Safe Place

Introduction

The National Center on Safe Supportive Learning Environments, on behalf of the White House Task Force to Protect Students from Sexual Assault presents Safe Place.

Trauma-Sensitive Practice for Health Centers Serving Students. Part 1, Trauma and Its Toll, is the first of three e-learning units.

Trauma and Its Toll introduces psychological trauma and explains its prevalence. Part 2, Trauma-Sensitive Practice, introduces an approach to patient care designed to address the needs of persons affected by trauma. And Part 3, Trauma-Sensitive Conduct, addresses interpersonal issues that can arise throughout a patient's contact with the health center.

Learning Objectives

After completing this lesson, you will be able to define trauma, recognize causes of trauma, explain why sexual assault is especially traumatic, identify multiple trauma symptoms, and name various factors that give survivors resilience.

Trauma Definition

Trauma in the usual medical sense refers to any injury. The term also covers the sort of hurt that alters a person's view of the world. It can result from a single catastrophic event—like a tornado—or from an ongoing situation—like an abusive family life. It produces intense feelings of fear, horror, and helplessness. It overwhelms a person's ability to cope and creates lingering effects.

The Substance Abuse and Mental Health Services Administration defines trauma as the result of an event, a series of events, or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Traumatic Events

Trauma affects individuals and entire communities, shattering any sense of certainty, destroying trust, and establishing the expectation of more bad things happening. When a person is traumatized, the world seems dark and scary.

Some immigrants and refugees have fled violent, potentially traumatizing situations. Military experiences involving combat can be traumatic. Even in horrific circumstances, though, responses vary widely, depending on individual perceptions of helplessness

and threat and on personal feelings of humiliation, guilt, shame, or suppression. Not everyone who survives intense hardship, threat, disaster, or abuse is traumatized.

Protective Factors

Those who are affected by trauma usually heal over time. Protective factors include individual resilience and strong emotional connections to safe and nonjudgmental people.

A strong and supportive family can go far to mitigate the negative impact of the event and head off long-term traumatic stress.

Cultural Issues

Culture and religion, as well as racial identity, ethnicity, and socioeconomic status, can dictate what is considered shameful or taboo, how one expresses trauma, and whom one can count on for protection or safety. They can even influence the effectiveness of any given healing strategy. Thus, cultural awareness is essential to understanding a person's experience with trauma.

Trauma Prevalence

All in all, more than 60% of children in the U.S. have witnessed or experienced violence. By the time they reach adulthood, close to 90 percent have been exposed to potentially traumatic events. Of those exposed, about 12% develop long-term symptoms of traumatic stress.

Out of every 1,000 people in your community, about 108 are suffering the effects of trauma. So, every day, without ever knowing who, you probably encounter someone dealing with trauma.

These numbers represent the general population. People who are lesbian, gay, bisexual, or transgender experience even higher rates of trauma from bullying, feeling stigmatized by their family or religion, hate crimes, and exclusionary laws and policies.

Common Causes of Trauma

As for the most common causes of trauma in the U.S., 31% result from witnessing a physical or sexual assault, 32% from a threat or injury to a close family member or friend, 48% from a natural disaster, 49% from the death of a close family member or friend due to violence, 50% from an accident or fire, and 52% from being the victim of a physical or sexual assault.

The various amounts total more than 100% because people who suffer one type of trauma are likely to suffer others as well.

The event most likely to produce lingering trauma? Rape.

This is because the perpetrator specifically singles out a victim who is incapacitated or terrified, or both. Sex is brutally turned into an act of violence and humiliation. The crime often constitutes a betrayal by a person the victim once trusted. Victims can frequently find support lacking, especially if the victim was under the influence of alcohol at the time of the assault. It's an atrocity fraught with myths and, if the victim buys into any of them, recovery becomes more difficult. Shame can distort perceptions of responsibility, especially if alcohol or drugs are involved. False assumptions about male victimization raise malicious questions about the survivor's masculinity.

As in most communities, campuses are subject to the full range of unlawful behavior, with sexual assault right behind burglary and car theft as the most common crimes. Given the trauma rates, one must conclude that American campuses serve thousands of individuals dealing with traumatic stress every day.

Fight-Flight-Freeze

Threats, real and imagined, activate a range of acute stress responses by the body, known as fight, flight, or freeze. The perceived intensity of the threat determines whether a person is likely to fight back, run away, or freeze out of terror.

To condense and simplify the many complex processes at work, we'll just mention two that are essential to understanding the physiological basis of trauma. Sensory information about a threat simultaneously activates the adrenal glands on the kidneys and parts of the limbic system, which is a group of structures sitting atop the brainstem. Acute stress sets off that familiar rush of adrenalin, boosting the heart rate and respiration, shutting down nonessential processes, and generally putting the body on high alert.

In the limbic system, whose primary function is self-preservation, more than a dozen structures help manage emotion, memory, and behavior. Two of them bear special attention. The hippocampus keeps us oriented to our environment and the amygdala above it processes our emotional reactions. When a person is overwhelmed with fear, the amygdala can interfere with the hippocampus and cause memories of the event to be fragmented, out of order, and charged with terror.

Trauma Symptoms

Thus, a sexual assault survivor may only be able to provide a fragmented account of the incident. Sketchy descriptions used to be interpreted as evidence of lying or unreliability, but we now know that memory lapses are a trauma symptom.

So are anxiety, insomnia, substance abuse, mood swings, irritability, rage, flashbacks, denial, hypervigilance, passivity, depression, eating issues, persistent fear, obsessive behavior, hurting oneself, excessive risk taking, inability to trust, feeling shut down, isolating oneself, and overworking.

Of course, just as a headache doesn't necessarily mean a brain tumor, any of these symptoms can indicate other stresses in effect.

Sexual Assault Distress

Sexual assault sets off a period of acute distress for almost all survivors. It can last from several days to several weeks. During that time, survivors cycle through a mix of intense feelings, often consisting of anxiety, anger, shame, stress, and fear. They often seem tense and distracted confused, and forgetful. They also may be physically sore or injured, nauseated, and suffering genital disturbances. Many feel isolated and alone with their pain. Education and aspiration can seem unimportant.

Sexual Assault Recovery

Over time and with support from family, friends, community, and professionals, assault survivors can recover. Acceptance and validation for disclosing what happened are vital to reducing the sense of isolation and anxiety that an assault commonly produces. Eventually, personal coping strategies kick in. Through a process of grieving and assimilation, the assault becomes a painful part of the person's life, but one that he or she can live with.

PTSD

But if acute symptoms persist beyond a few weeks, the survivor is at risk for developing a debilitating anxiety condition known as Post-Traumatic Stress Disorder, or PTSD.

No matter what causes the trauma, PTSD involves three categories of symptoms: re-experiencing—reliving the event, often through flashbacks or nightmares; avoidance—escaping situations that trigger memories, which may cause the person to withdraw socially, leading to feeling emotionally dead and developing negative ways of thinking about oneself and others; and hyperarousal—a physiological condition marked by feeling extra alert to danger, often accompanied by sleep disturbances.

Reminders of a traumatic event can produce hormones that disrupt the limbic system, creating fear networks that keep a person feeling almost perpetually threatened.

Ordinary things can set off strong reactions that would seem inappropriate to the situation and yet they make sense in the context of trauma.

Triggers

Such things—called triggers—arise from specific aspects of the trauma, which makes them specific to each person. A person who was abandoned by a parent may come unglued at the end of a relationship. Someone who was pinned down by an assailant may react strongly to the examination table or the lead apron used for x-rays. Any sort of image, sound, smell, or sensation can trigger a response. Unless a person reacts to a

trigger, you may have no idea that the person you are talking to has been through something they found utterly devastating.

Once triggered, fear produces reactions ranging in intensity from a rapid heart rate to panic to complete dissociation in which the person may even lose track of where they are.

Sign of Distress or Dissociation

Clinical signs may include rapid heart rate and respiration, pallor or flushing, elevated blood pressure, sweating, muscle stiffness, cringing, flinching, trembling, a startle response, staring vacantly, inability to focus or respond to instructions, or inability to speak. If you'd like to know a bit more, go to https://safesupportivelearning.ed.gov/sites/default/files/09_NCSSLE%20SafePlace_Handout_Triggers.pdf.

This doesn't need to be the end of the story, though. With support, even the most severely traumatized persons can find the resilience to heal.

Self-Care and Support

This brings up the final aspect of trauma, and that is working with people affected by trauma can be stressful. Staff are as likely as clients to have trauma in their past, which can be awakened by the pain of others. Even persons not dealing with trauma can be affected by the knowledge of another person's personal nightmare. Trauma-sensitive practice thus includes a commitment to self-care and staff support so that everyone can heal.

Recovery

The paths to recovery are as varied as the individuals blazing them, yet they all involve protective factors arising from inner strengths and external support. Support helps survivors focus on personal strengths, nurture a positive self-image, and come to interpret their ordeal as surmountable. From a place of safety, they can make their own decisions and commit to taking care of themselves physically and mentally. They also can practice visualizing activities, ambitions, events, and encounters with hope rather than fear. Thus, they invest in the future by setting goals. And, most importantly, they take the risk to connect with others.

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Next Steps

In Part 2, we will explore what it means to develop a truly trauma-sensitive practice throughout the organization among all levels of staff.