



Survivors of Sexual Assault: Trauma-Informed Care for College Students

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Part 1

Overview of Sexual Assault and Violence





Sexual Assault on College Campuses: Prevalence

- Young adults ages 18-34 are at the highest risk and represent 54% of sexual assault cases.
- One out of every six women falls victim to completed or attempted sexual assault within their lifetime.
- There is a 13% rate of non-consensual sexual contact in colleges.
- Common issues in sexual assault are underreporting, victim-perpetrator relationships, and university policies and procedures.
- The government requires colleges to address sexual violence cases immediately. Victims can take legal action if colleges fail to respond.

(BestColleges.com, 2020)



Sexual Assault on College Campuses: Prevalence

- Among undergraduate students, 23.1% of females and 5.4% of males experienced rape or sexual assault
- 5.8% of students have experienced stalking since entering college
- More than 50% of college sexual assaults occur in either August, September, October, or November
- Students are at an increased risk during the first few months of their first and second semesters (RAINN.com, 2020)

Sexual Assault on College Campuses: Prevalence

Christian-Affiliated Colleges or Universities

- Out of 6,643 students surveyed at 38 colleges or universities,15% reported having been sexually assaulted.
- 13% of the students reported having experienced dating violence.
- 33% reported having been stalked

(Baptist Standard, 2020)

Public Colleges or Universities

- Out of 6,643 students surveyed at 38 colleges or universities, 21% reported having been sexually assaulted.
- 18% of the students reported having experienced dating violence.
- 27% reported having been stalked



Title IX: Key Provisions of the New Regulation on Sexual Harassment

- Some Key Provisions of the new Title IX regulation, which took effect on August 14th, 2020:
 - Definition of sexual harassment includes sexual assault, dating violence, domestic violence, and stalking, which are now considered unlawful discrimination on the basis of sex
 - Holds universities responsible for off-campus sexual harassment that takes place at buildings owned or under the control of the university (i.e., fraternities, sororities, etc.)
 - Restores fairness on universities campuses by upholding a student's right to written notice of allegations, the right to an advisor, and the right to submit, cross-examine, and challenge evidence at a live hearing

(U.S. Department of Education, 2020)



Title IX: Key Provisions of the New Regulation on Sexual Harassment

- Shields survivors from face-to-face hearings including the accused and from answering personal questions from the accused
- Provides "rape shield" protections and ensures survivors are not mandated to provide any medical, psychological, or similar privileged records
- Gives schools flexibility to use technology to conduct Title IX investigations and hearing remotely
- Protects the First Amendment rights of students and faculty by providing guidelines for the proper use of the Title IX regulations
- (U.S. Department of Education, 2020)



- Dating Violence: Violence committed by a person -
 - (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and
 - (B) where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - (i) The length of the relationship
 - (ii) The type of relationship
 - (iii) The frequency of interaction between the persons involved in the relationship

(Clery Center, 2020; Violence Against Women Act, 2020)



- Domestic Violence (from 42 USC § 13925): A felony or misdemeanor crime of violence committed –
 - By a current or former spouse or intimate partner of the victim
 - By a person with whom the victim shares a child in common
 - By a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner
 - By a person similarly situated to a spouse of the victim under the domestic or family violence laws of Ohio, or
 - By any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred

(Clery Center, 2020; Violence Against Women Act, 2020)



- Sexual Assault: An offense that meets the definition of rape, fondling, incest, or statutory rape, as used by the FBI's Uniform Crime Report (UCR) Program.
- Sexual Offense: "any sexual act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent" (FBI UCR Program Manual)
 (Clery Center, 2020; Violence Against Women Act, 2020)

- Sexual Offenses: Any sexual act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent.
 - Rape penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
 - Fondling The touching of the private parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent
 - Incest sexual intercourse between persons who are related to each other within degrees wherein marriage is prohibited by law.
 - Statutory Rape Sexual intercourse with a person who is under the statutory age of consent
 - Considerations:
 - Age of consent
 - Minimum age of the victim
 - Age differential
 - Minimum age of the perpetrator

(Clery Center, 2020; Violence Against Women Act, 2020)



- Stalking Engaging in a *course of conduct* directed at a specific person that would cause a *reasonable person* to:
 - \circ fear for the person's safety or the safety of others; or
 - o suffer substantial emotional distress.
 - Course of conduct two or more acts, including, but not limited to, acts which the stalker directly, indirectly, or through third parties, by any action, method, device, or means follows, monitors, observes, surveils, threatens, or communicates to or about, a person, or interferes with a person's property.
 - Reasonable Person a reasonable person under similar circumstances and with similar identities to the victim.
 - Substantial Emotional Distress significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.
 (Clery Center, 2020; Violence Against Women Act, 2020)



Part 2

The Relationship between Sexual Violence and Trauma





Definition of Trauma

 "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" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 7).



- Event(s)
 - Exposure to actual or threatened death, serious injury, or sexual violence in the following ways:
 - Directly experienced
 - Witnessed as it happened to others
 - Learning that the event occurred to a close family member or close friend

(APA, 2013, p. 271) – Diagnostic Criteria for PTSD from the DSM-5



- Event(s)
 - Caused Naturally
 - Tornado
 - Hurricane
 - Accidents, Technological Catastrophes
 - Car accident
 - Sport-related death
 - Intentional Acts
 - Sexual assault and abuse
 - Homicide or Suicides
 - (SAMHSA, 2014, p. 35)



• Experience

- Two people may be exposed to the same event or series of events but experience it differently.
- Various biopsychosocial and cultural factors influence the individual's immediate and long-term responses to traumatic events.
- Certain immediate reactions to traumatic events are normal and the absence of these "normal" reactions could indicate a significant issue for the individual.

(SAMHSA, 2014)



- Effects
 - Immediate reaction
 - Normal responses to traumatic events
 - Temporary effects
 - Resiliency is a key factor
 - Trauma History

(SAMHSA, 2014)



- Effects
 - Prolonged effects
 - Acute, severe, enduring mental health consequences
 - Acute Stress Disorder, Post-Traumatic Stress Disorder, Substance Use Disorder, Anxiety Disorders, Depressive Disorders
 - Chronic or severe medical conditions
 - ${\rm \circ}$ Somatic complaints
 - Headaches
 - Chronic pain



- Effects
 - Prolonged effects
 - Triggers
 - Flashbacks
 - Nightmares
 - Relationship Issues lack of trust

(SAMHSA, 2014)





The Impact of Trauma Due to Sexual Assault





Effects of Sexual Violence: Rape Trauma Syndrome (Burgess & Holmstrom, 1974)

- <u>Psychological Symptoms</u>
- Continuing anxiety
- Severe mood swings
- Sense of helplessness
- Persistent fear or phobia
- Depression
- Denial
- Difficulty concentrating
- flashbacks

- Behavioral Symptoms
- Difficulty sleeping (nightmares, insomnia, etc.)
- Eating difficulties (nausea, vomiting, compulsive eating, etc.)
- Withdrawal from friends, family, activities
- Hypervigilance
- Reluctance to leave house and/or go places that remind the individual of the sexual assault or perpetrator
- Sexual problems



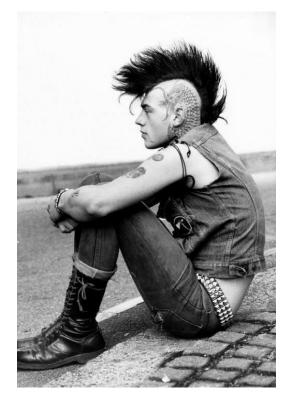
Impact of Trauma Due to Sexual Assault

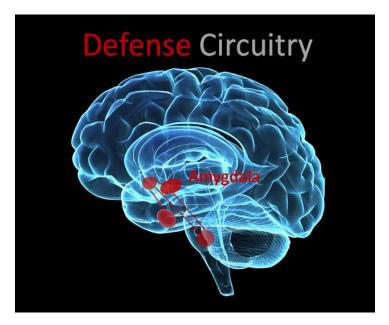
- Neurobiological Effects
- Physical Symptoms
- Mental Symptoms
- Emotional Symptoms
- Spiritual Symptoms



Impact of Trauma Due to Sexual Assault (Van Der Kolk, 2014)

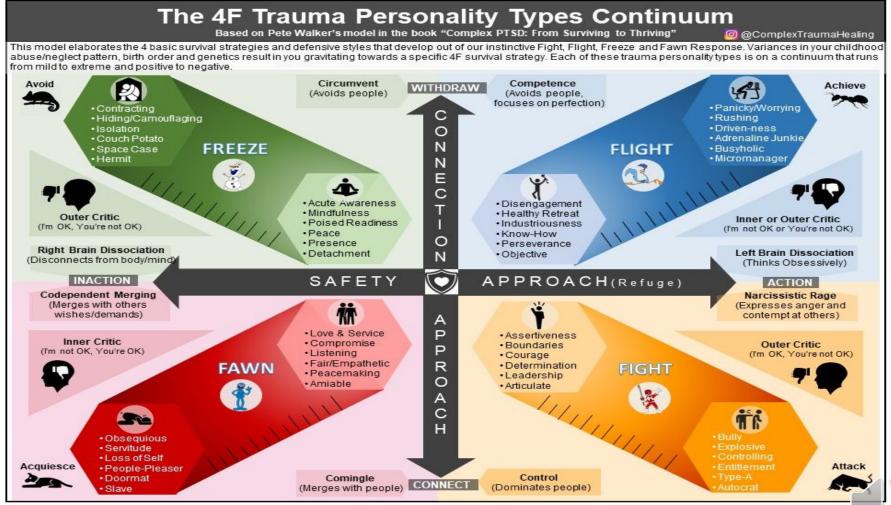
• Neurobiological Effects:







Impact of Trauma Due to Sexual Assault: Central Nervous System



Physical Effects of Sexual Violence

- Somatic complaints
 - Chronic pain
 - Sleep disturbances
 - Sleeplessness
 - Waking frequently
 - Sleeping excessively
 - o Hypervigilance
 - Impaired memory
 - Headaches

Physical Effects of Sexual Violence

- Pregnancy
 - According to the CDC (2015c), 32,000 pregnancies per year are the result of a sexual assault.
- STIs contracted during the assault
- Permanent Physical injuries sustained during the attack
- Gastrointestinal disorders
- Cervical cancer



Mental Effects of Sexual Violence

- Impaired memory
- Impaired concentration
- In a state of hyperalertness
- Symptoms of paranoia
- Delusional thoughts: may believe others can tell they were sexually assaulted by looking at them
- Compulsive behaviors to deal with thoughts



Emotional Effects of Sexual Violence

- Expressed Emotions
 - o Crying
 - Screaming
 - o Yelling
 - o Laughing



Emotional Effects of Sexual Violence

- Controlled Emotions
 - o Guilt
 - Self-blame
 - o Shame
 - Humiliation with family and friends
 - o Anxiety
 - Depression
 - Emotional Numbness
- (Jackson-Cherry & Erford, 2018)



Mental and Emotional Effects of Sexual Violence

- Can manifest in the following mental disorders and psychological conditions:
 - Post Traumatic Stress Disorder
 - Acute Stress Disorder
 - Anxiety Disorders
 - Self-harm
 - \circ Depression
 - Substance Abuse
 - Eating Disorders
 - o Suicide

(DSM-5, 2013; Jackson-Cherry & Erford, 2018)



Spiritual Effects of Sexual Violence

- The trauma of sexual violence and abuse can either:
 - Shape meaning
 - Shatter meaning
 - \circ A survivor's thinking is "frozen" in time.
 - Spiritual Bypassing

(Langberg, 2017)





What is Trauma-Informed Care?





Development of Trauma-Informed Care (TIC)

- Two Influential Research Studies
 The Adverse Childhood Experient
 - The Adverse Childhood Experiences Study (ACES; U.S. Department of Health and Human Services, 2020)
 - Large, epidemiological study involving more than 17,000 individuals from the US
 - Analyzed the long-term effects of childhood and adolescent traumatic experiences on adult health risks, mental health, healthcare costs, and life expectancy

(U.S. Department of Health and Human Services, 2020; SAMHSA, 2014, p. 8)



Development of Trauma-Informed Care (TIC)

- Two Influential Research Studies
 - 2. The Women, Co-Occurring Disorders and Violence Study (SAMHSA, 2007)
 - Large, multisite study on the role of interpersonal and other traumatic stressors among women
 - Analyzed the relationships between trauma, violence, and co-occurring substance use and mental disorders
 - Researched the integration of trauma-informed and trauma-specific principles, models, and services.

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(SAMHSA, 2014, p. 8)
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Trauma-Informed Approach

- 3 Key Areas:
 - 1. Realizing the prevalence of trauma
 - O 2. Recognizing how trauma affects all individuals involved: students, parents, staff, faculty, administrators
 - O 3. Responding by implementing trauma-informed practices

(SAMHSA, 2014)



Trauma-Informed Guiding Principles

Trauma-Informed guiding principles:

- 1. Safety
- 2. Trustworthiness
- 3. Peer support and mutual self-help
- 4. Collaboration and mutuality
- 5. Empowerment, voice, and choice
- 6. Cultural, historical, and gender issues

(SAMHSA, 2014)



Trauma-Specific Treatment Models

- Intervene within the first 48 hours, if possible
- Meet the basic needs of the survivor
- Use Psychological First Aid strategies within the first 48
 hours after a traumatic event has occurred
 - Contact and engagement
 - Safety and comfort
 - Information gathering: Current needs and concerns
 - Practical assistance
 - Connection with social supports
 - Information on coping
 - Linkage with collaborative services

(National Child Traumatic Stress Network, 2012)



Establish and Maintain Boundaries

- Know your role
- Know your limitations
- Work within the worldview of the sexual assault survivor
 Perception is reality
 - Memory is impaired during and after trauma
 - $_{\odot}\,$ They may have different values, beliefs, and attitudes





Secondary Traumatization Signs

- Psychological distress
- Cognitive shifts
- Relational disturbances
- Frame of reference

(Figley, 1995; Newall & MacNeil, 20910; Saakvitne et al., 1996, as cited in SAMHSA, 2014)





Strategies to Prevent Secondary Traumatization

- Peer Support
- Supervision and consultation
- Training
- Personal counseling
- Maintaining balance in one's life
- Engaging in spiritual activities that provide meaning and perspective





Becoming Trauma Champions

- A champion is a front-line worker that comprehends the impact of sexual assault and trauma on the lives of individuals.
- A champion tries to understand the behavior of the survivor within the context of potential trauma (Harris & Fallot, 2001a).
- A champion asks "what happened to you?" rather than "what is wrong with you?"
- A champion will have self-awareness and insight into whether his or her own behavior could be hurtful or insensitive to the needs of the survivor (Harris & Fallot, 2001a).
- A champion will seek ways to increase his or her knowledge through further education and training in trauma-informed practices.

(Harris & Fallot, 2001a; as cited in SAMHSA, 2014)



Malone University Resources

- Who to contact if you or someone you know has experienced sexual misconduct:
 - Director of Human Resources, 330-471-8279
 - Melody Scott, Dean of Students and Chief Student Development Officer, The Barn, <u>mscott@malone.edu</u>, 330-471-8273
 - o Campus Safety, 1-800-521-1146
 - Local Police Department
 - Canton Police Department

 Phone: 330-649-5800
 Emergency: 911



Immediate Assistance

On- and Off-Campus Counseling and Advocacy Services





Immediate Assistance: COMPASS

- COMPASS Office location on the Malone University campus: Brehme Centennial Center
 - 24-Hour Crisis Lines
 - 330-339-1427 (Tuscarawas & Carroll County)
 - 330-452-1111 (Stark County)







Immediate Assistance: COMPASS

- COMPASS offers:
 - Confidential, on-campus services to those impacted by sexual violence:
 - Crisis counseling and support
 - Information on reporting options, including criminal and university conduct
 - Court advocacy and support
 - Guidance on supporting someone you care about who has been impacted by sexual violence
 - Resources for mental health counseling and other services within the community and at Malone University.



Immediate Assistance: Malone University Counseling Center

- Malone University Counseling Center
 - Location: 3rd Floor, Randall Campus Center ("The Barn")
 - o Phone: 330-471-8711
 - Email: <u>counselingcenter@malone.edu</u>





Immediate Assistance: Student Health Services

Phone: 330-471-8340 or 8340 from a campus phone

Immediate Assistance: Domestic Violence Project, Inc.

- Location: 720 19th St. NE, Canton, OH 44714
- Mailing Address: P.O. Box 9459, Canton, OH 44711-9459
- Phone: 330-445-2000
- 24-Hour Confidential Hotline: 330-453-7233
- Other services:
 - Emergency shelter
 - Legal advocacy in Canton/Massillon courts
 - o Transportation





Immediate Assistance: Ohio Domestic Violence Network

- National Domestic Violence Hotline Number: 1-800-799-7233(SAFE)
- Location: E. Dublin Granville Road, Columbus, OH 43229
- Phone: 614-781-9651



Immediate Assistance: Medical Centers

- *Mercy Medical Center
 - Location: 1320 Mercy Drive NW, Canton, OH 44708
 - Phone: 330-489-1000
- *Aultman Hospital
 - Location: 2600 6th St. SW, Canton, OH 44710
 - Phone: 330-452-9911

*Indicates health care options which provide medical forensic services (rape kits) and/or Sexual Assault Nurse Examiners at no cost.

Seeking medical treatment also serves to preserve physical evidence of sexual violence.



References

- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders.*
- Baptist Standard (2018). Sexual assault less likely, gender discrimination more likely on Christian campuses. <u>https://www.baptiststandard.com/news/faith-culture/sexual-assault-less-likely-gender-discrimination-likely-christian-campuses/</u>
- BestColleges (2020). The realities of sexual assault on campus.https://www.bestcolleges.com/resources/sexual-assault-oncampus/
- Clery Center (2020). Clery Center's Statement of Position on the 2020 Title IX Regulations. <u>https://clerycenter.org/article/2020-titleix-position-statement/</u>
- Harris, M. and Fallot, R.D. (Eds.) (2001). New directions for mental health services. Using trauma theory to design service systems. Jossey-Bass/Wiley. <u>https://psycnet.apa.org/record/2001-00826-000</u>
 Jackson-Cherry, L. R. & Erford, B. T. (2018). *Crisis assessment,*
- Jackson-Cherry, L. R. & Erford, B. T. (2018). Crisis assessment, intervention, and prevention. Pearson Education, Inc.



References

- Langberg, D. (2017). *The spiritual impact of sexual abuse.* Greensboro, NC: New Growth Press.
- National Child Traumatic Stress Network (NCTSN, 2020). Psychological First Aid Training. <u>https://learn.nctsn.org/enrol/index.php?id=38</u>
- RAINN (2020). Čampus sexual violence: Statistics. https://www.rainn.org/statistics
- Substance Abuse and Mental Health Services Administration (SAMHSA, 2014). A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services (TIP 57). Retrieved from <u>https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behav</u> ioral-Health-Services/SMA14-4816
- U.S. Department of Education (2020). *Title IX.* <u>https://www.ed.gov/category/keyword/title-ix</u>
- U.S. Department of Health and Human Resources, Centers for Disease Control and Prevention (2020). Adverse Childhood Experiences (ACEs). <u>https://www.cdc.gov/violenceprevention/aces/index.html</u>
- Van Der Kolk, B. (2014). *The Body Keeps Score.* Penguin Books.
- Violence Against Womén Act (VAWA), 2020. Violence against Women Act definitions. <u>https://clerycenter.org/policy-resources/vawa/</u>



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