RESEARCH TO PRACTICE PAPER

Trauma-informed Responses to Sexual Assault

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Trauma-informed Responses to Sexual Assault

What is Trauma?

"Trauma shapes and informs our interactions with ourselves and others. It has a profound impact on our body, mind and spirit. Healing from trauma is possible for all…"

The Transformation Center, 2012 in Mental Health Coordinating Council (MHCC) 2013, p. 14

While trauma is generally explained as the emotional or psychological response to an extremely distressing event and/or experience, it can be difficult to define due to the subjectivity with which individuals process and view these experiences (Center for Anxiety Disorders, 2017). While the causes of trauma are wide-ranging, it is generally accepted that it can result from a terrifying single event, a series of events, or both (Wamser-Nanney & Vandenberg, 2013). Types of traumatic events and experiences can include witnessing or being involved in an accident, relationship breakdown or death of a loved one, childhood abuse or neglect, assault, sexual assault, rape and torture (Center for Anxiety Disorders, 2017).

Trauma is the result of exposure to distressing and harmful circumstances or events, therefore "trauma is the effect rather than the event(s)…the effects of sustained interpersonal trauma alter neurobiological structures and subsequently affect all functioning [of individuals] …" (Isobel, 2016 pp. 589-590). For this reason, trauma reactions encompass a broad spectrum of responses and symptoms, and different categories of trauma have been identified (Center for Anxiety Disorders, 2017). This paper discusses the principles and best practices of 'trauma-informed care and practice', with a particular focus on victims who have experienced trauma due to sexual assault or other sexual violence.

Sexual assault and trauma

The damaging, pervasive and life-long impacts of sexual assault for survivors/victims are well documented (see, for example, Quadara, 2015). Responses to sexual violence have evolved as the nature and complexities of this type of violence has become better understood, particularly in light of the ways sexual victimisation is associated with the physical and mental health of sexual assault survivors (Quadara, 2015; Dworkin & Shumacher, 2016). Alongside research, practitioners across a diversity of sectors and services have identified the prevalence of trauma histories among service users, and particularly, the need for services that come in contact with sexual assault survivors to adopt trauma-informed care and practice (TICP) (Quadara, 2015).

The dynamics of post-assault support have been documented as a significant factor influencing the well-being, healing and recovery of sexual assault survivors (Dworkin & Schumacher, 2016; Ranjbar & Speer, 2013; Thorburn, 2015; Quadara, 2014). The absence of an approach that is trauma-informed risks not only

fragmented service responses and referral pathways, but also re-traumatisation (Quadara, 2014, pg.1; Mental Health Coordinating Council, 2013; Dworkin & Schumacher, 2016). The recognition that individuals (more broadly) with trauma are likely to access multiple services (health, social services, corrections, drug and alcohol etc.) has therefore underscored the need for TICP. In light of this, the push for services and particularly those that support survivors of sexual assault to provide TICP is driven by aims to ultimately "strengthen inter-agency collaboration…[and]…also minimise the risk of consumers being retraumatised through standard operational practices" (Quadara, 2014, p.1). These aims are aligned with the shared understanding, among services, that victim-centred approaches are within best-practice frameworks when supporting sexual assault survivors.

The core principles of, and associated guidelines and processes in which organisations and service systems become and implement TICP, are discussed later in this paper. The role and importance of TICP in responding to sexual assault is explored by highlighting literature that focuses on sexual assault survivors' perspectives on post-assault healing and recovery.

The position paper by the National Trauma-Informed Care & Practice Advisory Group notes:

> "…[TICP] acknowledges and clearly articulates that no one understands the challenges of the recovery journey from trauma better than the person living it. This requires that practitioners are attuned to a person's experience and the dynamics of trauma and acknowledge, respect and validate that experience"

Although this statement refers to trauma more broadly, it highlights the notion that TICP aims to respond to the individual needs of victims/survivors. Due to the diversity of sexual assault survivors' experiences, presentations and management of trauma, the needs of each survivor are unique and will vary across their social, cultural and economic backgrounds (Serrata, Rodriguez, Castro & Hernandez-Martinez, 2019; Tsonga & Ullman, 2018). However, several studies have identified common needs relevant to the recovery journey of sexual assault survivors.

For example, Ranjbar and Speer (2013) interviewed women survivors of sexual assault to understand their post-assault needs for recovery. Sexual assault survivors in their study identified that the recovery journey involved being believed and heard by others (professional and family), being freed from negative states (reduced feelings of fear, guilt, and shame), accepting the experience (overcoming denial and acknowledging the reality of the victimisation event/s) and regaining control and trust (regaining control of the physical body and sense of autonomy, as well as the ability to trust others). Similar views on recovery from sexual assault survivors were identified in an Australian study, where Powell and Cauchi (2013) found that the very act of being heard and taken seriously seemed more important to victims than the outcome of a sexual assault case (i.e. whether the case went to trial or not).

Following are considerations that have been identified as important for survivors of sexual assault regarding support and recovery. These needs are summarised from a number of relevant studies (Ranjbar and Speer 2013; Thorn 2015; MHCC 2013; Powell and Cauchi 2013; Hegarty, Tarzia, Fooks & Rees, 2017):

- Being heard and believed by all services involved in the reporting and recovery journey
- Control over support, service options and ultimately the recovery/healing journey (choice and empowerment)
- Accessing supportive counselling and group therapy
- Having the right support to help the recovery/healing process
- Needs being responded to in a timely manner

The needs of sexual assault survivors have been explored with the intent to demonstrate that trauma-informed approaches are victim/survivor oriented, and involve sensitivity to survivors' particular needs, preferences, safety, vulnerabilities, and wellbeing as well as recognising the lived experience and ability of survivors to participate in decision making (Victorian Department of Health, 2011).

Trauma-informed care and practice (TICP)

There has been an increased awareness and understanding of trauma over the last two decades, resulting in the development of guidelines for the provision of TICP. In TICP, all aspects of treatment and healing including medical, psychiatric, psychological, psycho-social and recovery-oriented approaches are drawn upon (Blue Knot Foundation, 2017). The TICP approach is informed by new knowledge surrounding attachment theory, development, memory, and understanding of the self and body (Blue Knot Foundation, 2017).

TICP is underpinned by strengths-based principles and grounded in an understanding of the impact of trauma on the victim. It underscores how to respond to victims while emphasising their physical, psychological and emotional safety (Hopper, Bassuk, & Olivet, 2010). It also involves creating opportunities for victims to become empowered and rebuild their sense of personal control (Hopper, Bassuk, & Olivet, 2010). For trauma that has occurred within interpersonal relationships, how a service is offered is key, with the consideration given to the wider relational context of the trauma as crucial to healing (BlueKnot Foundation, 2019).

To become trauma-informed, organisations and services must consider, evaluate and organise their service systems in recognition of how trauma may present in the lives of people seeking service. This includes considering the prevalence and impact of trauma and its effect on the emotional, social and psychological wellbeing of people [and communities] (Blue Knot Foundation, 2014; Mental Health Coordinating Council, 2013). Services must also minimise the chance of re-traumatisation and harm to victims by accommodating their feelings and vulnerabilities.

Every aspect of the organisation, including management and service delivery, must be assessed, and modified if necessary, to ensure there is an organisation-wide appreciation of how trauma affects the lives of victims who are seeking help (Blue Knot Foundation, 2014). The philosophy of the organisation must take the stance of understanding victims by asking them what has happened to them, and how they can be supported towards their healing and recovery goals, rather than being asked what their problems are (Fallot & Harris, 2009).

Trauma-informed services recognise the possibility of trauma in the life of all individuals (Fallot & Harris, 2009; Kezelman & Stavropoulos, 2012), and respect every person's choice, autonomy, culture and values (Blue Knot Foundation, 2014). They also understand how to support people while minimising the chance of victims becoming re-traumatised (Fallot & Harris, 2009). When a service or organisation is trauma-informed, staff can work in an organised, systematic way to address the relationship between trauma and other adverse situations in the victim's life (Jennings, 2004).

Mieseler and Myers (2013) conceptualised the process of a service becoming trauma-informed to include the following steps:

- Becoming trauma aware – staff being aware of the effects and individual adaptations of trauma in victims
- Becoming trauma-sensitive – the service operationalising the concept of trauma-informed practice and care
- Becoming trauma-responsive – both the service and individuals within the service understand and respond to trauma in ways that encourage and support victim behaviour change, resilience, and protective factors; and
- Becoming trauma-informed – the entire organisational culture, including all work practices and settings is underpinned by trauma-informed approaches and principles.

Core principles of TICP

The following nine core principles of safety, trust, choice, collaboration, empowerment, promoting healing relationships, understanding culture, knowledge, and staff wellbeing are commonly referred to in literature associated with best practice in trauma-informed care.

Safety

Many victims of trauma struggle to feel safe, indeed some have never felt safe, particularly if the trauma has occurred within interpersonal relationships or within their homes (Blue Knot Foundation, 2014). Without safety, victims may be unable and unwilling to accept help or consider new ways of thinking and behaving (Hodas, 2006). When working with victims of sexual violence and sexual assault, the idea of safety needs to be approached holistically, encompassing not just physical but also emotional, interpersonal, spiritual, sexual and environmental safety (Bath, 2008; Cleary & Hungerford, 2015; Fallot & Harris, 2009; Hodas, 2006). Physical and emotional safety must be emphasised and assured for all involved, including victims, practitioners and service providers (Blue Knot Foundation, 2014; 2017). Becoming trauma-informed also involves supporting victims so they feel safe enough to interact with services; and providing a safe haven for them (Blue Knot Foundation, 2017). By creating a warm, respectful atmosphere that acknowledges the victim's need for safety, the chance of re-traumatisation is minimised (Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005; Jennings, 2004).

Trustworthiness

Trustworthiness is a key component of trauma-informed practice and care (Fallot & Harris, 2009). Trust is built over time between the victim and the practitioner and can help the victim overcome their fears and sense of betrayal (Blue Knot Foundation, 2017). As repeated betrayal is often experienced by victims of violence and sexual violence, it can take a long time to build this trust (Blue Knot Foundation, 2014). Practitioners and services must use sensitivity, support and empathy to encourage trust to build, leading to healing for victims (Campbell, Dworkin, & Cabral, 2009; Cleary, Walter, & Hungerford, 2014). Trust can be established by the practitioner sharing power, information and having agreed upon boundaries within the therapeutic relationship with the victim (Blue Knot Foundation, 2014).

Choice

Maximising a victim's choice, decision-making capacity and sense of control is another key principle of trauma-informed care (Blue Knot Foundation, 2014; Fallot & Harris, 2009). Due to the chaotic and unpredictable nature of many victim's interpersonal relationships, they may feel no sense of control over their current and past circumstances (Blue Knot Foundation, 2014). Collaborating with the victim so they can choose the best treatment and recovery options both in and out of the clinical setting, and maximising their strengths and resources will help victims gain back a sense of control over their life and the future (Cleary & Hungerford, 2015; Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005; Hungerford & Fox, 2013). An integral part of choice for victims who have experienced sexual violence is to engage them in collaborative goal setting, allowing them to regain some control and autonomy over their lives (Jordan, Campbell, & Follingstad, 2010).

Empowerment

Empowerment and skill acquisition are important factors in victims' healing from trauma due to violence and sexual violence (Blue Knot Foundation, 2014; Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005; Fallot & Harris, 2009). Adopting a collaborative, strengths-based approach to supporting recovery will empower victims to improve self-management and coping skills (Bath, 2008); and encourage skill-building and acquisition rather than symptom management (Jennings, 2004; Mental Health Coordinating Council, 2013). The need to focus on what has happened to the person, rather than what is wrong with them is paramount (Jennings, 2004). Services should help the victim to understand that their recovery from the trauma is the primary goal (Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005); and incorporate the victim's priorities and needs, strengths and personal resources into a recovery plan (Cleary, Walter, & Hungerford, 2014).

Promote healing relationships

As trauma can negatively affect brain development and functioning, adverse or unhelpful relationships with others, including services providers, may compound the victim's emotional and psychological trauma (Blue Knot Foundation, 2014). Conversely, positive relationships and experiences have valuable healing potential, enabling reintegration within the brain and aiding recovery (Blue Knot Foundation, 2014). Role-modelling of interpersonal relationships that are healing and building positive relational experiences is vital, as victim's experiences with relationships become integrated within the brain, affecting the neural activity that is crucial to their wellbeing (Blue Knot Foundation, 2014; Mental Health Coordinating Council, 2013).

Hence, a fundamental element of trauma-informed care is to promote healing relationships within the victim's life, including the relationships they encounter with the service provider (Bath, 2008; Blue Knot Foundation, 2014). This is particularly important where the trauma occurred within the context of a relationship, which is often the case for sexual assault and violence (Blue Knot Foundation, 2014).

Understand culture

An understanding of culture includes acceptance and respect of the victim's cultural background, ethnicity, worldview, life experience and way of doing things (Cleary & Hungerford, 2015; Doyle & Hungerford, 2014; Elliot, Bjelajac, Fallot, Markoff, & Reed, 2005). Recognising and responding to each victim's needs in terms of their lived, social and cultural context influences how they recover and heal (Blue Knot Foundation, 2014; Jennings, 2004; Mental Health Coordinating Council, 2013). While an awareness of the victim's culture is imperative, it is also important that service providers and staff critically appraise their own cultural values and biases and consider these when interacting with vulnerable individuals (Cleary & Hungerford, 2015).

Knowledge

Services require sufficient, accurate knowledge about the association between sexual violence and the different manifestations of trauma, being perceptive of any trauma-related symptoms (Cleary & Hungerford, 2015; Jennings, 2004). They must also understand the prevalence, dynamics and nature of trauma arising from interpersonal [and sexual] violence and how it affects other areas of the victim's life and functioning (Blue Knot Foundation, 2014; Mental Health Coordinating Council, 2013).

Trauma should be understood, rather than being a single defining or life-threatening event, as often the effect of prolonged, emotionally undermining acts of sexual violence, that define, organise and shape the victim's core identity (American Psychiatric Association, 2013; Cleary & Hungerford, 2015; Jennings, 2004). Further, rather than being seen as pathological, symptoms of trauma should be regarded as adaptive coping strategies, ways that the victims have tried to manage the harmful effects of the trauma (Blue Knot Foundation, 2014; Jennings, 2004).

Would you like to know more?

Relevant links and resources are listed below.

Blue Knot Foundation – National Centre of Excellence for Complex Trauma

Trauma-informed care and practice:
https://www.blueknot.org.au/Workers-Practitioners/For-Health-Professionals/Resources-for-Health-Professionals/Trauma-Informed-Care-and-practice

Trauma-informed Practice: How important is this for domestic and family violence services?
https://www.blueknot.org.au/Home/Front-Page-News/ID/46/Trauma-informed-Practice-in-Domestic-and-Family-Violence-Services

Talking About Trauma - Guide to Conversations, Screening, and Treatment for Primary Health Care Providers
https://www.blueknot.org.au/Resources/Publications/Talking-about-trauma/Talking-About-Trauma-Primary-Healthcare-Providers

Mental Health Coordinating Council

Trauma-Informed Care and Practice: towards a cultural shift in policy reform in mental health and human services in Australia. A National Strategic Direction. Position Paper and Recommendations: https://www.mhcc.org.au/wp-content/uploads/2018/05/ticp_awg_position_paper__v_44_final___07_11_13-1.pdf

The Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault, outline the importance of whole-of-government interagency cooperation and service coordination in adequately responding to sexual assault. These guidelines recognise that, "in order to avoid secondary traumatisation and mitigate the risk of negative, long term outcomes, government responses to sexual assault must be both sensitive and effective (pg. 5).

https://www.publications.qld.gov.au/dataset/1f7ea4ec-bec8-4428-ab60-0a6c119ac70d/resource/3b3958c9-504f-4698-a64d-e56ca7e5248e/fs_download/qld-govt-guidelines-for-responding-to-sexual-assualt.pdf

The Queensland Centre for Domestic and Family Violence Research welcomes enquiries about research and professional development regarding TICP, and particularly TICP in responding to sexual assault survivors. Refer to our website to submit an enquiry ('contact us' tab), or you can contact the centre via email or phone:

Phone: (07) 4940 3320

Email: qcdfvronline@cqu.edu.au

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