS**

## CLINICAL SERVICES

PAAR provides individual and group trauma therapy at no cost. PAAR's comprehensive evidence-based treatment approaches can help survivors manage their emotions and begin the healing process:

- **INDIVIDUAL TRAUMA THERAPY**
- **GROUPS**
- **CHILD AND FAMILY COUNSELING CENTER**

**1-866-END-RAPE**



# PAAR services



## CLINICAL SERVICES

- CHILD AND FAMILY CENTER
- ADULT INDIVIDUAL AND GROUP THERAPY
- SUPPORT GROUPS
- WELLNESS SERIES

## EDUCATION

- COLLEGE PROGRAMMING
- COACHING BOYS INTO MEN
- SOCIAL NORMS APPROACH to sexual harassment prevention and healthy relationships programming
- PARENTS IN THE KNOW
- PRIMARY PREVENTION
- COMMUNITY TRAINING

**1-866-END-RAPE**



# Sexual Violence



# PAAR'S PERSEPCTIVE: CONTINUUM

## NON-TOUCH

- Voyeurism/ peeping
- Forcing someone to watch or participate in pornography
- Verbal comments
- Exposing genitals
- Taking sexualized photographs
- Dissemination of intimate images (revenge porn)
- Images of child sexual abuse (child pornography)

## TOUCH

- Touch/grab body parts
- Intercourse with penetration (oral/anal/vaginal)
- Penetration with objects
- Survival sex
- Institutional & statutory sexual assault
- Sexual Exploitation and Trafficking



# Understanding the landscape

People with a disability are twice as likely to experience sexual violence.<sup>1</sup>

60% of black girls will experience childhood sexual abuse.<sup>2</sup>

1 in 4 girls and 1 in 6 boys are sexually abused by age 18.<sup>3</sup>

People are more likely to blame the victim if they are black or latinx.<sup>5</sup>

1 in 6 women and 1 in 33 men have experienced sexual violence.<sup>4</sup>

People who identify as transgender are 50% more likely to experience sexual violence.<sup>2</sup>

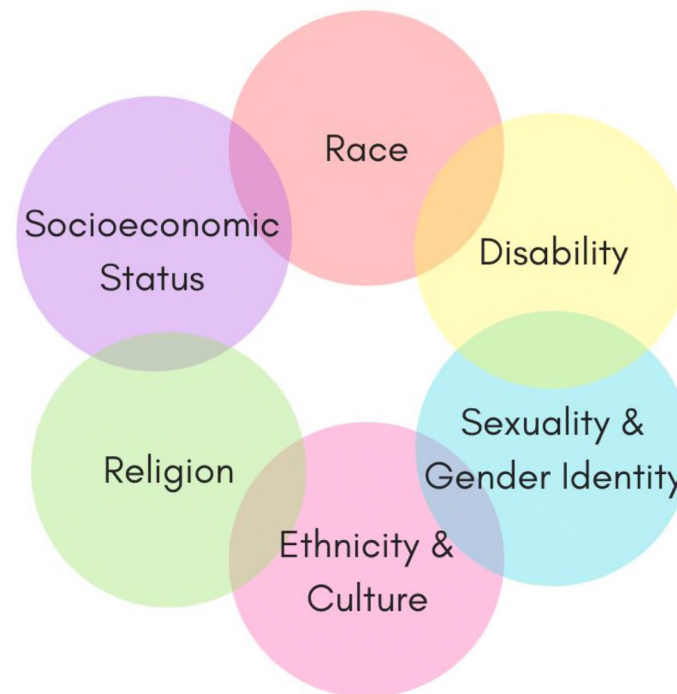
All reference information (1-6) available on Resources slide.



# Intersectionality

The interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage; a theoretical approach based on such a premise.

(Oxford Dictionary)



# Sexual Violence on Campus



Estimates are **1 in 5** women and **1 in 16** men are sexually assaulted while in college.



**84%** of sexual assaults are committed by a friend or acquaintance.

**AND**

**50%** of cases involve alcohol consumption by the victim, perpetrator, or both.



College students are most at risk in the **first 6 weeks** of their college experience.



**73%** of LGBTQ+ students experience sexual assault or harassment and **6%** of those students change schools because of it.

THROUGHOUT THE RESEARCH, ONE THEME  
HAS REMAINED CONSISTENT:

*Sexual abuse is extensively  
undisclosed and under-reported*

# Research shows



**“Sexual violence is one of the most  
UNDER-REPORTED CRIMES, with 68% of  
assaults left unreported.”**

U.S. Department of Justice, the Office of  
Victims of Crime

# Decision Points



## WHAT INFLUENCES THOSE DECISIONS?

- Victim's picture/ experience
- Alcohol & other substances
- Witnesses
- Relationship to alleged perpetrator
- Prior victimization
- Expected friend/family response
- Expected police response



# Research shows



**“The **FIRST RESPONSE** to victims  
is critical in determining how  
victims cope.”**

U.S. Department of Justice, the Office  
of Victims of Crime



**RA** – May follow up after hearing concerns from roommates, after a hospital visit or report to title IX.



**PAAR ADVOCATE**– Reaching out to help provide options counseling and follow up about counseling services.



**FAMILY** – Survivor will be deciding who to tell in their support system & undoubtedly hearing from that person to make sure they are okay.



**HOSPITAL FOLLOW UP**– Phone call to schedule follow up appointment at the clinic.



**DETECTIVE/CAMPUS POLICE**– Police will reach out to schedule an in-person interview for the criminal investigation.



**TITLE IX** – Will reach out to offer accommodations and set up in-person interview for Title IX investigation.

# Keeping perspective

- Victims deserve the opportunity to recover
- Many victims do not utilize the criminal justice or student conduct process – *they fear feeling re-victimized*
- Victims deserve assistance in rebuilding their lives
- It is IMPORTANT NOT TO MAKE PRE judgements/ SNAPJUDGEMENTS







RESPOND, EDUCATE & ADVOCATE TO END SEXUAL VIOLENCE

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# TRAUMA

# Understanding trauma



## DSM-5 AND TRAUMA

- I. The person experienced, witnessed or was confronted with an event(s) that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- II. The person's response involved intense fear, helplessness or horror.

# Understanding trauma



- I. One single, overwhelming event.

## **ACUTE TRAUMA**

- II. Extended exposure to trauma and experiences that are linked to development and/or relationships.

## **COMPLEX TRAUMA**

“The experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature.. and an early life onset.”

(Besel van der Kolk, 2005)

# The brain & trauma

## TRAUMA OVERWHELMS OUR ABILITY TO

- Have a sense of control
- Make meaning of our experience
- Maintain connection to others



**RESEARCH SHOWS THAT OUR BRAIN FUNCTIONS DIFFERENTLY WHEN WE EXPERIENCE TRAUMA.**

# Trauma symptoms



## WHAT DOES TRAUMA LOOK LIKE?

- Inability to regulate emotions (*anger and aggression*)
- Emotional numbing
- Feeling isolated or unable to form connections
- Unhealthy coping skills
- Unable to make meaning of the experience
  - Lack of language to attach to the experience
  - Memory gaps and/or non-linear progression

# The brain

## thalamus

- Accepts information from our 5 senses
- Regulates sex hormones; blood pressure; body temp

## amygdala

- Determines danger

## hippocampus

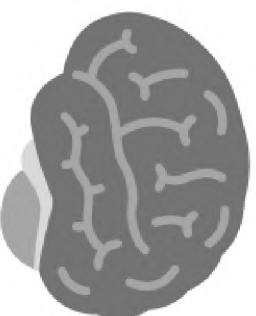
- Gives a date and time stamp

## pre-frontal cortex

- Higher level of thinking, decision making

## broca's area

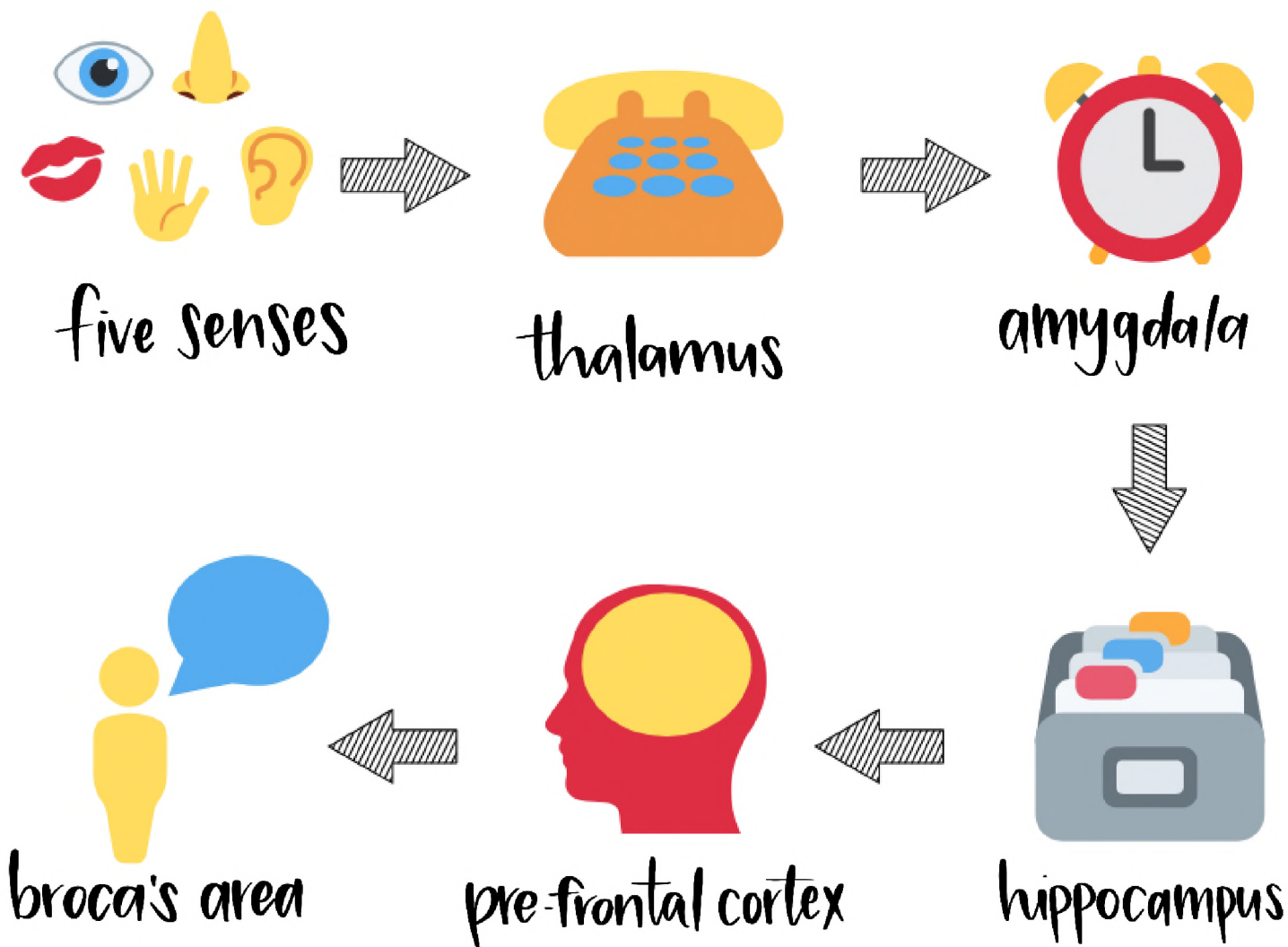
- Attaches speech to our experiences



## ANIMAL BRAIN

## HUMAN BRAIN

# Average Memory

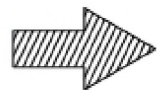




# Traumatic Memory



five senses



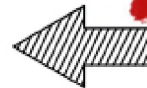
thalamus



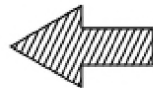
amygdala



hippocampus



pre-frontal cortex



broca's area



# hippocampus



## CENTRAL VS PERIPHERAL

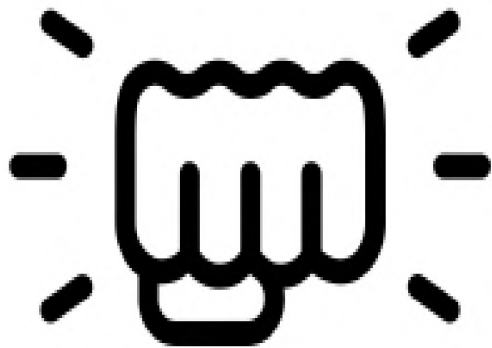
Central details are those that elicit strong emotions or that stand out the most to us, peripheral are things like date, time, or other small details.

## ENCODING

Our most emotional experiences are what get encoded into long term memory. Trauma sets off a super-encoding mode for central details of the event while filtering out peripheral details.

# The brain & trauma

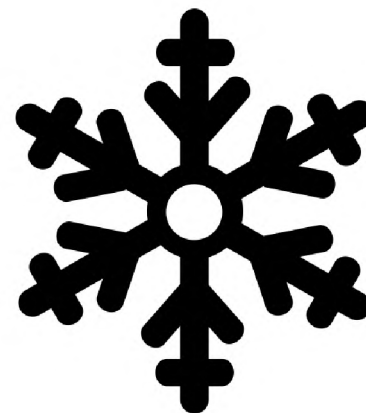
## AUTOMATIC RESPONSE SYSTEM –



**FIGHT**



**FLIGHT**



**FREEZE**

# POLYVAGAL THEORY



## SAFE AND IN CONTROL

“I see the ‘big picture’ and I can connect to the world and people in it.”

## FIGHT OR FLIGHT

“The world is a dangerous place and I need to protect myself from harm.”

## FREEZE

“I am alone and escape into not knowing, not feeling and almost a sense of not being.”

# Common Symptoms of Trauma

## Re-Experiencing

- Intrusive, distressing thoughts
- Flashbacks
- Nightmares
- Intense feelings of shame and guilt

## Hyper-arousal

- Difficulty sleeping
- Feeling jumpy
- Difficulty managing emotions
- Easily irritated or angered

## Emotional Numbing

- Dissociation
- Avoidance or withdrawal and isolation
- Using substances to cope
- Psychosomatic symptoms (headaches, body aches)

# Common Symptoms of Trauma

## External

- Difficulty managing emotions
- Irritability/anger
- Using substances to cope
- Physical health problems  
(headaches, body aches, stomach issues)

## Internal

- Anxiety, depression or other comorbid diagnoses
- Shame and guilt
- Hypervigilance
- Trouble sleeping
- Avoidance/withdrawal
- Loss of self-esteem

Things you see

Things you don't

# Common Symptoms of Trauma

## Triggers

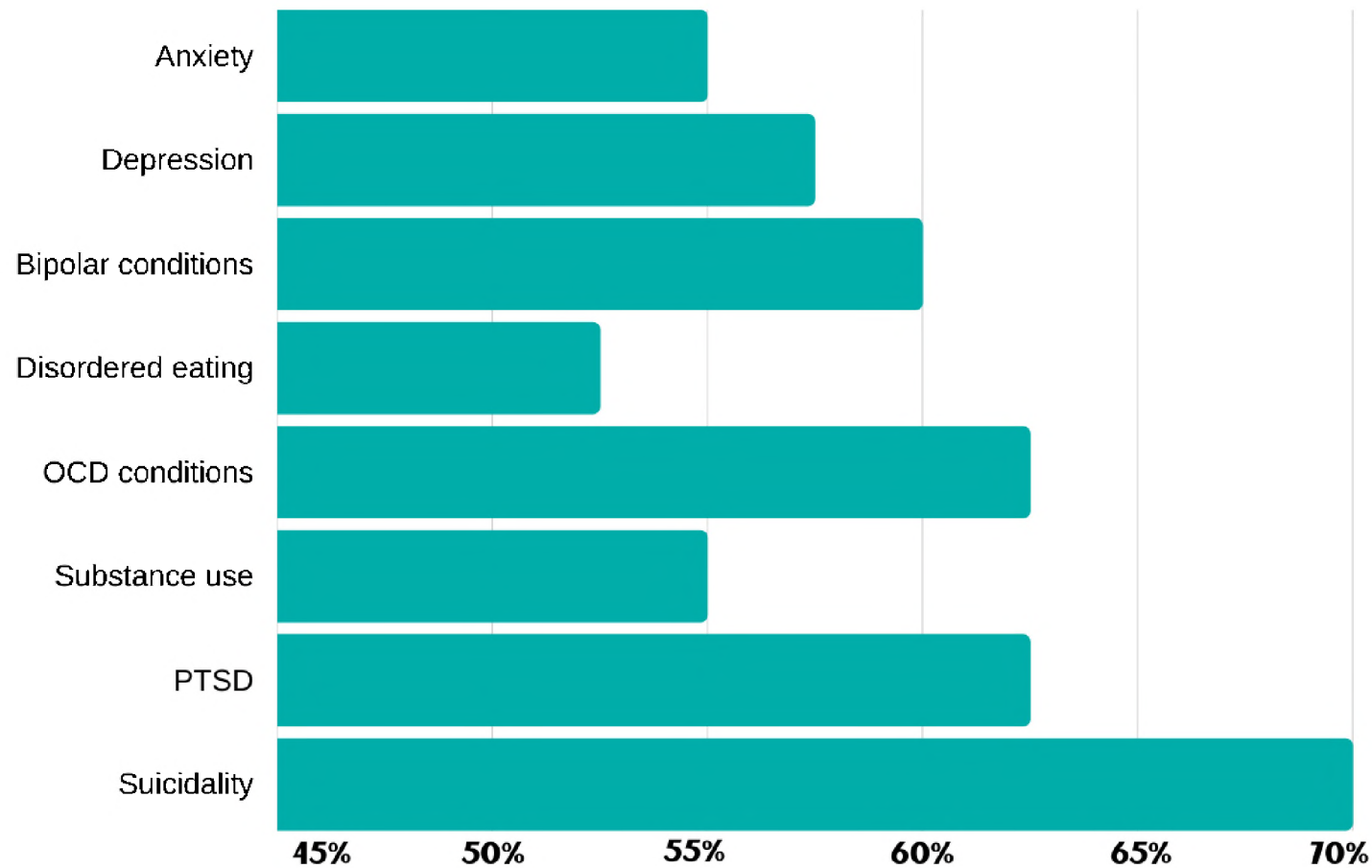
- People, places or things associated with the trauma
- Sensory experience associated with trauma
- Anniversary dates
- Current stressors (stress response itself)
- Listening to or talking about trauma

## Triggers lead to...

### Flashbacks

- Feeling that you are re-living the trauma
- Unexpected and occur without warning
- Can be partial images and sounds
- Can be dissociative
- Can be associated with physical symptoms and reactions

## ASSOCIATION OF MENTAL HEALTH CONDITIONS WITH SEXUAL ASSAULT



# Considerations for Students

## Resident life, campus leaders

- Abnormal substance use (week nights, drinking alone)
- Isolating behaviors or conflict in friend groups
- Hyper-vigilance - spending time and energy finding how to be safe on campus again
- Mistrust of institutions

## Faculty

- Loss of concentration or energy
- Change from the normal attitude or temperament of that student

## Before disclosure...

- "I was in the hospital last night..."
- "I'm having (unspecified) medical issues..."
- "I'm having trouble sleeping..."



# Common Symptoms of Trauma

## Sleep Disturbances

- 2-night sleep cycle to consolidate memories
- Many victims experience a crash 2.5 days after incident
- "The less sleep you have had, or more fragmented sleep, the more sensitive you are to pain of all kinds."

## Revictimization

- 2 out of 3 victims of sexual violence will be re-victimized at some point in their life

## Suicidality

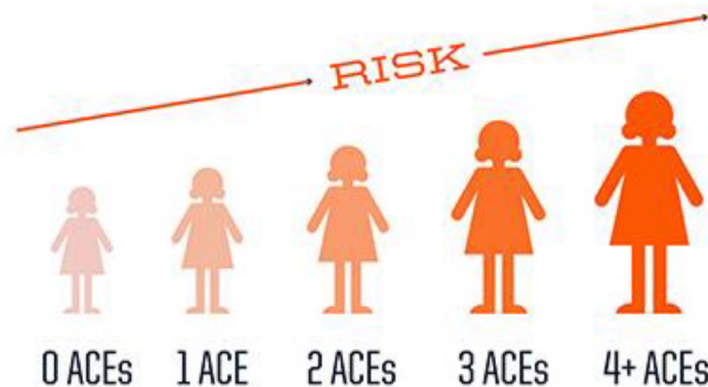
- In a recent study, 70% of survivors reported suicidal ideations after an assault

Jim Hopper, Ph.D. – Sexual Assault and the Brain (2019).

Dworkin, Menon, Bystrynski & Allen: "Sexual assault Victimization and Psychopathology: A review & meta-analysis." (2017).

## *The Adverse Childhood Experiences (ACE) Study*

- The largest study of its kind ever done to examine the health, social, and economic effects of adverse childhood experiences over the lifespan (18,000 participants)



# ACE Study continued..



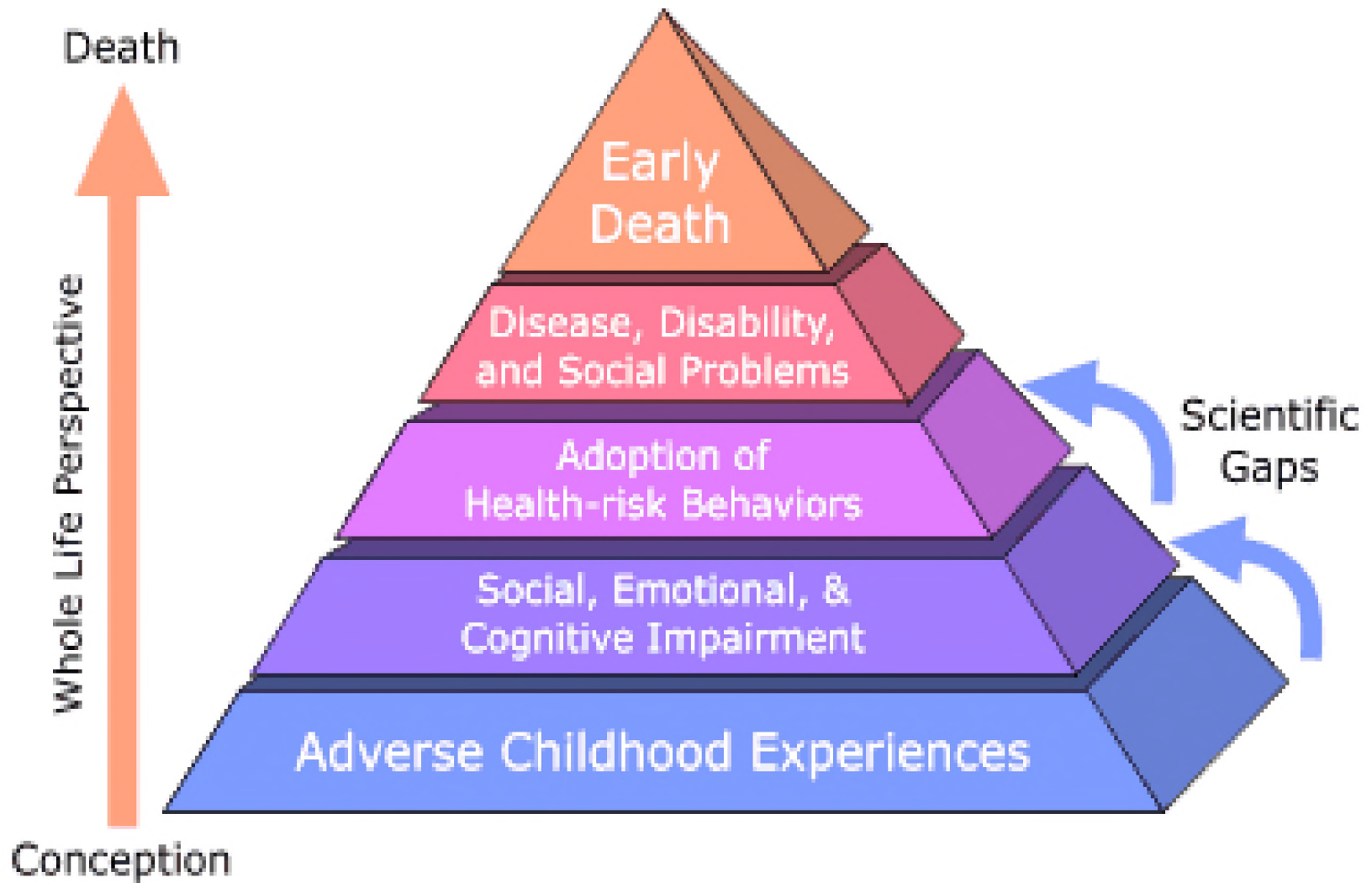
## 8 AREAS OF DYSFUNCTION

- Recurrent physical abuse
- Recurrent emotional abuse
- Sexual abuse
- Household member in prison
- Mother treated violently
- Alcoholic or drug user in home
- Chronically depressed, mentally ill, or suicidal person in home
- Death of a parent

## TOP 10 RISK FACTORS

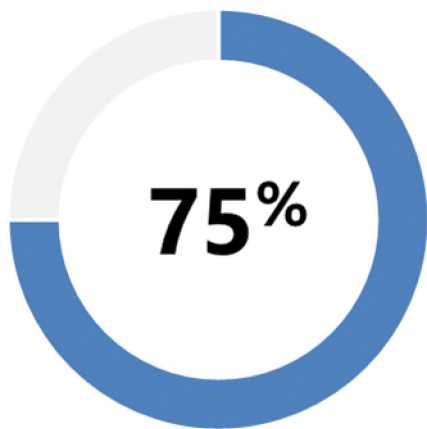
- Smoking
- Severe Obesity
- Physical inactivity
- Depression
- Suicide attempt
- Alcoholism
- Illicit drug use
- Injected drug use
- 50+ sexual partners
- STDs

# ACE Study

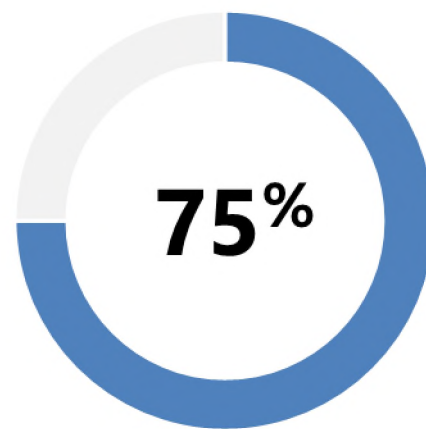


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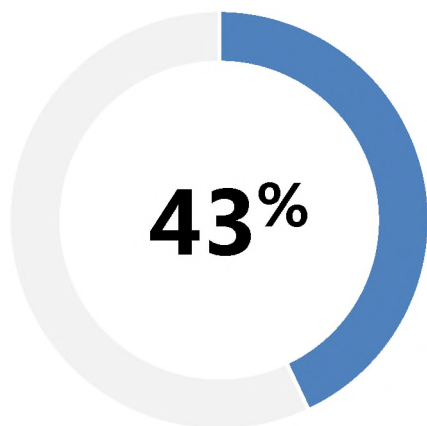


of participants  
were white

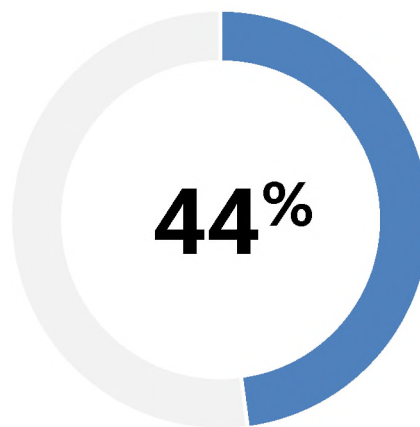


of participants were  
college-educated

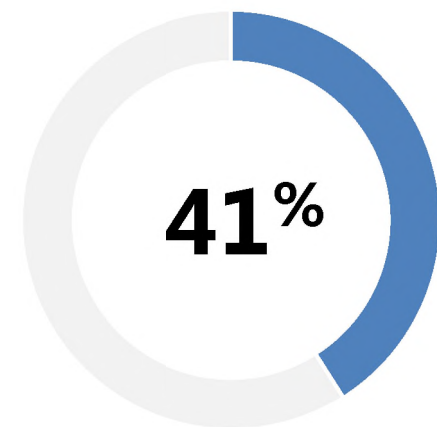
# Philadelphia ACE Study



**OF PARTICIPANTS WERE  
BLACK**



**OF PARTICIPANTS WERE  
WHITE**



**HAD AT LEAST SOME HIGH  
SCHOOL EDUCATION**

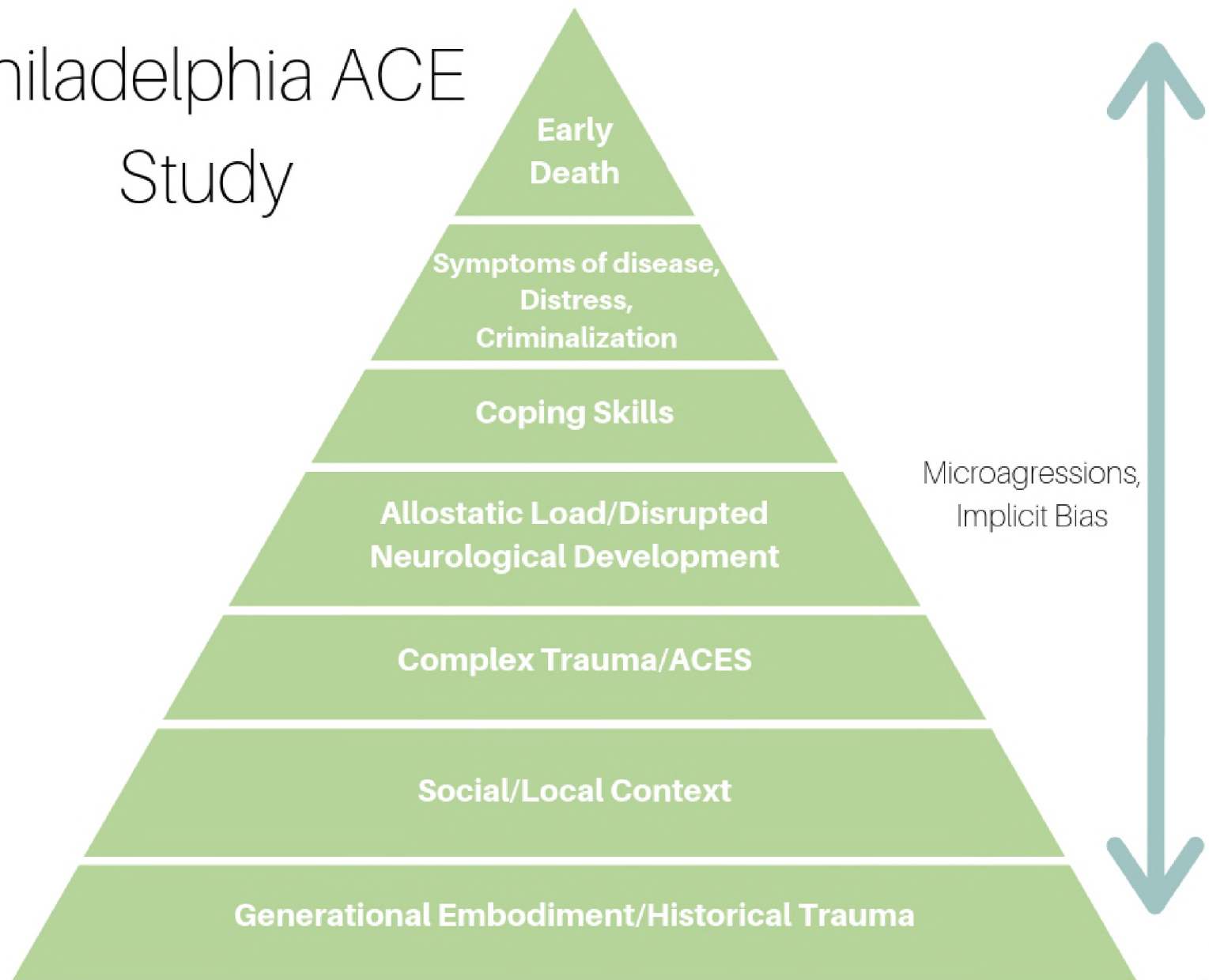


# Philadelphia ACEs Expanded



Conventional ACEs	Expanded ACEs
Physical Abuse	Witnessing Violence
Emotional Abuse	
Sexual Abuse	Living in Unsafe Neighborhoods
Emotional Neglect	
Physical Neglect	Experiencing Racism
Domestic Violence	
Household Substance Abuse	Living in Foster Care
Incarcerated Care Provider	
Mental Illness in the Home	Experiencing Bullying

# Philadelphia ACE Study



## TOXIC STRESS

Not all stress is bad for the brain and body. The stresses that are part of everyday life—taking a test, learning to drive, preparing for a job interview—can strengthen our problem-solving abilities and boost our resilience. But continual or extreme stress, especially in the early years, can damage a child’s ability to think, learn, grow and relate to others. It can have a lifelong effect on both physical and mental health. Research shows that nurturing, supportive relationships with adults can help reduce the damage caused by early toxic stress.

# Adverse Childhood Experiences

- As the number of Adverse Childhood Experiences (ACE) increases, so does the risk of **NEGATIVE HEALTH OUTCOMES**





RESPOND, EDUCATE & ADVOCATE TO END SEXUAL VIOLENCE

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# DISCLOSURE

# Impact of Trauma

## TRAUMA AND CRISIS RESPONSE

- SHOCK: “I feel so numb, I can’t cry.”
- DISBELIEF: “Did this really happen to me?”
- SHAME: “I feel like this was my fault. I feel dirty.”
- GUILT: “If only I had...”
- ANGER: “I want to get even with him/her.”
- DEPRESSION: “I feel tired and hopeless.”
- ANXIETY: “I’m a nervous wreck. I can’t sleep.”

**Incident close in time**



**Triggering event or reminder  
of past trauma**



# Recent v. Past Trauma



## RECENT INCIDENT

- Survivor may present actively in crisis – Utilize grounding and coping skills to help them make decisions
- May have to discuss emergency medical care
- For survivors who do not want to report or seek additional medical care, utilize safety planning

## PAST TRAUMA

- The survivor may be seeking a safe place to feel their emotions, not seeking advice or guidance
- May not recognize the link between their symptoms and the traumatic incident
- Utilize warm referrals to connect them to services

# Importance of Medical Care



## WHY YOU SHOULD GO TO A HOSPITAL AFTER SEXUAL ASSAULT

- You might have physical injuries – even if you can't see them.
- You might want medications to help prevent infections, sexually transmitted diseases or pregnancy.
- You might want to complete a forensic examination and/or evidence collection.

## THE FORENSIC EXAM AND EVIDENCE COLLECTION

- Key tool in investigation and in prosecuting cases
- Evidence that the assault occurred, or that the perpetrator is the source of the biological material



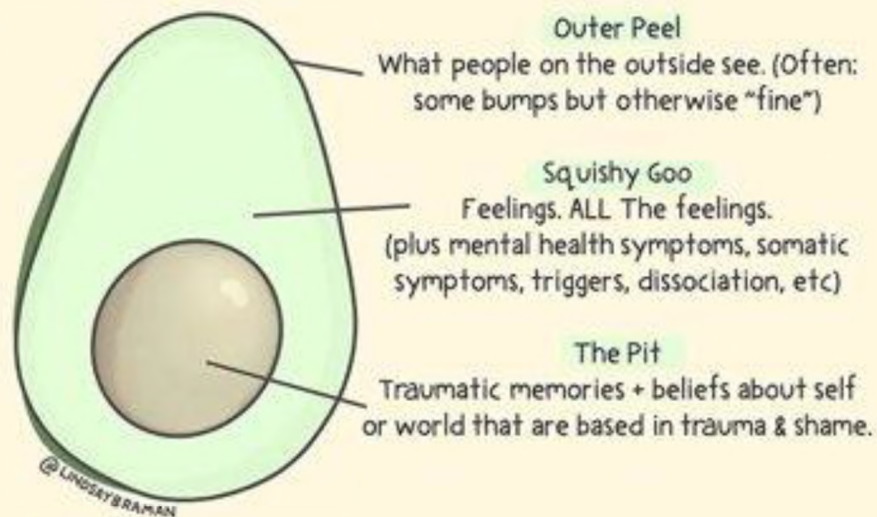
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## DEVELOPING A RESPONSE

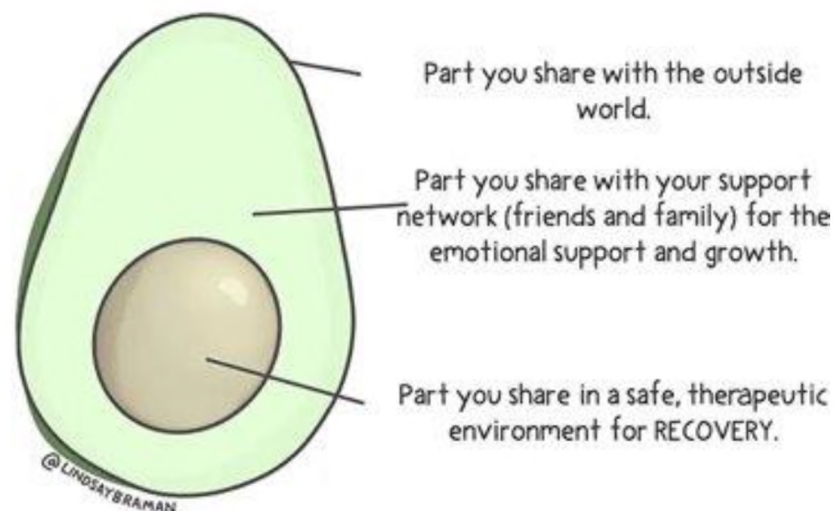
# TRAUMA RECOVERY

(AS ILLUSTRATED BY AN AVOCADO)



# TRAUMA RECOVERY

(AS ILLUSTRATED BY AN AVOCADO)



# Provider response

## EMPOWERMENT AND STRENGTHS – BASED APPROACH

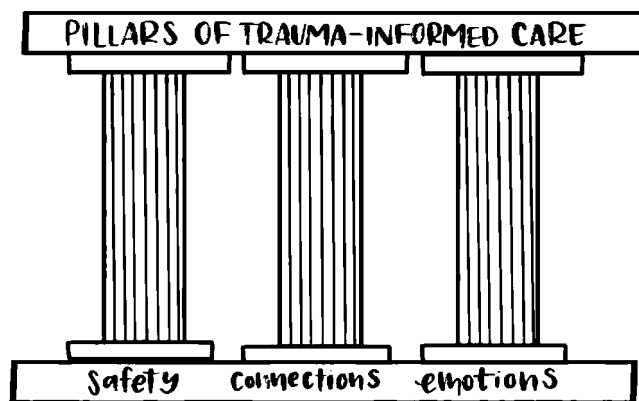
- Understand and communicate the limits of your confidentiality
- Utilize active listening skills
- Provide choice and control, however small
- Look for opportunities to acknowledge their resilience/strengths



# Provider response

## NORMALIZE AND VALIDATE WHAT YOU KNOW ABOUT TRAUMA

- Model healthy connections and boundaries
- Provide education about the impact of trauma and common reactions
- Develop a plan for safety and coping skills
- Be familiar with resources and community-based services





Most importantly:  
we believe that ultimately  
our clients can make the  
**BEST CHOICES**  
for their lives.



# EMPOWERMENT MODEL

It takes a lot of courage to be here and talk about what happened.

There is no "normal" way to feel and it is okay to feel \_\_\_\_\_.

It's important that the right people know about this so we can help keep you safe. Let's call PAAR together.

**"We think we listen, but very rarely do we listen with real understanding, true empathy. Yet listening, of this very special kind, is one of the most potent forces for change that I know."**

**– Carl Rogers**

***“WHAT YOU ARE EXPERIENCING IS NORMAL.”***

How we think about  
**TRAUMATIC EVENTS**  
changes how we heal



When trauma is held as central to identity, people have more post-traumatic mental health symptoms.



People able to frame trauma as “something that happened” to them (part of their story but not core identity) have less.

RESEARCH: GEORGE, PARK, AND CHAUDOIR (2016) VISUALLY TRANSLATED BY: @LINDSAYBRAMAN



## VIDEO *Brenè Brown on Empathy*



<https://www.youtube.com/watch?v=1Ewgu369Jw&feature=youtu.be>



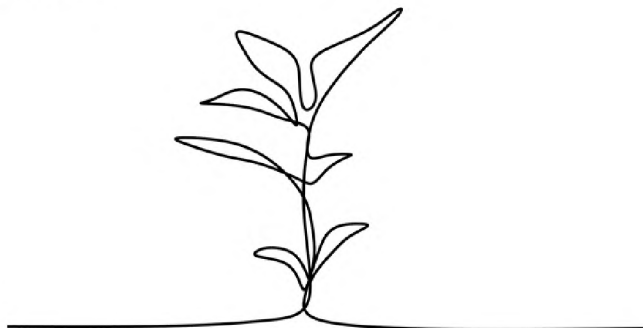


## *validation and hope*

- I know that this is hard.
- I know there's a lot that could go wrong. What could go right?
- All vibes are welcome here.
- It's pretty normal to have some negativity in this situation.
- It's probably pretty hard to be positive right now. I'm putting out good energy into the world for you.
- It's probably really hard to see any good in this situation. We'll make sense of it.

## *toxic positivity*

- You'll get over it!
- Just be positive!
- Good vibes only!
- Stop being so negative!
- Think happy thoughts!
- Never give up!
- Just be happy!
- See the good in everything.



# Self-regulation

## OUR MOST POWERFUL TOOL IS OUR OWN SELF-REGULATED NERVOUS SYSTEM

- Tools in self-regulation and self-awareness:

### SETTLING BREATH

Take a few deep breaths, in and out. Don't try to change your breath or judge it. Just notice yourself breathing.

Now, try to make your exhale longer than the inhale. Breathe in, then breathe out (holding the exhale longer).



### BUTTERFLY HUG

Take a few deep breaths, in and out. Cross your hands over your chest so that the middle finger of each hand is placed below your collarbone. The rest of your fingers will touch your upper chest. You can interlock your thumbs.

Tap your hands one at a time, alternating right and left, simulating the flapping wings of a butterfly. Continue to breathe slowly and deeply, observing whatever is going through your mind and body (thoughts, images, sounds, emotions). Observe it like clouds going by without judging or trying to change it.

# Coping & recovery

“When I think of the dark path she has walked, I know for certain that she would not have made it even a very few steps without **EVERYONE WHO CARED FOR AND SUPPORTED HER** on this journey.



She came to court asking for justice and for punishment – and even following the disappointing verdict, she said:

“I’m still glad we did this. It was the right thing. The last emotion I would have thought I would be feeling is happiness but I feel so much **CLOSURE, RELIEF, AND JOY.**”

# CITED MATERIAL Resources



Tea and Consent Video: <https://www.youtube.com/watch?v=fGoWLWS4-kU>

The Guardian: *Male rape survivors suffer in silence. We need to help them talk* (2020).

Philadelphia ACE Survey – <http://www.philadelphiaaces.org/philadelphia-ace-survey>

Shawn Ginwright, Ph.D – *The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement* (May 2018).

Intersectionality statistics:

1. VERA Institute – Nancy Smith and Sandra Harrell, *Sexual abuse of children with disabilities: A national snapshot* (March 2013).
2. YWCA: Gender-based Violence Fact Sheet
3. Stotzer, R. (2009)
4. National Sexual Violence Resource Center (NSVRC)
5. UNICEF – *Sexual and gender-based violence against refugees, returnees and internally displaced persons* (May 2003).
6. CALCASA



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