

SSAIC

Saskatoon Sexual Assault
& Information Centre

Working with Victims of Sexual Violence

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What the numbers tell us

Fact: 1 in 10 sexual assaults are reported to police

Fact: 1 in 3 girls and 1 in 6 boys will be assaulted before turning 18

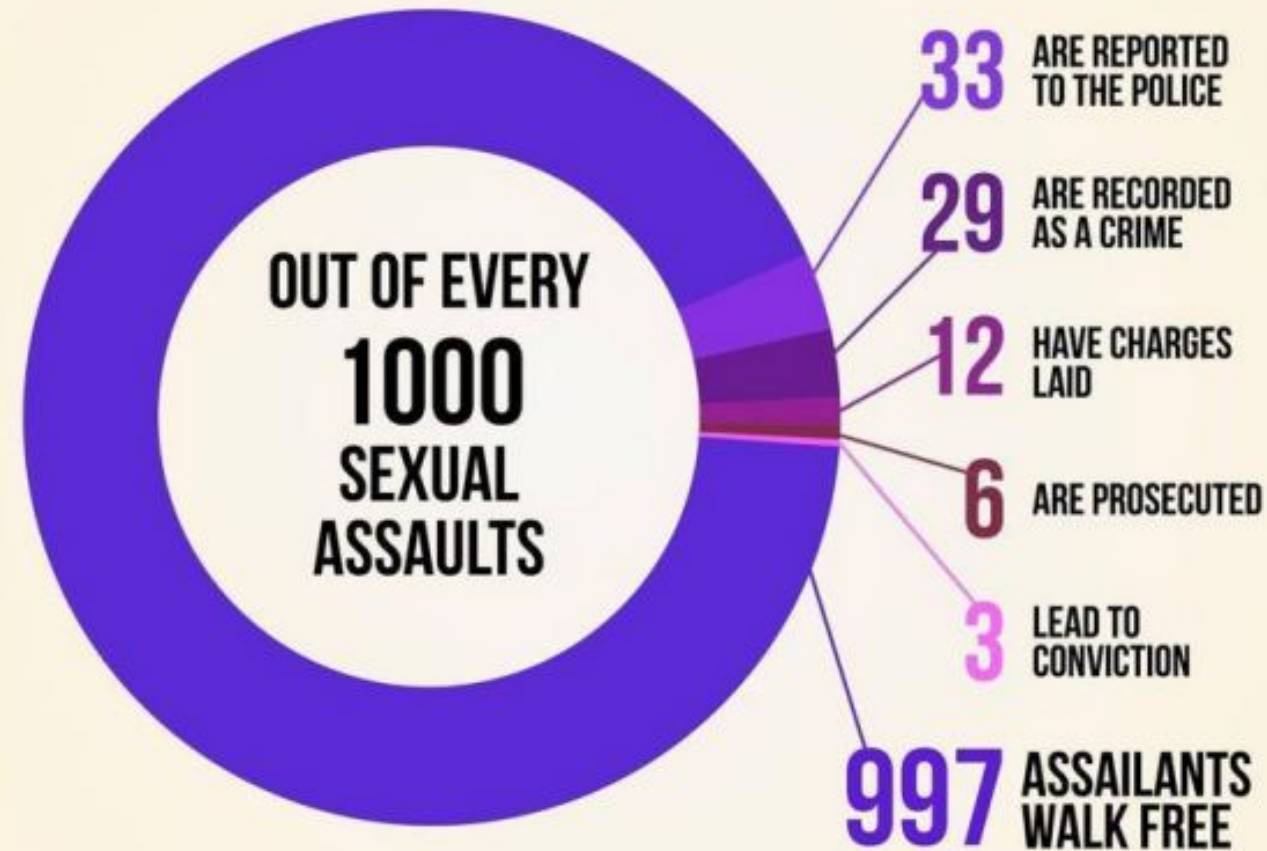
Fact: In 75-80% of sexual assault cases, the person who commits the sexual assault is known to the person who they assaulted

Fact: Police-reported data shows that 92% of those who report sexual violence are women, while 99% of perpetrators are male

Fact: Saskatchewan-reported rates of violence against women were double the national rate

A Note on Justice

THERE ARE **460,000** SEXUAL ASSAULTS
in Canada every year



Source: Johnson, "Limits of a Criminal Justice Response: Trends in Police and Court Processing of Sexual Assault," in Sheehy, *Sexual Assault in Canada: Law, Legal Practice and Women's Activism*, 2012.



Agenda

- 1. Who are victims of sexual violence?**
- 2. The victim's frame of mind**
- 3. Trauma: impact on the brain and memory**
- 4. The stress response system**
- 5. Common trauma responses**
- 6. Implications for work with victims**
- 7. Working with victims of sexual violence**



Victim Profile

Sexual violence is about power and control, not about pleasure, passion, sex, or lust.

As such, wherever we see a power imbalance (due to age; position of authority or trust; cognitive or physical disability; status/privilege due to race, gender, romantic orientation,; socio-economics...) there is a potential for sexual exploitation, harassment, or violence.

So what does this mean?

1 in 3 girls/females and 1 in 6 boys/males will be assaulted before turning 18.

The vulnerabilities mentioned above increase the likelihood of exploitation and/or victimization.



Victims of Sexual Violence: Frame of Mind

- **Internalization of SHAME**
(I am deserving of this violence)
- **Internalization of GUILT**
(I allowed this to happen)
- **Internalization of BLAME**
(This is all my fault)



Defining Trauma

“Trauma is commonly defined as exposure to actual or threatened death, serious injury or sexual violation in which intense fear, horror or helplessness predominates.”

“[Trauma] can occur through one single event or multiple and repeated traumatic events and include not only direct exposure, but also witnessing...”

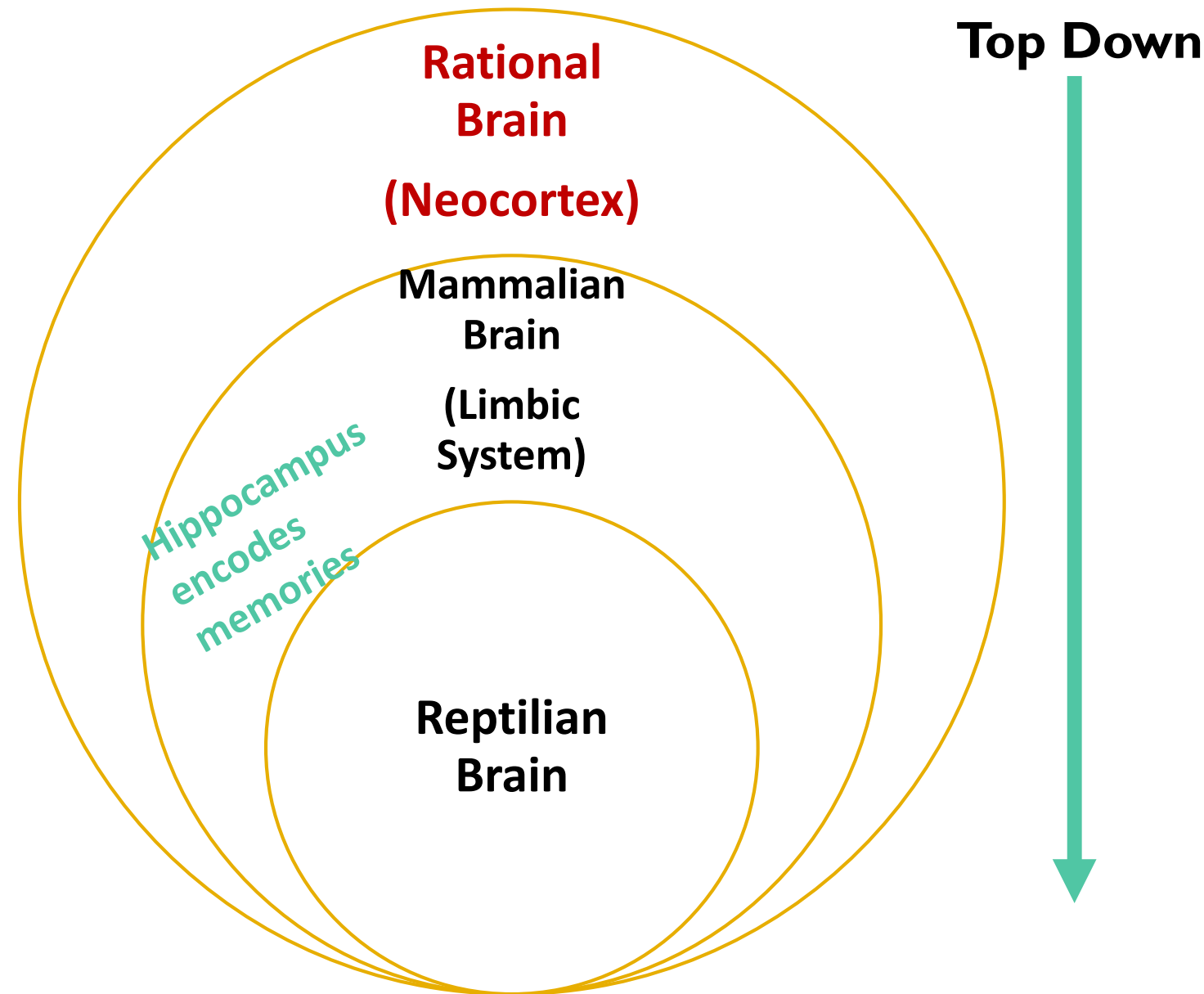


Trauma in Action

Post-assault, victims may:

- **Report feeling confused as to whether what happened was actually sexual abuse/assault**
- **Act in a completely illogical way, perhaps getting a ride home with the perpetrator post-assault or returning home and act like nothing has happened (survival tactics)**
- **Minimize what happened to them, finishing off a horrific story of abuse with “it could have been worse” or “it wasn’t that bad”**
- **Feel confused as to why they froze and were unable to fight back, move, or speak**
- **Be filled with feelings of shame and guilt, worried that their actions are the reason for the assault**

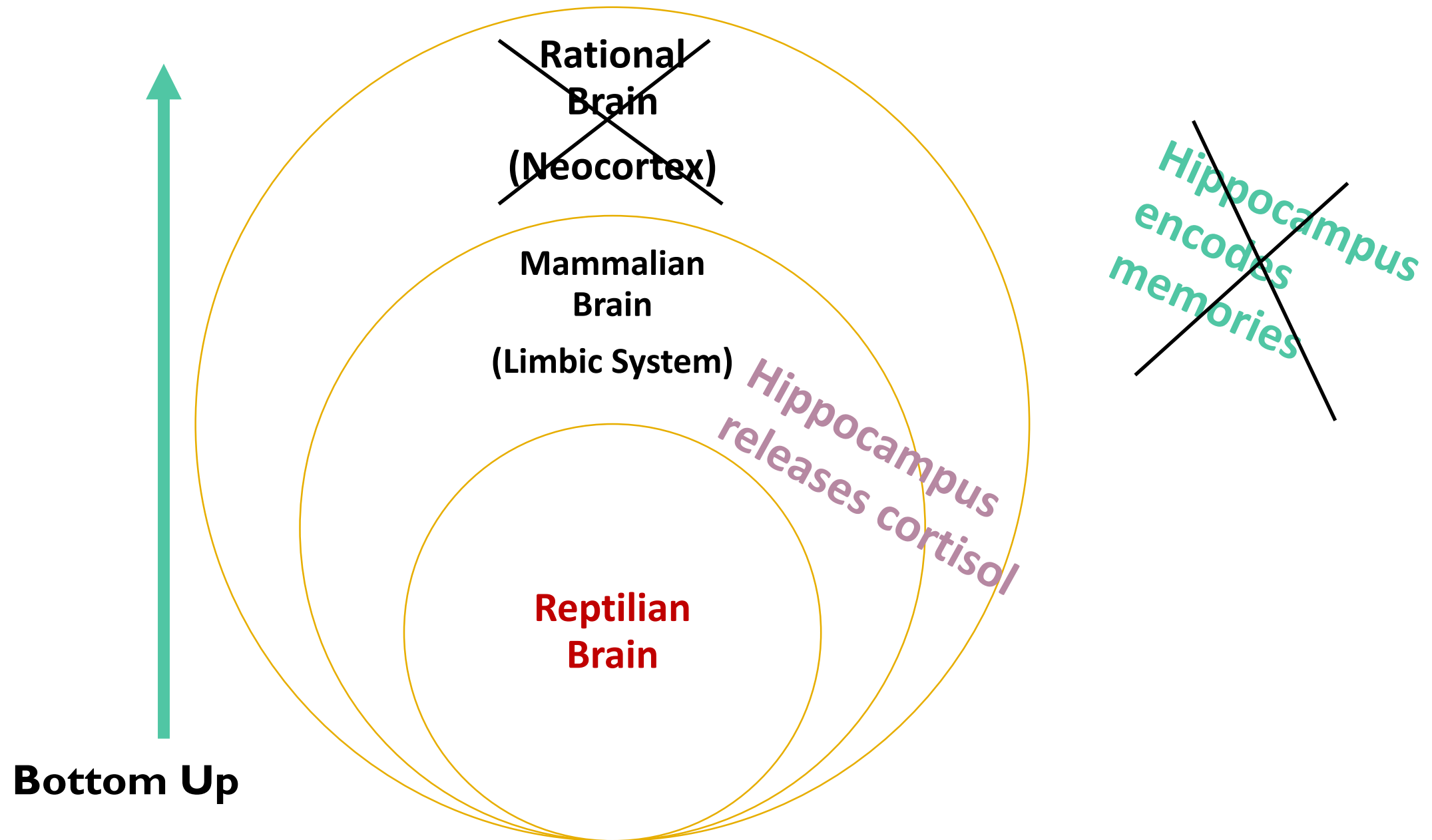
Typical Brain Function



The Triune Brain (Typical Function)

(Van der Kolk, B. A., 2014)

Trauma and the Brain



The Stress Response: Fight, Flight, Freeze

Fight

- Attack
- Defend

Flight

- Run

Freeze

- Tonic Immobility (**physical safety**)
- Dissociation (**mental safety**)



Post-Assault: Triggers

A ***trigger*** is something that sets off a memory tape or flashback, transporting the person back to the event of the original trauma and causing the individual to experience overwhelming emotions, physical symptoms or thoughts.

The individual will react to this trigger with an emotional intensity similar to the time of the trauma, though the intensity typically diminishes with treatment or with time.



Post-Assault: Triggers

What triggers look like in practice...

- Sudden or unexplained bouts of crying
- Fear
- Paranoia
- Anxiety and/or panic attacks
- Sudden physical symptoms such as nausea or fatigue
- Irritability, intrusive thoughts, being easily startled, hyper-vigilance or other signs that your mind is on high alert for trouble/danger
- Display of unhealthy coping mechanisms used during or after the attack(s)



Trauma Responses

EMOTIONAL

- Restlessness
- Irritability
- Anxiety
- Mood swings
- Uncontrollable anger or rage
- Exhaustion
- Avoidance (dissociation)
- Shame
- Guilt

PHYSICAL

- Elevated heart rate and breathing
- Palpitations
- Sweating
- Muscle tension
- Increased startle response
- Nausea
- Nightmares
- Difficulty concentrating

Trauma: Implications

- **Lack of trust with individuals, systems, and law enforcement**
- **Ambivalence about reporting**
- **Emotional response to the information (triggers)**
- **Difficulty remembering or understanding new information (dates, process, rights)**
- **Non-linear memories and timelines**
- **Co-occurring nature of the crime adds complexity**

Trauma & Credibility

- **Difficulty with chronological timelines**
 - **May state or remember things out of order**
 - **New information may be revealed in second or third conversations**
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- **All of these factors work together to create the impression that a victim is not credible**
 - **All of this is a normal part of processing, remembering, and reporting memories that were created during a traumatic event**

Life Implications

As a result of sexual violence, victims may:

- **Suffer the loss friends, family, or employment**
- **Suffer such extreme PTSD that they cannot hold a job or continue their studies**
- **Lose all sense of personal safety and limit their social interactions in the extreme**
- **Self-medicate to the point of addiction**
- **Self-harm (cutting, burning, etc.)**

Working with Victims of Sexual Violence

FACE TO FACE

- Control and choice
- Honesty and transparency
- Don't question their response
- Normalize trauma responses and validate
- Offer breaks/Support person
- Use open-ended questions
- Body and facial language
- Environmental adaptations
- Proximity
- Non-verbal cues

OVER THE PHONE

- Control and choice
- Honesty and transparency
- Believe them – don't question their response
- Normalize trauma responses and validate
- Offer breaks
- Avoid “why” questions (use open ended questions instead)
- Tone of voice and volume
- Verbal cues

Your work with victims of sexual violence: how is it different?

- **Establish boundaries and context for the advice they are seeking**
- **Before asking a question, determine if it's relevant to the information the victim is seeking; this avoids re-traumatization**
- **Victims may be hypersensitive to anything that sounds like disbelief or a question of their credibility**


Takeaways

- **Empathy, compassion, and understanding can go a long way when working with a victim of sexual violence**
- **Remember the ways trauma impacts the brain and memory (bottom-up)**
- **Recognize the impact of trauma and how this affects a survivor's behavior when making an assessment of credibility**



Resources & Referrals

- **Contact your local Sexual Assault Centre or visit SASSK.ca for local listings**
- **Call SSAIC at 306-244-2294 or visit ssaic.ca**
- **Call SSAIC's 24-hour crisis line 306-244-2224**



**A note on
secondary
trauma: take
care of yourself**



Questions?

Don't be shy!

If you require additional
information, email me:

communications.ssaic@sasktel.net

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References

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