HEALING FROM

The healing process from a traumatic event can take time. Even years later something associated with the assault (such as a song that was playing, a smell, or revisiting a similar place such as a dorm room) can unexpectedly trigger an emotional or physiological response.

Victims can facilitate the healing process by:

- Learning about post-traumatic stress disorder (PTSD), its signs and symptoms
- Identifying possible triggers and effective coping responses
- Creating a safety plan
- Establishing grounding techniques (ways to stay calm)
- Engaging in activities that build resilience
- Recognizing that healing takes time
- Getting adequate sleep, nutrition and exercise



When confronted with a life-threatening event, the **brain** often enters the fight, flight, or freeze

Someone is waiting to listen and to help.

Resources for Victims of Sexual Violence and Stalking CONTACT of Huntington, Inc.

Rape Crisis Center Huntington 1-866-399-7273

Family Refuge Center

Lewisburg 304-645-6334

HOPE, Inc.

Fairmont 304-367-1100

Rape and Domestic Violence Information Center

Morgantown 304-292-5100

REACH

The Counseling Connection

Charleston 304-340-3676

Sexual Assault Help Center

Wheeling 304-234-8519

Shenandoah Women's Center

Martinsburg 304-263-8292

Women's Aid In Crisis

Elkins 1-800-339-1185

Women's Resource Center

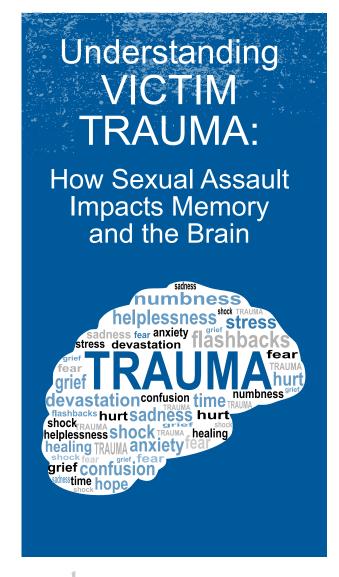
Beckley 304-255-2559

Or

The National Sexual Assault Hotline 1-800-656-HOPE



West Virginia Foundation for Rape Information and Services, Inc. www.fris.org





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www.fris.org

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T R A U M A

AND MEMORY

Many trauma victims struggle with gaps or disorganization in their memory. When confronted with a life-threatening event, the brain often enters the fight, flight, or freeze state and is flooded with chemicals that interfere with normal memory storage. These chemicals can cause sexual assault victims to store memories in disorganized, fragmented ways. This is normal.

Special techniques have been developed for interviewing trauma victims, such as Russell Strand's Forensic Experiential

Trauma Interview (FETI). This method focuses on asking sensory questions and encouraging victims to recall events by cuing them to sights, smells, and other sensations.² The FETI method incorporates asking victims to share what they are able to remember about their experience in whatever sequence they can, including what they were thinking at the time and how the experience has impacted them emotionally.

¹Roozendaal, B., McEwen, B. S., & Chattarji, S., (2009).

²Strand, R., "The Forensic Experiential Trauma Interview." Presentation for the Battered Women's Justice Project, March 2014.

AND VICTIM BEHAVIOR

Chemical changes in the brain can also impact behavior. Sometimes these behavioral changes don't "make sense" to others. Questions such as, "Why didn't you yell for help?" reflect a lack of understanding about how trauma affects the brain. A person who is unable to move because of chemicals released during the trauma response simply can't call for help, just as a person with a broken leg might not be able to run away from danger.

Dr. Rebecca Campbell³ provides a helpful outline of chemicals that are often released in a trauma victim's brain.

The chemicals released vary with each individual, providing a spectrum of responses. These may affect thoughts, actions and memory both during and after a traumatic event:

- 1. Catecholamines, such as adrenaline, are part of the traditional "fight or flight" response and can impact complex thinking processes.
- 2. Cortisol can increase available energy for the body in a stressful situation.
- 3. Natural opiates can numb physical pain and make a victim appear emotionally "flat." These can be elevated in the body for 96 hours after the traumatic response begins.
- 4. Oxytocin can produce confusing responses like calm feelings or even laughter.

Victims can also experience tonic immobility during an assault, essentially experiencing the inability to move. These potential differing responses underscore the importance of understanding that no 'normal' response to sexual victimization exists.

³Content from "The Neurobiology of Sexual Assault," used with permission from the U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. Original information from Southwick et al., 2005.

WORKING WITH VICTIMS OF TRAUMA

Understanding how trauma impacts behavior and memory are necessary in providing trauma-informed services to sexual assault victims. First responders and family/friends must be aware that a victim's response at the time of the assault may have been impacted by a neurobiological response to the trauma, and that response may impede the memory of the event temporarily or even permanently. Some special considerations for victims of trauma include:

- Give victims time. Research suggests investigators should wait at least two sleep cycles (48 hours) before taking any written statement from a trauma victim. This will allow the victim time to sift through the disorganized memories resulting from chemical changes in the brain. Details may change as the victim continues to recall information. This is normal. Allow time for the victim to tell what happened by asking open-ended questions, using follow-up questions to clarify details after the victim finishes recounting what happened.
- Remember that all responses to trauma are normal. Trauma can elicit varied emotional responses, including anger, numbness, crying, and even laughter. It is common for victims to blame themselves ("Why didn't I try to physically fight back?") or feel that the entire experience was surreal. Offer reassurance that their reactions are normal and that their body is responding to a very traumatic event.
- Provide options. Sexual assault is a crime of power and control. Enabling victims to make choices is an important part of the healing process. Give options, not advice.
- **Stay calm.** Trauma victims will draw great strength from calm and compassionate support.

