

CRISIS INTERVENTION AND THE TRAUMA VICTIM

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So...What is trauma?

- Overwhelming experience
- Involves a threat
- Results in vulnerability
- Leaves people feeling helpless and fearful
- Interferes with relationships and beliefs

A period of emotional upset in which:

- “An emotional shock that creates substantial lasting damage to an individual’s psychological development...it refers to overwhelming, uncontrollable experiences that psychologically impact victims by creating in them feelings of helplessness, vulnerability, loss of safety and loss of control.” (B. James)

Trauma is...

- A person's usual coping mechanism has failed.
- Problem solving skill decrease.
- Feelings of panic increase

Sources of Trauma

- Loss of a Loved One
- Accidents
- Homelessness
- Community and School violence
- Domestic Violence
- Neglect
- Physical Abuse
- Sexual Assault
- Disasters
- Terrorism

Brain Processes During Trauma

- While brain processes are extremely complicated research has said:
 - The experience of trauma actually changes the structure and function of the brain. Pathways in the brain can be disrupted by exposure to trauma, which causes some trauma survivor's brains to be altered forever.

The Stress Response

- The human brain has a built in alarm system that signals us when we may be in danger.

BRAIN

- Thinking Brain: Checks out the situation
 - If there is no danger, the doing brain goes back to normal functioning
- Doing Brain: Senses danger
 - If there is danger, the thinking brain shuts down, allowing the doing brain to react.

Chemical Response

- The DOING brain releases chemicals in our body to prepare the body for action when threat is detected.
- Helps the body respond to stress effectively.

FIGHT, FLIGHT, FREEZE

- In order to protect itself, the body uses increased energy to respond to danger in 1 of 3 ways:
 - Fight back- physical or verbal resistance.
 - Flight-in the face of trauma, the person's reaction is to flee the situation.
 - Freeze- shutting down of physical reactions to the situation that is occurring.

- The survivor usually does not consciously “choose” or “control” their particular fight, flight, freeze response.
- When threatened, a person’s feelings may shut down. Typically this is not a good time to try and introduce new information, the person is only focused on immediate needs.

- Traumatic reactions are **NORMAL** reactions to **ABNORMAL** events.
- Many victims have a desperate desire to return to their normal routine.
- They may want to forget the assault.
- They may reject offers of outside help.
- Traumatic reactions are not a sign of emotional or psychological weakness.

Trauma Triggers

- Triggers include seeing, feeling or hearing something that reminds us of past trauma.
- Triggers activate the alarm system.
- Triggers cause the body to return to Fight, Flight, or Freeze reaction.
- The victim may not return to a full blown traumatic response, but they may experience discomfort or distress.

Common Trigger Responses

- Sounds
- Smells
- Colors
- Movements
- Objects
- Anniversaries
- Significant Life Events

Understanding What Trauma Does

- A person's usual coping mechanism has failed.
- Problem solving skill decrease.
- Feelings of panic increase.
- Trauma is stored in one's body.
- Trauma impacts a person's emotions well being.
- Trauma impacts society.

Common Trauma Responses

- Fear
- Anger or rage
- Shame, guilt, or self-blame
- Betrayal
- Anxiety or irritability
- Sadness, grief, or episodes of crying
- Numbness, emptiness, or detachment

...and more

- Memory problems
- Repeated re-living of the traumatic event or flashbacks
- Difficulty making decisions or completing tasks
- Need to talk compulsively about trauma
- Wanting to avoid thoughts, feelings or conversations related to trauma

More Responses

- Difficulty controlling emotional responses
- Nausea
- Nightmares
- Difficulty sleeping or staying awake
- Shortness of breath
- Changes in eating habits and/or weight
- Easily startled
- Withdrawal from family/friends

...and more

- Slowed problem solving abilities
- Avoidance of the location where the assault took place
- Use of drugs or alcohol to deal with uncomfortable feelings
- Decreased participation in usual activities such as work or school
- Restlessness

What about these reactions?

- Many of these reactions to trauma are connected to one another. For example, a victim may have a flashback when talking about the sexual assault which may cause feelings of being out of control.
- Could cause feelings of fear and arousal and feelings of “going crazy”.

- Know that these are all natural responses and reactions to trauma and that feelings can change with time.
- There is no common reaction or response to any traumatic event!!!!
- Many victims have a desperate desire to return to their normal routine.
- They may want to forget the assault.
- They may reject offers of outside help.

The Client World View

- The world is unsafe
- Other people are unsafe
- Lack of trust

Being Trauma Sensitive

- Understand that some of the victims behaviors verbal and nonverbal, maybe influenced by past trauma.
- Communicate with empathy and understanding.
- Install hope.
- Treat with dignity and respect.

Crisis Intervention

- Stepping in to support the healthy, coping part of the individual to restore equilibrium during a period of emotional upset.
- This involves active listening, empathetic support, answering questions, offering resources and addressing needs.

Psychological “First Aid”

- First responders lay the groundwork for continuing treatment and cooperation.
- Realize that **ALL** victims are in a state of crisis and trauma.
- Identify principles that encourage effective responses from the victim.
- Keep your own emotions under control.
- Know that many people experience a range of reactions after a traumatic event.

Differing Roles

- **Law Enforcement**

- Male dominated
- Action oriented, problem solvers, responding quickly and decisively
- Focusing on physical safety of victim
- Little time or necessity for extended conversation

- **Community-Based Advocacy**

- Female dominated
- Supportive, nurturing, and focused on the well being of the victim
- Establishing rapport and will engage in extended conversation

Benefits of Working Together

- Research shows that if they receive significant support victims are more likely to:
 - Actively participate in the investigation
 - Follow through with prosecution of the offender
- Officers can be supportive, but advocates have links to financial, legal and emotional resources.

Result of Improved Communications

- Victims will be more cooperative in investigations.
- Victims will be better witnesses for the prosecution.
- The officer will be more effective in getting information.
- Strong rapport with the victim will be possible.

DO NOT!!!

- Ask what you don't need to know
- Make decisions for the person
- Make promises **YOU** cannot guarantee
- Talk to others about the situation
- Give incorrect information
- Assume anything
- Be offended by the victim's reactions

How we Re-victimize

- What were you doing there anyway?
- You're so lucky to be alive!
- How many times did he make love to you?
- You have to...
- Why didn't you....?
- This guy could go to prison. Are you sure this is how it happened?

Instead

Ask oneself:

“Is the interaction I am about to have necessary?”

“What purpose does it serve?”

“Who does this help?”

What you can say...

“You’re safe here with us, the assault is over.”

“I’m glad to be the one helping you.”

“You’re not responsible for what happened.”

“Your feelings are normal.”

“There is nothing to be ashamed of.”

“You did what you had to do to survive.”

Things to Remember

- Victims have rights!
- The victim has the right to choose not to file a police report.
- The victim has the right to decline any parts of the evidence collection process.
- The victim has the right to have an advocate present during any or parts of the reporting process.

*Anticipate that
you will experience vicarious
trauma!*

What is Vicarious Trauma?

- Vicarious trauma is a term used to describe the negative psychological consequences people in the helping professions such as victim advocacy, may experience as a result of being exposed to a survivor's accounts of trauma and witnessing the survivor's pain and suffering. Vicarious trauma has also been called compassion fatigue, empathic strain, and secondary trauma.

Coping with Vicarious Trauma

- Take care of yourself
- Avoid burnout
- Develop self-awareness
- Create a self care plan
- Care for your physical and psychological health
- Keep socially active
- Pay attention to you social morals

Signs and Symptoms of Vicarious Trauma

Emotional Reactions

- ✓ Feelings of detachment
- ✓ Depression
- ✓ Hopelessness
- ✓ Anxiety
- ✓ Sadness
- ✓ Grief
- ✓ Fear
- ✓ Rage
- ✓ Feeling overwhelmed
- ✓ Feelings of incompetence
- ✓ Hopelessness

Physical Reactions:

- ✓ Fatigue/lack of energy
- ✓ Sleep or appetite disturbance
- ✓ Muscle tension or aches
- ✓ Stomachaches
- ✓ Headaches
- ✓ Sexual difficulties

Psychological Reactions:

- ✓ Recurrent dreams or nightmares
- ✓ Intrusive imagery
- ✓ Flashbacks
- ✓ Decreased motivation
- ✓ Cynicism
- ✓ Shift in worldview – involving a disruption in important beliefs that advocates feel about themselves, others, or the world

Behavioral Reactions:

- ✓ Withdrawal from supports
- ✓ Withdrawal from work or over- involvement in work
- ✓ Difficulty balancing work and personal life

Coping with Vicarious Trauma

****Please note, having and or suffering from vicarious trauma is *not a sign of weakness*.**

- Understand the dynamics of vicarious trauma.
- Understand that experiencing vicarious trauma is common for people in helping professions.
- Know your own issues and vulnerabilities, for example, what kind of traumas might trigger strong emotional reactions for you.
- Set boundaries.
- Balance work, play, and spiritual renewal.
- Seek supervision.
- Access your support system.
- Seek counseling, if symptoms persist

Suggested Best Practices

- Be non-judgmental
- Promote emotional safety
- Be flexible
- Be honest

“Above All Else, Do No Harm”

~Physician's Credo

Resources

- Trauma Informed Care- Best Practices and Protocols for Ohio's Domestic Violence Programs (Ohio Domestic Violence Network)
- Excellence in Advocacy: A Victim-Centered Approach (Ohio Family Violence Prevention Center Office of Criminal Justice Services a Division of the Ohio Department of Public Safety)

WEBSITES

- WWW.ODVN.ORG
- WWW.OAESV.ORG