

Trauma

What's New in Trauma Response & Recovery

Disclaimer

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Jo Johnson

- Visiting Fellow, Office for Victims of Crime, Dept. of Justice
- Licensed Clinical Social Worker (CA)
- Networking with 30+ states around sexual assault response in first two years of fellowship.
 - *Working on the ground in 19 states so far!*
 - **28 years of clinical experience** working with children, youth and families in prevention and intervention programs
 - **12+ years working on macro-level systems change**
 - Launching New Initiatives and Projects
 - Building Effective Multi-System Collaborations



Talk About.....

Trauma Response
Trauma Recovery
Trauma Impact
Vicarious Trauma
And One More Thing.....



How might any of this ...

- spur research?
- change process of policy?
- alter training and support of advocates?

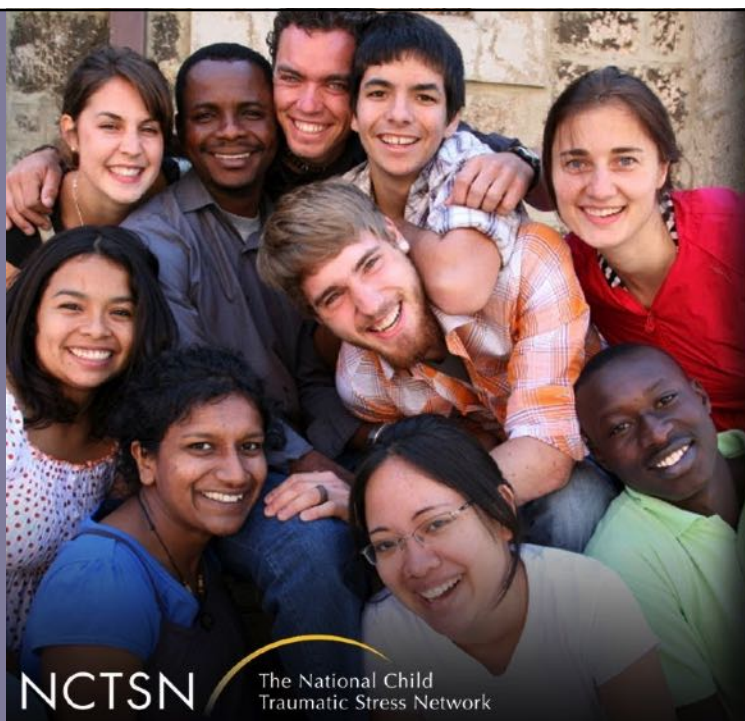
**How Well Do
We Serve
Adolescents?**

Prevention & Early Intervention with Youth

The number of U.S. adolescents will continue to grow



- The Office of Adolescent Health, HHS, projects an increase in the number of adolescents, ages 11-17.



Prevention & Early Intervention with Youth

For the diversity of youth

Addressing multiple forms of trauma

With survivors, offenders, friends and family members

Trauma Response



Implicit Bias

EVAWI:

Gender Bias Training
Resource.

<https://www.evawintl.org/PA/GEID28/Best-Practices/Resources/Gender-Bias>

Nursing research on sexual assault: Utilizing data to increase knowledge and improve practice Brigham Young University

Of 2,317 patients

Nearly **69%** or 1,590 had previous SA

There was **2 to 3 times the rate of mental illness** and use of psychotropic drugs

60% had a current medical problem

48% had a **chronic medical problem** – nearly 3 times the state rate

Julie Valentine,
et al

<https://www.youtube.com/watch?v=20VAdCFf4Ge>

2017 study of SA victims seeking a forensic exam from 2010 to 2014

What Happens When A Person Senses A Serious Threat / In Danger

Many trauma trainings are not including info on:

- Hyperfocus
- Central Details and Peripheral Details
- What are these?
- Why are they important?

To Learn More: Jim Hopper, Ph.D.
<https://www.jimhopper.com/sexual-assault-and-the-brain/>



I wonder.....

- Implies that people actually sleep long enough and well enough to consolidate memory and be better prepared to respond to a more in-depth interview with law enforcement.

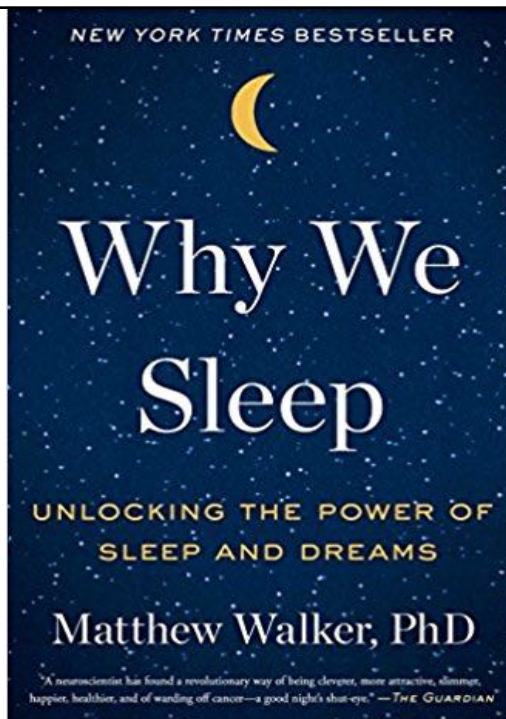
- **Is this true?**

**Why the “2
Night Sleep”
Cycle May Be
Wrong**

“Sleep is the single most effective thing we can do to reset our brain and body health each day..”

Matthew Walker, PhD

Professor of Neuroscience and Psychology at UC Berkeley; Director of its Sleep and Neuro-Imaging Lab and a former professor of psychiatry at Harvard University



Trouble Sleeping = Common Complaint of Survivors



2/3 of all adults in industrialized countries fail to get the recommended 8 hours of sleep per night / “sleep bankruptcy”



Inadequate sleep – even moderate reductions for just one week – disrupt blood sugar levels so profoundly that you would be classified as pre-diabetic.

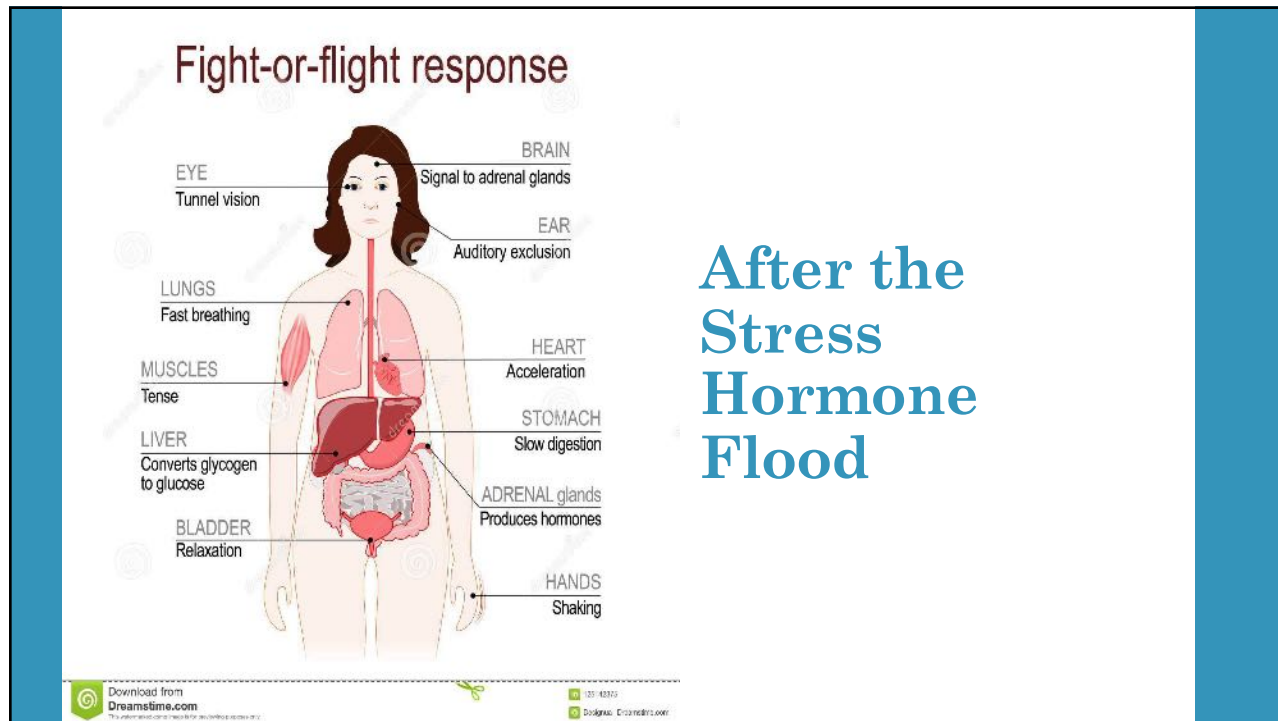


“The less sleep you have had, or the more fragmented your sleep, the more sensitive you are to pain of all kinds.”

Promoting Good Sleep

- **Use sleep aids / medications cautiously.**
 - In study with a placebo and Ambien: the use of Ambien resulted in a 50% weakening (unwiring) of brain cell connections originally formed during learning.
- **Increase risk of death due to infections, diseases and accidents**
Individuals taking sleeping pills were 30-40% more likely to develop cancer within a 2.5 study period than those who were not.
- **What helps:**
 - Sleep tracking apps
 - CBT – Insomnia
 - NIH Medline Plus: 12 Tips for Healthy Sleeping

Trauma Recovery



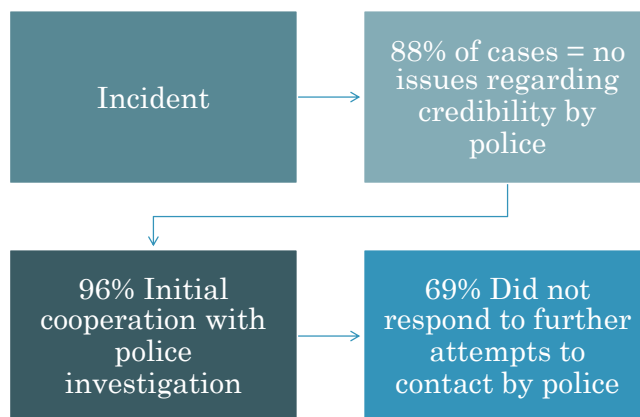
I wonder

They just want to
climb into bed and pull
up the covers.

Sexual Assault Kit Initiative

Analysis of Cuyahoga County's Procedures for Alleviating the Backlog of Sexual Assault Kits.

Sample of 243 cases = not a representative sample

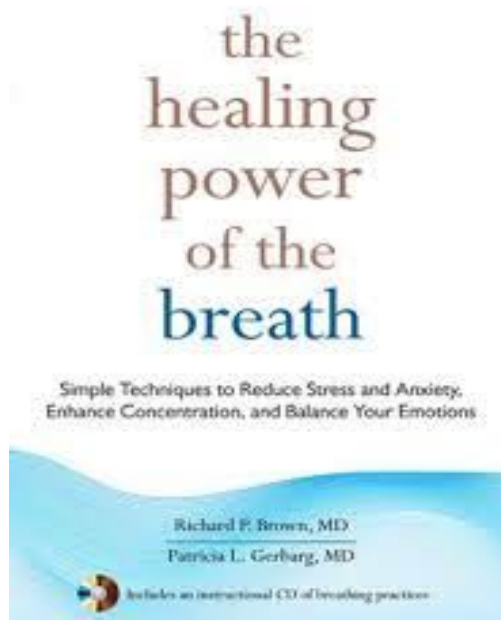


Breathing

Breath-Body-Mind

Breathing Practice Online at:

<https://www.shambhala.com/healingpowerofthebreath/>



Mindfulness

- Amisha Jha, Ph.D.
- <https://www.mindful.org/the-mindfulness-of-breathing-exercise-with-neuroscientist-amishi-jha/>



Trauma Impact

NIH / Better Tomorrow



better tomorrow network

- **Study:** Investigating assault-related characteristics to patient outcomes at time of forensic exam, 1 week, 6 weeks, 6 months and 1 year later.
- **Initial results:** **Strangulation during Sexual Assault Predicts Increased PTSD Symptoms Six Weeks after Assault**
- **Study:** 254 patients reporting to sexual assault center within 72 hours of the assault.
- **How were they doing 6 weeks later?**
 - 61% reported moderate to severe depression
 - 82% reported PTS symptoms
 - 43% reported worsening physical pain

Sexual Assault Victimization / Mental Health

- “Sexual assault victimization and psychopathology: A review and meta-analysis.”
- By Dworkin, Menon, Bystrynski and Allen
- 2017
- Meta-analysis of 497 studies
- From 1970 to 2014
- Involving 238,623 individuals

What types of sexual assault were included?

- Forced
- Penetrative
- Coerced
- Incapacitated
- Any unwanted sexual contact

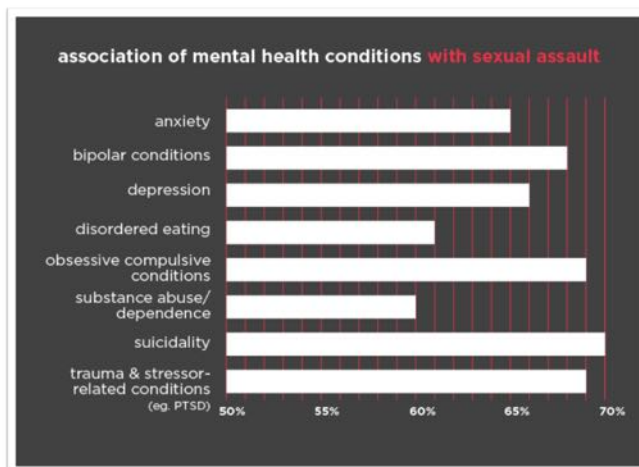
NOT: Threats or attempts of assault

NOT: solely childhood sexual assault

Findings....

... Provide evidence that experiencing sexual assault is a major risk factor for multiple forms of psychological dysfunction across populations and assault types.

How likely is it that a person who has experienced sexual assault will have more severe symptoms than a person who has not?



There was no evidence to suggest that the effects differed as a function of.....

- Years since the assault = recent or years prior
- Differences in demographics = age, gender or race though more studies needed for male and transgender survivors

There was no evidence to suggest that the effects differed as a function of.....

The type of assault (forced, coerced, incapacitated, unwanted sexual contact)

- Including attempted assaults decreased the effect size somewhat.
- Including threats decreased the effect significantly.

BUT.... What if the survivor experiences an attempt or threat of sexual assault as life-threatening?

Why is this important?

- Suicide rates are increasing in the United States
 - 25% increase from 1999 to 2016
 - From a 1% decrease to a 58% increase in suicide
- Calls to the National Suicide Prevention Lifeline doubled from 2014 to 2017.
 - From 1M to 2M calls

Are We Asking About Suicide?

CDC

EDC

Active Listening as Advocacy

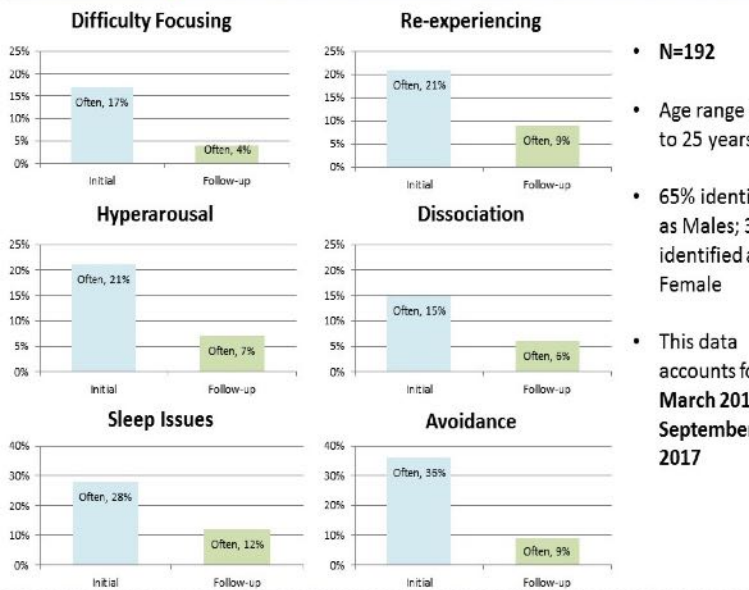
<http://www.resourcesharingproject.org/listen-active-listening-advocacy>

Screening for Trauma

A Good START: Screening and Tool for Awareness and Relief of Trauma

Start 2 Heal. Oakland!

Follow-up Data



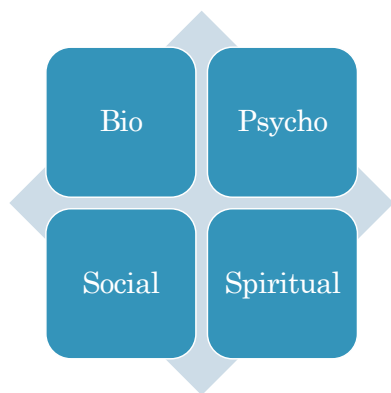
- N=192
- Age range 14 to 25 years
- 65% identified as Males; 35% identified as Female
- This data accounts for March 2015 – September 2017

Listening +
Screening +
Information / Tools

+ Back-Up Support

Mental Health Interventions

What?



How?

- Build in a good mental health assessment person to assist those in crisis and to connect survivors with recovery resources
 - Create a team of mental health professionals who have training in many different modalities
- EX: Justice Resource Institute

Whooose still awake?



Systemic Change

National Campaigns



A program of End Violence Against Women International

NO MORE

TOGETHER WE CAN END
DOMESTIC VIOLENCE & SEXUAL ASSAULT

Reducing Victim-Blaming

- Start By Believing
- <https://www.startbybelieving.org/home/>

Begin by telling you about something they did wrong / stupid.

Going to a party, going out alone

Drinking / taking drugs

Going off with someone they just met

Vicarious Trauma

Many good resources for this

- Vicarious Trauma work is NOT a way to help staff put up with broken systems or supervisors, manage unmanageable caseload sizes with too few resources; stop complaining and fall in line.
- OVC's Vicarious Trauma Toolkit:
<https://vtt.ovc.ojp.gov/>

Could we add one aspect to VT?

That one case we can't forget
Our "If only" case

One Resource:

Tara Brach, Ph.D. Insight Meditation Community of Washington (IMCW)

<https://www.tarabrach.com/forgiveness/>

One More Thing.....

**Police Sexual
Misconduct**

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Questions?

Contact Information Until Sep 30th

Jo Johnson

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Follow me on LinkDIn

Coming Soon New Website: Many Right Ways

Optional Slides

Offenders

- **The biggest research study to date is by Campbell, et al March 2019. In this study:**
 - 7287 sexual assault kits (SAKS) were processed from Michigan's backlog
 - 5048 of these had DNA
 - 2938 provided DNA profiles that could be uploaded to CODIS
 - 1675 (**57% of uploadable profiles**) produced a hit in CODIS = matched with other profiles for 1424 unique perpetrators
 - 775 (**54% of unique perpetrators**) met criteria for CODIS Serial Sexual Assault Hit
 - Of these, they identified 508 unique serial sexual assault perpetrators
 - Of these, 365 unique and identifiable serial sexual assault perpetrators were identified as having committed 2-12 rapes
 - **When they checked criminal histories of these 508 persons, 504 were identified as serial sexual assault offenders with 2-15 rapes**

Calls to Hotlines

RAINN

- In 2017, RAINN's victim service programs helped a record 209,480 survivors and their loved ones.
- **In the first quarter of 2018, RAINN's programs helped 46% more people than in the prior year.**

National Suicide Prevention Lifeline

- **From 2014 – 2017, calls doubled – from 1 million to 2 million calls.**
- Spike again after suicides of public figures – Kate Spade and Anthony Bourdain

Health Impacts

Violence Against Women increases Cancer Diagnoses: Results from a Meta-analytic Review. 2018

Preventative Medicine 114 (2018) 168 – 179

Review of 36 studies. 1992 - 2017

Women who were victims of IPV were...

- .. **69%** more likely to be diagnosed with cancer compared to women who were non-victims.
- .. **154%** more likely to be diagnosed with cervical cancer compared to women who were non-victims.
- .. **91%** more likely to have an abnormal pap test result than women who were non-victims.

There were no differences in screening patterns