



King County  
Sexual Assault  
Resource Center

**END THE SILENCE**



- What are your fears or worries about working with victims of sexual assault?

- I. What is Trauma
- II. Consent
- III. Grooming
- IV. How to Respond to a Disclosure
- V. Treatment and Resources

# What is trauma?

Trauma is an emotional response to a stressful event where:

- one perceives threat to their life and/or physical integrity.
- they experience intense fear and/or helplessness and
- their ability to cope is overwhelmed.



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**What kind of traumatic experiences are the young people in our community exposed to?**

## ***Prevalent***

- 1 in 3 girls and 1 in 8 boys experience sexual abuse during childhood
- 23% of women in Washington State reported being a victim of rape at some point in their lifetime
- Most victims are under the age of 25

## ***Under Reported***

- 80-90% of sexual assaults go unreported
- The stats for false reporting a sexual assault is the same as it is for every other crime, 3%.

## ***Offender is Known By Victim***

- 9 in 10 sexual assault victims know the offender
- Only 5% of sexual abuse of children is perpetrated by a stranger
- Offenders come in all ages, shapes, sizes, ethnicities, nationalities, socioeconomic status and walks of life.

# Impacts of Trauma



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## ENVIRONMENT:

Dorm room, 10pm, snowy nights,  
insects,

## SENSES:

**Smells:** Cigarette smoke,  
cologne, deodorant

**Sounds:** TV show, radio

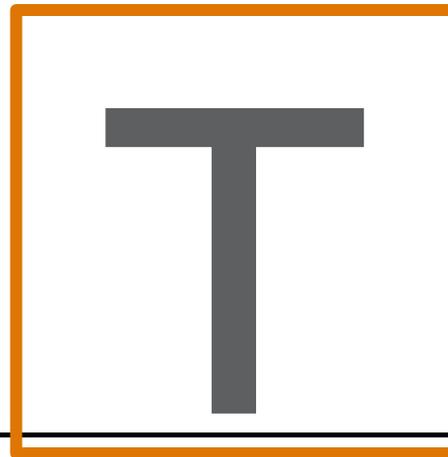
**Visual:** fabric pattern or  
texture,

**Touch:** hand on shoulder,  
hand on wrist,

**Taste:** salt, bitter, candy

## FEELINGS:

fear, helpless, confused,  
abandoned, unloved,  
anger



**t-1**

**t+1**

## THOUGHTS:

What is happening?  
Why me?  
It's my fault?  
I'm going to die  
I can't breathe

## ACTIONS:

Walking, jogging,  
sleeping,

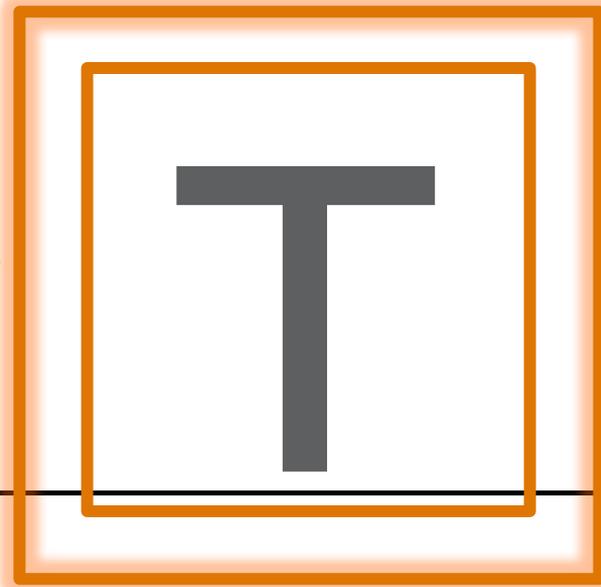
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Why me?

When will this end?

I'm going to die

I can't breathe

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# Impacts of Trauma



## Re-experiencing

- Recurrent and intrusive memories of the event.
- Recurrent distressing dreams.
- Acting or feeling as though the event was recurring.
- Intense distress at exposure to trauma cues.
- Intense physiological reactivity at exposure to trauma cues.

## Avoidance

- Avoiding talking about, thinking about or feelings related to the event.
- Avoiding activities, places or people that remind them of the trauma.
- Inability to recall aspects of the trauma.
- Diminished interest in activities.
- Feeling detached from others.
- Restricted range of emotions.
- Sense of foreshortened future.

## Hyperarousal

- Difficulty falling or staying asleep.
- Irritability or outbursts of anger.
- Difficulty concentrating.
- Hypervigilance.
- Exaggerated startle response.

- These are all normal reactions to an abnormal event (sexual assault).
- Everyone reacts to sexual assault in a different way, this is normal.
- Because someone is experiencing these normal reactions to a trauma does not mean that they have or will develop PTSD.
- Most people who experience sexual assault do not develop PTSD.
- Make sure to explain to the victim that their reactions and symptoms are normal.
- We would be worried if they were not distressed by this.
- What would some of these reactions look like in a college age population?

## Aids in Recovery

- Help Seekers and support seekers
- Prior family grief stress
- Prior positive self-esteem
- Strong coping mechanisms
- Action orientation
- A believing support system

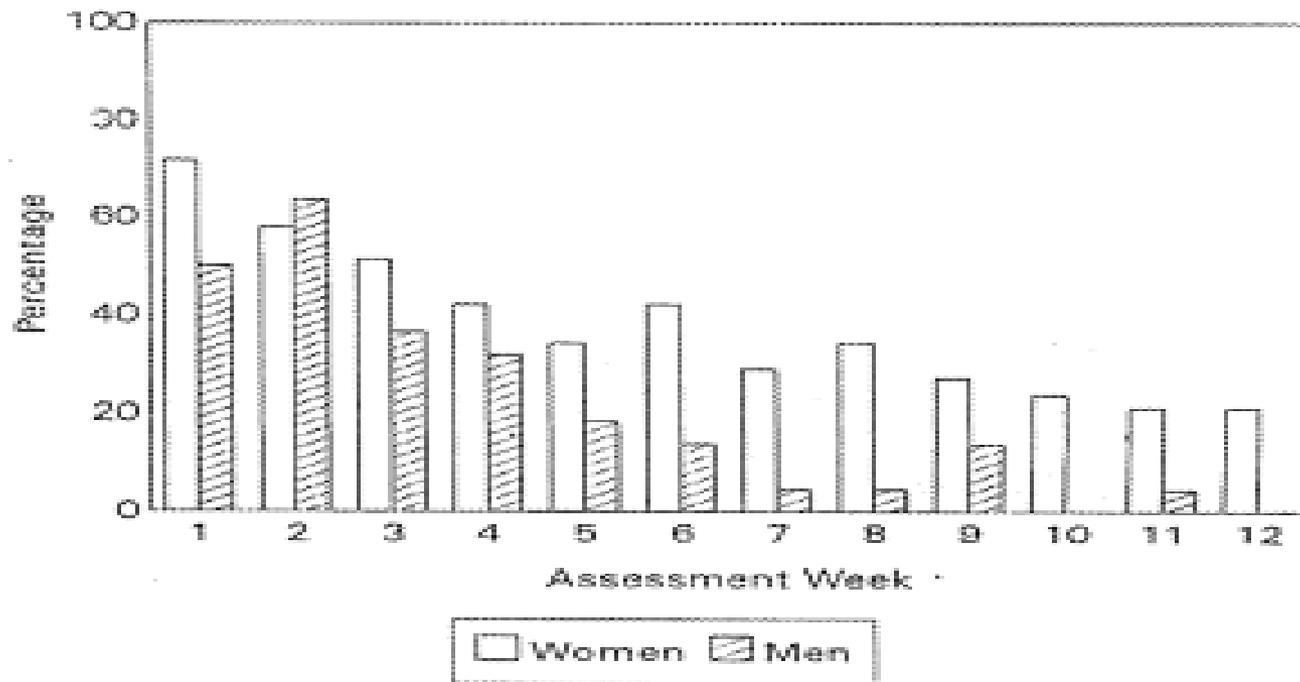


## Factors Hindering Recovery

- Prior victimization (if unresolved)
- Assault similar to characteristics of prior victimization
- Chronic life stressors
- Negative self-esteem
- Decrease in action
- Maladaptive responses
- Lack of a believing support system
- Victim blaming



## Natural Recovery-is the most common response



# Avoidance, a common reaction.

- Avoidance is the foundation of PTSD. Those who do not avoid thinking about the assault or talking about it will most likely not develop PTSD.
- What is the purpose of avoidance?
- How is avoidance helpful?
- How is it not helpful?
- What are things that we can do as clinicians to make sure that we are not reinforcing the avoidance?

# How does sexual assault happen?

- <https://www.youtube.com/watch?v=laMtr-rUEmY>
- What did you notice from the video?
- What is informed consent and grooming?
- Group discussion

- **Grooming** refers to actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a person, in order to lower the child's inhibitions in preparation for sexual activity with the child.
  - Grooming can happen over long periods of time or it can happen in one night.

- Six stages of grooming

- **Stage 1: Targeting the victim**

The offender targets a victim by sizing up the person's vulnerability—emotional neediness, isolation and lower self-confidence. Children with less parental oversight are more desirable prey.

- **Stage 2: Gaining the victim's trust**

The sex offender gains trust by watching and gathering information about the person, getting to know his needs and how to fill them. In this regard, sex offenders mix effortlessly with responsible caretakers because they generate warm and calibrated attention. Only more awkward and overly personal attention, or a gooey intrusiveness, provokes the suspicion of parents. Otherwise, a more suave sex offender is better disciplined for how to push and poke, without revealing themselves. Think of the grooming sex offender on the prowl as akin to a spy—and just as stealth.

- **Stage 3: Filling a need**

Once the sex offender begins to fill the person's needs, that adult may assume noticeably more importance in the person's life and may become idealized. Gifts, extra attention, affection may distinguish one adult in particular and should raise concern and greater vigilance to be accountable for that adult

- **Stage 4: Isolating the person**

The grooming sex offender uses the developing special relationship with the person to create situations in which they are alone together. This isolation further reinforces a special connection..

A special relationship can be even more reinforced when an offender cultivates a sense in the person that he is loved or appreciated in a way that others, not even parents, provide.

- **Stage 5: Sexualizing the relationship**

At a stage of sufficient emotional dependence and trust, the offender progressively sexualizes the relationship. Desensitization occurs through talking, pictures, even creating situations (like going swimming) in which both offender and victim are naked. At that point, the adult exploits a child's natural curiosity, using feelings of stimulation to advance the sexuality of the relationship.

When teaching a child, the grooming sex offender has the opportunity to shape the child's sexual preferences and can manipulate what a child finds exciting and extend the relationship in this way. The child comes to see himself as a more sexual being and to define the relationship with the offender in more sexual and special terms.

- **Stage 6: Maintaining control**

Once the sex abuse is occurring, offenders commonly use secrecy and blame to maintain the child's continued participation and silence—particularly because the sexual activity may cause the child to withdraw from the relationship.

Children in these entangled relationships—and at this point they are entangled—confront threats to blame them, to end the relationship and to end the emotional and material needs they associate with the relationship, whether it be the dirt bikes the child gets to ride, the coaching one receives, special outings or other gifts. The child may feel that the loss of the relationship and the consequences of exposing it will humiliate and render them even more unwanted.

- How would grooming look in a college setting?
- Why do we teach and talk about grooming?

# Responding to a disclosure

- Knowing what you know now about sexual assault, trauma and normal reactions, how would you respond to a student who disclosed a recent sexual assault by another student?
- Discussion

## **BASER Method**

**Believe**-This is the most important aspect in responding to sexual assault. “I believe you, it’s not your fault, thank you for telling me. You did an incredibly brave thing by talking about it.”

**Affirm**-Validate all their feelings, thoughts, responses and reactions to the sexual assault as **NORMAL**

**Support**-Allow them to talk about it if they choose, talking about what happened to them is crucial for their healing. Talking about it does not “re-traumatize” them. It allows them to process the thoughts, feelings and images connected to the memory. If we ask them not to talk about or don’t allow them to, we only reinforce avoidance, putting them at higher risk for developing PTSD

**Empower**-Give power to the victim,. Give them **HOPE**. Allow them to make all the choices, do not make the choices for them. Support them if they want to report, support them if they don’t want report.

**Refer** (if necessary), safety plan, have the resources and tools if they need the support, all victims might not need or want further support. It is their choice.

- If a victim discloses sexual assault and is supported and believed, they will most likely not develop PTSD.
- This is where you all can be incredibly impactful, you can help to prevent PTSD.

- What to do and not to do when responding to a disclosure?
  - Thoughts?
  - Discussion?
  - Victim blaming language?

## ASSESSING PTSD

- A victim might need further support if they develop PTSD and their symptoms are interfering with their ability to function and do the things that they want to do.
- PTSD (according to DSM IV-TR)
  - Avoidance
  - Hyperarousal
  - Re-experiencing

How might this symptoms be expressed in college students?

The PCL-C is a very easy assessment tool to use in diagnosing PTSD.

## Trauma/PTSD/Anxiety

### Management

- Relaxation
- Mindfulness (DBT)
- Affect regulation (coping skills)
- Cognitive restructuring

### Treatment

- Exposure work

(WHAT ARE THE BARRIORS?)

## Individual Treatment Modalities

Sometimes an evidenced-based model may be appropriate to meet a client's needs.

Examples include:

- TF-CBT for kids/teens (Trauma-Focused Cognitive Behavioral Therapy),
- PE for adolescents/adults(Prolonged Exposure)
- CPT for adults(Cognitive Processing Therapy).

These models are NOT appropriate for all clients.

- Clinicians then tailor and individualize the treatment intervention using empirically supported techniques to reduce symptoms and integrate trauma.

## Affect Regulation

- Identify and label feelings.
- Express feelings congruent with feelings you are identifying.
- Experience and communicate feelings.
- Learn to appropriately manage range of emotions.
- Develop positive self-feelings.
- Resolve troubling emotions.
- Integrate feelings.
- Distress tolerance skills (for crisis) (TIP,ACCEPTS,Wise Mind)
- Grounding skills
- What skills do you use?
- Examples

- Maladaptive Cognitions
  - Identify thinking distortions.
  - Re-define attributions.
  - Identify linkage between thoughts, feelings, and behaviors.
  - Process guilt and self-blame.
  - Identify link between behaviors and personal experiences (includes triggers).
  - Enhance understanding that client has control over choices – self-power.
  - Provide cognitive corrections when needed.

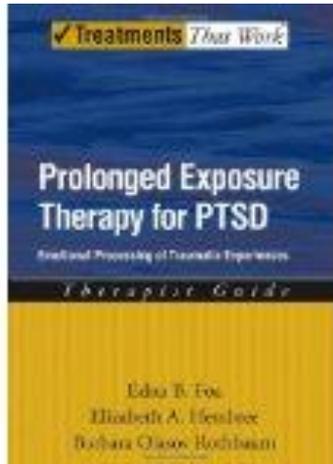
- Trauma Integration
  - Trauma integration is the process through which traumatic memories, thoughts, feelings, and behaviors related to the trauma are understood, accepted, and integrated within the client's view of themselves and the world around them ([Cook et al, 2003](#)).
- Trauma integration reduces anxiety related to the traumatic experience through gradual exposure ([Abueg & Fairbank, 1992](#); [Cohen et al.](#); [Deblinger & Heflin, 1994](#)).

- By gradually re-experiencing the traumatic incident, with the least stressful memories being explored first and the most frightening aspects of the trauma being explored later, the emotional charge related to the traumatic experience is reduced. ([Barlow, 1988](#); [Emmelkamp, 1990](#))
- One task that accomplishes this is the creation of a trauma narrative ([Cohen, Deblinger, et al., 2003](#)). A trauma narrative is a type of systematic desensitization ([Wolpe, 1958](#)) wherein the child tells the trauma story in a safe environment to help reduce anxiety related to the traumatic event. This narrative can then be shared with important individuals in the child's system (following preparation for the sharing) to help them integrate the traumatic experience as well ([Cohen et al., 2003](#)).

- Trauma Integration
  - Tell the story of the trauma through various mediums.
  - Integrate traumatic experience into cognitive schema.
  - Experience full range of emotions associated with trauma experience and reminders of the trauma.
  - Allow for corrective emotional re-working of the trauma.
  - Reduce emotional charge related to trauma.
  - Process grief and loss associated with trauma.
  - Identify physical reactions to traumatic experience and process.
  - Repeat the process until habituation and new learning occurs.
  - Safety behaviors

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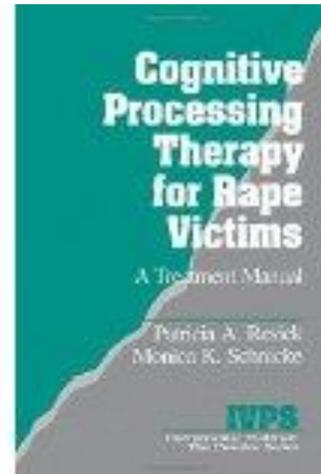




## **Prolonged Exposure**

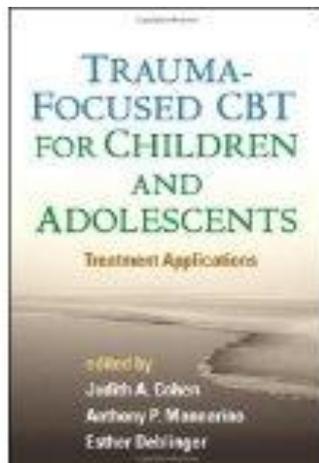
### **Therapy for PTSD**

By: Edna Foa, Elizabeth Hembree,  
Barbara Olasov Rothbaum



## **Cognitive Processing Therapy for Rape Victims**

by Patricia A. Resick and Monica  
Schnicke



## **Trauma Focused CBT** **for Children and Adolescents**

By: Judith Cohen and Anthony  
Mannarino

## Agency Services

- 24-hour Resource Line 1.888.99VOICE
- General On-going Advocacy
- Legal Advocacy
- Therapy
- Parent Education
- CourtWatch
- Prevention and Education

- KCSARC 24 hour resource line 1-888-998-6423 [www.kcsarc.org](http://www.kcsarc.org)
- WCSAP <http://www.wcsap.org/>

- Questions?
- Scenarios?
- Thoughts?
- Ideas?