

Understanding and Addressing Emotional Trauma

This module offers basic information on emotional trauma and on supporting victims of sexual violence in healing from trauma. It recognizes that victims with disabilities may face additional environmental and/or attitudinal barriers that impede their healing and encourages service providers to work with victims to eliminate such barriers.¹

Key Points

- A traumatic event is one in which an individual experiences, witnesses or is confronted with actual or threatened death, serious injury or a threat to their physical wellbeing.² Emotional trauma—caused by events such as sexual and physical violence, emotional abuse or neglect, natural disasters, serious accidents and acts of war and terrorism—can shatter an individual’s sense of security. However, any situation that leaves a person overwhelmed, frightened and feeling alone can be traumatic.³ It is not the objective facts that determine whether an event is traumatic, but a person’s subjective emotional experience of the event.⁴
- The following are examples of factors that may influence whether a person’s reactions to a stressful event are traumatic:⁵ severity and frequency of the event; personal history; individual coping skills, values and beliefs; and the level of support from family, friends and/or professionals.
- Traumatic reactions may include physical, emotional and cognitive symptoms. Additional symptoms—intrusive re-experiencing of the trauma, emotional numbing and avoidance, and arousal (e.g., hyper-vigilance and overreactions)—are key indicators of post-traumatic stress disorder (PTSD). PTSD symptoms specific to survivors of sexual violence are also known as rape trauma syndrome. The long-term impact of emotional trauma can affect both victims (emotionally, physically and psychologically) and their relationships with others.⁶
- Service providers can help victims understand how sexual violence can cause traumatic reactions and how trauma can affect them. To provide this help, providers can do the following: ask victims for guidance in identifying their reactions and what assistance they want; discuss with victims what accommodations and resources they may need; affirm that it is possible to heal; explain the services offered through their local rape crisis center; explain that mental health treatment for trauma is often critical to recovery, what it involves and how to obtain it; and offer crisis intervention to victims who are in crisis (or immediately refer them to professionals who can).

B8. Understanding and Addressing Emotional Trauma

Purpose

Sexual violence victims' needs are often impacted by their traumatic reactions to the violence perpetrated against them. This module contains basic information to build service providers' general understanding of emotional trauma. It also includes ways to support victims in healing from the trauma of sexual violence.

As discussed in the *Disabilities 101* modules, victims with disabilities may have to contend with environmental and/or attitudinal barriers when seeking support to heal from the trauma of sexual violence. For example, persons with disabilities that impact their mobility may have trouble accessing services unless accommodations are available. Persons with disabilities that affect speech may have difficulty finding someone who has the skills and patience to help them convey what they are experiencing and help them cope with the trauma. (See *Disabilities 101. Tips for Communicating with Persons with Disabilities*.) Persons with mental illnesses and developmental disabilities who disclose sexual violence may find their account of what happened discredited or questioned by others. (See *Disabilities 101. Working with Victims with Mental Illnesses*.) It is critical that service providers identify barriers that can impede healing from emotional trauma and then work with victims to eliminate those barriers.

Objectives

Those completing this module will be able to:

- Understand emotional trauma and its causes;
- Discuss symptoms of emotional trauma, including those associated with post-traumatic stress reactions;
- Define rape trauma syndrome; and
- Discuss how service providers can assist sexual violence victims in healing from emotional trauma.

CORE KNOWLEDGE

What is emotional trauma and what causes it?

A traumatic event is one in which an individual experiences, witnesses or is confronted with actual or threatened death, serious injury or a threat to the physical wellbeing of oneself or others.⁷ Events long-recognized as potentially traumatic include sexual and physical violence, emotional abuse or neglect, natural disasters, serious accidents and acts of war and terrorism.⁸ Emotional trauma caused by such events can shatter an individual's sense of security. However, any situation that leaves a person intensely overwhelmed, frightened and feeling alone can be traumatic.⁹ It is not the objective facts that determine whether an event is traumatic, but a person's subjective emotional experience of the event.¹⁰

This module focuses on emotional trauma caused by sexual violence. It recognizes that the trauma victims of sexual violence face may be impacted by other life circumstances (e.g., if a victim with a disability had recently lost a parent and was moved to a residential facility) or by the lack of support to heal from the trauma.

FYI—People can feel emotionally stressed for any number of reasons—work pressures, relationship problems, financial worries, etc. A person’s nervous system is deregulated for relatively short periods of time due to stress, but then it reverts to a normal state of equilibrium.¹¹ For people who are traumatized, reverting to “normalcy” can take much longer and the outcomes can have far greater impact on their ability to function on a daily basis.^{12,13}

Why can sexual violence cause trauma for one victim and not another?

The following factors may influence whether victims’ reactions to sexual violence are traumatic and the extent of the trauma they experience:¹⁴

- Severity and frequency of the victimization;
- Personal history (e.g., prior victimizations, their age at the time of the violence, their relationship with the offender, etc.);
- Added meaning the victimization may represent for individuals (e.g., a survivor of childhood sexual abuse may interpret a rape as an adult as proof that she will never escape sexual violence);¹⁵
- Individual coping skills, values and beliefs; and
- Reactions and support from family, friends and/or professionals.

What are symptoms of emotional trauma?

(See *Sexual Violence 101. Sexual Victimization of Persons with Disabilities: Prevalence and Risk Factors* and *Sexual Violence 101. Indicators of Sexual Violence* for common indicators of victims’ reactions to sexual violence. See *Disabilities 101. Working with Victims with Mental Illnesses* for further descriptions of symptoms of psychological conditions.)

A traumatized person may experience one or more of the following symptoms:¹⁶

- **Physical:** Eating and sleep disturbances, sexual dysfunction, low energy and chronic, unexplained pain.
- **Emotional:** Depression; spontaneous crying; feelings of despair and hopelessness; anxiety and panic attacks; fearfulness; compulsive and obsessive behaviors; feelings of being out of control, irritable, angry and resentful; emotional numbness; and withdrawal from normal routines and relationships.
- **Cognitive:** Memory lapses, especially about the traumatic event; difficulty in making decisions; decreased ability to concentrate; hyperactivity; and impulsivity.

FYI—First responders and service providers need to know that trauma can affect memory. Therefore, a change in a victim’s account of what happened should not immediately be perceived that she is lying. Instead, it should be understood in the context of the impact of trauma.

The additional symptoms listed below are linked with severe traumatic events, including sexual violence:¹⁷

- **Re-experiencing the trauma:** Intrusive thoughts, flashbacks or nightmares and a sudden

flood of emotions or images related to the traumatic event. Intrusive symptoms sometimes cause people to lose touch with the "here and now" and react in ways that they did when the trauma originally occurred.¹⁸ For example, many years later a victim of child sexual abuse may hide in a closet when feeling threatened, even if the perceived threat is not abuse-related.¹⁹ Trauma can be triggered by unique circumstances, such as walking through a department store and smelling cologne that the offender wore during the assault or hearing a song in an elevator that happened to be on the radio during the rape. Such circumstances, which the victim cannot control, can make healing difficult.

- **Emotional numbing and avoidance:** Amnesia; avoidance of situations that resemble the initial event; detachment to avoid painful emotions and feeling overwhelmed; and an altered sense of time. Frequently, people use drugs or alcohol to avoid trauma-related feelings and memories.²⁰
- **Arousal:** Hyper-vigilance; jumpiness and an extreme sense of being "on guard;" overreactions, including sudden, unprovoked anger; general anxiety; insomnia; and obsession with death.

Intrusive re-experiencing, avoidance and arousal are key indicators of post-traumatic stress disorder (PTSD). PTSD is associated with high rates of medical and mental health service use and is possibly the highest per-capita cost of any psychological condition.²¹

FYI—Nearly one-third of rape victims develop PTSD during their lifetimes.²²

FYI—Because symptoms of PTSD can appear immediately or long after the traumatic event, people don't always connect the way they are feeling now with that event. Also, those with PTSD may avoid diagnosis and treatment or be misdiagnosed (e.g., with common co-occurring psychological conditions, such as depression, substance abuse and bipolar illness, or with physical ailments such as headaches, chest pains and digestive or gynecological problems).²³

Rape Trauma Syndrome

Information drawn from <http://www.rainn.org/>.

PTSD symptoms specific to survivors of sexual violence are also known as rape trauma syndrome. These symptoms have been categorized into three phases, based on the work of Ann Wolbert Burgess and Lynda Lytle Holmstrom (Rape Trauma Syndrome, *American Journal of Psychiatry*, 131(1974), 981-86.):

- **Acute phase:** Occurs immediately after the assault and usually lasts a few days to several weeks. Common reactions include being openly emotional, being controlled/without emotion and experiencing shocked disbelief/disorientation.
- **Outward adjustment phase:** Individual resumes what appears to be her "normal" life, but inside is suffering from considerable turmoil. Primary coping techniques utilized include: minimization (pretends that "everything is fine" or that "it could have been worse"); dramatization (cannot stop talking about the assault—it dominates her life and identity); suppression (refuses to discuss or acts as if it did not happen); explanation (analyzes what happened); and flight (tries to escape the pain by moving, changing jobs, changing appearance, changing relationships, etc.).
- **Resolution phase:** The assault is no longer the central focus of the individual's life. The

survivor may recognize that while she will never forget the assault, the pain and negative impact usually lessen over time.

Note that survivors don't necessarily progress through the phases of rape trauma syndrome in a sequential manner.

What are the possible effects of emotional trauma?

If not addressed, emotional trauma can create lasting difficulties in a person's life.²⁴ Some specific effects could include: substance abuse; compulsive behavioral patterns; self-destructive and impulsive behavior; uncontrollable reactive thoughts; inability to make healthy professional or lifestyle choices; dissociative symptoms; feeling permanently damaged; a loss of previously sustained beliefs; and feelings of ineffectiveness, shame, despair and hopelessness.²⁵ Unresolved emotional trauma can also impact interpersonal interactions, contributing to sexual problems, the inability to maintain close relationships or choose appropriate friends and partners, social withdrawal, and feelings of being constantly threatened and hostile towards others.²⁶

Emotional Trauma and Persons with Mental Illnesses

Some trauma symptoms (compulsive or self-destructive behavior, uncontrollable thoughts, depression, etc.) are also symptoms of mental illnesses. Service providers must be knowledgeable about trauma to be able to differentiate between symptoms of trauma versus mental illnesses and to respond appropriately.

Trauma can exacerbate symptoms for persons who have mental illnesses. For example, a victim with paranoia may understandably be more afraid to stay by herself after an assault. Someone who was depressed prior to a rape may have increased difficulties in healing from the trauma. Mental illnesses and trauma both need to be central considerations in safety planning and providing support services. (See *Disabilities 101. Working with Victims with Mental Illnesses.*)

How can service providers assist survivors of sexual violence in overcoming traumatic reactions?

Unfortunately, people who have survived sexual violence cannot erase it from their lives. Yet it is important for them to know that they can cope with and overcome its traumatic effects. In *The Courage to Heal*, Ellen Bass and Laura Davis offer this hopeful message to childhood sexual abuse survivors, which is applicable for all sexual violence victims:²⁷

“It is possible to heal. It is even possible to thrive. Thriving means more than just an alleviation of symptoms, more than band-aids, more than functioning adequately. Thriving means enjoying a feeling of wholeness, satisfaction in your life and work, genuine love and trust in your relationships, pleasure in your body.”

No matter how committed a victim is to healing and thriving, however, these tasks are difficult to accomplish in isolation.²⁸ Several considerations are offered below for service providers who assist victims in taking their first steps towards recovery.

- Help victims understand how sexual violence can cause traumatic reactions and how trauma can affect them. For example, many victims have feelings of “going crazy” after an

assault; those feelings need to be examined in the context of their response to trauma.

- Ask victims for guidance in identifying their reactions to the sexual violence and what assistance they would like. Explain that not every victim of sexual violence experiences trauma. Each victim who is traumatized has a unique combination of reactions, and their reactions may be impacted by other life circumstances.
- Affirm with victims who are experiencing trauma that while it may not feel like they will ever overcome the emotional devastation caused by the violence, it is possible to heal.
- Encourage victims to seek support from their families and friends and to tap into resources in their communities for support and for treatment of trauma. Ideally, victims will utilize a combination of resources to help them work through their pain and to achieve healing.²⁹
- Explain to victims that mental health treatment for trauma may be available and involves managing symptoms and working through the trauma. Be clear that treatment strategies can vary, depending on factors such as the source and nature of the trauma, the age of the victim at the time of the traumatic event, and other circumstances related to the event.³⁰ Let them know that counseling is often an important part of recovery for trauma survivors and medications may be used to help reduce some of the related symptoms.³¹
- Explain to victims the services offered through their local rape crisis center. These centers typically offer a 24-hour crisis phone line, various support groups, one-on-one support and advocacy. Advocates can aid victims in determining steps they would like to take to move towards healing, based on their needs and wishes. Advocates can also provide information and referrals to a wide range of resources, including counselors at their rape crisis centers and mental health treatment providers who may have experience working with victims of sexual assault.
- In addition to encouraging victims to obtain referrals through the rape crisis center, they can also go to Mental Health America's factsheet on finding treatment through <http://www.mentalhealthamerica.net/> and check with their community-based mental health agency for the services it offers or referrals to private providers. Another resource for finding private mental health providers is Psychology Today's Online Therapy Directory through <http://www.psychologytoday.com/> (search by city/zip code). This publication is produced by the National Mental Health Association. (Also see resources listed in *Disabilities 101. Working with Victims with Mental Illnesses.*)
- Provide crisis intervention to victims who are in crisis (or immediately refer them to professionals who can). In addition to the local rape crisis center's 24-hour hotline, the National Suicide Prevention Lifeline is available 24 hours a day at 800-273-TALK (8255). Calls are routed to the nearest crisis center in its network. For information, go to <http://www.suicidepreventionlifeline.org/>. There may be additional resources for crisis intervention in your community. (See *Sexual Violence 101. Crisis Intervention.*)
- Explain that if a service provider cannot accommodate the needs of victims with disabilities or does not have information on accommodations offered by other providers, local disability service agencies may be able to offer assistance and/or appropriate referrals (e.g., providing victims who are deaf/hard of hearing with a listing of certified interpreters and tips for exercising their rights to request this service from a provider).

FYI—The National Mental Health Information Center at <http://mentalhealth.samhsa.gov/topics/> offers a wealth of information on trauma topics. Sidran Institute’s Risking Connections program at <http://www.riskingconnection.com> also offers a list of related resources.

Vicarious Trauma

Persons who are exposed to the trauma of others can share some of the same symptoms. This “vicarious trauma” or “compassion fatigue” can result in many physical and emotional symptoms, including guilt, exhaustion and insomnia. Service providers need to learn to care for their own emotional needs as they work to assist victims. Creating a balance between work and relaxation, talking to a supervisor about disturbing cases, and making self-care a priority can help reduce vicarious trauma.

Applying the Knowledge

Consider the following case scenario in the context of what you have learned through this module. What are the issues for service providers to address and how might they initially support the victim in dealing with her traumatic reactions to her recent sexual assault?

Anna is a 55-year-old woman with cerebral palsy who resides in an assisted living facility. She calls your agency and explains that a male stranger entered her room that afternoon, shut the door, sexually assaulted her and then fled. She disclosed the attack to a nurse at the facility, who in turn contacted law enforcement as well as facility administrators and security. Law enforcement is enroute to the facility. Anna tells you that she doesn’t think she will be comfortable or feel safe living in the facility in the future. She feels totally vulnerable to “creeps like the guy who assaulted her” who see her as easy prey—she uses a wheelchair and has a limited range of motion in her upper and lower body. She tells you that the assault has brought up memories of sexual abuse she experienced as a child that was perpetrated by a family acquaintance. At that time, she told her father about the abuse and was immediately protected. This time, however, she is afraid because she doesn’t know who will protect her. (Her father passed away 10 years ago.) She feels that she can’t trust anyone. Anna rarely sees her mother, due to her mother’s poor health and limited physical mobility.

Immediate issues for service providers to consider:

- Clearly, Anna has been traumatized by the recent sexual assault. She is panicked about her safety. She is extremely on guard and distrusting. Unpleasant memories of an earlier assault have resurfaced, but she remembers being protected from further abuse by her father. She wishes that she had her father’s support to deal with the current situation and to keep her safe.
- Service providers can initially assist Anna in dealing with her growing anxiety and fear by offering crisis intervention and help in planning for her immediate safety and well-being. Safety planning must take into account her limited mobility. It should also consider security measures available at the facility (security guards and cameras as well as staff monitoring of patient rooms) and the potential need for placement in another facility. Whether her mother has a role in her decision making will also impact planning. (See *Sexual Violence 101. Crisis Intervention, Sexual Violence 101. Safety Planning and Disabilities 101. Guardianship and Conservatorship.*)

- Anna can be reassured that her heightened feelings of anxiety are normal after experiencing the trauma of sexual assault. Service providers can encourage her to address the emotional trauma, just as she would be encouraged to seek treatment for physical injuries after the assault.
- Service providers can discuss with Anna what assistance they can provide for her, other community resources for victims of sexual violence and accommodations for people with disabilities (e.g., transportation to and from services when needed). They can aid her in identifying her immediate service and accommodations needs and in requesting these services and available accommodations. (See *Collaboration 101. Creating a Community Resource List* and *Disabilities 101. Accommodating Persons with Disabilities*.) In particular, they can mention that the rape crisis center offers accompaniment for victims when they report to law enforcement, seek forensic medical care, go to court, etc. They can ask her if she is interested in these services. (If she is interested, they can offer to connect her with the services). Service providers can also offer referrals to mental health providers who treat trauma related to sexual violence, as well as help her explore other sources of support, including her family, friends and other community professionals.

Test Your Knowledge

Refer to the pages in this module as indicated to find the answer to each question.

1. What causes emotional trauma? What experiences are commonly recognized as being potentially traumatic? *See page B8.2.*
2. What are examples of barriers that could impede healing from trauma for sexual assault victims with disabilities? *See page B8.2.*
3. What factors might influence whether a person's reaction to a stressful event is traumatic? *See pages B8.2–B8.3.*
4. What are symptoms of emotional trauma? *See pages B8.3–B8.4.*
5. What additional symptoms are key indicators of post-traumatic stress disorder (PTSD)? *See page B8.4.*
6. What are the three phases of rape trauma syndrome? *See pages B8.4–B8.5.*
7. What are some of the potential long-term effects of emotional trauma? *See page B8.5.*
8. How can service providers help sexual violence victims take their first steps towards recovery from trauma? *See pages B8.5–B8.6.*

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¹Partnering agencies refer to the persons they serve as “clients,” “consumers” and “victims.” For convenience, the terms “victims” and “clients” are primarily used in this module. Also note that the terms “sexual violence” and “sexual assault” generally are used in this module to encompass sexual assault, sexual abuse and other forms of sexual violence.

²American Psychiatric Association, *Diagnostic and statistical manual of mental disorders*, 4th ed. (Washington, DC: 2000). As cited in Witness Justice, Trauma—*The common denominator* (Frederick, MD), through <http://mentalhealth.samhsa.gov/nctic/trauma.asp>. This and other online documents referenced in this module were available at the links provided at the time the module was written. It is suggested you check the sites for any updates or changes. If you experience difficulty accessing the documents via the links, another option for locating documents is doing a web search using titles.

³M. Smith & J. Segal, *Healing emotional and psychological trauma: Symptoms, treatment and recovery*, HELPGUIDE.org (last modified 2008), through <http://helpguide.org>.

⁴Smith & Segal.

⁵Santa Barbara Graduate Institute Center for Clinical Studies and Research and LA County Early Intervention and Identification Group, *Emotional and psychological trauma: Causes and effects, symptoms and treatment* (Healing Resources.info, reprinted from Helpguide.org, 2005), through <http://www.healingresources.info>.

⁶Paragraph from Santa Barbara Graduate Institute et al.

⁷American Psychiatric Association.

⁸Santa Barbara Graduate Institute et al.; and Center for Addiction and Mental Health, *Understanding psychological trauma* (Ontario, Canada, 2010), through <http://www.camh.net>.

⁹Smith & Segal.

¹⁰Smith & Segal.

¹¹Drawn from Santa Barbara Graduate Institute et al.

¹²Drawn from Santa Barbara Graduate Institute et al.

¹³Also see Witness Justice for a description of “the science of trauma.”

¹⁴This sentence and following bullets drawn from Santa Barbara Graduate Institute et al.

¹⁵Although males and females are both victimized by sexual violence, most reported and unreported cases are females (see endnote in the *Toolkit User’s Guide* for a full citation). Therefore, in this module, victims/clients are often referred to as female.

¹⁶Bullets from Santa Barbara Graduate Institute et al.

¹⁷Symptoms listed, except where noted, from Santa Barbara Graduate Institute et al.

¹⁸Sidran Institute, *What is post-traumatic stress disorder?* (2000), through <http://www.sidran.org>. Through the same website, also see E. Giller, *What is psychological trauma?* (Workshop presentation at the Annual Conference of the Maryland Mental Hygiene Administration, 1999).

¹⁹Sidran Institute.

²⁰Sidran Institute.

²¹Sidran Institute.

²²*Rape in America: A Report to the Nation* (Arlington, VA: National Center for Victims of Crime and Crime Victims Research and Treatment Center, 1992).

²³Paragraph from Sidran Institute.

²⁴Center for Addiction and Mental Health.

²⁵Santa Barbara Graduate Institute et al.

²⁶Santa Barbara Graduate Institute et al.

²⁷E. Bass & L. Davis, *The Courage to Heal*, 20 (New York: Harper & Row Publishers, Inc., 1988).

²⁸Bass & Davis.

²⁹Bass & Davis.

³⁰For an explanation of a range of treatment strategies and resources, see Smith & Segal; and Santa Barbara Graduate Institute et al.

³¹Paragraph from Sidran Institute.