



**Healing Journey:
Supporting Survivors
of Sexual Violence as
They Navigate
Pregnancy, Birth,
Postpartum, and
Parenting**

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 Los Angeles Best Babies Network Training

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Snapshot: Sandi Capuano Morrison, MA

Has worked with victims & offenders of interpersonal violence for 29 years in CO, MA & CA. With IVAT since 2008 and is the Chief Executive Officer.

Victim advocate and Children's Counselor in CO before graduating from Boston College with MA in Counseling Psychology. Certified as a Batterer Intervention Program (BIP) Facilitator and assisted with research on the process and efficacy of DV offender programs. Director of the IMPACT BIP; ran offender groups for 5 years in Boston suburbs.

Managed county-wide DV and sexual assault 24-hour hotline/volunteer program & the city of San Diego's Rape Crisis Center. Past member of San Diego Sexual Assault Response Team & Sex Offender Management Council. Certified by CA's Office of Emergency Services as a DV & Sexual Assault counselor.

Committed to empowerment-based, survivor-centered programs & processes & offender accountability. Interests in Restorative Justice, Holistic Healing, Cultural Humility, Human Rights & Social Justice.

Trained nationally & internationally on intimate partner violence, child maltreatment, sexual violence, & trauma-informed care.


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Snapshot: Jessica Silsby, PsyD

- Director of Clinical Training at IVAT for Professional Clinical and Forensic Services;
- Licensed Psychologist (PSY26188) in California, Doctorate in Clinical Forensic Psychology;
- Specialty Areas: 0-5, Child, Adolescent intervention and assessment; Gender-expansive youth and adults;
- Extensive training in Dialectical Behavior Therapy, Prolonged Exposure for trauma, Forensic Assessment and Expert Witness work especially within Family Court, Child Abuse, Family Violence;
- Supervises Master's and Doctoral Students, Predoctoral Interns, and Postdoctoral Fellows;
- Understands the need to reduce stigma and form a more inclusive, nuanced, holistic view of individuals and the systems in which they exist. Passion for addressing and reducing trauma exposure in clients, community, and professionals engaged in all levels of care.

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We encourage you to...




- ...move around, take breaks, eat snacks, and prioritize your comfort and well-being
- ...choose how you participate
- ...share your knowledge and experience in the way that feels best for you
- ...give us feedback

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Agenda

- 8:30-- Introductions & Housekeeping
- 9-10-- Various types of sexual violence; myths and intersections to child abuse and domestic violence
- 10-10:10-- Break
- 10:10-12-- Common types of trauma responses
- 12-1: Lunch!
- 1-3-- Providing support/bearing witness; Breakout room vignette discussions
- 3-3:10 -- Break
- 3:10 -- 3:45 -- Self Care and Prevention of Vicarious Trauma activity
- 3:45-4: Debrief, Resources, Summary and Evaluation



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Objectives	
Identify	Identify 3 Types of Sexual Violence
Describe	Describe 3 Reactions new Mothers may express if prompted by Trauma History
Identify	Identify 3 Circumstances that may Prompt a Trauma Response
Describe	Describe 3 Ways to Support a new Mother Prompted by Trauma
Learn	Learn 1 Trauma-Informed Strategy for making a Mental Health Referral
Be	Be able to use 2 Strategies for minimizing the effects of Vicarious Trauma

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Trauma Defined

"An event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014)."



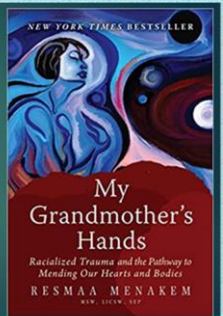
When a person experiences or is confronted with a threat of death or serious injury, actual or perceived.

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Trauma is not a flaw or a weakness. It is a highly effective tool of safety and survival. Trauma is also not an event. Trauma is the body's protective response to an event – or a series of events – that is perceived as potentially dangerous. This perception may be accurate, inaccurate, or entirely imaginary.

An embedded trauma response can manifest as fight, flee or freeze – or as some combination of constriction, pain, fear, dread, anxiety, unpleasant (and/or sometimes pleasant) thoughts, reactive behaviors, or other sensations and experiences. This trauma then gets stuck in the body – and stays stuck there until it is addressed.

- Resmaa Menakem



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Whenever one group oppresses, victimizes, brutalizes, or marginalizes another, many of the victimized people may suffer trauma, and then pass on that trauma response to their children as standard operating procedure. The result is a soul wound or intergenerational trauma.

Cultural somatics – an area of study and practice that applies our knowledge of trauma and resilience to history, intergenerational relationships, institutions and the communal body.

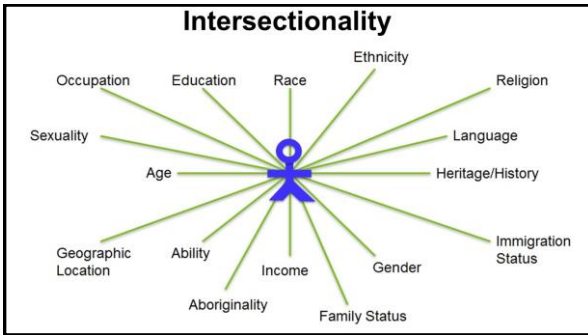
Resmaa Menakem, My Grandmother's Hands

Epigenetics – Trauma can be inherited genetically. Recent work in genetics has revealed that trauma can change the expression of the DNA in our cells, and these changes can be passed from parent to child.



Resmaa Menakem, My Grandmother's Hands, Racialized Trauma and the Pathway to Mending our Hearts and Bodies

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Definition of Sexual Assault

- Any type of sexual contact or behavior that occurs without the explicit consent of the recipient
- Includes sexual activities such as:
 - forced sexual intercourse,
 - forcible sodomy,
 - child molestation,
 - incest,
 - fondling, and
 - attempted rape

• United States Department of Justice, Office of Violence Against Women website
• <http://www.ovw.usdoj.gov/sexassault.htm>

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Definition of Sexual Violence

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

- World Health Organization Report 2002

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Gender-Based Violence (GBV)



Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life.

(http://www.hhri.org/thematic/gender_based_violence.html on and exploitation.)

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Definiton and types of sexual violence

Sexual activity without consent.	Rape, attempted rape, anal sex, oral sex, fondling or groping.
Sexual abuse of children includes these as well as abuse without actual touch – exposing oneself to a child, showing a child pornography, or having sexual conversations.	Spousal assault, teen dating violence, stranger assault, military sexual trauma

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What is Military Sexual Trauma (MST)?

Term used by the Department of Veteran Affairs to describe the effects of sexual violence experienced by a military service member.	Many of the effects are similar to the experiences of civilian survivors.
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Military Sexual Trauma (MST)

“Psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training.”



<http://www.ptsd.va.gov/public/pages/military-sexual-trauma-general.asp>

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Date Rape/Acquaintance Rape

- Perpetrators of acquaintance rape might be a date, or a classmate, a neighbor, a friend's significant other, or any number of different roles
- Dating, instances of past intimacy, or other acts like kissing do not give someone consent for increased or continued sexual contact

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Male Sexual Assault-The Facts

Whether a male is gay, straight, or bisexual, his sexual orientation is neither the cause nor the result of sexual assault.

If we focus on the *violence* of sexual assault rather than the *sexual* aspects of the interaction, it is easier to understand that sexual assault has nothing to do with a male's sexual orientation.

(OVC TTAC Sexual Assault)



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Other Typically Underserved Populations

- Victims with mental illness
- Homeless victims
- Victims in rural communities
- Victims with disabilities
- Victims who are immigrants/refugees

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What is The National Intimate Partner & Sexual Violence Survey (NISVS)?

Ongoing, nationally-representative telephone survey that collects detailed information on sexual violence, stalking and intimate partner violence victimization of men and women in U.S.

<https://www.cdc.gov/violenceprevention/datasources/nisvs/index.html>

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NISVS

Sexual violence, stalking and intimate partner violence are major *public health problems* in the US.

Many survivors experience physical injury, mental health consequences, suicide attempts, gastrointestinal disorders, substance abuse, sexually transmitted infections and gynecological or pregnancy complications.

These can lead to hospitalization, disability or death.

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Prevalence – Centers for Disease Control and Prevention Data

- Over half of women and almost 1 in 3 men have experienced sexual violence involving physical contact during their lifetimes.
- Same survey found that almost 1/2 of women and a 1/4 of men have received unwanted sexual contact—touching but not penetration
- One in 4 women and about 1 in 26 men have experienced completed or attempted rape.
- In US, estimated that over 60,000 children are sexually abused each year.

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BREAKDOWN OF LOCATIONS WHERE SEXUAL ASSAULT OCCURS

55% at or near the victim's home	15% in an open public place.	12% at or near a relative's home
10% in an enclosed but public area, such as a parking lot or garage	8% on school property	

RAINN National Sexual Assault Hotline | 800.656.HOPE | online.rainn.org
Please visit rainn.org/statistics/scope-problem for full citation. ⁷

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NISVS

- More than 1/2 (51.1%) of female victims of rape reported being raped by an intimate partner and 40.8% by an acquaintance
- For male victims, more than 1/2 (52.4%) reported being raped by an acquaintance and 15.1% by a stranger.
- Consequences may be chronic. Can lead to PTSD and re-occurring reproductive, gastrointestinal, cardiovascular, and sexual health problems.

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CDC NISVS continued

81% percent of women who experienced rape, stalking, or physical violence by an intimate partner reported significant short- or long-term impacts, such as post-traumatic stress disorder symptoms and injury

35% percent of men report such impacts of their experiences

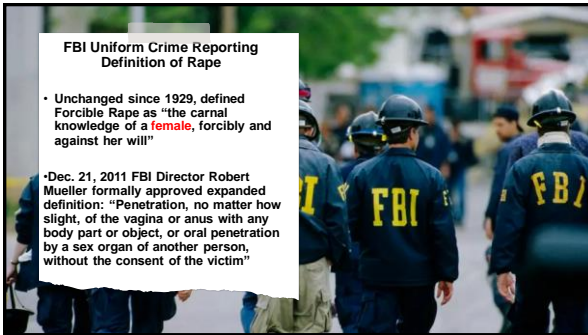
69% of women and 53% of men who were victims of rape, physical violence and stalking experienced some form of IPV for *the first time before they were 25 years old*

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FBI Uniform Crime Reporting Definition of Rape

• Unchanged since 1929, defined Forcible Rape as "the carnal knowledge of a female, forcibly and against her will"

•Dec. 21, 2011 FBI Director Robert Mueller formally approved expanded definition: "Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim"



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Definition of Rape

Most statutes currently define as:

- nonconsensual oral, anal, or vaginal penetration of the victim by body parts or objects using force, threats of bodily harm

-or by taking advantage of a victim who is incapacitated or otherwise incapable of giving consent

(National Institute of Justice website, <http://www.nij.gov/topics/crime/rape-sexual-violence/welcome.htm>)



◀Lydia Cuomo

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Consent

Generally means at the time of the sexual activity, there were actual words or actions that indicated freely given agreement to have that sexual activity.

Ability to give consent may be affected by a number of factors, including age (being a minor), temporary or permanent physical or mental disability, drug or alcohol intoxication (self-induced or forced), or language barriers.

Lack of resistance to the assault does not indicate that the person consented to the sexual activity.

(Kelly Cue Davis in *Surviving Sexual Violence*, Thema Bryant-Davis)



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Maternal History of Child Maltreatment

One in four pregnant women experienced maltreatment in their own childhoods (Plant et al., 2017).

Child maltreatment (CM) - behavior towards a child, including physical abuse, sexual abuse, emotional abuse, or neglect that poses substantial risk for physical or emotional harm (World Health Organization, 2020).



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Adverse Childhood Experiences (ACEs)



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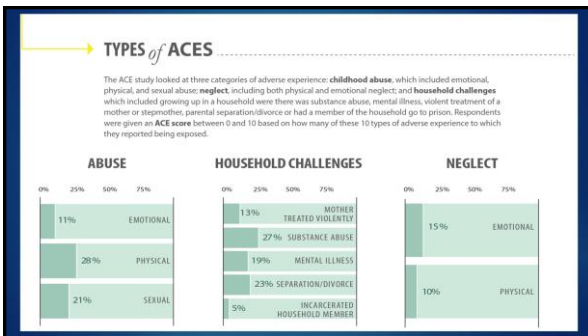
ACES STUDY/SCIENCE

“Unified Science” of human development

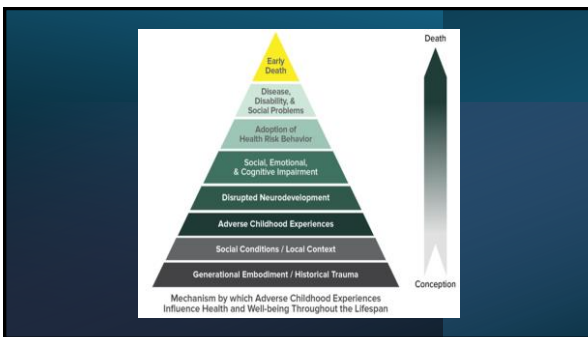
5 areas of research

- Epidemiology of adverse childhood experiences (ACEs)
- Neurobiology of toxic stress (the brain)
- Biomedical consequences of toxic stress (the body)
- Epigenetic consequences of toxic stress (passing from parent to child)
- Resilience research

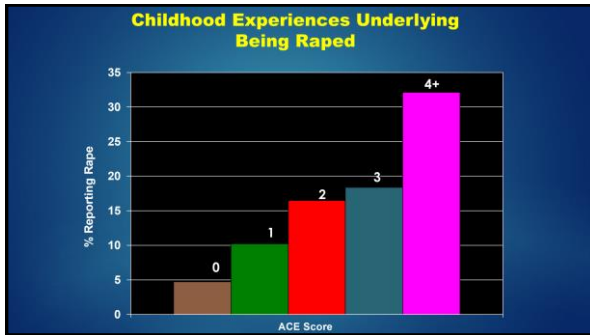
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Now that we KNOW about ACEs...

It's never too late to start rewiring your stress response

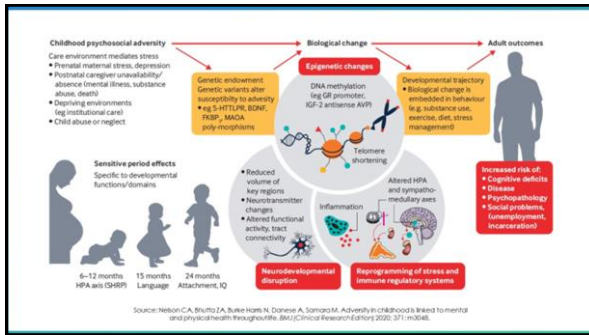
- Sleep
- Exercise
- Nutrition
- Mindfulness
- Mental Health
- Healthy Relationships

** More that you do, the more you'll decrease your stress hormones, reduce inflammation, enhance neuroplasticity, delay cellular aging

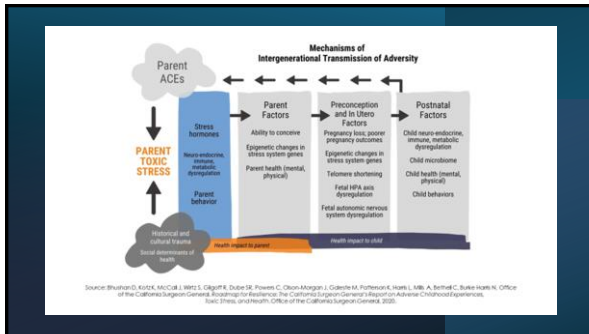
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SURVIVING SEXUAL VIOLENCE
 A Guide to Recovery and Empowerment
 EDITED BY THEMA BRYANT-DAVIS

Sexual Violence (SV) is a violation of survivors and society as a whole.

It disrupts mental and physical well-being and devastates the fabric of social relationships.

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Sexual Violence

Survivors of sexual harassment, trafficking, assault, and abuse all experience a level of dehumanization with the needs and desires of the perpetrator being prioritized over their rights and safety.

There is no hierarchy of violation.

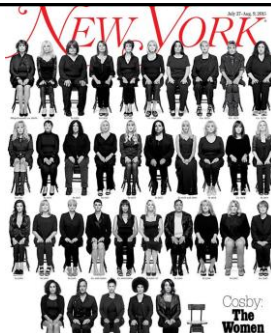
(Surviving Sexual Violence, Thema Bryant-Davis)



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Lessons Learned From High Profile Cases

- Bill Cosby
- Amanda Berry, Gina DeJesus, Michelle Knight
- Joe Paterno
- Tyler Perry/Oprah's Show of 200 Male Survivors



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- Women who identify as multiracial (49.5%) & American Indian or Alaskan Native (45%) experience SV at particularly high rates.
- Female-bodied Lesbian, Bisexual, transgender & queer individuals are at especially high risk for SV (43%- 47%) & rates are highest for members of the transgender community who identify as people of color (53% - 65%).
- Common for women who have a history of SV in childhood to also experience SV or IPV in later life, leading to further trauma exposure. SV presents a formidable challenge to maternal health.

• Ward, L.G.; Trauma-Informed perinatal healthcare for survivors of sexual violence. J Perinat Neonatal Nurs. 2020; 34(3): 199-202



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Why People Do Not Report

- Stigma attached to sexual assault creates a tremendous barrier for victims including:
 - Fear of not being believed
 - Fear of being blamed
 - Fear of privacy being invaded
 - Fear of people knowing about the violation
 - Fear of being seen as "damaged goods"

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What is Rape Culture?



- The prevailing set of cultural norms in which sexual assault, rape, and general violence are ignored, trivialized, normalized, or made into jokes
- A heavy emphasis on ignoring and minimizing women's and girls' experience of sexual assault

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Rape Culture



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Brock Turner assault of Chanel Miller

How old are you? How much do you weigh? What did you eat that day? Well what did you have for dinner? Who made dinner? Did you drink with dinner? No, not even water? When did you drink? How much did you drink? What container did you drink out of? Who gave you the drink? How much do you usually drink? Who dropped you off at this party? At what time? But where exactly? What were you wearing? Why were you going to this party? What if you do when you got there? Are you sure you did that? But what time did you do that? What does this text mean? Who were you texting? When did you urinate? Where did you urinate? With whom did you urinate outside? Was your phone on silent when your sister called? Do you remember silencing it? Really because on page 53 I'd like to point out that you said it was set to ring. Did you drink in college? You said you were a party animal? How many times did you black out? Did you party at frat? Are you serious with your boyfriend? Are you sexually active with him? When did you start dating? Would you ever cheat? Do you have a history of cheating? What do you mean when you said you wanted to reward him? Do you remember what time you woke up? Were you wearing your cardigan? What color was your cardigan? Do you remember any more from that night? No? Okay, well, we'll let Brock fill it in.



Know My Name
CHANEL MILLER
The Survivor of the Stanford Sexual Assault Case Tells Her Story

<https://www.buzzfeednews.com/article/katiejmbaker/heres-the-powerful-letter-the-stanford-victim-read-to-hercia>


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Consequences of myths about sexual violence

- Victims feel like they are not “real victims”
- Victims may believe they could not have been raped if they knew the rapist
- Victims may believe that it was not rape if there was not a weapon involved
- Victims may feel that they deserve what happened if they were drinking or drugging


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Victimization starts early in life



- Approx. 80% of female victims experienced first rape before 27 years old and almost 1/2 experienced first rape before 18 years old (30% between 11-17 and 12% before age of 10).
- 35% of women raped as minors were also raped as adults compared to 14% of women without an early rape history.

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Cost of Sexual Violence

- Estimates of total annual cost of mental health care for victims of attempted/completed rape is **\$863 million**
- *For the victim, the average rape or attempted rape costs \$5,100 in tangible, out-of-pocket expenses*
- Estimates of the same costs for adult survivors of child sexual abuse are even higher, \$2.1 billion

(Milled, Ted, et al. Victims costs and Consequences: A New Look, National Institute of Justice Report, US Department of Justice, 1996.)

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TRAUMA AWARENESS GOALS

- Trauma – What is it? Where does it come from?
- What is the impact of trauma?
- How do I recognize possible trauma responses?
- How can I be more effective in working with people with a trauma history?
- How can I care for myself as I work with people who have experienced trauma?

Mary-Beth Vogel-Ferguson, PhD, Social Research Institute, Univ. of Utah 1/2018 "Bringing ACE study findings to the frontline: Impact and Implications"

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Impact of Sexual Assault: Why a Victim's Story Changes?

- Fear
- Embarrassment/Shame
- Effects of trauma on short term memory
- Shock
- Inability to accept that they have been violated
- Relationship to perpetrator
- Previous history as survivor of sexual trauma

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Rape Trauma Syndrome

Definition:

A predictable range of emotions following a sexual assault. It includes common emotions and behaviors that are a result of an attempt to cope with sexual assault.

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Sexual Assault Trauma/Rape Trauma Syndrome

****EXPERIENCE IS UNIQUE TO THE INDIVIDUAL**

- *Age and maturity
- *History of previous trauma
- *Access to support network
- *Relationship to perpetrator
- *Personality and coping style
- *Values and belief system
- *Cultural and religious background
- *Degree of violence used by rapist(s)
- *Number of assailants
- *Illness, injuries, disabilities prior to and resulting from the rape
- *Early intervention after trauma
- *Access to resources
- *Response of legal system/SART team

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What do significant stress and/or trauma do to the body and the brain?



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Common Reactions to Sexual Violence: Physical Symptoms

- Shock, numbness
- Lack of energy/too much energy
- Physical illness – weakened immune system
- Vomiting
- Nausea
- Physical pain – result of injury or physical reaction to emotional pain
- Exaggerated startle response
- Over-sensitivity to noise
- Sexual dysfunction

- Sleep disturbances (sleep a lot/sleep a little, nightmares, insomnia)
- Eating disturbances (eat a lot/eat little)
- Cardiovascular problems: heart palpitations, breathlessness, tightness or pain in chest, high blood pressure
- Gastrointestinal problems: loss of appetite, nausea, diarrhea, constipation, dryness in mouth, butterflies in stomach
- Pronounced internal tremor
- Gynecological problems

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Cognitive/Psychological Reactions

- Intrusive thoughts
- Violent fantasies
- Flashbacks
- Revenge fantasies
- Memory loss/Poor concentration
- Pretend assault never happened/denial
- Increased/diminished alertness
- Disorganized thought content
- Loss of self-identity, loss of self-esteem
- Concerns about Sexually Transmitted Infections and/ or pregnancy
- Loss of security/trust
- Loss of power and control
- Speech problems
- Depression
- Indecisiveness
- Fear of the environment or other circumstances (crowds, closed spaces etc.)
- Disorientation
- Suicidal thoughts/Suicide
- Acute sensitivity to reactions of others
- Difficulty problem solving
- Guilt/Shame/Self-blame
- Difficulty absorbing new information

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Effects of Trauma: Signs Vs. Symptoms

Signs are usually *outward*, what others see.

Symptoms are usually *inward*, what the individual experiences.


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Pregnancy, childbirth, and the postpartum period are often filled with unexpected challenges for birthing parents.

For survivors of SV, the perinatal period can be especially stressful due to the overlap between bodily sensations experienced in SV and pregnancy, childbirth, and perinatal care.

Can also be time of remarkable growth and resilience for survivors who are able to experience childbirth as life-affirming, empowering and healing!


(Ward, L.G., Trauma-informed perinatal healthcare for survivors of sexual violence, 2020)



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Trauma Responses related to pregnancy

- Aspects that mirror the assault
 - Parts of the body involved, Voices around, Restraints or lack of control
- Body sensations that can prompt trauma memories
 - pelvic pressure or pain, fetal movement, and body changes
- Physical Closeness
 - Breastfeeding, soothing infants
- Body autonomy
 - Used to grow a fetus; and used by the offender
 - Necessity for infant development, nourishment, and attachment; and as the property of an abuser



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Impact of sexual trauma and how it manifests in the perinatal context

- Research demonstrates an increased risk for pregnancy-related health conditions such as pelvic pain, cervical insufficiency, pre-term birth, and low birthweight associated with childhood experiences of SV.
- Impacts on the hypothalamic-pituitary-adrenal axis, atypical cortisol trajectories and thyroid function. Can be altered by early life stress.
- Some pregnant survivors reports that pelvic pressure or pain, fetal movement, and body changes trigger stressful memories of SV.

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Adverse perinatal health effects of SV compounded by other forms of stress

3 Realms of ACEs

ACEs exacerbate the global health issues of present and lead adverse health outcomes. ACEs and adverse experiences to work independently to cause our most intractable problems. Left unaddressed, they drive through ACEs reduce resilience, undermine organizational, systemic and community, and reduce the ability of individuals and societies to respond effectively to crises and disasters. The ACEs to these three realms operate throughout people's lives, and affect the quality of organizations, systems and communities.

1 PERSONALITY
 Childhood adversity, including: Abuse, Neglect, Loss, Family dysfunction, and other forms of adversity.

2 ENVIRONMENT
 Social stigma, Health & healthcare, and food and housing insecurity.

3 ENVIRONMENT
 CLIMATE CHANGE: Hazardous & drought, Air quality & noise, and food and housing insecurity.
 NATURAL DISASTERS: Storms & hurricanes, and food and housing insecurity.

ACEs Connection

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During childbirth, survivors are at risk for experiencing birth as re-traumatizing and are twice as likely as those without SV to experience postpartum PTSD.


Research shows that during pregnancy, survivors of sexual abuse experience higher levels of fear and anxiety than those who were not sexually abused.

Black women with experiences of SV at especially high risk for perinatal PTSD with rates almost 5 x higher than White women with SV.

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- Increased risk for perinatal mental health challenges and birth complications for survivors of SV
 - *Particularly for people of color who face highest risk for poor maternal outcomes*
- *Importance of responding in ways that prevent re-traumatization*
- Because vast majority of SV perpetrators are male, many survivors may not feel safe with a male provider, even if a female chaperone is present.

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Trauma and the brain video

- 8 min

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Common Reactions to Trauma

- Fight, flight, freeze, fawn – in the moment
- Elevated cortisol over time
 - Especially if the abuse is ongoing
 - Physical health impacts
 - Psychological functioning – alertness, sleep, eating, memory, moodiness, thought processing
- Feel disconnected or distant from their newborn
 - Or prenatally -not connected while pregnant, then all of a sudden there is a child.

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Dialectical Reactions to Trauma

- Reckless Disinhibition ↔ • Rigid Control
- Emotional Flooding ↔ • Emotional Numbness
- Desperate Connection ↔ • Detached Independence

Harned, M. S. (2021). Treating Trauma in Dialectical Behavior Therapy The DBT Prolonged Exposure Protocol (DBT PE). Guildford Press.

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Role of Shame

- Shame: the sense that you will be rejected by a person or group that you care about if characteristics of yourself or of your behavior are made public.
- How Shame can be reinforced/stick around:
 - Initial/surprising reactions from others
 - Judgement from others
 - Objectification or revictimization from others
 - Inadvertent confirmation of false belief about their abuse/trauma
 - Blame from others or society
 - "Holding with kid gloves"
 - Brushing off experiences, minimizing

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Pregnant and Parenting Survivors

Washington Coalition of Sexual Assault Programs <https://www.wcsap.org/>

- Violence may create a profound impact on one's experience of pregnancy and childbirth
- Posttraumatic effects of sexual assault can be a major concern due to the triggering of traumatic reactions during pregnancy and birth (and postpartum).
- Many aspects of prenatal care and the birth experience trigger/activate severe anxiety for survivors.

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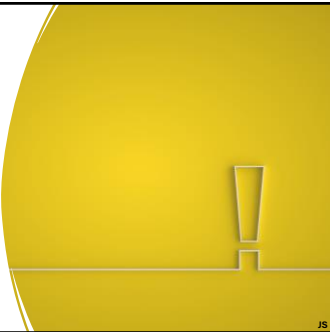


Trauma responses

- Women may avoid necessary medical care due to fears/anxiety
- May be so devastated by experiences they have difficulty enjoying and caring for their newborns
- Importance of advocating for trauma-informed practices in all settings and connecting survivors to the appropriate support people/resources.

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What might Prompt a Trauma response?



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Reproductive and Sexual Coercion


- Reproductive coercion – behaviors that a partner uses to maintain power & control in a relationship related to reproductive health.
- Birth control sabotage – active interference with contraceptive methods; pregnancy pressure (behaviors intended to pressure a partner to become pregnant when that person does not wish to be pregnant), pregnancy coercion (threats or acts of violence if a partner does not comply with the perpetrator’s wishes regarding the decision of whether to terminate or continue a pregnancy)
- Sexual Coercion – sexual assault/rape, forced non-condom use or not allowing other prophylaxis use, pressure or force to engage in intercourse following birth of a child/before medically cleared




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After Giving Birth

- Survivors of SV may have difficulty with breastfeeding.
- Experiences affecting breastfeeding include:
 - Assault or abuse involved manipulation of the breasts
 - Baby’s nursing serves as trauma trigger that provokes fear, anxiety, depression or disgust
 - Women in physically abusive relationships, or who have experienced physical abuse in the past, may dislike the closeness required by breastfeeding
 - Those currently in an abusive relationship may feel stressed, drained, and unsupported which may make it difficult for a woman to be physically and emotionally available for the intense relationship created by breastfeeding.



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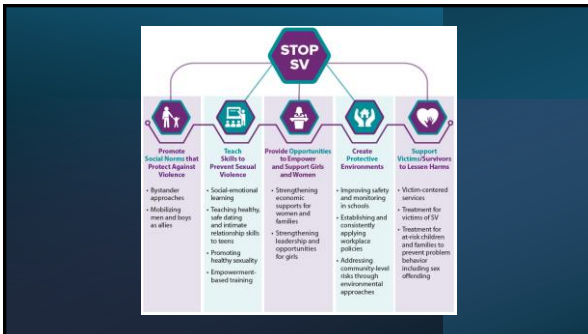
After Giving Birth – connection to DV

Those in an abusive relationship may be jealous of the nursing relationship or so demanding of the mother's attention that they will be hard pressed to find the time to relax and nurse.

Some survivors are uncomfortable with physical assistance from a healthcare provider as they learn to position their babies correctly for nursing.

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Trauma-Informed Care

- Approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges role trauma has played in their lives
- Change the paradigm from: **"What's wrong with you?"** to one that asks, **"What has happened to you?"**

(National Center for Trauma Informed Care/SAMHSA)



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6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Center for Preparedness and Response (CPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA's six principles that guide a trauma-informed approach, including:

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbue this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

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Responding to Trauma


- **Nonjudgement**
 - We all have judgements, and sometimes it's necessary to make a decision. This is more a matter of paying attention to when you have a judgement, bias, or gut reaction that may not be favorable to the new/expecting mom or family member.
- **Respecting privacy and pacing**
 - This does not mean avoiding questions, it does mean respecting when a limit is asserted
- **Active, Empathic listening**
 - Bearing witness to another's suffering (real or imagined) can be healing in itself

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Responding to Trauma continued

- **Consistency**
 - Safety and Trust are essential for the new mom to feel secure and capable
 - Creates the conditions for change and healing
 - Effective for getting your point across, and increasing compliance
 - You continuing to show up and be there as expected
- **Kindness**
 - It's perhaps routine for you, and it's a unique and potentially traumatizing or difficult experience for the new mom

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Responses to sexual violence

- Many possible physical, sexual, emotional and mental effects of sexual trauma
- People who have been traumatized may not necessary make the connection between their history and their current struggles
- Sexual trauma may contribute to a loss of sense of self, emotional dysregulation, or mental health problems such as obsessive-compulsive disorder, borderline personality disorder, PTSD, complex PTSD, among others

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Loss of sense of self

Families play a major role in the formation of our identities. But all too often, the abuser of a child is a close relative or someone they are familiar with.

There is often simultaneous emotional abuse, with the perpetrator shifting blame to the victim.

Over time the victim may start to believe that they are making it up and start to lose sense of self and self-worth


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Emotional Dysregulation

- Some people who have experienced repeated sexual abuse aren't able to regulate their emotions well.
- A minor frustration, loss or innocuous comment –can cause an emotional explosion.
- Have lower distress tolerance.
- Child who has been sexually abused is deprived of developing healthy responses to stress and trauma later in life

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Depersonalization and Derealization

- May feel like the people and world around them are unreal, foggy or dreamlike – derealization.
- Or their actions and thoughts seem to be happening to another person or like they are watching them from the outside.
- Both are forms of dissociation, the brain's way of protecting you when you get triggered.
- Dissociation can be debilitating, impairing an individual's psychological quality of life and sense of safety.

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How sexual trauma can affect sexual experiences

Survivors may be hypervigilant and have a strong startle response

Triggers can lead to memories or flashbacks, causing a survivor to shut down or emotionally react, including during sex.

Touch in the present can remind them of the past touch. So, in a second, their brain flashes back to their childhood (or the adult assault), triggering dissociation.


Unable to differentiate this this touch is a safe and loving touch.

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What can reduce dissociation

- Clinical studies show that participating in body therapy in conjunction with traditional psychotherapy reduces dissociation among sexual abuse survivors.
 - Body therapies include massage and body-oriented therapy.
- Yoga can allow survivors to feel more connected to their body, instead of seeing it as the source of someone else's pleasure or anger/violence/power.
- Importance of Body sovereignty –concept that each person has the right to full control of their body.



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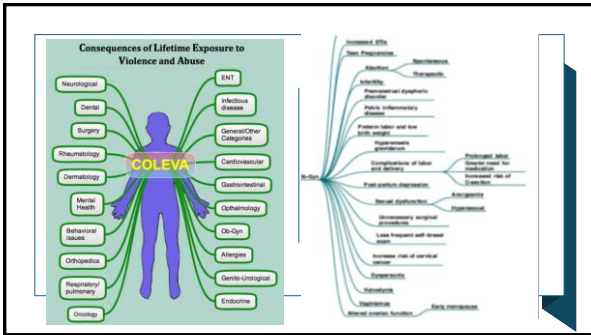
Trauma-informed perinatal healthcare for survivors of sexual violence

Perinatal period can be especially stressful due to the overlap between bodily sensations experienced by SV and pregnancy, childbirth and perinatal care.

Can also be a time of remarkable growth and resilience for survivors who are able to experience childbirth as life-affirming, empowering, and healing.

In some cases, the difference between a birthing experience that is re-traumatizing and one that is healing could be determined by the sensitivity and awareness of perinatal care providers.

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HOW A CAREGIVER'S TRAUMA CAN IMPACT A CHILD'S DEVELOPMENT

EARLY DEVELOPMENT
Caregiver With Traumatic Experience

Mother releases cortisol
Baby absorbs cortisol through placenta

Can impact baby's: **neural axis**
-Central nervous system
-Autonomic nervous system

Caregiver struggles to regulate
Attachment relationship between caregiver and child may be disrupted

Can impact child's: **development of a core sense of self**
-Self-regulation
-Empathic responsiveness

ADULTHOOD
A Person Who Has Had a Caregiver With Untreated Trauma May:

Be more prone to PTSD after trauma

Struggle to repair after conflict

Struggle with relationships

Unintentionally bring out negative behaviors in others

Be emotionally detached

Be more prone to dissociate

BREAKING THE CYCLE OF TRAUMA

This can become a cycle, impacting future generations.

The good news is that healing trauma can break this loop. Seek help from a licensed health or mental health practitioner.

Parenting is a hard job, and this isn't meant to add to the stress of raising children. And we don't expect practitioners to determine that and only refer to more. We want to help parents who've experienced trauma and help them make their own decisions. Trauma is not a life sentence. We're here to help you take it back.


national institute for the child abuse prevention and treatment

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Break-Out Rooms

Lucie

- a scenario with pregnant woman

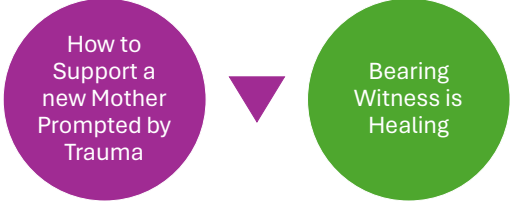


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How to Support a new Mother Prompted by Trauma


Bearing Witness is Healing



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TRAUMA-INFORMED CARE: GUIDING VALUES
"HEALING HAPPENS IN RELATIONSHIP"



Understand the prevalence and impact of trauma.

Promote safety.

Earn trust.

Embrace Diversity.

Provide holistic care.

Respect human rights.

Pursue the person's strengths, choice and autonomy.

Share power.

Communicate with compassion.

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**Tufts University
–Center for the
Enhancement of
Learning &
Teaching**

“A healing-centered approach is holistic involving culture, spirituality, civic action and collective healing. A healing-centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively...”



While trauma-informed care offers an important lens to support young people who have been harmed and emotionally injured, it also has its limitations... The term “trauma informed care” didn’t encompass the totality of [one’s] experience and focused only on [one’s] harm, injury and trauma.”

Ginwright, S. (2019). The future of healing: Shifting from trauma informed care to healing centered engagement. Occasional Paper, 25, 25-32.

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Short-term immediate interventions to help regulate trauma responses

- Breath awareness
- Walking
- Letter of encouragement
- Pros & Cons
- Stretching
- Prayer
- Meditation
- Imagery
- Mantras
- Mindfulness
 - Self-care apps
- Coloring
- Networking (support)

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Evidenced-Based Buffering Interventions



Source: Adapted from Burke Harris, Nadine. The Deepend Well: Healing the Long-Term Effects of Childhood Adversity. Boston: Houghton Mifflin Harcourt, 2018. Gilgoff et al. Adverse Childhood Experiences, Outcomes, and Interventions. Pediatric Clinics 2020; 47(2): 209-73.

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Active Listening Skills

- **Reflecting**
 - Non-verbal, presence. Shows you are there with them and they are the priority of your attention in that moment.
 - Eye contact, head nod, "mirroring" their expression (if appropriate and genuine).
- **Encouraging**
 - Shows that you are interested and want them to continue sharing.
 - Brief/short comment/sentence that; "I'd like to hear more about that" or "I hear/see you."

Green, Leah. (2017) "Tips for active listening." Resource Sharing Project. https://nmedv.org/wp-content/uploads/2020/07/Library_TH_Active_Listening_Tipsheet.pdf

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Active Listening Skills

- **Summarizing**
 - Shows that you heard accurately, or allows for correction if not
 - Saying back to them what you heard, either in single sentence or summary of a longer narrative
- **Exploring**
 - Shows that you care for and are invested in their wellbeing
 - Open-ended questions, follow up to something they shared; What, when, how questions

Green, Leah. (2017) "Tips for active listening." Resource Sharing Project. https://nmedv.org/wp-content/uploads/2020/07/Library_TH_Active_Listening_Tipsheet.pdf

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Tips for Responding – Validation

1. Pay Attention
2. Reflect Back
3. Say what hasn't been said
 - Based on body language, facial expression, context of the situation
4. Seek to understand based on past experiences
 - It makes sense that you... because...
5. Normalize/Acknowledge what's valid
 - Thoughts, feelings, actions based on the situation
 - Take action – pass the tissues, pour the water
6. Show Equality, Be Genuine


Linehan, M. M. (2015). DBT® skills training manual (2nd ed.). Guilford Press.

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Break-Out Rooms

Anna

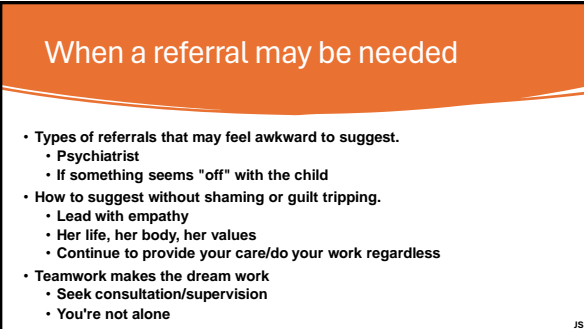
- a scenario with a woman and new baby



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When a referral may be needed

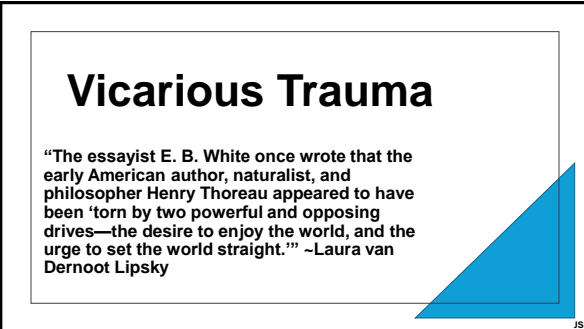
- Types of referrals that may feel awkward to suggest.
 - Psychiatrist
 - If something seems "off" with the child
- How to suggest without shaming or guilt tripping.
 - Lead with empathy
 - Her life, her body, her values
 - Continue to provide your care/do your work regardless
- Teamwork makes the dream work
 - Seek consultation/supervision
 - You're not alone



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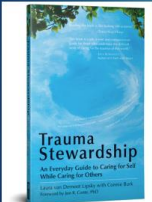
Vicarious Trauma

"The essayist E. B. White once wrote that the early American author, naturalist, and philosopher Henry Thoreau appeared to have been "torn by two powerful and opposing drives—the desire to enjoy the world, and the urge to set the world straight." ~Laura van Dernoot Lipsky



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Impact of Traumatic Exposure




If we are to do our work with suffering people and environments in a sustainable way, we must understand how our work affects us.

When we refer to trauma exposure response, we are talking about the ways in which the world looks and feels like a different place to you as a result of your work. - Laura van Dernoot Lipsky, *Trauma Stewardship*


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Definitions: Vicarious Trauma

- Personal dynamics, societal forces, and organizational tendencies (Van Dernoot & Burk, 2009)
- Emotional residue of exposure to traumatic stories and experiences of others through work (CA CDCR)
- A process of change resulting from empathetic engagement with trauma survivors (British Medical Association)



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Vicarious Trauma: Beyond Self-Care

- Components of Quality Self-Care (the key is using the tools you know)
- Strategies for minimizing the effects of Vicarious Trauma
- Red Flags of Burnout – catching it before you experience critical levels

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Recognize the Signs:

- Perceiving the resources and support available for work as chronically outweighed by the demands
- Having client/work demands regularly encroach on personal time
- Feeling overwhelmed and physically and emotionally exhausted
- Having disturbing images from cases intrude into thoughts and dreams
- Becoming pessimistic, cynical, irritable, and prone to anger



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Recognize the Signs continued

- Viewing the world as inherently dangerous, and becoming increasingly vigilant about personal and family safety
- Becoming emotionally detached and numb in professional and personal life; experiencing increased problems in personal relationships
- Withdrawing socially and becoming emotionally disconnected from others
- Becoming demoralized and questioning one's professional competence and effectiveness
- Secretive self-medication/addiction (alcohol, drugs, work, sex, food, gambling, etc.)
- Becoming less productive and effective professionally and personally



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What You Can Do


- Recognize the signs
- Make self-care part of a routine
- Examine beliefs about self-care
- Practice self-compassion
- Create community
- Help colleagues
- Focus on Compassion Satisfaction



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Post Traumatic Growth



- The ability to come out of a trauma with new skills, understanding, awareness.
- Understanding trauma is not just about gaining knowledge but changing the way you view the world.

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Lovingkindness (Metta) Meditation




Self-Care Activity


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Review & Wrap Up

- Identify 3 Types of Sexual Violence
- Describe 3 Reactions new Mothers may express if prompted by Trauma history
- Identify 3 Circumstances that may prompt a Trauma response
- Describe 3 Ways to Supporting a new Mother Prompted by Trauma
- Learn 1 Trauma-Informed Strategy for making a mental health Referral
- Be able to use 2 Strategies for minimizing the effects of Vicarious Trauma



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**COMMENTS AND
QUESTIONS**

Thank you!

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