

Working with People who have experienced Sexual Violence

Jackie Burke Psychology & Consulting

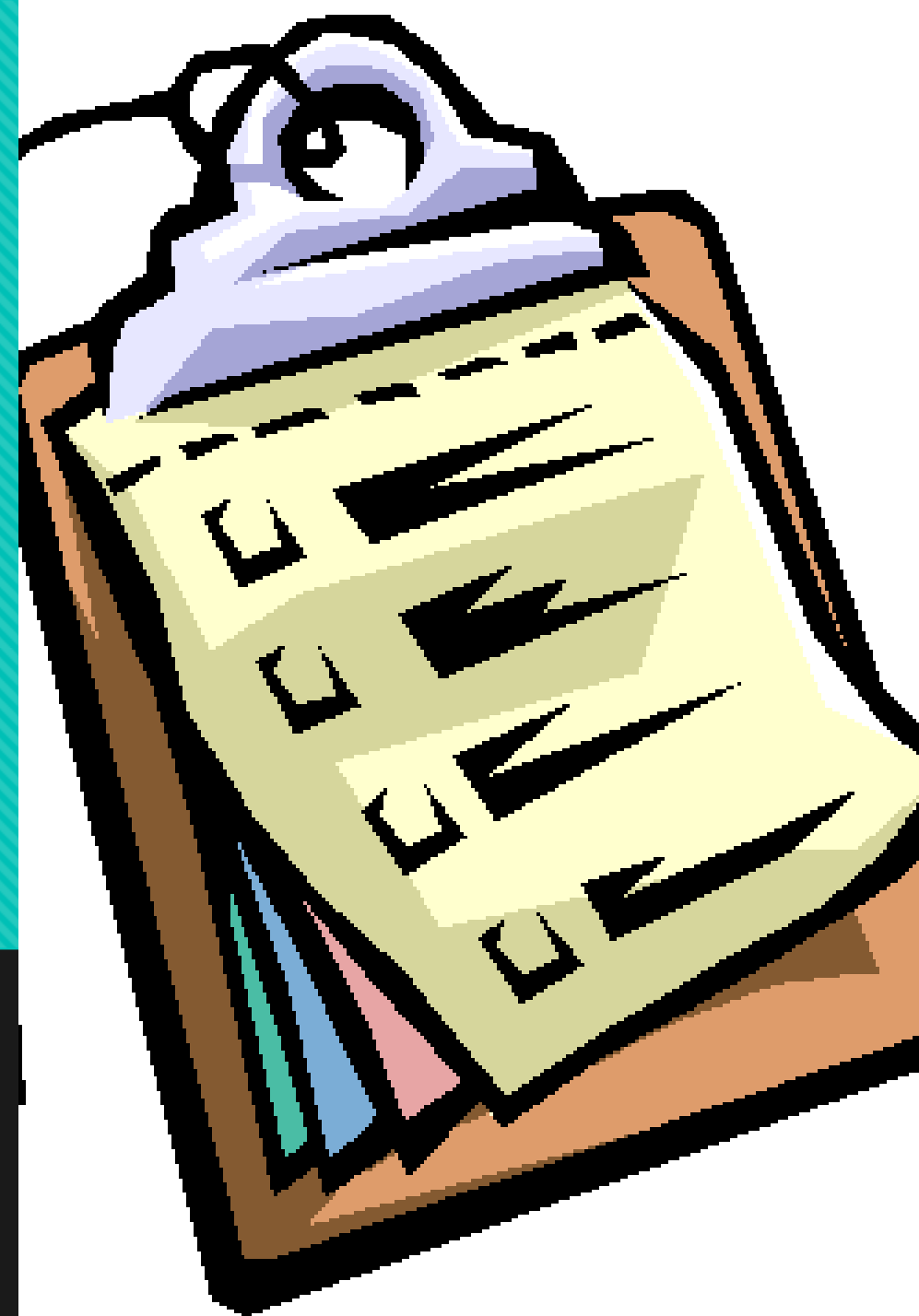
PTSD arising from sexual violence

Lived experience lens

Critique diagnostic criteria

Questions traditional models of therapy

Agenda



Post- Traumatic Stress Disorder (DSM – 5)

Event
Descriptors

Intrusions

Avoidance

Alterations to
cog & mood

Arousal &
reactivity

Discuss event
descriptors and
how they have
changed over
time

Explore the
experience of
intrusions

Explore the
experience of
avoidance

Discuss the
frame provided
by DSM – 5 and
other frames for
understanding
cognitive and
mood changes

Explore new
research about
arousal and
reactivity

Intrusions

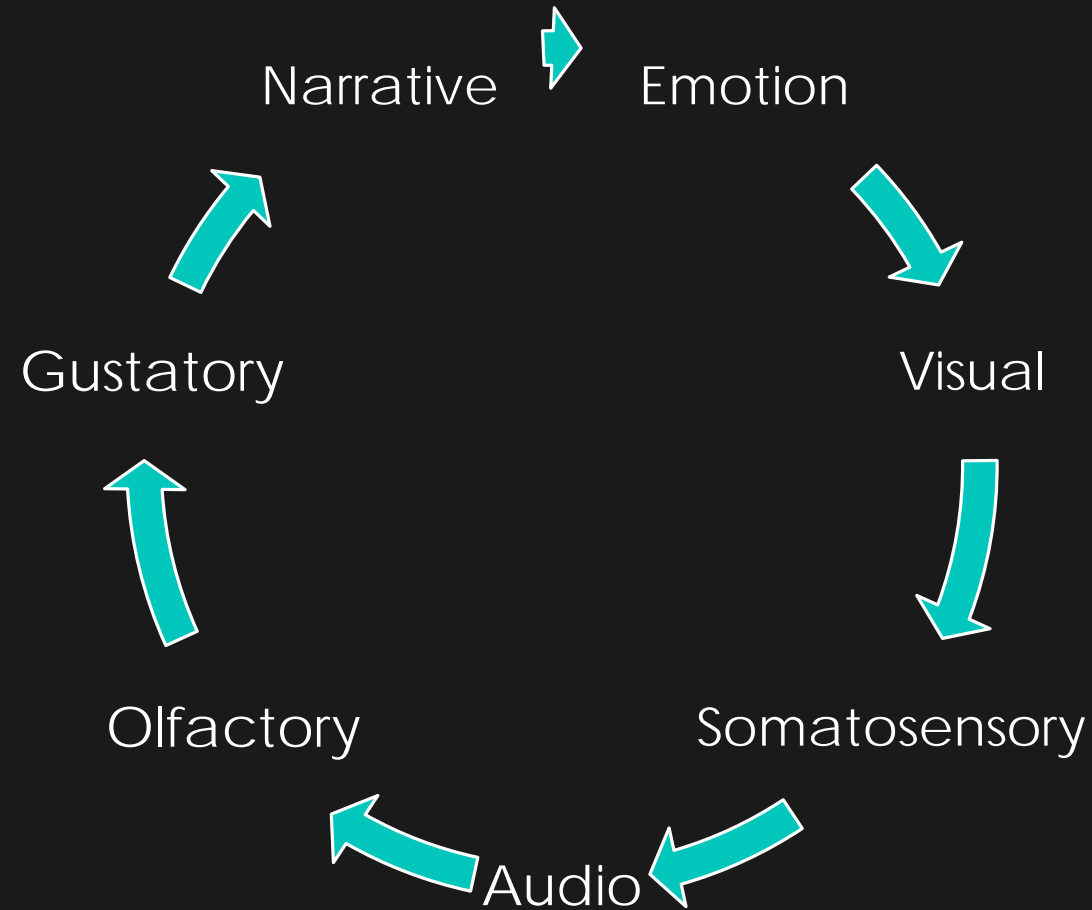
Intrusions are involuntary interruptions in your

- Thoughts
- Feelings
- Memories of any of the 5 senses

Happening awake or asleep

With recall of traumatic memory

7 Different Types of Memory

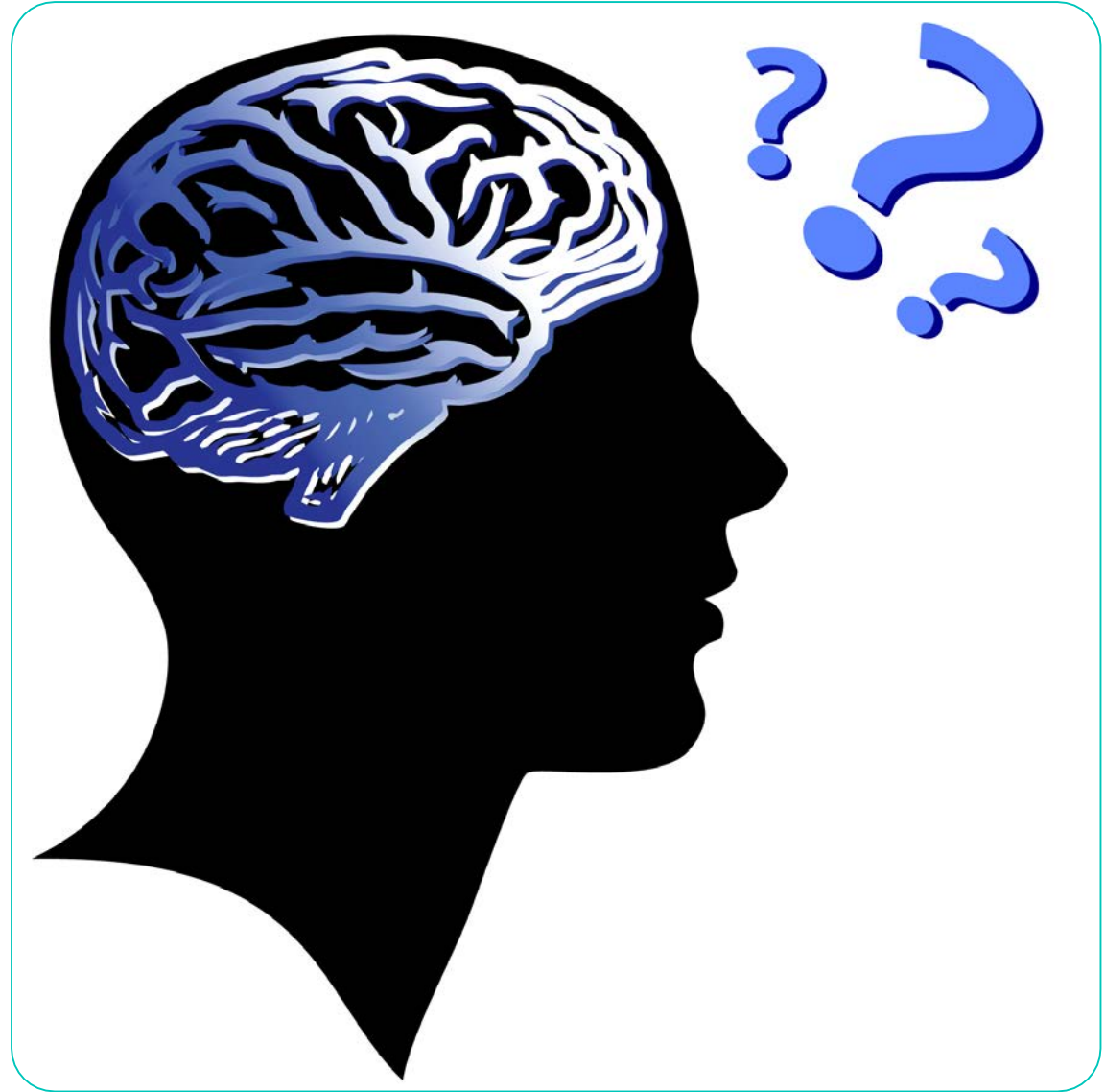
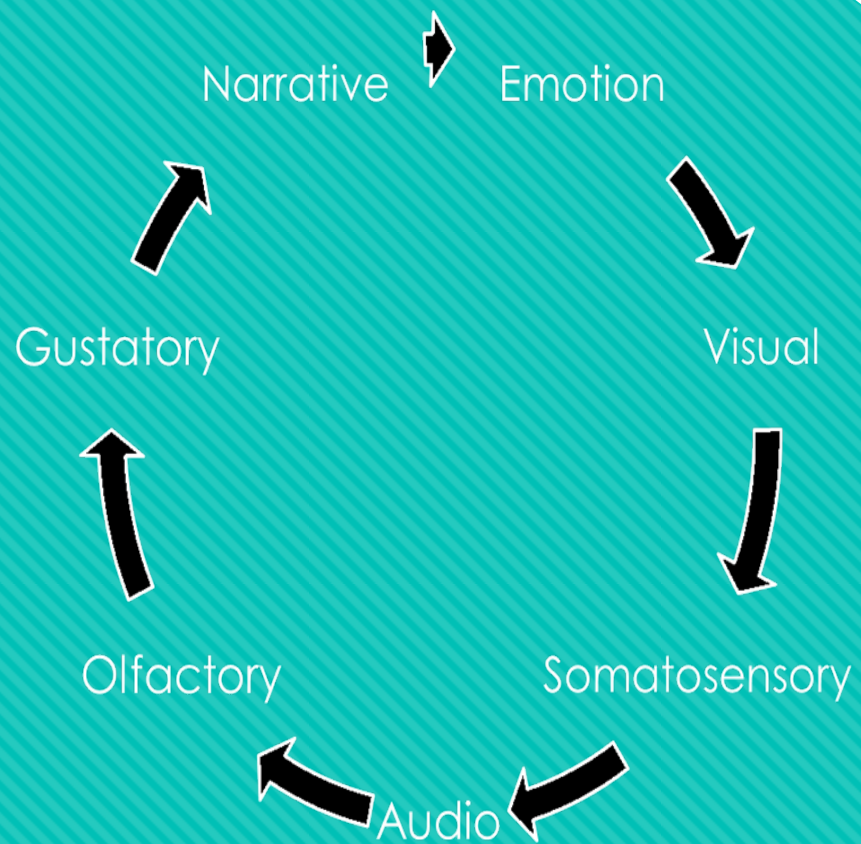


Your dinner last night

- Turn to the person next to you and tell them a story of your dinner last night for approximately 3-4 minutes. Try to include all the different types of memory.
- Listeners reflect on which aspects of memory you heard and which you didn't.
- Tellers reflect on how easy it was to gather different parts of your memory to tell a comprehensive story



Traumatic Memory



Avoidance

of anything that reminds you of the traumatic event/s:

- People
- Places
- Activities
- Thoughts
- Conversations
- Feelings

Avoidance

Tolerable Stimuli

Intolerable Stimuli



Arousal

SNS dysregulation

hypervigilance

insomnia

exaggerated startle

Difficulty concentrating

PNS dysregulation

dissociation

collapsed energy

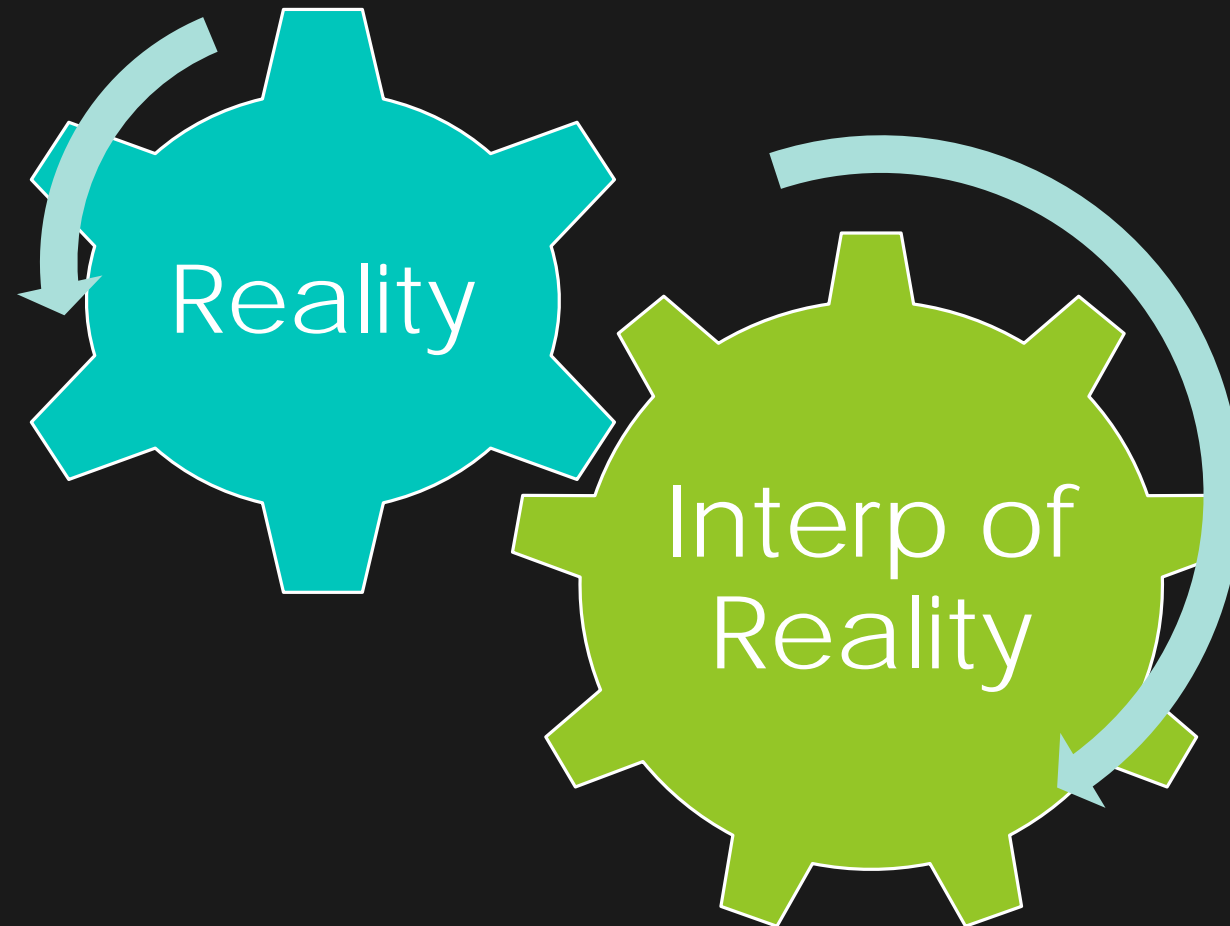
shame



Alterations to Cognitions and Mood

- Inability to remember an important aspect of the trauma
- Persistent and exaggerated beliefs or expectations about oneself, others or the world
- Persistent distorted cognitions about the causes or consequences of the trauma
- Persistent negative emotional state
- Markedly diminished interest or participation in significant activities
- Feelings of detachment or estrangement from others
- Persistent inability to experience positive emotions

Cognitive Change Theory - CSDT



Cognitive Change - Psych Capacities



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Cognitive Change Theory - CSDT



Cognitive Change Symptoms

Psychological Need for

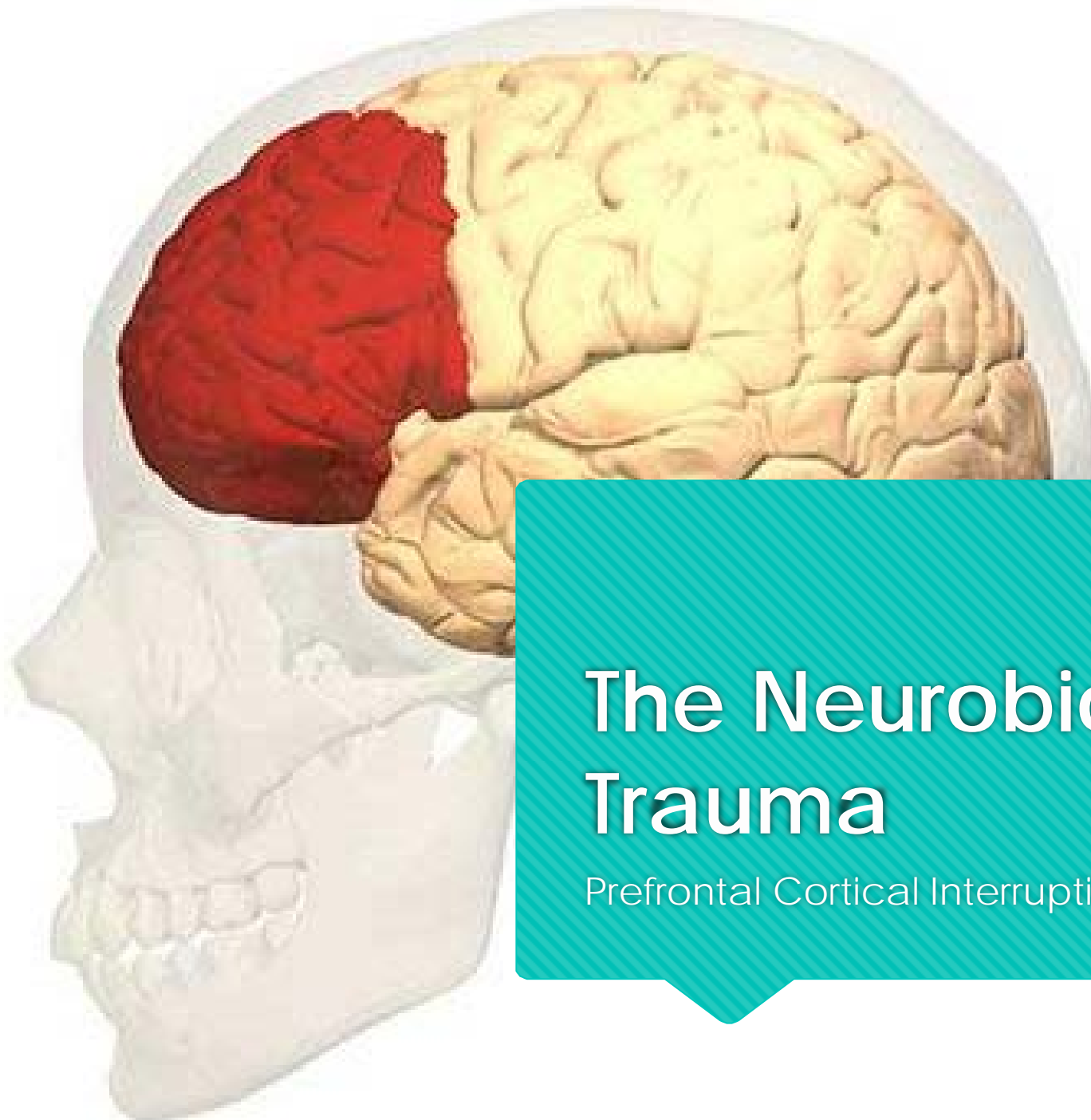
- Safety
- Trust
- Intimacy
- Control
- Esteem



relating to **self** and others

Research about Cognitive and Mood Changes

- Carper et al., 2015 discovered that negative cognitions about self following sexual assault predict later severity of PTSD



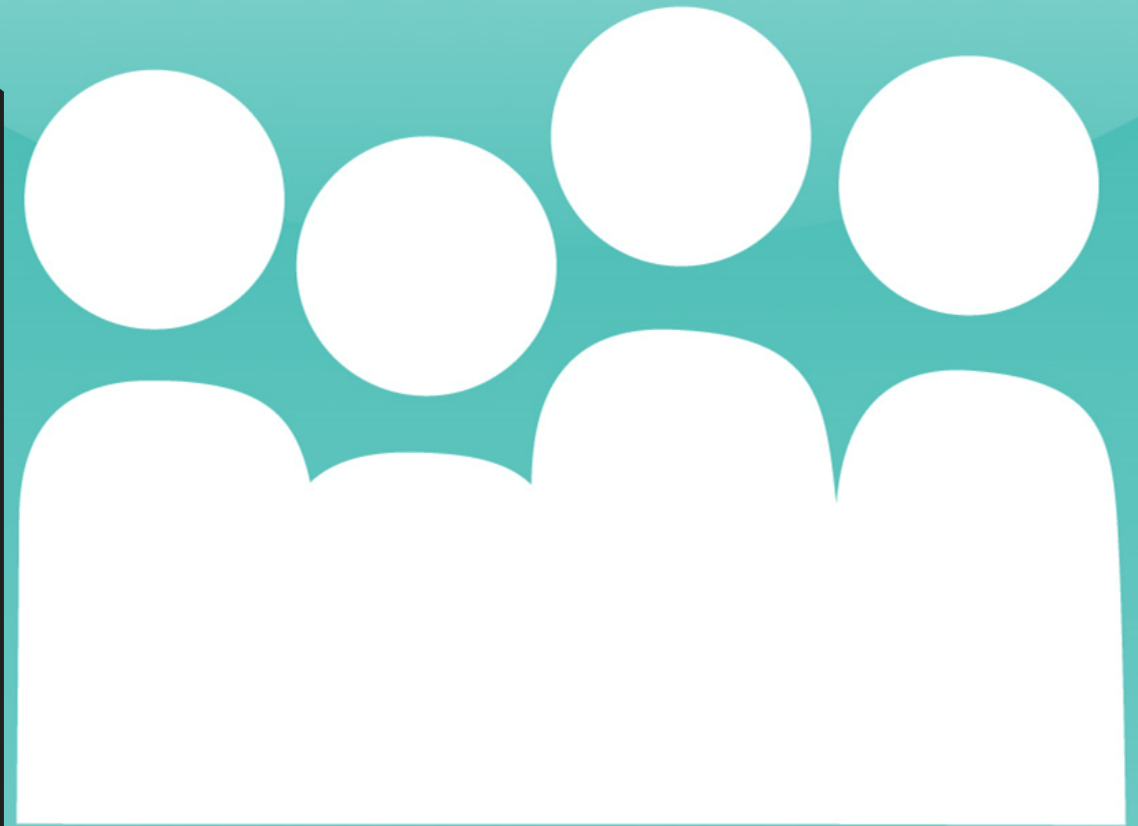
The Neurobiology of Trauma

Prefrontal Cortical Interruption

How to work with an absent cortex?

In small groups discuss:

1. How you regulate a baby's nervous system
2. How you settle your own jangled nerves these days
3. How you could apply your answers above to therapy with people who have experienced sexual violence



What works

- Helping people calm before attempting cognitive restructuring
- Incorporating movement and rhythm both in and out of session
- Helping people get in touch with their own bodies
- Helping people learn how to regulate their system
- Have the experience first within the body before the head

Regulating the System

A photograph of a sunset over the ocean. The sun is a bright orange-yellow orb on the horizon, with long, dark rays of light extending upwards into a deep blue sky. The water in the foreground is dark and reflects the light from the sun.

Energising

A photograph of a vast blue ocean under a bright blue sky filled with fluffy white clouds. The horizon line is straight and divides the image into two equal halves.

Soothing

Summary

Intrusions feel like its happening again

Urge to avoid is present around therapy

Arousal dysregulation includes SNS and PNS activation

While PFC is offline talk therapy can't work

Develop regulation skills before attending to cognitions

The best sexual violence therapists are experts in their own arousal regulation

Questions?

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