# Counselling Survivors of Sexual Violence

## Participant Guide

## 2024

SEXUAL VIOLENCE NEW BRUNSWICK
VIOLENCE SEXUELLE NOUVEAU-BRUNSWICK

# A Few Notes About Our Use of Language

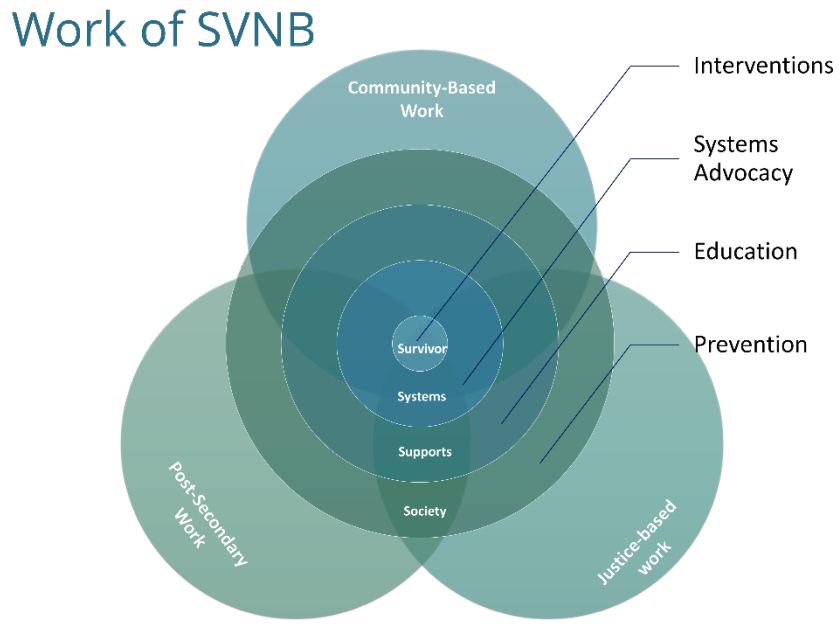
**Survivor versus Victim:** Different disciplines (especially those concerned with the legal aspect of sexual assault) will refer to those who have been sexually assaulted as victims. In most cases in this training, we will use the term survivor to honour and recognize the healing journey of those who have been sexually assaulted. It is also important to recognize that some people do not feel comfortable with any label, including 'survivor' and we recognize the word survivor in many other contexts.

**Gender Identifiers:** Sexual violence is an act of gender-based oppression and is a predictable result of patriarchy and gender inequality. SVNB recognizes sexual violence as any sexual act used against a person to abuse, harm, or manipulate them. We recognize that sexual violence can and does happen to anyone, and that sexual violence is a gendered issue. Historically, gender-based violence has referred to violence perpetrated by cisgender men against cisgender women. However, gender-based violence encompasses any violence rooted in gender-based power inequalities and gender-based discrimination. Gender inclusive language is used throughout our materials; however, as SVNB's training materials are a working product spanning 40 years, it's possible to come across gendered language missed in our ongoing updating, or the language reflects research or statistics focusing on a specific demographic.

> ***As with all aspects of our training, please feel free to discuss this topic during or after training.***

# About SVNB

SVNB's mission is to support those impacted by sexual violence and to lead systemic and social changes required to end sexual violence. We operate within an anti-oppression, feminist-based framework to support survivors of all genders and recognize that sexual violence is a form of gender-based violence. To address this mission, SVNB has cultivated many partnerships that allow us to make change in social and cultural structures throughout the province, most notably, community, post-secondary, and judicial-based institutions. Within these systems, SVNB enacts change through the four mutually informing approaches of Interventions, Systems Advocacy, Education, and Prevention.




There are many services, efforts and programs that address these outcome areas.

**Interventions**

*Volunteer Support Line Program*: SVNB's volunteers complete an intensive training program to provide confidential support to callers on our 7 day/week support line available between the hours of 5pm and 8am. The support line is for anyone who has been affected by or who is supporting someone affected by sexual violence.

*Sexual Assault Counselling Program*: SVNB provides on-going counselling for all genders who are 16 and over who have been affected by sexual violence and up to three sessions for non-offending parents or partners.

*Therapeutic Support Groups*: SVNB offers counsellor-led groups for people who have experienced sexual violence and groups for non-offending parents whose children have experienced a sexual offence. The group provides a safe space to explore the impacts of sexual violence on their lives alongside each other.

*Tri-Campus CSASA Program*: In partnership with UNB, STU, and NBCC, SVNB provides support and advocacy services for post-secondary students who have experienced sexual violence.

*Legal Support & Advocacy:* This program provides support, advocacy, and legal information for those who have been affected by sexual violence and are navigating the criminal justice system. This service can be accessed when someone is considering making a report to the police, after someone has already reported to the police, or at any time throughout the process.

*Systems Advocacy*: This program provides support, advocacy, and practical assistance for those who have been affected by sexual violence and are navigating social, government, or other systems. This service can be accessed when a client is experiencing difficulty having needs met and requires support and/or advocacy in accessing or navigating services.

**Systems Advocacy**

Understanding the interconnected nature of privilege and oppression and how it shapes our worldviews, behaviors and contributes to the normalization of gender-based violence is the foundation of our need and reasoning for advocacy. Our goals of advocacy include: to advocate for the unmet needs of the clients with whom we work, to advocate for change towards a more equitable community, to advocate for the wellbeing of staff and volunteers within our organization, and to advocate for trauma informed approaches and practices to better respond to and support survivors.

SVNB works with many partnerships to advocate for these needs, specifically, the Fredericton Regional Resource Network, White Ribbon Fredericton, Fredericton Sexual Assault Response Team, as well as many provincial committees within community, post-secondary, and judicial institutions. We participate in research, offer consultation services, and engage in outreach that seeks to advocate for real change for survivors of sexual violence.

**Education**

SVNB has developed a range of professional development, training, and public education programs to provide professionals, service providers and community members with specialized understanding, knowledge, skills, interventions and approaches to respond effectively to sexual violence.

SVNB also provides workshops, presentations, seminars and resources to groups and individuals to raise awareness and eliminate sexual violence through societal change.

**Prevention**

To effectively prevent sexual violence, a cultural shift away from sexual assault myths, victim-blaming attitudes, and the oppression of women and gender minorities needs to occur. SVNB works toward this societal change through awareness events and outreach opportunities, awareness campaigns, and activities that aim at deconstructing dominant narratives around sexual violence.

## The Anti-Rape Movement in Canada

During the late 1960's, one of the issues that emerged out of women's consciousness-raising groups was sexual violence. As awareness of the pervasiveness of violence increased, Canadian women began to create the anti-violence against women and children movement. This movement included the development of shelters, crisis centres and support groups.

Grassroots rape crisis centres began springing up across Canada in the 1970s. Their emergence came as a response to the needs of rape survivors and as a resource and working space for women who were attempting to challenge the institutions that condone sexual violence.

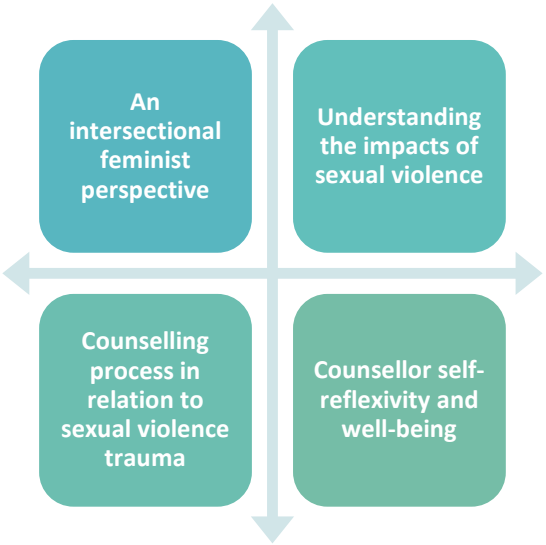
SVNB began as a grassroots movement informed and guided by those impacted by sexual violence. Like many rape crisis centres, SVNB's founding members were largely white, middle-class and urban-based women who worked primarily with white survivors. In recognition of our history, we practice as an intersectional and trans-inclusive feminist Collective. Our work centers the experience of sexual violence survivors which informs our approach to building communities' understanding, prevention and response to sexual violence.

# Counselling Survivors of Sexual Violence: An Approach

## The Four Pillars of Safety for Counselling Survivors of Sexual Violence

The *Counselling Survivors of Sexual Violence* training was developed in response to a growing recognition of the need for specialized training for counsellors working with those impacted by sexual violence. Coming from an intersectional feminist, trauma and violence informed lens, this training offers a unique opportunity for counsellors, social workers, and other service providers who work with survivors to discuss their experiences with the other participants and share experiences working in the field of sexual violence. This training program provides knowledge, skills, and tools participants would need to create a safe, supportive, and trauma-informed counselling experience for those who have been impacted sexual violence. The following four pillars support and guide the work in this training:

1. An **intersectional feminist perspective** recognizes that individuals' experiences of sexual violence are shaped by a complex interplay of various factors, including gender, race, class, sexual orientation, and more. This perspective is crucial because it allows counsellors to understand that not all survivors have the same experiences. It emphasizes the need to address systemic inequalities and oppressions that contribute to sexual violence and its impact.
2. **Understanding the impacts of sexual violence** is essential for counsellors. A comprehensive understanding of these impacts enables counsellors to provide appropriate support, validate survivors' experiences, and help survivors navigate the healing process.
3. **Knowledge of the Counselling Process in Relation to Sexual Violence Trauma**: Counselling for survivors of sexual violence requires an anti-oppressive approach that also recognizes the mechanisms of trauma processing. Counsellors must implement tools and strategies that help survivors process trauma and protect for aspects that hold the potential for re-traumatization.
4. **Counsellor Self-Reflexivity and Well-Being**: Sexual violence counselling can be both extremely rewarding and exceptionally taxing on a counsellor's wellbeing. Being a steward of other people's trauma carries with it very real consequences for the helper: vicarious trauma, compassion fatigue, and burnout, to name a few. Self-reflexivity involves counsellors reflecting on their own biases, emotions, and limitations, which can impact their ability to provide support. A well-supported and self-aware counsellor is more capable of providing compassionate and sustainable assistance to survivors.



# Container Visualization Script

1. Take a moment and get into a comfortable position.
2. If you feel comfortable doing so, close your eyes or look at the floor in front of you.
3. Take a few moments to get settled and grounded.
4. Take a few deep breaths, in and out to the count of 5.
5. Feel your feet firmly planted on the floor. Feel the back of your legs against the chair. Feel your arms resting on the arms of the chair, your back against the back of the chair. Take another deep breath, in and out.
6. Now, in your mind's eye, visualize a container. This container is going to be used to hold any overwhelming thoughts, images, feelings, or sensations that you want to put away for a while.
7. Your container can be anything you like: some people might be visualizing a box or a room, maybe a steel vault. Maybe it's a wall or a dam that keeps things at bay.
8. Focus in on your container. Notice what the walls of the container look like. Notice what the walls are made of. Is it strong and sturdy?
9. What do the walls look like? Are they decorated?
10. Notice the size of the container.
11. Where is the container located?
12. Take a moment to notice how strong and safe it is.
13. Now, imagine there is a small slot or opening somewhere on the container – maybe something like a keyhole or a mail slot. It's important to know that this slot is special in that it allows you to add any new material you want to the container without any disturbing material escaping. Maybe you want to imagine a seal of some sort over the slot that only you can open.
14. Take a minute to acknowledge that you are the only person who can add material to the container, and you are the only person who can open the container.
15. Now, identify one intrusive thought, something that may be plaguing you at work or home, maybe it's a sense of anxiety or stress over not being in your office for 5 days.
16. Now, visualize placing that thought, memory, feeling into the container and sealing it shut.
17. Take your time, again noticing how strong and secure your container is. Nothing can escape from it.
18. The thought or memory now inside the box is locked away until another time when it is convenient and helpful to consider it. But for now, knowing that you do not have to carry whatever is in the container with you.
19. Take a few more moments if you like to place anything else in the container. Let's shed anything that has followed us in this room, this morning that might be pulling our attention or making it hard for us to settle.
20. Once you have everything you want in the container and you have sealed the container shut, slowly start to focus again on your feet against the floor, your legs on the chair, coming back into the present moment.
21. When you feel ready, slowly open your eyes. Maybe give yourself a bit of a shake, roll your shoulders, and take a couple deep breaths.

# The Roots of Sexual Violence

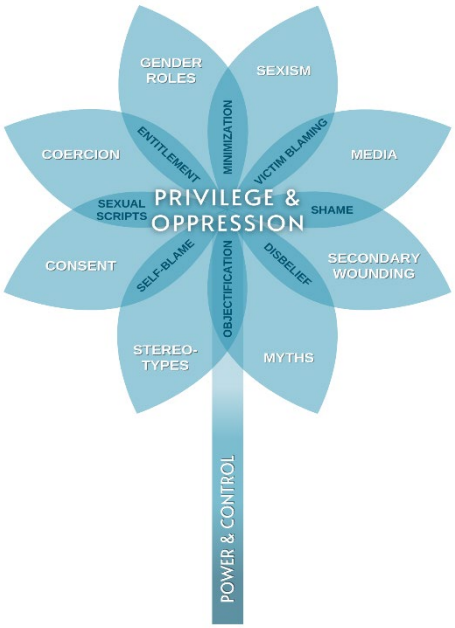
Sexual violence is an act of gender-based oppression and is a predictable result of patriarchy and gender inequality. Sexual violence is any sexual act used against a person to abuse, harm, or manipulate them. At its most basic level, sexual violence is an expression of power and violence over the person assaulted and can include (but isn't limited to): sexual assault, sexual harassment, child sexual abuse, sexism, forced marriage, denial of right to use contraception, denial of reproductive rights, forced abortion, female genital mutilation, forced sex work, or human trafficking.


Sexual violence happens because there are attitudes and beliefs that allow it to happen. There are many factors that contribute to the normalization of sexual violence such as sexual assault myths, gender roles, and media. Each of these areas is reinforced by the hierarchies of power in our society that create privilege and allow opportunities for violence to be enacted and misunderstood. Areas of sexual scripts, sexual communication, and consent become avenues for societal beliefs to facilitate abuse.

Sexual violence can and does happen to anyone and is a gendered issue. Historically, gender-based violence has referred to violence perpetrated by cisgender men against cisgender women. However, gender-based violence encompasses any violence rooted in gender-based power inequalities and gender-based discrimination.

Sexual violence disproportionately affects groups impacted by oppression including children, 2SLGBTQIA+ (two-spirited, lesbian, gay, bisexual, trans, queer, intersex, asexual) people, racialized people, Indigenous peoples, immigrant women, sex workers, and cisgender women. Within the 2SLGBTQIA+ community, individuals whose birth-assigned gender/sex does not match their gender identity and other gender-diverse people are particularly at risk of gender-based violence because in the eyes of those who hold power in society, they represent a direct challenge to traditional gender norms and roles. For this reason, it is imperative that a feminist, anti-oppression, anti-colonial, anti-racist, gender-inclusive, and trauma-informed response is included in all sexual violence education, prevention, advocacy, and intervention work.

Toxic representations of masculinity and gender-based violence are supported in Canadian society by a culture where violence is sexualized and systemic. In rape culture, sexual violence happens because there are attitudes and norms that allow it to happen. This is reinforced by myths and stereotypes around gender and sexuality that appear throughout our media, relationships, and institutions.




The first step in understanding why sexual violence happens begins with looking at the myths and stereotypes of sexual violence. Misconceptions about who the victims are, who the perpetrators are and where and when sexual violence occurs can go a long way to creating an atmosphere where sexual violence can exist. Someone who believes that women are only raped by strangers in the bushes may not acknowledge or believe that date rape or other forms of rape may also happen. These myths and stereotypes can also lead to a culture where people believe that the "solution" lies in survivors changing their behaviours to be safe, rather than teaching people not to rape. Until society understands the realities of sexual violence, we will not see a move towards real change.

The persistence of traditional binary gender roles or ideas about how "men and women" should behave gives evidence of why sexual violence happens.

These ideas around what it means to be a man, or a woman outline very clearly **who has the power and who doesn't**. It puts men in a position where they are supposed to take what they want and women in a position where they are not supposed to argue or fight back. We see these gender roles repeatedly in the media, movies, advertising, music, novels, toys. One only needs to step into a toy store to see the gender division so clearly laid out. Boy's toys on one side tend to be assertive or aggressive, fighting, racing, shooting and battles, girls on the other side, a sea of pink dress up clothes, plastic beauty products, dolls, and domestic toys.

The media is a powerful medium that influences our ideas about what it means to be male or female, what relationships should look like, what is beautiful, what is valued, and what is acceptable, and any deviation from those norms is met with scorn, contempt and sometimes violence. These gender roles make women more vulnerable through their passivity and violence from men normal. They also render violence against men inconceivable and therefore invisible. There is little modelling of healthy queer relationships in the media, and often these media portrayals reinforce stereotypical gender roles, making violence either normal or completely invisible.

## Your Notes

## Your Notes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# Privilege and Oppression

When we start to look at some of the root causes of why sexual violence occurs, we need to examine issues of privilege and oppression.

> **Privilege** is defined as a set of unearned benefits given to people who fit into a specific social group who gain those benefits for no other reason beyond their status as a member of that group (i.e., privilege is not something you can "earn").
>
> **Oppression** happens through systemic discrimination in society where a person or a group of people are systemically reduced, restricted, and immobilized thus being seen as having less value and given fewer privileges than another group. Mullaly (2007) explains that groups are oppressed through all or a combination of the following: exploitation; marginalization; powerlessness; cultural imperialism; and violence.

Examining privilege and oppression is not a simple exercise of dividing people into bad (oppressors) and good (oppressed). This is because most people experience aspects of both privilege and oppression. Oppression is typically not intentional; however, it continues because it benefits the dominant group. The oppressed group serves as a ready supply of menial labour, as scapegoats during difficult times (i.e., government deficits, social disruptions, etc.), and as insurance that society will maintain theses oppressor-oppressed relationships.

Members of Western society are affected by several different power systems: patriarchy, white supremacy, heterosexism, cissexism, classism, ableism, etc. These systems grant privileges to people because of certain aspects of their identity including but not limited to race, class, gender, sexual orientation, language, geographical location, physical or mental ability, and religion. Privileged people are more likely to be in positions of power; they're more likely to dominate politics, be economically well-off, have influence over the media, and hold executive positions in the corporate world. Privileged people can, and often do use their positions to benefit people like themselves – in other words, other privileged people.

Audre Lorde speaks of a "mythical norm:" a stereotype that is perpetuated by society, against which everyone else is measured. She describes this mythical norm as: "white, thin, male, young, heterosexual, Christian, financially secure" (Lorde, 1984, p. 116). Because this myth is perpetuated and believed, this is where the power in society continues to lie. This creates a hierarchy under which everyone else falls. It is important to remember that this norm is mythical because it is a social construction. This means that the traits in that myth arguably do not really represent power; rather it is only because we have been taught to believe that they do, that those who hold power in our society tend to possess those characteristics. This discussion is important in terms of preparing to think about the possibilities of social change. It's important to keep in mind that if one lives long enough, then those few in society who fit the mythical norm will eventually grow out of it based on their age. Examining the mythical norm is extremely useful in analyzing the hierarchy of power that exists in society.

**Intersectionality**

The interaction between different aspects of our identities is often referred to as intersectionality, a term coined by activist Kimberlé Crenshaw. Aspects of our identities intersect to shape our experiences in the world and establish either protection or vulnerability to violence. For example, sexism, racism, and the intersection of the two must all be examined to understand what it means to be a black woman – separating these would deny a

basic truth of black women's existence. The aspects of our identities that are privileged can also affect the aspects that are oppressed. Privilege and oppression intersect — but they don't negate one another. Often, people believe that they can't experience privilege because they also experience oppression. A common example is the idea that poor white people don't experience white privilege because they are poor. However, being poor does not negate the fact that a white person is less likely to become the victim of police brutality than a person of colour.

> *"I am not free while any woman is unfree, even when her shackles are very different from my own."* – ***Audre Lorde***

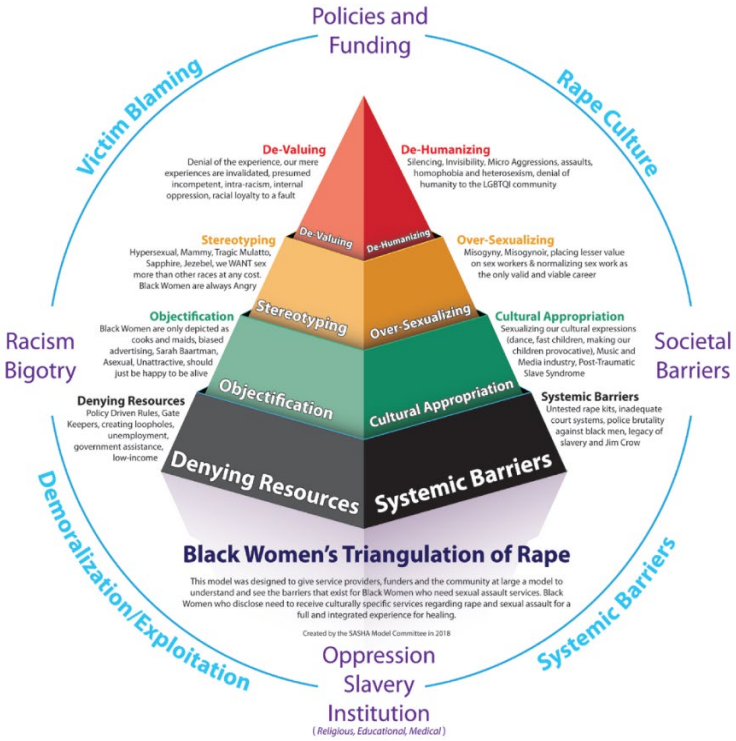
**Privilege and Defensiveness**

Oppression and privilege are two sides of the same coin – meaning that if you experience privilege in one area (i.e., skin colour, gender, sexual orientation, etc.), that means you are at least indirectly contributing to the oppression of others. It can be a big aha moment to examine your own privilege compared to others. It is usually an even bigger realization to see yourself as part of the system that contributes to the oppression of others.

Anne Bishop (2002) describes four responses to learning about privilege and oppression regarding anti-racist workshops (the ideas can be applied to other types of oppression). She noted "backlashers" who repeat the worst stereotypes about oppressed groups; "deniers" who deny and minimize the existence of racism; the "guilty," who personalize the issue and feel powerless to work toward change; and the "learners" or "allies" who are critical of power structures and understand themselves as a member of a group.

Being an ally means having an understanding that sexual violence is a problem of society…not of the individual who experienced the violence. Being an ally creates an understanding that people may experience sexual violence simply by belonging to the oppressed group of gender minorities. Being an ally is hard work and it doesn't happen overnight. Discussions about privilege and oppression are often simply the act of planting seeds that will later be better understood.

The goal of addressing issues of privilege is not to make people feel guilty. Rather, the goal is to increase awareness about how those with privilege have a responsibility to not only acknowledge




- 1 THE SASHA MODEL - BLACK WOMEN'S TRIANGULATION OF RAPE (JOHNSON, 2018)

the benefits of the privilege they experience, but also to use that privilege to effect change for others. Privilege describes what everyone should experience but doesn't. We didn't create these systems of inequality; however, once we are aware of these systems, we have an obligation to do something about it.

Many people assume that when someone says they have privilege that means they have had an easy life. As such, they feel personally attacked when people point out their privilege because it feels as if someone is saying that they haven't worked hard or endured any difficulties. This is not what having privilege means. Having privilege simply means benefiting by belonging to the dominant group with unearned characteristics.

**Privilege, Oppression and Sexual Violence**

Privilege and oppression are big-picture concepts. As we examine why sexual violence happens, we will see that privilege and oppression are woven through all these pieces. With the issue of sexual violence, individual stories are going to be complicated and tangled because people are rarely absolutely privileged or oppressed. By looking at the larger issue of sexual violence and how our society is structured, how we categorize groups and how we value certain groups over others, we can start to see how privilege and oppression play large parts in why sexual violence occurs.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# Gender Roles and Violence

Sexual violence happens at increased rates to those with increasing vulnerabilities to oppression (Indigenous women and girls, queer community, trans individuals) and one of the biggest risk factors is gender. **Gender identity** is a person's internal sense of being man, woman, both, neither, or something else and does not always correspond with their sex assigned at birth. Since gender identity is internal, one's gender identity is not necessarily visible to others and cannot be understood on a binary of either man or woman, however, society continues to build rules, expectations and boundaries that correspond to the masculine and feminine continuum. These are stereotypes or "gender roles" for how people should act in society. Ultimately, gender roles can create an imbalance of power with the expectation that masculinity is seen as strong and dominant while femininity is submissive- and when a feminine person does not live up to these expectations it could increase their likelihood of being abused. Traditional beliefs regarding gender roles and socialization contribute to femininity and women being viewed as unequal members of society and that masculinity and men are entitled to feminine care, nurturing and bodies. These stereotypes about gender can cause unequal or unfair treatment resulting in sexism, homophobia, transphobia, etc.

| **Masculine stereotypes:** | **Feminine stereotypes:** |
|---|---|
| • Stay in control | • "Act like a lady" |
| • Take charge of situations | • Be "nice"/not too opinionated |
| • Demand respect | • Be passive |
| • Solve problems physically | • Avoid confrontation |
| • Only feel safe to express anger or happiness | • Please others |
| • To push for sex because the other person "really wants it" but says no to be "nice" or is just a tease | • Be the "gatekeepers" all sexual activity |
| • To get social status by how many people they've been with sexually | • Physically, expected to be thin and small |
| • Physically, expected to be tall and muscular | |

These ideas around what it means to be masculine or feminine outline very clearly **who has the power and who doesn't**. We see these gender roles repeatedly in the media, movies, advertising, music, novels, toys. The media is a powerful medium that influences our ideas about gender roles, what relationships should look like, what is beautiful, what is valued, and what is acceptable. Any deviation from those norms is met with scorn, contempt and sometimes violence. They also render violence against masculine folks inconceivable and therefore invisible. As well, there is little modelling of healthy queer relationships in the media, and often these media portrayals reinforce stereotypical gender roles which continues making violence either normal or completely invisible.


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# The Realistic Dynamics of Sexual Assault

The following information summarizes a large body of research documenting the realistic dynamics of sexual assault:

- Most survivors are female.
- Most perpetrators are male.
- Many survivors have experiences of repeated rape and sexual assault.
- Most survivors are sexually assaulted by someone they know.
- Most sexual assaults do not cause visible physical injury.
- Most sexual assaults do not involve a weapon or even physical force, instead relying on verbal threats, intimidation, and a survivor's vulnerability.
- Many survivors have several factors that limit their perceived credibility: they are often young, homeless, have a mental or physical impairment, are belligerent, and/or abusing alcohol or controlled substances.
- Most sexual assaults involve alcohol and/or drug use.
- Few survivors are physically injured to the point that emergency medical attention is needed.
- Survivors often omit, exaggerate or fabricate parts of their account because they fear that their actions may have contributed to the sexual assault.
- Individuals who have been previously victimized may be unable to defend themselves due to the past trauma of the assault triggers and the fear they experience during the current assault.
- Suspects often do not fit our stereotype of a 'rapist.' In many cases, the suspect is a respected person with status and position in the community.
- Most sexual assaults are not reported to law enforcement.
- Men are even less likely than women to report their sexual assault to the police.
- Survivors rarely report to the police first; usually they go first to a close friend or relative, a health care provider, or a survivor advocate.
- Survivors often delay reporting a sexual assault for days, weeks, months, or even years. Many never disclose it to anyone.
- The police are more likely to be notified of sexual assaults that are committed by strangers than by someone the survivor knows.
- Survivors are not typically hysterical when interviewed by medical professionals, law enforcement professionals, prosecutors, or others.

**This raises an important point:** "If we believe the stereotype of 'real rape,' this will lead us to doubt the claims of survivors whose cases don't look like the stereotype [that is, the majority of survivors]. However, since the realistic dynamics of sexual assault are the opposite of the stereotypic characteristics, this suspicion is likely misplaced" (Human Rights Watch, 2013).

# SEXUAL ASSAULT MYTHS

Myths are commonly held and **inaccurate** ideas about sexual violence and the individuals who experience it. These misconceptions are taught and accepted throughout society in order to make sense of why sexual violence occurs but they inevitably allow individuals to...

***Blame the survivor:*** When people direct attention to the clothes a survivor was wearing, the amount of alcohol the survivor was drinking, or where the survivor was when the assault occurred, they are perpetuating the myth that the survivor somehow caused the assault to happen. This causes harm to those who experience sexual violence because their experience is minimized or dismissed, but it also perpetuates the culture that accepts sexual violence because the focus has been removed from the perpetrators

***Develop a false sense of security:*** Myths that assume assaults only happen in dark alley-ways at night, while wearing specific clothing, or when a person is behaving a certain way create an illusion that if a person can avoid those "types" of people, places, and behaviours that they will be able to avoid sexual violence. The reality is that sexual violence is perpetrated by people of all genders, social classes, and mental capacities and can happen in the arms of someone a person trusts no matter what they are wearing.

***Fail at being supportive****:* Myths cause great confusion for people hearing their friend, sibling, or partner has been sexually assaulted. There is often a great deal of disbelief that a person could commit such a crime, focusing on how the survivor must have contributed to their own experience and judgment for how the survivor should carry out their healing. Too often a survivor is faced with rejection, blame, and disbelief which can cause a wounding deeper and longer lasting than the original trauma.

***Commit sexual violence:*** Myths provide perpetrators with a cloak of impunity, enabling them to perpetrate sexual violence with low fear of consequences. Myths create a sense of entitlement and validation for the offender and such beliefs help rationalize their actions, as they perceive their behavior as less harmful or acceptable. Additionally, the prevalence of these myths in society may discourage bystanders from intervening or reporting suspicious behavior, further shielding perpetrators.

SVNB VSNB

# SEXUAL ASSAULT MYTHS

| Myth | Facts |
|---|---|
| **Sexual assault can't happen to me or anyone I know.** | Sexual assault can and does happen to anyone. People of all socioeconomic and ethnic backgrounds are survivors of sexual assault. Young people, Indigenous people, and people with disabilities are at greater risk of experiencing sexual assault. |
| **Sexual assault is most often committed by strangers.** | Someone known to the survivor, including acquaintances, dating partners, and common-law or married partners, commit approximately 82 percent of sexual assaults. |
| **Sexual assault is most likely to happen outside in dark, dangerous places** | The majority of sexual assaults happen in private spaces like a residence or private homes. |
| **It's not a big deal to have sex with someone while they are drunk, stoned, or passed out.** | If an individual is unconscious or incapable of consenting due to the use of alcohol or drugs, they cannot legally give consent. Without consent, it is sexual assault. |
| **If a person didn't scream or fight back, it probably wasn't sexual assault.** | When someone is sexually assaulted, they may become paralyzed with fear and be unable to fight back. They may be fearful that if they struggle, the perpetrator will become more violent. If they are under the influence of alcohol or drugs, they may be incapacitated or unable to resist. |

SVNB VSNB

# SEXUAL ASSAULT MYTHS

| Myth | Facts |
|---|---|
| **If a person isn't crying or visibly upset, it probably wasn't a serious sexual assault.** | Every person responds to the trauma of sexual assault differently. They may cry or they may be calm. They may be silent or very angry. Their behaviour is not an indicator of their experience. It is important not to judge someone by how they respond to the assault. |
| **If a person does not have obvious physical injuries, like cuts or bruises, they probably were not sexually assaulted.** | Lack of physical injury does not mean that someone wasn't sexually assaulted. An offender may use threats, weapons, or other coercive actions that do not leave physical marks. They may have been unconscious or otherwise incapacitated. |
| **If it really happened, the person would be able to easily recount all the facts in the proper order.** | Shock, fear, embarrassment and distress can all impair memory. Many survivors attempt to minimize or forget the details of the assault as a way of coping with trauma. Memory loss is common when alcohol and/or drugs are involved. |
| **People lie and make up stories about being sexually assaulted.** | The number of false reports for sexual assault is very low, consistent with the number of false reports for other crimes in Canada. Sexual assault carries such a stigma that many people prefer not to report. |
| **Most sexual assaults are reported immediately after they occur.** | Many survivors do not report sexual assault immediately due to fear, shame, or trauma. Reporting delays are common and do not diminish the validity of the survivor's experience. |

(Ontario Women's Directorate, 2013)

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# Impacts of the Four Main Myths

Society relies on the sexual assault myths to help us reinforce a caricature of how sexual violence looks, is enacted, and is experienced. Through this caricature, we strive to make sense of why sexual assault happens and maintain control over it happening in the future.

## Sexual assault happens by strangers in dark areas.

By reinforcing the idea that sexual assault happens in dark alleys or trails in the woods, we can put protective measures in place for those areas like streetlights and security phones. We are able to avoid those areas during certain times of day when the violence is most common and protect our friends and loved ones from going there when it is unsafe.

**Pre-assault impact**: We put the onus on people to protect themselves from sexual assault, rather than making people responsible for not causing harm to others.

**Impact by the survivor**: at the point of their assault, a survivor has already begun to minimize or disregard their own experience because it does not match with society's expectations. They tell themselves it couldn't possibly have been rape, because it was their partner or friend, it was not violent, and maybe they had been engaging in some consensual activity as well. Even though there is pain, betrayal, or fear, survivors can often begin to mistrust their own judgment of circumstances as they try to make sense of their experience. Survivors struggle to regain control in their lives by setting goals and boundaries in their lives that will protect them in the future such as:

- "I just won't drink again."
- "I won't hang out with those people again."
- "I will start listening to my parents."

**Impact by others**: When we think sexual violence looks a certain way or occurs in certain places, we (as a community) disregard experiences that fall outside that "norm". We see contradicting stories as fictitious, malicious, or incredible. This shows up in the ways we respond to disclosures, medical treatment, or adjudicating complaints.

## Victims deserved violence.

Our society strives to maintain control over sexual violence by dictating when violence can be enacted and who is deserving of violent acts. A common example of this is when a person feels justified in hitting another person for rude remarks. Looking deeper, we can see the layers of privilege that are working to oppress marginalized groups through violence. Historically, BIPOC (Black, Indigenous, and people of color) and 2SLGBTQIAP+ individuals have been controlled through shame and violence. Rape and sexual assault have been used to disempower individuals for generations as our white, cis, patriarchal society tries to maintain control. Our media and culture only serve to reinforce perceptions of who is important – and who is disposable.

**Pre-assault impact:** Before an assault even occurs, women and marginalized identities are shown depictions of those who look like them baring the responsibility for their own abuse. Slut-shaming is such an integral part of the ways we socialize girls and women, that youth have already identified their peers who might experience sexual violence and deserve it. Queer youth are warned that their "lifestyle" is likely to bring on violence and shame. All people believe that if they avoid certain behaviours, clothing, or situations, that they can avoid sexual violence. The idea that rape won't happen to them or anyone they know because they won't deserve it, creates

a false sense of security. Again, society places the responsibility of avoiding harm on the victim or teaches us that sexual violence is inevitable. For women, gender non-conforming, 2SLGBTQ+ and BIPOC individuals, there is often an expectation that they will experience sexual violence at some point in their lives.

**Impact by survivor:** When a person experiences sexual violence, their behaviour is scrutinized not only by those around them but internally as well. The intrinsic belief that there must have been something they did to have caused the violence to occur is overwhelming. The shame, self-blame, and guilt become overwhelming for the survivor as it most often occurs in silence and isolation. Because they feel like something they did cause their own abuse, they are likely to carry the burden on their own, deciding they don't deserve justice or even support. A survivor often suffers alone due to this myth. This impact can be seen as many survivors purposely put on weight, isolate, or dress differently in attempts to disappear for fear that their body may betray them once again by attracting unwanted attention.

**Impact by others:** An allegation of assault is immediately met with scrutiny. People want to make sense of why sexual violence happened as if it is an equation. If the person has done something to provoke or bring on the assault, it would justify the violence. If the perpetrator is someone we know, we want to minimize the impact not just on their life, but on our own because we are uncomfortable with the idea that someone we love, or respect would cause this type of harm. We question, doubt, or minimize a person's disclosure of violence. We blame their behaviour, dress, or choices and suggest they do things differently in the future.

## Victims Lie

Society relies on the myth that victims lie about their own abuse because it helps us make sense of the sexual violence that is perpetrated by people we know, love, or respect. Our society has a binary belief about sexual assault and those who perpetrate it. Sexual assault is seen as one of the most egregious acts of violence a person can do and those who commit a sexual assault are reprehensible with no capacity for growth or forgiveness. Either a person is a perpetrator of violence and undeserving of compassion or they are a "good [insert pronoun]" who would never do harm onto others. This binary creates a dense opposition for those who are "good" and those who are "bad". It is human nature to believe that we are intrinsically "good" so when faced with the idea that an allegation may move you into the "bad" box, we build a strong resistance to that allegation. This does not only happen for our own personal protection, but for the protection of our friends, family, or beloved community members.

**Pre-assault impact:** Before an assault even occurs, we set the foundation for people to question the veracity of a sexual assault allegation. News articles print stories questioning survivor's narrative, people in power disregard claims due to credibility issues, and social media inundates us with feeds full of disbelief and slander. People talk about how their peers cannot tell the difference between sex that was regrettable and sex that was unwanted. We are already taught that our community likely will not believe our story, especially when it does not match the accepted narrative of what sexual violence looks like.

**Impact by survivor:** Knowing that they will likely not be believed, survivors often stay quiet about what they have experienced. Disclosing an experience of sexual violence is an incredibly vulnerable situation due to the many ways a person may respond poorly. Particularly when the perpetrator is a known or beloved individual, the fears of judgment often outweigh a person's need for support. In these cases, a survivor does not see a choice to come forward to report the violence or often to seek emotional support.

**Impact by others:** Due to this myth, police officers are likely to believe reports of sexual assault are malicious or false. Crown prosecutors are going to be cautious of bringing a case to trial while juries are skeptical of victims

on the stand, and judges avoid convicting a person of sexual assault in court. Family and friends question whether the allegation could really be true and isolate the person from the compassion they need. Black, Indigenous, and People of color (BIPOC) experience increased scrutiny within the justice or complaints system. Due to the blame and violence that is so common within the criminal justice system, very few of these individuals feel safe coming forward at all.

## Sexual assault is not serious.

To counteract the belief that sexual assault is a terrible crime, our society strives to maintain control over the allegations by minimizing the act of sexual violence so that it is not as powerful when allegations come. Rape jokes, “locker room talk”, and a predatory nature to sexual encounters exacerbate the myth that non-consensual sex is something to be expected or accepted. Masculine identities are socialized to be aggressors in sexual situations while feminine identities are taught to be meek, coy, or resistant of sex. This role play makes it acceptable for people to ignore a person’s verbal or non-verbal resistance.

**Pre-assault impacts:** “Boys will be boys” is a phrase that's often used to describe the mischievous, competitive, or aggressive behavior of some boys and men. Society tends to brush problematic behaviour aside with the sentiment that "boys" do things without thinking, therefore not taking it seriously. This is concerning when sexual violence is not treated with care because the people who have caused harm are not being held accountable.

**Impact by survivor:** Being saturated with the minimization of non-consensual sex is very confusing for people who experience unwanted sexual encounters. The idea that non-consensual sex and “rape” are different collides with the impacts a person experiences when they have been forced into an activity that was not consensual. Due to this confusion, a person is often left minimizing their experience, re-writing their experience, or ignoring it completely. There are often no labels offered for survivors who have experienced sexual assault that does not fit the common narrative, so they often feel lost and without support.

**Impact by others:** too often, friends and loved ones minimize an experience of sexual assault because they don’t want to accept that someone, they care about could be a victim. They would not want them to carry this trauma or burden, so they brush it aside, advise them to move on, or ignore it completely. This response is often exacerbated for individuals who have also been survivors of sexual trauma as there is an expectation that their loved-one will respond, cope, or view the assault in the same way they did. This further isolates and breaches trust between survivors and their supports.

## Your Notes

## Your Notes


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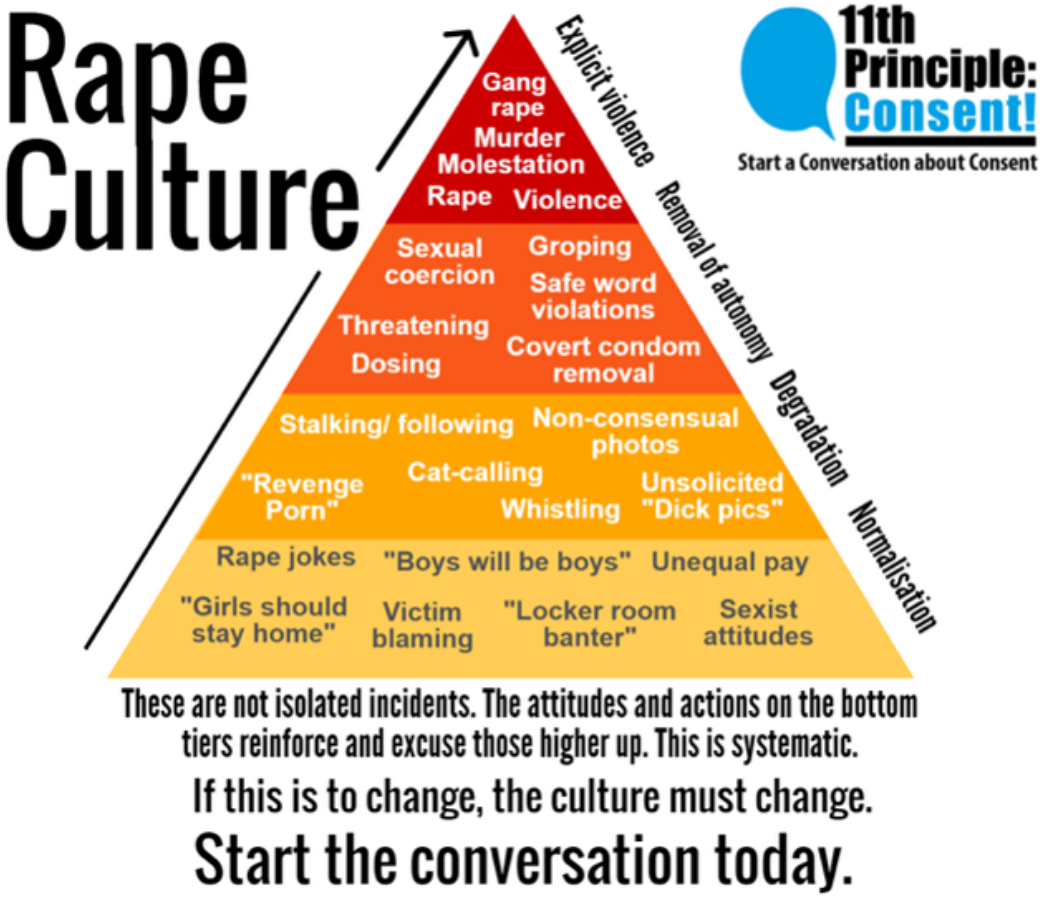
# Rape Culture




Rape culture is the normalization of sexual violence in our society due to attitudes about gender, sexuality, and myths and stereotypes that exist about sexual harassment and sexual assault. Behaviors commonly associated with rape culture include victim blaming, slut shaming, sexism, sexual harassment, trivializing sexual assault, denial of the frequency of sexual assault, or refusing to acknowledge the harm of sexual violence.

## How does it happen?

The image above breaks down how rape culture is pervasive within society, as well as how ideologies and actions can escalate when going unaddressed. At the bottom of the pyramid are sexist attitudes such as rape jokes, victim blaming, and strong beliefs in traditional gender roles. These attitudes go on to support degrading behaviours; for example, catcalling and stalking. Without intervention of the previous tiers, we move upward toward the removal of autonomy, groping, and the use of coercion. When we do not intervene at the bottom of the pyramid we allow for the justification and progression of the actions towards the top**. It is important to note that these are not isolated incidents, all tiers of this pyramid work together to create a rape culture.**

## Your Notes

# Consent and the Law

For any sexual act to be considered legal, **all** parties engaging in the act must agree (consent) to it. There are, however, *several situations when consent cannot be given:*

**Consent <u>cannot</u> be given when:**

1. One person submitted because the other person used threats or force.
2. One person submitted because the other person threatened or used force against a third person (i.e., a family member).
3. Lies were used to obtain consent.
4. Someone consents on someone else's behalf. A third party can never consent for someone else.
5. The person being asked to consent is incapable of consenting, for example, if they are unconscious or incapacitated. Intoxication does not automatically equal incapacitation but depends on many factors.
6. The person is a blood relative (i.e., incestual relations). Blood relatives are defined as biological parents, children, siblings (including half-siblings), grandparents or grandchildren.
7. A child under the age of 12 is one of the partners. Children under 12 are never considered able to consent to sexual activity.
8. One person is under 14 years of age and the other person is more than two years older. Children between 12 or more, but under 14 are not considered old enough to consent to sexual activity, with one exception. If two people of this age group consent to sexual activity and there is less than a two-year age difference between them, then the consent is legal.
9. Both people are over 12 and under 14 with less than 2 years between them but one person is in a position of trust or authority (e.g., a baby-sitter).
10. One person is over 14 years of age but under 16 years of age and the older person is over 5 years older.
11. One person is 14, 15, 16, or 17, and the older person is in a position of trust or authority.
12. A person is under the age of 18 and engages in sex work or pornography.

Section 273.1(2) in the Criminal Code also says there is no consent when someone says or does something that shows a lack of agreement to engage in the activity and when someone says or does something to show they are not agreeing to continue an activity to which they had previously consented.

The responsibility for ensuring there is consent is on the person who is initiating or pursuing the sexual activity. When someone has said no to sexual contact, the other person cannot rely on the fact that time has passed or the fact that the individual has not said no again to assume that consent now exists. A person cannot say they mistakenly believed that there was consent if their belief was based on their own intoxication, they chose to ignore the signs of no consent, or they did not take reasonable steps to check that the other person was consenting.

# Sexual Violence: The Law

**Sexual assault (Level 1) *is*** any form of forced sexual activity on someone else (e.g., kissing, fondling, touching, sexual intercourse, etc.) without that person's consent.

**Sexual assault causing bodily harm (Level 2)** is forced sexual activity where the victim is physically injured. "Bodily harm" means any injury that affects health and comfort and is more than temporary or minor in nature.

**Sexual assault with a weapon or threats to a third party (Level 3)** is forced sexual activity where the perpetrator uses a weapon, threatens the use of a weapon, or threatens to hurt another person.

**Aggravated sexual assault** is forced sexual activity where the victim is seriously injured. An injury is serious when the perpetrator wounds, disfigures, or endangers the victim's life.

**Invitation to sexual touching** is inviting a child under the age of 16 to touch the body of any other person, either directly or indirectly.

**Sexual interference *(against children under 14 and under 16)*** is touching a child under the age of 16 for a sexual purpose, either directly or indirectly.

**Making Sexually Explicit Material Available to a Child:** It is a crime if someone "transmits, makes available, distributes or sells sexually explicit materials" for a sexual purpose to a young person who is under the age of 18 for the purpose of committing a sexual offense (e.g., viewing pornography while the child is in the room). ***Providing sexually explicit material to a child*** is called "grooming" a child using pornography to commit a sexual offence.

**Luring *a child*** is communicating with a young person using a computer to arrange or commit certain sexual offences. It is a crime if the person is under the age of consent or is thought to be under the age of consent. Depending on the offence, the age of consent ranges from 16 to 18 years.

**Exposure*:*** Every person who, in any place, for a sexual purpose, exposes their genital organs to a person who is under the age of 16 years.

**Voyeurism** is the secret (i.e., nonconsensual) observation by any means or recording of any person for a sexual purpose, in circumstances where there is a reasonable expectation of privacy.

**Indecent acts** occur when someone wilfully does an indecent act in a public place in the presence of one or more persons, or in any place with intent to insult or offend any person. The act may or may not be sexual in nature.

**Nudity** occurs when someone is nude in a public place or nude and exposed to public view while on public property, regardless of whether the property belongs to them. In this case nude means nude to offend against public decency.

**Sextortion** involves the use of sexually explicit material, such as photos or videos, to coerce or extort an individual into performing sexual acts or providing money, sexual material, or other goods.

**Sexual exploitation** is when a person in a position of trust or authority over a young person (over 16 and less than 18 years old) or on whom a young person is dependent on, engages in sexual activity with them. In this situation, the young person cannot consent to the sexual activity. The courts will therefore determine

exploitation by the wrongful conduct of the exploiter, rather than the alleged consent of the young person. The law also provides for the protection of persons with mental or physical disabilities without any age restrictions.

**Non-consensual distribution of intimate images** is an offence for someone to knowingly post, distribute, sell, or make available an intimate image, film, or recording of another person without that person's consent. An intimate image is a picture or video of a person who is nude, partially nude, or engaged in sexual activity. The photos can be of a child or an adult. Even if the individual consented to the pictures or videos, it is an offence to distribute them if the individual had a reasonable expectation of privacy at the time they were taken. Individuals under the age of 18 are never able to legally consent to the production or distribution of intimate images.

**Human Trafficking**: Human trafficking involves the recruitment, transportation, harbouring, or transfer of a person using threats, coercion, fraud, or abuse of power. These acts are for the purpose of exploitation and cause the victim to fear for their safety or wellbeing, or the safety and wellbeing of others if they refuse to perform the acts demanded of them by the traffickers. These acts may be sexual, such as in instances of sex trafficking, or may include other acts such as forced labour.

**Criminal Harassment:** These are examples of conduct that could be criminal harassment if they cause you to *reasonably fear* for your safety, or the safety of someone you know:

- Repeatedly following you.
- Repeatedly visiting, calling, or writing you, either directly or through someone else.
- Watching you, your home or workplace.
- Doing something that threatens you or any member of your family.

**Incest:** It is a crime if a blood relation has sexual intercourse with another blood relation, blood relation is defined by parent, child, sibling (including half-sibling), grandparents, grandchild.

# An Overview of Canada's Consent Laws

### What does it mean to consent to sexual activity?

To consent to sexual activity means to agree freely. The law requires that a person take reasonable steps to find out whether the other person is consenting.

### What is the age of consent to sexual activity?

**The age of consent in Canada is 16 years**. This is the age that criminal law recognizes the legal capacity of a young person to consent to sexual activity.

Generally, it is legal to have sexual contact with someone who is 16 years or older if they agree to have sex with you.

### Are their situations where a 16-year-old cannot consent?

**Yes**. It is important to know that in some situations a person must be 18 years old to consent to sexual activity. Depending on what you are doing and who you are doing it with, sexual activity with a person under 18 years-old is illegal. A person under 18 years of age cannot consent to sexual activity if:

- The other person has a relationship of trust or authority over them, or they are dependent on that person. The law does not consider that someone under 18 years freely agrees when a person who has power over them uses it to get their consent. People in positions of trust or authority include, for example, a teacher, coach, babysitter, family member, minister or doctor.
- It involves exploitative activity, such as prostitution or pornography.
- They are paid, or offered payment, for sex.

#### What about persons under 16 years old?

There are exceptions for young persons under 16 years of age who have consensual sexual activity with someone close in age. These exceptions make sure the law does not label consensual activities between young people as criminal offences. It is not a criminal offence if:

- A young person 14 or 15 years of age consents to sexual activity with someone less than 5 years older
- A young person 12 or 13 years of age consents to sexual activity with someone less than 2 years older

These exceptions only apply if the older person is not in a position of authority or trust and there is no exploitation. In fact, by law, someone 18 years or older cannot have sexual relations with anyone under 18 years of age if they are in a position of authority or trust over them.

**Important!** The law also says that children under the age of 12 years can never legally consent to sexual activity.

### Can someone else, such as a parent or friend, consent for me?

No. Only **YOU** can give your consent.

### Is saying "no" the only way to show that I do not consent?

No. You can show by your words OR actions that you do not consent. Actions, such as struggling and trying to leave, show that you do not consent. The police will not charge you with assault if the force you use is reasonable. You can use the force that is necessary to protect yourself from the attacker.

### What if I did not resist because I was too afraid?

Even if you did not resist because you were too afraid, the attacker cannot say that you consented. You are not expected to put your life at risk. The law does not consider that you freely agreed just because you did not struggle or resist.

### What if I agree to the sexual activity at first, and then I change my mind?

Once you show that you no longer agree to the sexual activity, there is no longer consent. Also, consenting to one kind of sexual activity does not mean you consent to any other sexual activity.

*You can say **NO** to anything at any time.*

### Can a person say that I consented if I was drunk?

If you are drinking or under the influence of drugs to the extent that you are incapacitated, the law does not consider that you consented.

### What if the person thought that I consented?

If the person honestly and reasonably believed they had your consent to sexual activity, it may be a defense. However, a person **cannot** use this defense if:

- They recklessly or on purpose ignored that the victim was not consenting.
- They were drunk at the time; or
- The victim was drunk at the time.

### Can my spouse force me to into sexual activity without my consent?

No. The police can charge anyone with sexual assault who forces sexual activity on you. It does not matter if the person is your spouse, your common law partner or your date.

### What if I agreed to see someone that I met online?

Just because you agreed to meet someone, does not mean that you consented to sexual activity. If you are a young person under 18 years who has been "lured" into a meeting for the purpose of sexual activity, a court would determine exploitation by considering your age, the age difference between you and the accused, the nature of the relationship between you and the accused, and the amount of control or influence the accused had over you.

Government of Canada (2018). *Criminal Code.* Minister of Justice, PLEIS-NB, 2017

## Ages of Consent

Consent laws can often be confusing to understand and are subject to change. The chart below may be useful when deciding if a particular relationship is consensual in the eyes of the law. Note that these are **federal** consent laws as determined by the criminal code of Canada. Child protection rules and legislation are part of the **provincial** Family Service Act and are separate.

## Can consent be given if…

*Children under the age of 12 cannot consent to any sexual activity with any other age. However, it is not an offence if two children under 12 engaged in sexual activities.

*This does not apply if one of the individuals is in a position of trust or authority towards the other, one is in a relationship of dependency with the other, or if the relationship between them is found to be exploitative

**Other Considerations**

The law also provides for the protection of persons with mental or physical disabilities without any age restrictions.

| **The youth is….** ? <br> ? **And the other person is…** | **Under 12** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** |
|---|---|---|---|---|---|---|---|---|---|---|
| **Under 12** | * | No | No | No | No | No | No | No | No | No |
| **Same Age** | No | Yes** | Yes** | Yes** | Yes** | Yes** | Yes** | Yes | Yes | Yes |
| **Less than One Year Older** | No | Yes** | Yes** | Yes** | Yes** | Yes** | Yes** | Yes | Yes | Yes |
| **Less than Two Years Older** | No | Yes** | Yes** | Yes** | Yes** | Yes** | Yes** | Yes | Yes | Yes |
| **Less than Three Years Older** | No | No | No | Yes** | Yes** | Yes** | Yes** | Yes | Yes | Yes |
| **Less than Four Years Older** | No | No | No | Yes** | Yes** | Yes** | Yes** | Yes | Yes | Yes |
| **Less than Five Years Older** | No | No | No | Yes** | Yes** | Yes** | Yes** | Yes | Yes | Yes |
| **More than Five Years Older** | No | No | No | No | No | Yes** | Yes** | Yes | Yes | Yes |

# Looking Beyond the Legalities of Consent

Basing our actions on the legalities of consent doesn't embody sexual relationships that are truly based on mutual trust, respect, and safety between all partners. We want to shift away from focusing solely on the legalities of consent and shift our attention to creating a culture where safety and communication are prioritized. This shift allows us to treat others based on their communicated desires and needs, as well as our own. Consent is authentic when all parties involved in a sexual interaction can freely give, deny, or further explore consent without fear of consequence.

Consent can look like a verbal 'yes" or a "no", but it can also be present in a situation where we are learning or experimenting with a new sexual experience. Saying "Maybe, let's try it" is part of a culture of authentic consent when we feel safe and confident that a request to stop will be respected. Talking about what we are comfortable with, especially before a vulnerable situation, can help prevent harm by setting parameters of what is okay and what isn't. The goal is to gather as much information as possible so that we can make informed decisions around setting boundaries. If we notice someone not respecting our boundaries we can take it as a sign, or 'red flag', that tells us they may only be thinking of themselves.

Practicing asking and giving consent produces a culture of authentic consent. There is lower risk for causing harm when consent is present and saying either yes or no to a sexual act has no adverse interpersonal or social consequences. During a sexual interaction, someone should be able to say "no" without fear of coercion, frustration, abuse, or danger. As well, someone should be able to say "yes" without fear of judgement, victim-blaming, or slut-shaming.

*Adapted from the YWCA Halifax Spectrum of Choice*

Looking at the spectrum of choice, we want to exist on the end where consent is authentic and freely given or denied without fear of consequence. As we move along the spectrum away from authentic consent, the risk of causing harm grows. Outcomes like coercion, exploitation, and assault are produced when our answer to a sexual proposition (whether it's "yes", "no", or "let's try it and find out") is heavily influenced or enforced by another person, a social context, or a social or sexual script.

- *Coercion* may be present when we make a particular choice because we feel pressure from another person or people. It may be subtle, but a situation is coercive whenever our freedom to choose is restricted.
- *Exploitation* is the act of using a threat of some kind to influence our choice, resulting in little to no choice being present at all.

It can be difficult to recognize when an interaction is moving away from authentic consent as coercion or exploitation are not always overtly aggressive, nor do they always feel bad. This kind of escalation often happens through gradual disrespect of boundaries and may not be obvious before autonomy is almost or completely gone. Because of this, feelings of shame and self-blame may be amplified for survivors of sexual violence. The absence of any choice or autonomy during a sexual interaction is sexual assault.

**To ensure authentic consent is present the person(s) should ensure sex is S.A.F.E.R**

S - **Specific**. Consent should be clear about what is agreed upon, boundaries, and any safe words.

A - **Authentic**. Consent should be expressed freely and not based on lies or deception.

F - **Frequent**. Consent is on-going and is sought regularly.

E - **Empowered**. Consent should be based on mutual respect and equality, not while a person is under the influence an unable to make informed choices.

R – **Reversible**. Consent can be taken away at any time.

## Communicating Consent

Relying on body language, reputation, previous sexual activity, or willingness to perform some sexual activities is not good enough to ensure consent is present. The only way to make sure authentic consent is present is to take the extra step and ask, using explicit and direct language.

*Asking for consent can sound like:*

- "Does this feel okay?"
- "Is this good for you?"
- "What do you want me to do for you?"
- "What do you want to do?"

**Consent requires talking together and actively agreeing on the level of sexual intimacy all persons are ready for.** When people discuss what makes them comfortable and uncomfortable and try new ways to express themselves, they take responsibility for their sexual behaviour and greatly reduce the risk of sexual assault. Consenting to some sexual activity (touching, oral sex, etc.) is not consenting to all sexual activity. As sexual activity progresses, consent must be explicitly given at each stage.

*Checking in to make sure people are comfortable with what is happening can sound like:*

- "Does this feel good?"
- "Do you want to keep going?"
- "Do you like this?"
-

**Consent is more than "No Means No."**

Past sexual assault prevention programs have taught "No Means No." We have shifted away from this language because the absence of "no", silence, or a lack of physical resistance does not automatically mean that consent is present. Discomfort and fear might be displayed through body language through stiffening, silence, crying, or lack of participation.

The other problem with 'no means no' wording is that it negates a person's natural response to fear or danger. During an unwanted sexual interaction, a survivor's fear response may activate and often results in 'freezing' or 'fawning'.

*We may hear statements like:*

- "I'm not ready…"
- "I don't know…"
- "Maybe we should do something else…"

Some people complain or worry about getting "mixed messages" (e.g., someone nervously laughing or staying silent but not saying "no). When we focus on mixed messages as the problem, rather than a lack of communication, the responsibility for the consequences of sexual violence falls on the person being asked rather than the person asking.

## Consent and Intoxication

When people engage in sex while intoxicated there is risk of harming someone, particularly when there is no discussion about consent. The person who initiates the sexual activity is responsible for ensuring consent is present. **If someone is unconscious or incapacitated under the influence of drugs and alcohol, consent cannot legally be present.**

- Engaging in sex while under the influence is a risk. Depending on the nature of the relationship, such as how much trust and safety exist, the risk can be big or small. It's a best practice to wait until all parties are sober.

### Sexual Communication and Gender Roles

When sexual boundaries and desires are not discussed prior or during a sexual interaction, problems and miscommunication can occur. A difficulty is that discussions about sex are challenging because there are varying standards of sexual roles that are reinforced by societal gender roles.

| Masculine Sexual Roles: | Feminine Sexual Roles: |
|---|---|
| • Bombarded with sexual images every day, these images are generally simplistic, raw, and degrading.<br>• Portrayed as being in control (e.g., the pursuer, the sexual aggressor).<br>• An expectation that they are always totally sure of themselves, they don't talk about sex they are always ready and just do it. | • Ashamed of their sexuality.<br>• Are encouraged to put other's sexual needs and desires before their own.<br>• Saying no makes you 'frigid'.<br>• Saying yes makes you 'easy' or a 'slut'. |

Double sexual standards limit women and feminine presenting people's power, assertiveness, and sexual autonomy, and feed into the stereotype of masculine sexual aggression. If needs, feelings, and expectations are not discussed, a person may do 'what is expected of them' according to societal standards rather than what they actually want. It is important to get past these barriers so that people can develop responsible and healthy attitudes about sex, as well as make and declare their choices around the sex they are or are not engaging in.

# Secondary Wounding

Secondary Wounding occurs when the attitudes, beliefs, and behaviours of others blame/shame/punish a survivor in any way. Many survivors report that their secondary wounding experiences were *more* painful and devastating than the originally traumatic event because the shock of the original betrayal was exacerbated by betrayal from those who were **supposed to be sources of support**. A growing body of research shows that those victimized by sexual assault are often denied help by their communities. What help they do receive often leaves them feeling blamed, doubted and revictimized. These experiences are sometimes called "**the second rape/assault**" or "secondary wounding".

**Acting without Consent**

- "I called the police so you can report it."
- "I arranged a counselling appointment for you. You really need to talk to someone."
- "I called your assaulter. I sure let him have it!"
- "When I told _____ they told me to tell you how sorry they are."

**Denying**

- "You are lying … that didn't happen."
- "Are you sure that's what happened?"
- "That couldn't have happened!"
- "You must be confused."
- "I don't believe it. He wouldn't do that."

**Blaming**

- "If you hadn't _____ it wouldn't have happened."
- "It's your fault. You shouldn't have _____."
- "You deserved it – think of how you act/what you wear/where you live."
- "Why did you go there with him?"
- "You should never let yourself get so drunk."
- "Weren't you with them earlier? You led them on!"
- "What could you have done differently?"

**Discounting or Minimizing**

- "You've been stressed lately … you're overreacting."
- "You're lucky that's all that happened!"
- "I'm sure he didn't mean to …"
- "You can't dwell on the past."
- "It must be a misunderstanding."

**Stigmatizing and Negative Labelling**

- "You're letting this whole thing control you."
- "How could one incident affect you so much?"
- "They're so reckless. No wonder they were raped."

- “Are you going to be a victim all your life?”
- “They’re holding on to this for some reason.”
- “Why would you tell me that? You’re ruining our family!”

**Questioning**

- “Why didn’t you run/scream?”
- “Why didn’t you tell someone right away?”
- “Why didn’t you report it to the police?”
- “Are you making it up to get back at him?”
- “Did you say ‘no’”?
- “Why are you dragging this all up now?”

**Failing to Offer Support**

- Not listening when a survivor discloses
- Avoiding discussions
- Encouraging silence around the topic
- Discouraging following up on referrals
- “No one can make you feel inferior without your consent.”
- “Don’t come crying to me.  You made your bed – now lie in it.”

**Attributing Current Behaviour to Past Trauma**

- “I know I was late, but they’re just carrying on because they’re so screwed up from the rape.”
- “They’re only making a big deal of this because of what happened to them.”

**Misinterpreting Distress as Psychological Instability**

- “Whatever you do, don’t upset Alex. They’re really unstable now.”
- “If this job is too much for you now, I understand.  You’ve been through a lot.”

**Service Providers Showing Limited Understanding of Sexual Trauma**

- Police dismissing the survivor’s claims as consensual.
- Police insisting on the rape kit (and its medical intrusiveness) without considering the impact.
- Medical services failing to connect health problems to sexual trauma.

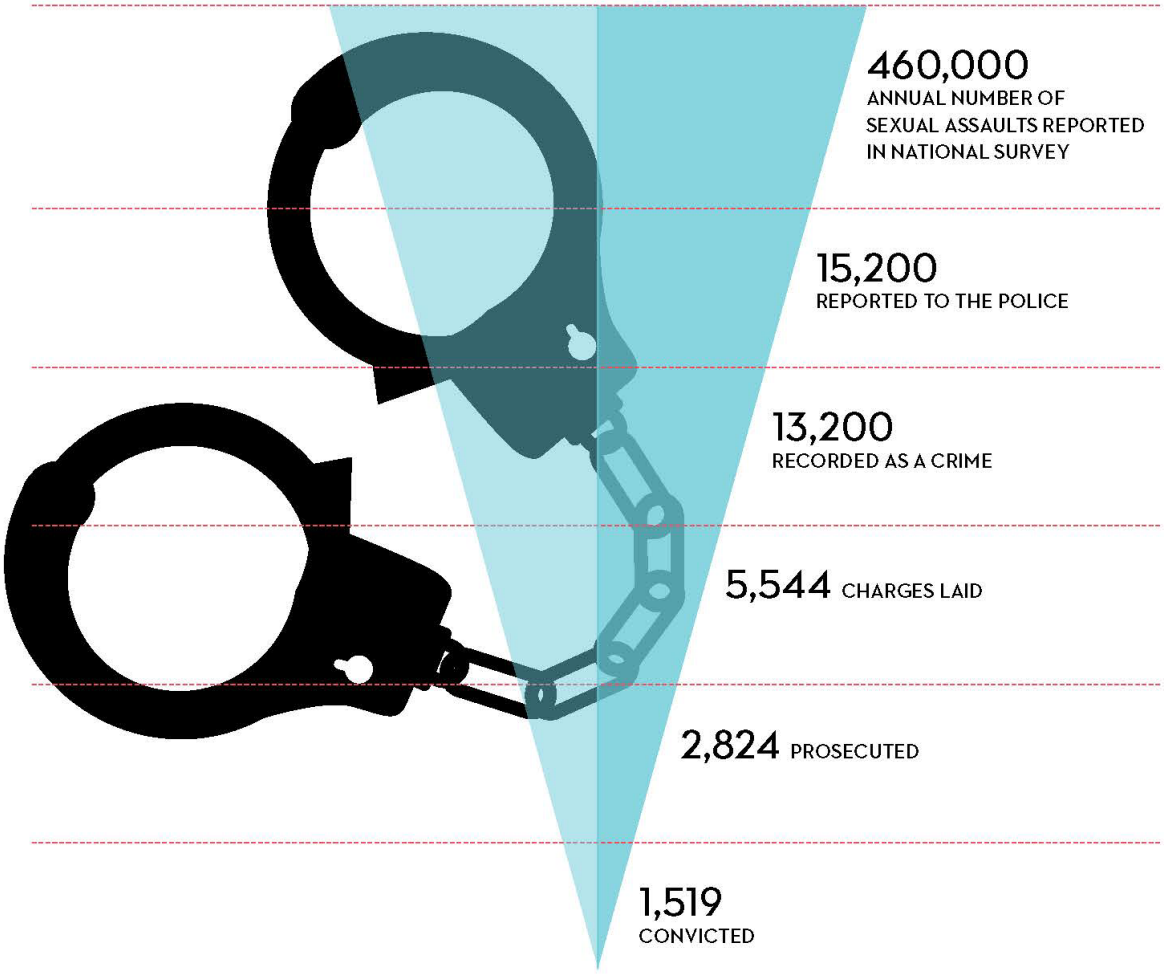
**Believing or Stating Sexual Trauma Myths**

- Believing that anyone who says they were sexually assaulted is lying to get attention or to get the ‘assaulter’ in trouble.
- Seeing the victim’s past sexual history or psychiatric history as a way to discredit their disclosure.

**Failing to Act Appropriately in the Counselling Setting.**

- Asking unnecessary details about the trauma.
- Utilizing counselling techniques without proper training that cause further traumatisation.
- Failing to fully explain counselling boundaries, confidentiality, and duty to report.

# LESS THAN 10% *of sexual assaults are reported to the police*




THIS IMAGE IS ADAPTED FROM HOLLY JOHNSON'S WORK IN "LIMITS OF A CRIMINAL JUSTICE RESPONSE: TRENDS IN POLICE AND COURT PROCESSING OF SEXUAL ASSAULT," IN SEXUAL ASSAULT IN CANADA: LAW, LEGAL PRACTICE AND WOMEN'S ACTIVISM, EDITED BY ELIZABETH SHEEHY. PUBLISHED IN 2012 BY UNIVERSITY OF OTTAWA PRESS. USED WITH PERMISSION. ALL STATISTICS ARE FROM STATISTICS CANADA. HANDCUFFS: STEPHEN WEST, FROM THE NOUN PROJECT

SEE IT BELIEVE IT

CANADIAN WOMEN'S FOUNDATION

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# The Impact of Secondary Wounding

The support received following the disclosure of sexual assault or abuse can directly shape the impact of the trauma on a survivor's life. Messages – even indirectly or unintentionally communicated – that somehow blame the victim can have a damaging impact upon the person's identity beliefs and sense of personal competence and worth, along with their basic trust and safety with others, community institutions, and worldview. Given the magnitude of the decision to tell one's story and to take the first step in seeking support, it is not surprising that many survivors who meet with inappropriate responses to their disclosure of sexual violence describe this experience as at times even more upsetting and traumatic than the event itself. It is the re-traumatization of the survivor resulting from these reactions that causes secondary wounding.

Not surprisingly, secondary wounding has been strongly associated with a variety of negative outcomes for survivors. Secondary wounding is associated with poorer self-rated recovery, increased psychological distress, physical health challenges, and PTSD (Post Traumatic Stress Disorder). Perhaps the most troubling impact secondary wounding might hold, however, is its ability to silence a survivor, effectively stopping them from seeking or demanding other positive, healthy support. In order to begin to fully grasp its effects, it is useful to think about *why* secondary wounding has the impact it does.

Secondary wounding behaviours can have long-lasting impacts on the survivor, causing them to doubt the effectiveness of the system supposedly designed to support them, and, most disturbingly, to question their own self-worth, their culpability in their assault/abuse, and even the validity of their experience.

Following sexual trauma, both one's understanding of oneself and one's worldview are affected. Specifically, it is common for someone who has experienced sexual violence to believe that they are incompetent, and that the world is an unsafe place. When a survivor is able to access support systems that are positive, these beliefs about their self and the world can be understood as responses to the trauma itself. Strategies and support can be provided so that the survivor may develop a different but fair understanding of self and their relationship to the world.

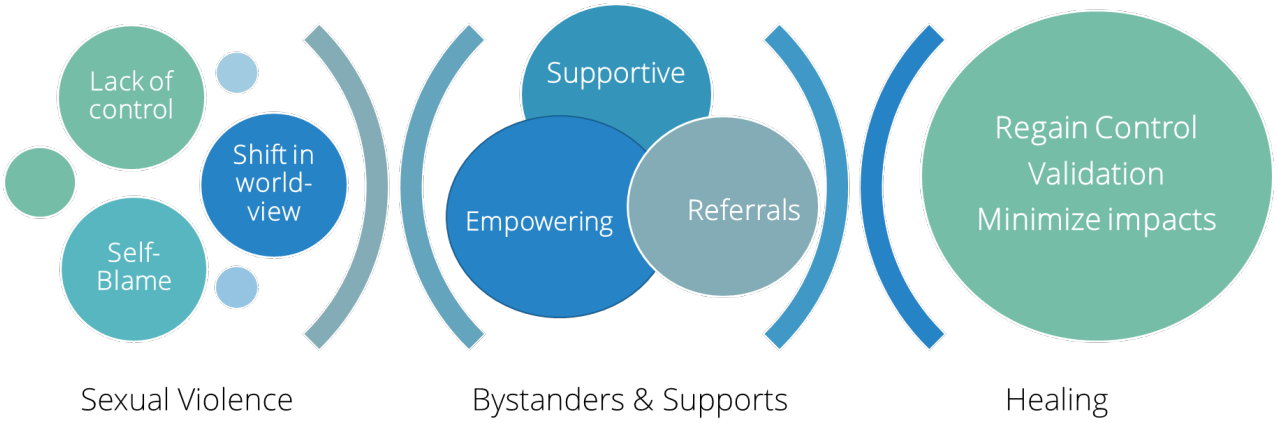

Avalon Sexual Assault Centre (2011)

Briere, J. & Scott, C. (2006). Principles of trauma therapy: a guide to symptoms, evaluation, and treatment. Thousand Oaks, California: Sage.

Ullman, S. E. and Townsend, S. M. (2007). Barriers to working with sexual assault survivors: A qualitative study of rape crisis center workers. Violence Against Women, 13(4), 12-443.

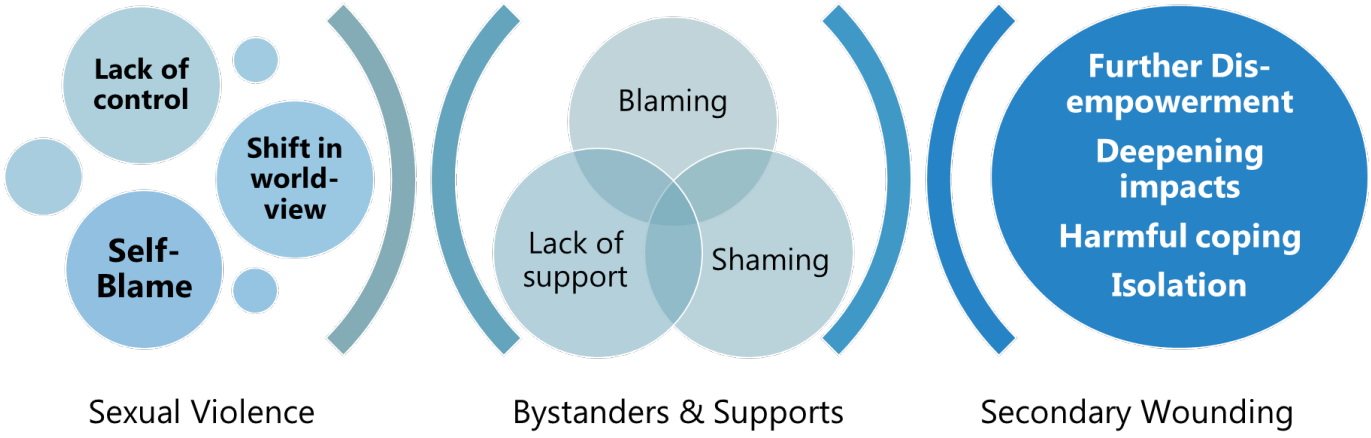
Campbell, R., Wasco, S. M., Ahrens, C. E., Sefl, T., & Barnes, H. E. (2001). Preventing the 'second rape': Rape survivors' experiences with community service providers. Journal of Interpersonal Violence 16(12), 1239-1258.

## Results of Receiving Positive Support




However, rather than empowering a survivor to regain a sense of control, responses that cause secondary wounding simply confirm and even exacerbate the survivor's beliefs in their own incompetence and loss of control. Because secondary wounding may silence the survivor, and prevent them from seeking future support, they must endure alone both the ongoing impacts of the original trauma as well as the re-traumatization they experience through secondary wounding.

## Results of Receiving Poor Support



# Myths in the Media

## The media teaches us about:

**Who is valuable:** Everywhere we turn, media messages tell us who is valuable and important. White, wealthy, able-bodied men are consistently shown in more important positions than women. The majority of "experts" seen on TV or in the newspapers are white, upper to middle class, well-educated men. If women are portrayed in the media, they look perfect and spend their time thinking about relationships with men. To be valuable, women must reach for the unattainable. Specifically, this formula includes the following features. To be valuable a woman must be:

- Childlike
- Passive
- Thin
- Young
- Innocent
- Sexy
- Big eyes
- Long legs
- Quiet
- Vulnerable
- Large breasted

**Who is not valuable:** People who do not fit the boundaries of "normal" are shown in the media as deviants. Ultimately, women who do not fit the image of the stereotypically beautiful, innocent, sexy woman are shown as the bitch, the whore, or the butch.

**Who is powerful:** Media tends to show the same types of people in the same powerful roles. Generally, the people who are valued (white, wealthy, able-bodied men) tend to have the most important and influential positions. White men tend to be the "experts" in the media. Consequently, they have a lot of power to change other people's minds: they help make laws, hire and fire people, and socialize with other influential people.

**How to behave (act like a lady or be a man):** The media provides strict guidelines that show women and men how they should behave: from which toys to use, to how to act in sexual situations. These messages are everywhere; eventually they sink in and influence how we act. The media also shows men and women how they should relate to one another: in life, in love and during sex. Generally, the man is portrayed as the one in control, the pursuer, and the sexual aggressor. Women, on the other hand, are shown as innocent, sexy, and passive. These stereotypes (that are reinforced by the media) can be dangerous because the media says that a man should always be in control of his life, problems will occur when he is faced with a world that he cannot completely control.

**That women are sex objects:** You may have heard the saying "sex sells." Regardless of whether it is true or not, sex is consistently used to sell products. In particular, it is women who are portrayed as the sex objects. When a woman is portrayed as a sex object, the media is saying that her sex appeal (how she looks) is the only thing that is valuable about her. Her role is simply to please men. Women's bodies are often turned into objects – things. This is dangerous because it dehumanizes women. Turning a woman in to an object is the first step toward justifying violence.

**That violence is acceptable:** The media continually shows men as dominant and women as weak. In sexual relationships, men are shown as aggressive and knowledgeable while women are portrayed as passive and innocent. The trivialization of violence is an ongoing theme in the media. Advertisements and music videos often normalize and justify beating or raping women. In fact, many media sources show women enjoying violent sex and rape: women are asking for it – they don't mean it when they say 'no'. Men learn that it is okay to act violently toward women. Consistently research indicates that the more television that we watch, the more likely we are to hold sexist views and to use violence to solve problems (Children Now: www.childrennow.org).

# Sex with underage girls lands man in jail

Author of the article: Susan Gamble
Publishing date: Oct 29, 2019

A young Six Nations man with a rough childhood was searching for love when he pursued sexual relationships with two underage girls, impregnating one, a judge said.

Justice Colette Good gave Kolton General, 24, a global sentence of two years when he appeared in Ontario Court to plead guilty to two counts of sexual interference and one count of child luring.

“For the most part, Mr. General has been used, abused and neglected,” Good said. “He just wants to be loved and felt like (his victims) cared about him and showed him love.”

The judge recounted General’s life of physical, emotional, spiritual and alcohol abuse, noting that family members were taught to fight and steal for survival.

“Everybody deserves to be loved,” she said.

But the judge noted that General’s love interests were incapable of consenting to sex.

General was neglected as a child and shuffled among family members. He was beaten, turned away by his mother and introduced to cocaine by his father. As a young teen, he was homeless, sleeping in parks, construction sites and apartment stairwells.

At 15, General got into a serious relationship with a 12-year-old girl, who committed suicide. As a result, he started drinking. And then his father was killed in a workplace accident.

“Over the years, very few people have been there for him with consistent love and guidance,” said Good, noting General’s experiences explain, to some extent, his poor choices.

In 2015, General, then 20, met a 14-year-old girl and, within months, they were having sex.

General told the girl the relationship was “risky” and illegal, court was told.

The girl became suicidal because she believed she was pregnant. Her mother had to call the police to help.

At the end of 2015, General started an online relationship with a 13-year-old. A few months later, he met her at her public school, where he tried to kiss her and touch her private parts. She ended that meeting but, a few months later, met again with General.

“He took her to his father’s residence and had sex,” said Good. “She was 14 and he was 21 and it became a romantic relationship.”

The pair had sex regularly over the next two years. General said he wanted to get the teen pregnant so she would “never leave him.”

By the time she was 15, she was pregnant but, after she gave birth, their relationship ended because General was arrested for assaulting her.

The judge said General knew what he was doing was illegal, telling one girl: “I don’t care if I look bad in the public eye, I’m still going to be your boyfriend.”

“He has limited insight into the harm he’s caused and, instead, focuses on the harm that’s been caused to him,” said Good.

“He’s an articulate, street-savvy young man of some intelligence and (his victims) were easy prey. He used them to satisfy his need to be loved and his sexual desires. The fact they gave consent doesn’t in any way reduce his moral culpability because they were too young to consent.”

The judge said she was particularly concerned that General had met both young girls at their public schools.

With the time he’s already served calculated at 507 days, General was returned to jail to serve another 222 days.

The judge ordered that General’s name be placed on the sexual offenders list for the rest of his life. He also must maintain a three-year probation after his release and get counselling for his past trauma and about appropriate sexual relationships.

General is under a 10-year order that prohibits him from being around places where underage girls might be, including parks, swimming pools, schools and playgrounds.

He can’t use the internet or cellphones to communicate with any female under 16 except for family members.

“That’s a very significant order,” said Good. “Can you follow it to the letter?”

“I can and I will,” said General.

SGamble@postmedia.com

@EXPSGamble

## Your Notes

# Secondary Wounding in the News

How might this media teach a consumer about consent, gender roles, and the myths that we learned about today?

How might this media teach a consumer about the myths we learned today?

Identify where secondary wounding would have occurred in this story.

# Body Scan Script

INTERVENTION

To begin, please bring kind awareness to

- any resistance you might have towards building self-compassion
- how your belly, chest, and head each feel when you reflect on the idea of self-compassion
- the emotions that you can associate with these physical feelings

You may want to sit on a chair with your back upright and yet relaxed, or else on a meditation cushion, or you may even want to lie on the floor if that is what is most grounding for you. Once you get yourself situated, we'll begin. Start by first getting in touch with your body, how it feels right here in the present moment. See if you can feel the weight of your seat on the cushion, or of your back on the floor.

Just notice the entire field of the body sensation, any prickling, tingling, heaviness, pressure, lightness you may feel. Just feel your body as it is right now.

What we're going to be doing is moving our attention and awareness to different parts of the body, sweeping from the crown of the head down to the toes and back again. As we go through different parts, giving ourselves compassion for any pain or tension we may feel there, or perhaps for any shame or feelings of inadequacy we are carrying with us.

Starting with the crown of your head, just notice what sensations are there. See if you can tune into that point just between the air above your head and where your skull starts. Again, is there any tingling or sensation there? If so, just notice it. If not, that's fine, too.

Then become aware of your facial muscles. We have hundreds of muscles in our face. They work very hard for us, expressing our emotions. If you feel any tension or stress in any of your facial muscles, try relaxing, soothing them, maybe imagining massaging your face with your awareness, being grateful for how hard our face muscles work for us.

Then become aware of the back of your head. Any sensations there? If you have any sort of headache or pain, just being kind, tender, compassionate to the fact that you aren't feeling, perhaps, as well as you'd like, or if no sensation is there, just feel whatever's happening right now.

Now become aware of how your neck feels, again, any tension, burning, tightness. Our neck often holds our tension so just relaxing the neck muscles, and soothing and comforting any points of pain you may be experiencing, dropping down into your shoulders. A lot of emotional tension, fear, stress, is held in our shoulders. We almost always feel some sort of pain and tension there. First, just notice what you feel. What is the sensation like? Hot? Cold? Tight? Numb? Dull? Take a moment to have compassion for the stress of being shoulders in your body. They take on a lot for us, and just soothing, comforting any feelings of pain or discomfort you may have.

Then dropping down so that you're aware of your upper back, your shoulder blades, again, feeling any tension that's there, any discomfort, allowing it to be as it is, hot, cold, sharp, soft, but using our awareness to acknowledge any pain, and to sooth that area of our body. I want you to mentally imagine getting a little bit of a massage there in your shoulder blades.

Then become aware of your chest area, the seat of our heart, where emotions are often felt very intensely, including difficult ones like grief, disappointment. Try to notice how the physical sensations of your chest are manifesting. Is the sensation moving? Is it buzzing? Is it tight? Just simply notice what's there. Relax around it, and comfort yourself for any pain you might be feeling.

Then focus your attention on your stomach area. A lot of difficult emotions get stored here. First, just focus on the actual sensations of your stomach. Any tension? Any physical discomfort? Then also, are any feelings coming up of inadequacy, or non-acceptance of being exactly who you are in this moment? Whatever arises, you're going to take a very calm, comforting, loving stance towards this part of our body.

Then turn your awareness towards your lower back, very big muscles there needed to keep us upright. If you feel any tension, try to relax that part of your body, and consciously sooth and comfort any pains or aches you might feel.

Now, dropping down to our pelvic area. Again, a lot of tension often here we don't even pay attention to. We often avoid paying attention to this part of our body. Just notice what feelings are there. If there's any discomfort or tension, try to relax. If there are any emotions that come up for you that are difficult, again, take a very soothing, comforting approach towards this part of your body, just allowing it to be as it is.

Then dropping down to your seat itself. You're just noticing what feelings are there. If there's any tightness or tension, soothing and relaxing this part of your body, and if there are any feelings associated with it, just having compassion for it with an open heart.

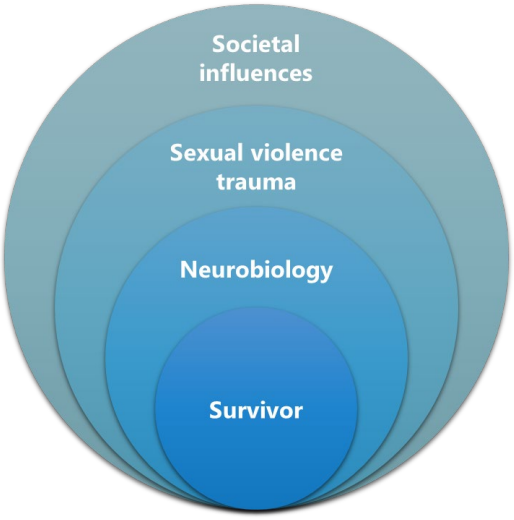
Let's move back up to our arms, the tops, the shoulder blades. Soothing any tension or discomfort, relaxing, caressing with our awareness kindly. Now your lower arms, wrists and fingers, your hands, just gently noticing what you feel there. Giving any compassion for areas of strain.

Now shift your focus to your upper legs, see if you can relax the muscle. If you notice any discomfort or tension, kindly soothing and comforting this part of your body. Then moving down to your calves and shins, feeling the muscles softening around any tension, and then finally focusing on your feet. Take a moment to appreciate your feet, giving yourself a mental foot massage.

Now, moving up to both calves, both upper legs, up to your stomach, your chest, your neck, your head. Just imagine the energy flowing out the top of your head, feeling the energy of life flowing through you, resting in awareness of this magnificent body we have, of compassion for its pains and appreciation for its wonder.

# Sexual Violence as Trauma

As explored through the previous activities, sexual violence is an interpersonal trauma that is compounded by many interconnecting forces. At the centre of the experience, we have the individual survivor who is bringing all of their experiences of past violence, supports, personal belief in sexual assault myths, experiences of marginalization and forced oppression. Without any other factors, each person will experience sexual violence differently from the next.




The next contributing layer is the person's neurobiological response to that event. Our brains and bodies respond automatically to danger and the long-term lasting effects on a person's autonomic nervous system are rooted in all the individual characteristics of that person.

Sexual violence trauma is unique in the interpersonal ways it impacts relationships, intimacy, trust, and safety in the world. It can erode a person's self worth and relationship to their body as it is the site of the trauma. The autonomic responses continue to interfere with daily life and relationships.

Finally, all of these layers are fed by the societal structures in place that minimize and colour our understanding of sexual violence. Survivors often begin to mistrust their own judgment of circumstances as they try to make sense of their experience. The intrinsic belief that there must have been something they did to have caused the violence to occur is overwhelming. The shame, self-blame, and guilt become overwhelming for the survivor as it most often occurs in silence and isolation. Because they feel like something they did cause their own abuse, they are likely to carry the burden on their own, deciding they don't deserve justice or even support.

## Trauma

Trauma is **both an event and a person's reaction to that event**. A group of people may experience a similarly overwhelming event – such as a natural disaster – but not all of the people will experience trauma. Whether a particular event provokes a traumatic impact can depend on:

- **If the event is extremely upsetting**, causes significant distress involving great fear, horror, and helplessness.
- **If it temporarily overwhelms the individual's** internal resources (emotional, psychological, and physiological) and ability to return to a state of equilibrium.
-

Trauma can include a wide range of events that are driven by human behaviour or nature, these include:

- Emotional, physical, and sexual abuse
- Neglect
- Witnessing violence
- War, acts of terrorism.
- Serious Accidents
- Natural Disasters
- Intrusive or painful medical procedures
- Loss of loved ones, abandonment

Trauma is **both an event and a person's reaction to that event**. A group of people may experience a similarly overwhelming event – such as a natural disaster – but not all of the people will experience trauma. Whether a particular event provokes a traumatic impact can depend on. A traumatic event **overwhelms an individual's capacity to cope** due to accompanying feelings of fear, terror, helplessness, hopelessness, and despair. Although the event does not necessarily have to be a threat to a person's survival to be deemed traumatic, the survivor has no control over the situation, so it often feels that way. Furthermore, the trauma will violate the survivor's sense of self and sense of security.

Although traumatic events affect people from all socioeconomic backgrounds, ethnicity, geographic location, gender, and age, individuals who belong to marginalized and oppressed groups have a higher risk of producing a traumatic response. **Youth, women, minority groups, and individuals living in poverty have higher instances of experiencing trauma and producing a traumatic response**.

> "Responses to trauma are normal reactions to abnormal events."
>
> *Randall & Haskell, 2013*

There are many experiences that can cause trauma in a person's life. The circumstances of these events often lead to nuanced and complex reactions for the survivor. Common types of traumatic experiences include:

- **Shock Trauma**: harm caused by unexpected events that often occur once.
- **Disaster Trauma**: harm caused by natural catastrophes.
- **Grief Trauma**: impacts caused by loss such as losing a loved one, relationship, or personal identity.
- **Generational Trauma**: impacts of historical events on families such as colonization, addiction, or family violence.
- **Developmental Trauma:** impacts of events in childhood that disrupt normal developmental processes, such as chronic neglect, abuse, and attachment disruptions.
- **Interpersonal Trauma:** harm caused by experiences that occur within the context of relationships or interactions with other people.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# What is unique about sexual violence trauma?

ACTIVITY

Below is a list of events commonly associated with trauma. Categorize or group these events according to any sorts of similarities or differences you see between them in as many categories as you see fit. As you are doing this, think also about the questions listed below.

- a flood
- child sexual abuse by a parent
- sexual assault by a stranger
- a car accident
- robbery
- death of a loved one from terminal illness
- school bullying
- sexual harassment at work
- war
- acquaintance sexual assault
- domestic violence
- house-fire
- emotional neglect as a child
- terrorist attack

What characteristics do the events you have grouped together share?

What, if anything, distinguishes one event or category from another?

Think about the way people might respond to someone who has experienced one of these events. How might these responses differ between the various types of traumas?

What are the unique challenges for someone who has experienced trauma from sexual assault?

PEIRSAC (Prince Edward Island Rape and Sexual Assault Centre). (2008). The victim's reaction. *PEIRSAC: Educational Resources.* Retrieved from: http://www.peirsac.org/peirsacui/er/educational_resources29.pdf

# Sexual Assault Trauma

Victims of sexual violence are at higher risk for trauma because of the nature of the incident and its effects on the victim's view of the world. The following are some of the enduring impacts of sexual violence experienced as a trauma:

It can cause one to see the world in general through a lens of distrust. The violation of trust perpetrated by the offender can generalize widely to other people.
Events such as natural disasters and/or accidents, often appear random and can be explained away as 'acts of God' or 'bad luck' in ways that are less likely to cause survivors to lose their trust in other human beings and in society whereas sexual violence may be perceived as deliberate, targeted, and personal. This can be especially true and complicated if the perpetrator is someone the survivor knew and trusted.

Victims often face additional challenges because of the stigma associated with sexual violence. Survivors of natural disasters or accidents tend to be less stigmatized and, in fact, often receive an outpouring of financial, emotional, and even systemic/political support often from complete strangers. Whereas survivors of sexual violence often meet with 'blame-the-victim' attitudes.

How an individual copes with sexual assault varies. There is no straight line, point A to point B, path that survivors follow. How she reacts and ultimately moves forward from the assault will depend on:

- Their personality,
- Their support system,
- The reactions of others after the assault (police, medical personnel, family, friends,)
- The assault itself (degree of violence, extent of injuries, prior relationship with assailant),
- The circumstances of the survivor's life prior to the assault (previous assaults/abuse, other current crisis).

## Your Notes

Matsakis, Aphrodite. (1992). I Can't get Over it: A Handbook for trauma survivors. Oakland, CA: New Harbinger Publications.

## Following the assault

The survivor may experience some or all of the following reactions:

**Immediate impact reaction:**

- Wide range of emotions, fear, anger, humiliation, degradation, shame, embarrassment, self blame, guilt, disbelief, depression, radical mood swings, confusion, grief
- Two emotional styles - expressed or controlled

**Somatic Reactions:**

- Physical trauma such as soreness and bruising to injured areas
- Skeletal muscle tension resulting in headaches, fatigue, and disturbances to sleep
- Loss of appetite and nausea; genital-urinary disturbances such as discharge, infection and pain
- Side effects from anti-pregnancy medication

**Behavioural Reaction:**

- Changes in sleep, nightmares, eating disturbances, concentration problems

In the midst of all this emotional upheaval, the survivor will be struggling with decisions about medical care, police involvement, physical safety, and whether to tell family and/or friends about the assault. As a result, the survivor is likely to be feeling tense and exhausted and have trouble concentrating and performing routine tasks.

**New Normal:**

The survivor strives to come to terms with the assault and incorporate it into a framework they can understand and accept. Often, they or those around them will wonder when their life will "get back to normal" when in effect they are beginning to create a new normal where they can reconstruct their life after the trauma of a sexual assault.

## Your Notes


PEIRSAC (Prince Edward Island Rape and Sexual Assault Centre). (2008). The victim's reaction. *PEIRSAC: Educational Resources.* Retrieved from: http://www.peirsac.org/peirsacui/er/educational_resources29.pdf.

Matsakis, Aphrodite. (1992). I Can't get Over it: A Handbook for trauma survivors. Oakland, CA: New Harbinger Publications.

# IMPACTS OF SEXUAL VIOLENCE

In processing sexual violence, a survivor will be navigating decisions about medical care, police involvement, physical safety, and who to tell. They have to integrate the violence into something they can understand and accept. They are beginning to create a new normal where they can reconstruct their life after the trauma of sexual violence while facing some potentially long-lasting impacts.

**Lifestyle Changes:** Impacts associated with the assault may disrupt a survivor's living patterns, such as

- changes in normal activities
- not going to work or school
- having to move or change place of employment/school to avoid being reminded of assault
- avoiding public spaces due to fear of violence, particularly for Trans survivors

**Physical Injuries / Problems:** following the assault, the survivor may be dealing with

- physical injuries associated with the assault or abuse
- concerns about pregnancy
- concerns about STIs or dealing with effects of medications to prevent pregnancy or STI

**Re-Experiencing Responses**: Survivors often experience thoughts or feelings reminiscent of the assault:

- Intrusive thoughts and ruminations: a constant replay in the mind of the traumatic experience
- Flashbacks: sudden, intrusive, and vivid re-experiencing of traumatic experiences. A flashback may involve some or all of the senses; it may be experienced as smells, tastes, bodily sensations, sights and sounds. These memories can be so vivid that they may be unaware of their surroundings.
- Nightmares: may contain scenes of the actual events or symbolic representations of the original trauma, in which the emotional feelings of the original experience are recreated.

SVNB VSNB

**Challenges with Relationships & Intimacy:** For many survivors, engaging in sexual and intimate relationships following a sexual trauma can be extremely difficult. A survivor can experience:

- Physical pain
- Loss of pleasure or interest in sex, dread of sex
- Increased sexual activity
- Sexual activity may trigger flashbacks or other feelings or reactions
- Extremely rigid boundaries or lack of boundaries
- Challenges trusting others in intimate relationships
- Challenges trusting oneself in intimate relationships, self-doubt

**Hyper-Arousal Responses**: Many survivors continue to experience a heightened state of distress.

- Irritability or sudden anger
- Difficulty sleeping (difficulty falling or staying asleep)
- Lack of concentration
- Being overly alert or easily startled or feeling jumpy
- Hypervigilance (on constant “red alert”)

**Challenges with Regulating or Controlling Emotions**: Many survivors who experience abuse have the sense that their emotional life alternates between feeling nothing at all or “numbness” (hypo-arousal) to feeling everything with great intensity or being “overwhelmed” (hyperarousal). It can often feel difficult or impossible to control emotions.

Some of the common experiences associated with emotional regulation challenges include:

- Overreaction to minor stresses
- Becoming easily overwhelmed by emotions and thoughts (feeling “out of control”)
- Difficulty calming or soothing oneself

**Changes in Self-Perception**

- A sense of powerlessness, helplessness, and a loss of control
- A sense of stigma and of being different from others
- A sense of guilt, shame, and self-blame

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**Avoiding / Numbing Responses:**

- Avoiding reminders of the event, including places, people, thoughts, or feelings
- Feeling emotionally numb
- Withdrawing from family and friends
- Loss of interest in everyday activities
- Feeling like you're "going through the motions"

**Dissociation & Changes in Consciousness:** Dissociation is a process in which the mind distances itself from an experience because it is too overwhelming to process at the time. Dissociation is experienced in some of the following ways: as a sense of being disconnected, distant, or 'spaced out' from thoughts, memories, feelings, actions, and relationships.

- Amnesia (loss of memory) or hypermnesia (heightened recall) for traumatic events
- Losing conscious awareness of the 'here and now' or feeling disconnected or distant
- Depersonalization (the experience of feeling like an outside observer of one's body
- Derealisation (feeling like the external world is altered, unfamiliar, or unreal: e.g. People seem unfamiliar or time seems sped up or slowed down)

**Additional Health & Well-Being Risks Associated with Coping**: Many cope with the impacts of sexual trauma without outside support for a very long time. As a result, survivors may develop or utilize strategies for dealing with some of these impacts while helping to survive can pose additional challenges to health and well-being, such as:

- Impacts associated with alcohol, drug or other addictions
- Disordered eating
- Self-harm

*Haskell, Lori. (2003). First stage trauma treatment: A guide for mental health professionals working with women. Toronto, ON: Centre for Addiction and Mental Health.*

SVNB VSNB

# Benefits of Understanding the Science

The neurobiology of trauma is a combination of various branches of brain science that help to explain common – but commonly misunderstood – ways that survivors (a) respond during a sexual assault, (b) encode and store the experience in memory, and (c) recall these memories later. Developing a basic understanding of the neurobiology of trauma can be useful in explaining what happens in the brain and body when sexual assault occurs and how the encoding and processing of memory is disrupted. These two pieces of information can be transformational in addressing a number of commonly experienced impacts of sexual violence trauma, especially self-blame, shame, emotional regulation, flashbacks, triggers, and memory confusion.

However, the neurobiology of trauma should not be use as if it's an all-encompassing explanation for all survivors' behaviours and memories. Some of the most important insights into the behaviors and memories of sexual assault survivors are not based on neurobiology research, and many survivor responses do not require scientific research to be understood appropriately. For example, there are plenty of psychological and social reasons why most survivors don't physically resist during a sexual assault, why it often takes a while to tell someone about the assault or report it to law enforcement, and why many survivors maintain a relationship with a perpetrator. **Many professionals in the field understood these survivor behaviors, and responded appropriately, long before they knew anything about the neurobiology of trauma.**

According to Dr. Jim Hopper, understanding the neurological basics of how people commonly respond while being sexually assaulted allows us to have realistic expectations for survivor responses during a sexual assault and practice more perceptive listening to their account of what happened. Understanding essential scientific findings and avoiding any misinterpretation or misapplication can help service providers work more effectively with survivors of sexual assault and mitigate the impacts of secondary wounding by:

- **More realistic expectations:** We will be better prepared to understand that rational thinking tends to be quickly impaired, that behavior tends to be reflexive and habitual, that people often dissociate and go on autopilot, and that only some parts of the experience get encoded and stored in memory.

- **More perceptive listening:** If we know that stress and trauma can impair the decision making of the rational brain and shift a person toward habit-based behaviors, then we can recognize those behaviors for what they are and not as "failures" to respond rationally or effectively. If we understand that dissociation can kick in at any time, then we won't be surprised by missing pieces of memory due to dissociation at any point during the sexual assault. We'll know to keep listening, without bias or assumptions about whatever else the survivor may disclose.

Hopper, J. (2020). Important Things to Get Right, and Avoid Getting Wrong, About the "Neurobiology of Trauma." Part 1: Benefits of Understanding the Science. End Violence Against Women International.

# Essential Foundations of Neurobiology

Developing a basic understanding of the neurobiology of trauma can be useful in explaining what happens in the brain and body when sexual violence occurs and how the encoding and processing of memory is disrupted. These two pieces of information can be transformational in addressing a number of commonly experienced impacts of sexual violence trauma, especially self-blame, shame, emotional regulation, flashbacks, triggers, and confusion.

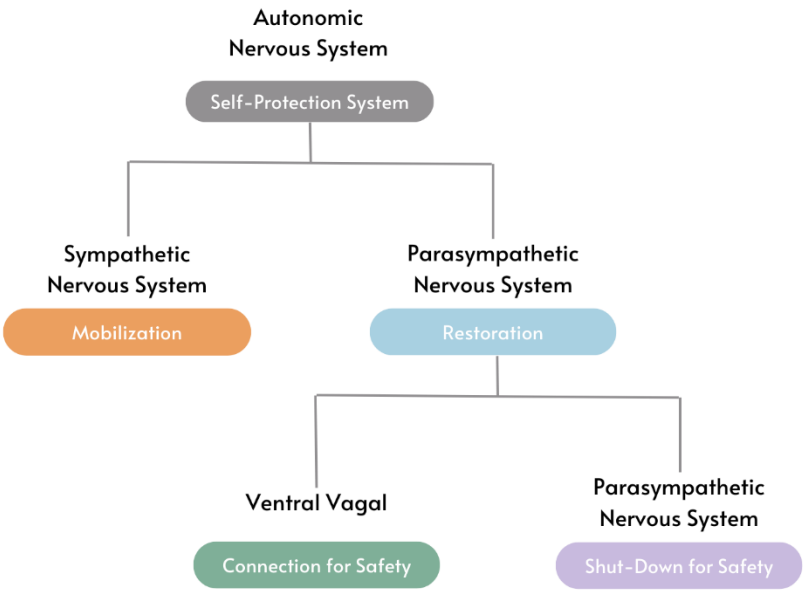
This introduction to neurobiology is strategically presented bottom-up to identify not only the chain of reaction within the human body, but also contextualizing one perspective as it is nested within the rest.

## Everyday Autonomic Nervous System (ANS)

All humans function by relying on their Autonomic Nervous System (ANS) to regulate what is critical to our basic survival, including, heart rate, breathing, digestion, body temperature, posture, and movement. This framework of nerves travels between the central nervous system (brain and spinal cord) and the body's muscles, glands and organs, such as the heart, lungs and digestive system, constantly sending messages between the body and brain.

These messages send signals for how to navigate the world and remain safe. The ANS operates automatically and outside of our conscious awareness or effort. Our heart continues to beat, and we continue to breathe even when we are asleep, for example. We do not have to tell our body to produce insulin or sweat; it happens involuntarily to respond to needs surfacing in the body.

This **unconscious** reading of information by the ANS has been termed "**neuroception**" to highlight the difference from "perception" as it happens from the bottom up or from your body to your brain without having to think it through. Using neuroception, the ANS is continuously gathering cues of safety and cues of danger in order to organize a response that will ensure our survival. Deb Dana (2018) describes this neuroception as happening **inside**, **outside**, and **in-between**.




**Outside Experiences**: Our bodies are continuously guided by the information in our environment being absorbed through our **five sense organs** (nose, eyes, ears, skin, and tongue) which, without our conscious awareness, initiates internal responses that guide our brains into action. For example, the smell of smoke might initiate alarms for physical safety where the sound of a cat purring might signal a calming response.

**Inside Experiences**: The ANS listens to messages from inside the body through bodily sensations, changes to muscle tension, heart rate, and breath. For example, the clenching of stomach muscles may signal the body needs nourishment or a rise in body temperature may induce sweating to cool off.

**In-between Experiences**: We gather cues of safety and cues of danger from other humans (and animals) that lead us towards or away from connection and social engagement; a smile from a stranger might bring a sense of calm while someone crossing their arms often signals a sense of caution. This neuroception *in-between* can also extend to our internal relationship; our self-talk and personal beliefs impact inclinations to engage in self-soothing or self-harming behaviours.

Understanding the ways our ANS unconsciously gathers and interprets information from our interactions with other living beings is essential to understanding the ways our body and brain learn to navigate situations and relationships. From the very beginning, our brains are physically wired with our ANS for survival and neurologically wired for connection, that is, as babies, we are dependent **on others** to meet our survival needs. This social dependency creates neural pathways that impact our ability to connect and engage with others. If our interactions have been safe and reliable (our needs for survival and belonging are consistently met), we learn how to self-regulate and connect to play and pleasure. If our interactions have been unsafe and/or have not met our needs, our system learns to disconnect and focus on protection for survival. Our nervous systems are individually shaped and toned over the course of our lives and relationships, so subtle cues of safety and danger will look different for each of us. The ANS is made up of two systems, the **Sympathetic Nervous System (SNS)** and the **Parasympathetic Nervous System (PNS),** which operate continuously within our bodies to keep us alert and engaged in life. Depending on any given situation, our neuroception initiates either social or defensive/protective behaviours.

**Sympathetic Nervous System (SNS)**

Our SNS provides the activation we need to respond to anything that requires a boost of energy. Whether that energy is spent on exercise, thrill seeking, or self-protection, our SNS elevates our hormonal and internal resources to meet the requirements of the situation. This system acts as a continuous initiation of energy as we navigate life experiences. Consider the SNS to be your personal "gas pedal".

**Parasympathetic Nervous System (PNS)**

Our PNS, also known as the "rest and digest" system, works to restore and balance our equilibrium by increasing and storing energy. Where the SNS is the gas pedal, the PNS acts as your "braking system". To understand this more fully, we must explore the two pathways highlighted through the vagus nerve. The vagus nerve has been shown to play a significant role in the orchestration of automatic physiological responses. It connects all the way from the base of the brain and down the spinal cord to interact with most vital organs in attempt to create a balanced state. As our bodies take in information, both sides of our vagus nerve act.

***Ventral Vagal *into connection for safety****

The front side of the vagus nerve, also known as "Ventral Vagal", responds to cues of safety and moves us towards **connection with others**. This "*in-between"* network monitors social engagement with other living beings as well as the relationship between your body and brain. You will notice this system is engaged when you experience the calmness or connectivity with loved ones or the peace experienced when cuddling with a puppy. This ventral vagal network is noticing the cues occurring between individuals and initiates internal responses that help you engage socially. Further, ventral vagal is initiated within the coregulation that happens between individuals looking to affirm one another's safety.

***Dorsal Vagal *disconnection for safety****

The back side or “dorsal vagal” responds to cues of danger. If threat is perceived through our neuroceptive activity, we are pulled out of connection and into a state of self-protection. This **de-activation** serves to protect our bodies by resting or disconnecting. You might experience this after a day engaging in high stress activity (facilitating training, exercise, navigating a new work environment) when your body has exerted a great deal of hormonal activation to help you meet challenges. When your tasks are complete, your body will often initiate dorsal vagal, restoration mode, which may feel fatigued, heavy, and immobile as it begins to recuperate the energy that was lost. In essence, protecting you from further exertion.

## Your Notes

# Window of Tolerance (WOT)

In order to better understand our experiences of physiological and emotional activation, Daniel Siegel (2010) introduced a "Window of Tolerance" through which a person's capacity for emotional regulation can be mapped. On this map, we can come to understand the ways our nervous system works to keep us feeling balanced and regulated. Siegel described the center space as the WOT in which emotional variances can be regulated easily. See below for the markers of this window.

| **Window of Tolerance** | | |
|---|---|---|
| **Cognitive** | **Body signs** | **Feelings** |
| Reactions fit the situation | Muscles relaxed | Feel safe |
| Able to be present | Breathe easy | Grounded |
| Good memory | Optimal arousal for performance | Sense of calm |
| Aware of self and others | Heart rate fluid | Feelings are tolerable/ manageable |
| Able to set boundaries | | |
| Cooperative/ Adaptable | | Open/curious/creative |
| Able to empathize | | Interest in sex |
| ***Adapted from:*** *Rothschild (2017), Siegel (1999), Ogden et al (2003)* | | |

A person who has many benefits of intersectional privileges and who has a strong ability to self-regulate will often navigate through their days responding to stressors and natural life consequences without feeling overwhelmed. Even in this window, all mechanisms within our ANS are continuously operating to ensure we respond according to any perceived level of threat or stress.

## High and low levels of activation

On either side of this window of tolerance are levels where we are no longer feeling balanced or regulated. The top level is known as "**Hyper-Arousal**" and is characterized by excessive activation/energy, see below for the markers of this window.

| Hyper- Arousal | | |
|---|---|---|
| **Cognitive** | **Body signs** | Feelings |
| Hyper-vigilant | Muscles tense | Angry |
| Fast speech | Breath shallow and quick | Irritable |
| Can't concentrate | Dry mouth | Defensive/reactive |
| Intrusive thoughts/images | Sweating | Anxious |
| Easily startled | Trembling | Impatient |
| Impulsive | Stomachache | Fearful |
| Worried | Heart rate FAST | Unsafe |
| *Adapted from: Rothschild (2017), Siegel (1999), Ogden et al (2003)* | | |

This restricts our ability to think clearly and relax, often making it difficult to sleep, eat, or manage our emotions. At the most elevated areas of this level, a person might experience dissociative rage or panic. This level is ruled by the SNS as our body is initiating protective survival responses. If you have ever experienced being in a heated

argument that “got out of hand” or been in an accident where you feared for your survival, you could identify with the physiological responses of heightened SNS. In addition to your heart pounding and back sweating, you might feel your fingers go cold as blood is re-routed to your essential organs (heart and lungs) or wet your pants as your bladder control is deemed unnecessary.

The bottom level, or “**hypo-arousal**”, is characterized by feelings of numbness, disconnection, or exhaustion. This level also impacts our ability to regulate emotions, feel in control, and think rationally. It is ruled by the PNS and is often a reaction to spending too much time overly activated in hyper-arousal. When our systems are exerting an abundance of hormones and energy trying to fend off real or perceived threat, we eventually” crash” as our stores become depleted and our body needs to recover and restore. You may have experienced this after a long session of feeling angry and crying to fall into a state of numbness or hopeless fatigue where you are uninterested in seeing people, eating, or thinking about the future. States of depression are a consistent experience of hypo-arousal.

| Hypo- Arousal | | |
|---|---|---|
| **Cognitive** | **Body signs** | Feelings |
| Lethargic/ exhausted | Muscles weak/ limp | Sadness/grief |
| Withdrawn | No energy | Shame |
| Depressed | Body feels achy | Disconnected |
| Procrastination | Heavy eyelids | Flat affect |
| Spaced out | Disinterest in sex | Shut down |
| Difficulty socializing | Heart rate slow | Depressed |
| | Poor digestion | Withdrawn |
| *Adapted from: Rothschild (2017), Siegel (1999), Ogden et al (2003)* | | |

As you navigate your day, your ANS is continually operating to maintain equilibrium and balance (aka keeping you in your WOT) so that you may think clearly and make rational choices. Imagine the center line of your window as the most centered and grounded you could ever be with a gradient of [SNS] activation going upward and a gradient of [PNS] de-activation going downward, so you can experience degrees of being heighted or depleted as you waver throughout your window, but it is not until you feel overwhelmed (with activation or de-activation) that you see yourself in these outer levels. In short, you can experience stress and remain in control within your window, and you can experience fatigue or helplessness and not lose sight of your future. These states can be quite manageable if a person’s window has the **space** to address them.

## Fluctuating WOT

It is important to note that every WOT looks very different and is consistently fluctuating. Our windows grow and shrink with life circumstances, societal pressures, and fulfillment of basic needs. The smaller our WOT gets, the less capacity we have to respond to stressors. For example, when we are hungry or tired, our WOT can become restricted, causing us to quickly respond in anger or tears. When we have been through a lot of stress at work or school, our WOT may have **little-to-no** room for movement and we experience ongoing anxiety or helplessness that feels unmanageable. As you can see in the diagram below, the same normal stressors that would have been easy to navigate with a larger WOT, is now mostly unmanageable as your capacity is so small.

## HYPER-AROUSAL

| Cognitive | Body signs | Feelings |
|---|---|---|
| Hyper-vigilant | Muscles tense | Angry |
| Fast speech | Breath shallow and quick | Irritable |
| Can't concentrate | Dry mouth | Defensive/reactive |
| Intrusive thoughts/images | Sweating | Anxious |
| Easily startled | Trembling | Impatient |
| Impulsive | Stomache ache | Fearful |
| Worried | Heart rate FAST | Unsafe |

**Flight Signs**
Distracting self - Addictions - Over-Pleasing - Avoiding

**Fight Signs**
Judging - Blaming - Attacking - Criticism

### HYPER-FREEZE

**Cognitive**
Dissociating
Numbness
Memory loss
Not present
Can't learn new info

**Body Signs**
Muscles rigid/stiff
Hyperventilation
Difficulty moving
Trouble speaking
Low energy
Disconnected from body
Heart rate FAST

**Feelings**
Numb
Terrified

### MOVING OUT OF HYPER-AROUSAL

Decrease SNS energy

LONG EXHALATION
MOVING THROUGH EMOTION (CRY, YELL, MOVE)
SIPS, SNACKS, OR GARGLING
SEXUAL ACTIVITY (SELF OR PARTNERED)
COLD TEMPS ON FACE OR HANDS
YOGA/ PROGRESSIVE RELAXATION

## WINDOW OF TOLERANCE

| Cognitive | Body signs | Feelings |
|---|---|---|
| Reactions fit the situation | Muscles relaxed | Feel safe |
| Able to be present | Breathe easy | Grounded |
| Good memory | Optimal arousal for performance | Sense of calm |
| Aware of self and others | Heart rate fluid | Feelings are tolerable/ manageable |
| Able to set boundaries | | Open/curious/creative |
| Cooperative/ Adaptable | | Interest in sex |
| Able to be rational | | |
| Able to empathize | | |

## HYPO-AROUSAL

| Cognitive | Body signs | Feelings |
|---|---|---|
| Lethargic/ exhausted | Muscles weak/ limp | Sadness/grief |
| Withdrawn | No energy | Shame |
| Depressed | Body feels achy | Disconnected |
| Not present | Heavy eyelids | Flat affect |
| Procrastination | Disinterest in sex | Shut down |
| Spaced out | Heart rate slow | Depressed |
| Difficulty socializing | Poor digestion | Withdrawn |

### HYPO-FREEZE

**Cognitive**
Dissociated
Shutdown
Frozen

**Body-Signs**
Muscles limp
Breath weak and slow
Eyes closed/fixed stare
Heart rate slow

**Feelings**
Numb
Absence of emotion
Helples

### MOVING OUT OF HYPO-AROUSAL

Increase SNS energy

LONG INHALATION
MOVING BODY
BEING IN NATURE
USE 5 SENSES
LAUGH
PEOPLE/ ANIMALS
CREATIVE EXPRESSION
GUIDED IMAGERY OR SAFE PLACE/PERSON

Porges (2014)

**Adapted from:** Rothschild (2017), Siegel (1999), Ogden et al (2003)

WHAT HAPPENS RIGHT BEFORE YOU MOVE OUT OF YOUR WOT? *THESE "RUMBLE STRIPS" ARE ANY THOUGHTS, FEELINGS, PHYSICAL SENSATIONS IN YOUR BODY.*

WHAT HELPS YOU GET BACK INTO YOUR WINDOW OF TOLERANCE? *WHICH TOOLS ARE MOST EFFECTIVE?*

## HYPER-AROUSAL

I CAN TELL I AM IN HYPER-AROUSAL WHEN MY..

BODY FEELS:

THOUGHTS INCLUDE:

EMOTIONS ARE:

## WINDOW OF TOLERANCE

I CAN TELL I AM IN MY WOT WHEN MY..

BODY FEELS:

THOUGHTS INCLUDE:

EMOTIONS ARE:

## HYPO-AROUSAL

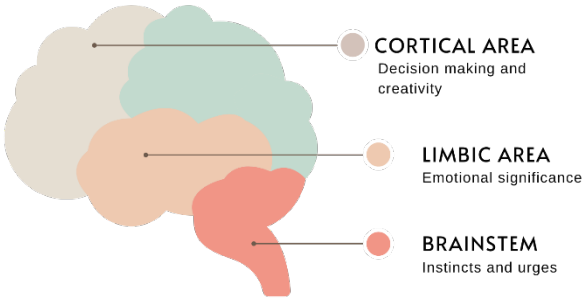
I CAN TELL I AM IN HYPO-AROUSAL WHEN MY..

BODY FEELS:

THOUGHTS INCLUDE:

EMOTIONS ARE:

# Brain Centers

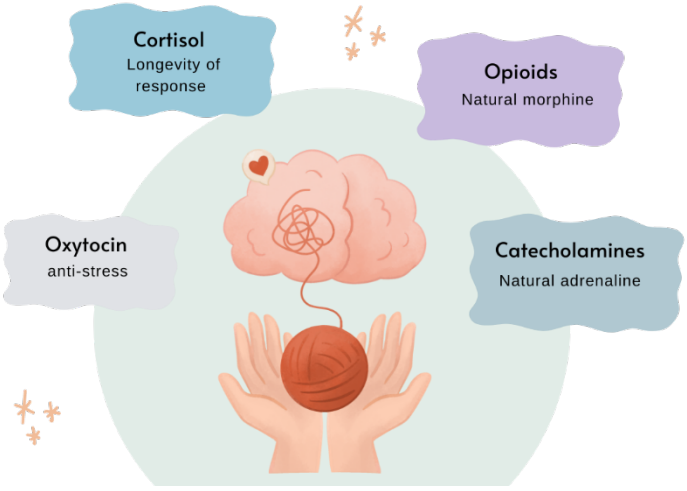



As we travel up the body's response systems, the ANS involves three key areas of the brain. For simplicity, these parts of the brain will be described as the lower, middle, and upper levels.

The **lower level** (or **brainstem**) regulates autonomic functions like balance, posture, breathing, digestion, wake and sleep cycles, body temperature, and heart rate. It is connected to the spinal column which houses the vagus nerve and other motor and sensory information travelling between the upper part of the brain and body. This connection receives the neuroceptive information (as described above) from the lower body and communicates it to the middle level of the brain.

The **middle level** (or **limbic system)** functions as an **organizing centre** that sorts through the information received by the brainstem and sends messages to other parts of the brain and body, directing it to respond accordingly.

- Located within the middle level, **the amygdala,** commonly known as the **'fear centre'**, is responsible for responding to threats and detecting stress. This is the part of the brain that signals the survival alarm that eventually leads to the autonomic nervous system's (ANS) fight, flight, or freeze response.
- The **hypothalamus** or the "data analyst" controls the release of hormones into the body to respond to the threat or stressor.
    - **Catecholamines (natural adrenaline):** increases heart rate and blood pumping from the heart. Increases alertness and sense of euphoria.
    - **Cortisol**: floods the body with glucose, supplying an immediate energy source to large muscles and sustains the longevity of activity.
    - **Opioids (natural morphine):** helps to desensitize physical/emotional pain
    - **Oxytocin (good feelings):** managing physical/emotional pain




- The **hippocampus** is necessary for the eventual storage of information that helps us make cognitive sense of our memories—for example to contextualize them in time and space.

The **upper level (cortical area)**, also known as the '**thinking brain'** is the part of the brain that performs higher functions like interpreting touch, vision, hearing as well as speech, emotions and learning, this includes abstract thinking, thought analysis, behaviours regulation, thoughts and memories - this is where *logical thinking* occurs.

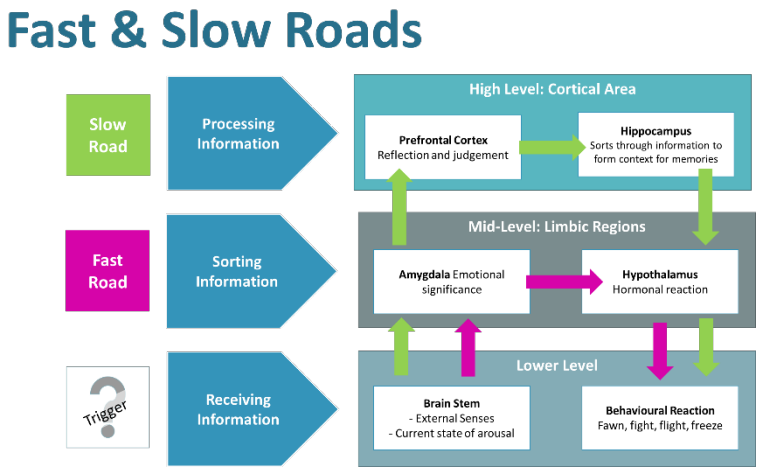
- When a person is in their WOT, this upper level of the brain is a continuous part of the response system. Information gets interpreted by the middle level and sent through the cortical area for reflection, consideration, and judgement before direction is given to the hypothalamus for hormonal output and action.

## Fast and Slow Road Thinking

The brain processes information through two different pathways: the slow road and the fast road.

- The **"slow road"** is the slower and more deliberate route that involves the prefrontal cortex, the part of the brain responsible for executive functions, judgment, analysis and thoughtfulness.
- When information gets received and interpreted by the amygdala as a threat, the information bypasses the upper level of the brain to ensure the person's fastest response for survival. This pathway is commonly referred to as the "**fast road"** because response occurs very fast**.**

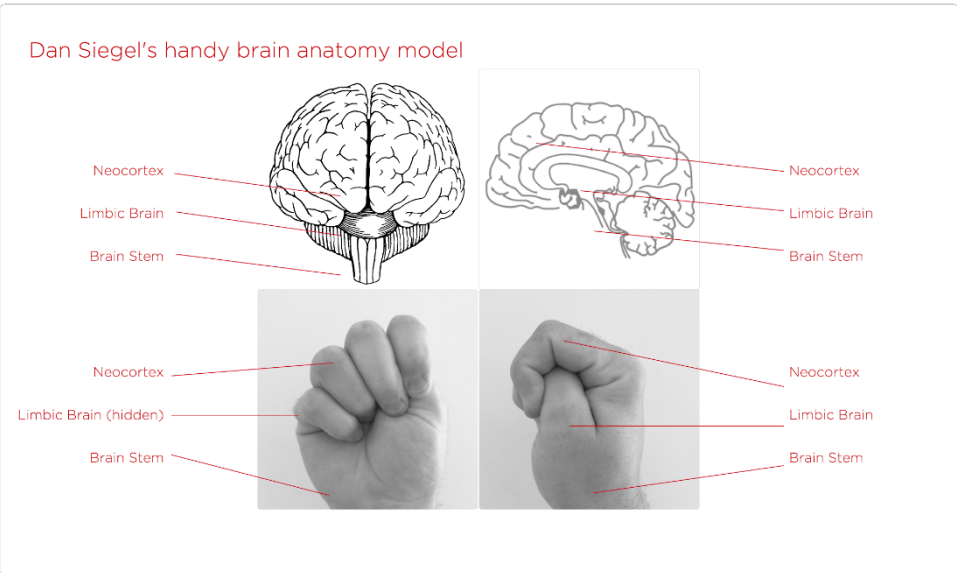
The slow road allows us to evaluate situations more thoroughly and rationally, while the fast road triggers a quick and crude reaction based on a rough sketch of the information. The fast road is essential in responding to immediate threats and stressors as it allows us to behave quicky and help us evade danger; however, this means that we bypass the cortical area, which hinders our ability to think rationally and critically about the given situation.




## Your Notes

# Dr. Dan Siegel's "Handy" Brain Model

- Point to your wrist. The part that is closest to your spine and near the base of your skull is called the cerebellum and brain stem. It keeps you awake or asleep, makes sure you breathe and makes sure your heart keeps beating. It also keeps you safe.
    -
- Fold your thumb across your palm. The middle part of your brain is where you process emotions and store your memories {limbic area). It is also where you have your "safety radar" and where your fear circuitry is located. (Your amygdala).
    -
- Fold your fingers over your thumb so you have a fist. The outer layer of your brain is called the cortex. It is where your thinking and planning happens.



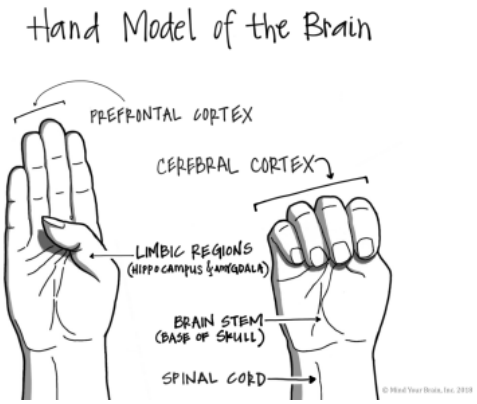

- Point to your fingernails. The area of the cortex that is right up front is the middle prefrontal cortex. It is where the brain processes information about how we relate to others:
    - Understanding others' feelings
    - Ability to calm ourselves
    - Ability to make choices
    - Morality
    - Ability to sense what is going on for others (read body language

- When we are really stressed or upset, the prefrontal cortex shuts down and no longer works with the rest of our brain.
    - Lift the fingers up so they are straight, and the thumb is still across the palm.
    - We say, "We flip our lid."
    - Explain that we "flip our lid" when the thinking part (prefrontal cortex) of our brain isn't working. It becomes hard to use our problem-solving skills
    -

Siegel, D. J. (2010). *Mindsight: The new science of personal transformation*. 1st ed. New York: Bantam

# Flipping your lid

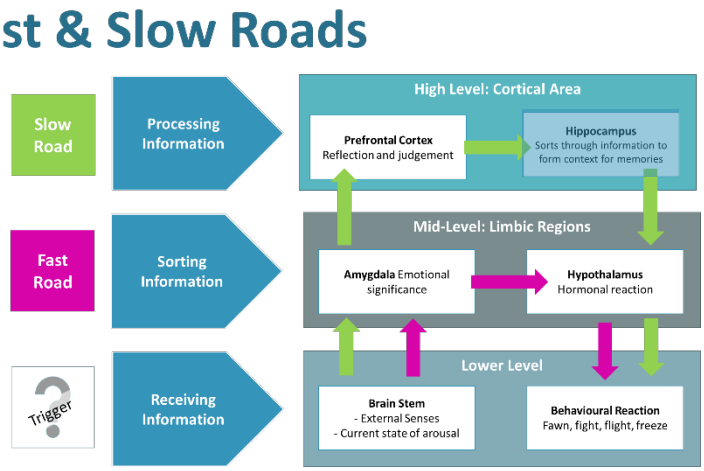
This slow road can endanger a person if a threat persists. Anytime a person experiences high SNS activation (is in hyper-arousal), the hormones that accompany the survival response flood the upper level of the brain, often causing many key areas to become dysfunctional. As Daniel Siegel describes, “their lid is flipped” and they are solely working within the brain’s “quick road” to ensure best chances of survival. This change in routes is an automatic response that occurs within the brain and body.




It is important to note that a person can “flip their lids” for any reason that they may be outside of their WOT. A person could be outside of their window with panic, rage, or even excitement, but in all situations, their ability to think critically, make rational decisions, and stay focused are incredibly hindered. Further, the upper road of the brain is also impacted in similar ways when a person is overwhelmed by their PNS. Physical exhaustion and lack of activating hormones also create barriers to rational thought, focus, and creativity.

At the same time a person “flips their lid” causing them to be unable to think rationally, creatively, or with foresight, the **dorsal lateral pre-frontal cortex** (time-keeping part of brain) is also shutting down, causing challenges with perceiving sense of time. As this impacts a survivor’s ability to place events into a sequential order, it also hinders them in being able to recognize when a flashback is occurring, that it is not happening in the current moment.

## Your Notes



# Survival or Stress Response

Like all species, our brain is designed by evolution to help us stay alive. The nervous system is continually and unconsciously scanning for cues of safety (glimmers) and cues of danger (triggers), and the brain is continuously making maps of what works to help us navigate our world and our relationships. When the brain responds to a threat, the body's "stress response" is activated for self-protection. During this response, the part of your brain that has reasoning, language, and problem solving is bypassed in order to ensure all energy is directed to a quick/lifesaving response.

Physiological changes that help us adapt to the threat include the expansion of lungs, increase in respiratory and heart rates allowing for greater oxygen intake so that the muscles and the brain can get all the blood and oxygen they need. Additionally, pupils dilate to take in more information and blood supply is directed away from secondary bodily functions (extremities) into larger muscle masses for physical advantage. Digestion and reproductive functions (PNS) are suppressed until the body can return to safety.

## *Detection*

As humans navigate the world, their bodies are using neuroception to detect any sign of threat that may be in the periphery. Information gained through the five senses (what is around us), attempts to co-regulate (signals from others), and internal responses (bodily sensations) is transmitted into the brainstem and organized in the limbic brain to determine level of threat and what resources (hormones/energy) are needed to respond. This happens in a matter of seconds.

## *Orienting*

Having received the information into the "communications department" of the brain, stress hormones are engaged to focus attention in the area where the threat exists.

## *Stilling (first "freeze")*

In order to properly assess the situation, the brain's response is to go into complete stillness, ***like a deer caught in headlights or a cat in the bushes.*** This is a fearful stopping of movement, examination of surroundings, considering of options. This freeze can be shaken off once the level of threat has been determined and a plan to respond has been formed.

## *Flight*

Fleeing a situation has historically proven to provide the greatest chance for survival and so we do whatever is possible to de-escalate or avoid a physical altercation. When in this defense-mode, humans are operating within the survival response areas of the brain, with very little interaction with the critical thinking brain. Rational thought has been deemed to be too slow to help in these circumstances and bodies are acting on impulse. This flight impulse can present in various ways.

### Flee or Abandon the Situation

This physical departure from a situation is the type of "flight" that most consider in the survival response. In this impulse, a person walks or runs away from the threat in attempts to gain safety. This response may not be accessible due to a person being physically blocked, medicated (drugs or alcohol), or psychologically restrained by relationships or manipulation.

## Symbolic Withdrawal

If there is no ability to physically leave a situation, a person may withdraw as much as possible while remaining physically present. A person might shrink away from the threat, hide, or turn their body and face in another direction.

**Flight Sensations may be marked by**: Restless legs or feet, shallow breathing, feeling dizzy or lightheaded, darting eyes (hypervigilance/looking for escape routes), heightened awareness of sights, sounds and smells, cold extremities as blood moves into bigger muscle groups.

### Fawn (aka Please and Appease)

As interpersonal traumas, like sexual violence, happen within a human interaction, one of the brain's "mobilized" survival response is to try to diffuse a threat situation based on learned responses, gender socialization, or previous histories with violence**.** By de-escalating the threat situation, a person is ensuring their ability to escape. It is essential to recognize that individuals, particularly those who have experienced gender-based violence or systemic oppression, may develop fawning responses as a survival strategy. For example, those who have faced abuse or discrimination may adopt a fawning approach to navigate hostile environments, placate aggressors, to avoid further harm. This can look like the survivor acting submissive and agreeable, faking orgasms, or asking for things in return for being docile.

### Fight

If a living being cannot escape a threat, their survival response exerts all energy toward physical self-protection or **fight-to-flee**. A person can be threatening due to their size, strength, or presence of a weapon. A physical altercation means a person would have to engage with those imbalances in hopes of tipping the scales, but this often results in escalating the violence and potentially worsening physical harm. This risk is why "fight" is not normally the first impulse.

## Physical Assertions

A person may exhibit "fight" reaction by physically kicking, scratching, pushing, punching, or biting at the threat. They may throw objects or attempt other actions that would put a physical barrier between the threat and themselves (creating barricades, lighting fires etc.).

## Verbal Assertions

Vocalizing threats or instructions to the perpetrator is another way a person might present the "fight" impulse. A person may use their voice to negotiate their own departure but also to instruct the threat to leave themselves. Normally these vocalizations are heightened, aggressive, and directional.

**Fight Sensations may be marked by**: Feelings of anger, rage, crying, tightness in jaw/grinding teeth, pressure in the chest area, tension in the muscles and limbs (hands fisted, legs vibrating) in preparation to fight).

### Freeze

When the body's *mobilized* fear responses are found to be unhelpful in a threat-situation, the brain shifts into an alternate, *immobilized,* method of protection. Understanding "Freeze" is helpful for normalizing what is commonly experienced for survivors of trauma as there can be a great deal of shame attached to what can be

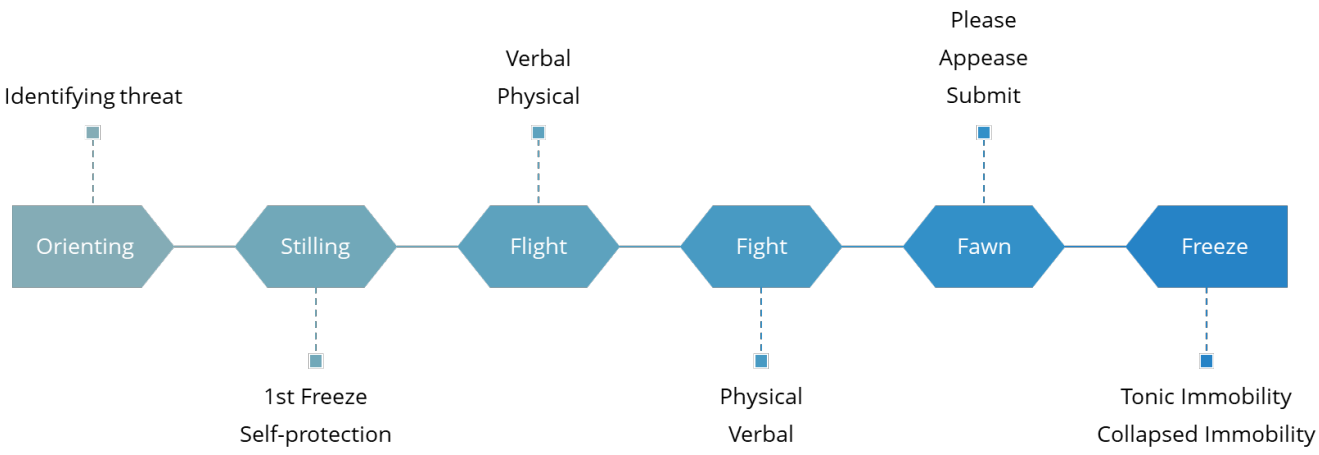
perceived as inaction. It is important to acknowledge that this, like all other survival responses, are subconscious and automatic impulses built to best protect a person from threat.

## Tonic Immobility

When the freeze response is activated, there is already a high level of arousal in the system; it is like having the gas pedal (SNS) to the floor while slamming on the brakes (PNS) at the same time. The body becomes frozen without having discharged the emotions and sensations that were triggered. The muscles are taut and tense, ready for action should the opportunity arise, but the body is otherwise paralyzed in attempts to fool a predator into moving on. Survivors may describe feeling disconnected from their body, from emotions, or from sensations and feelings. They may feel weighed down and unable to move their face or limbs. They may describe floating above their body, watching from a distance, or complete disconnection from bodily sensation.

## Collapsed immobility

Collapsed immobility is the “feign death” approach to survival and is seen in the animal kingdom as prey animals play “dead” to turn their predators off their pursuit. While this type of “freeze” is rare, survivors may describe being blacked out for periods of time. The body is described to resemble a rag doll with loose limbs and very slow breath rate.




## Your Notes

# Our ANS during sexual assault

In a stereotypical experience of sexual assault, a person might detect the threat of violence as a person begins to pressure them for sexual activity. This stress response and SNS activation increases as the assailant disregards the survivor's signs of resistance and non-consent. In most cases, an assailant maintains the upper hand, rendering the survivor's mobilized stress responses immobile. As the PNS strives to slow the survivor's activation, it overwhelms the brain, the two systems clashing to create a freeze response.

Because most sexual violence occurs between people who know each other and are often in consensual partnerships, mobilized fear responses such as fight, and flight often don't make sense to employ. Survivors are often caught off guard by manipulation, coercion, or threats which manipulates their bodies into a freeze response or left wondering why their survival mechanisms did not protect them.

## Healing the ANS after sexual assault

Healing after sexual assault requires survivors to rebuild trust and safety, not only with others but within themselves as well. This safety from within requires a survivor to get to know their own ANS and become familiar with its responses and fluctuations. Understanding the state of our ANS allows us to give it cues of safety to move ourselves back toward a ventral vagal state, within our window of tolerance.

### Your Notes

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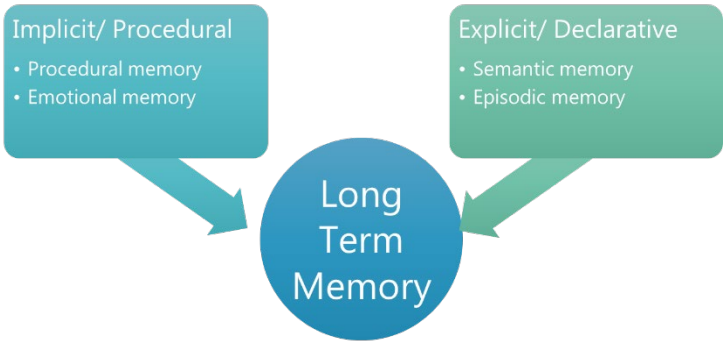
# Impact of Trauma on Memory

Memory of any experience is made up of the components of that experience, including

- Information from the five senses (images, tastes, sensations, sounds, smells)
- behaviours/movements
- emotions
- meanings and cognitive understanding of events




Memories of non-traumatic events hold all of these elements intact in a cohesive narrative that can easily access parts of the experience. Memory of traumatic events, however, can be different.

There are two major categories of memory, and both works to capture the personal experience of an event.

**Explicit Memory** is predominantly conscious and made up of concepts, facts, events, descriptions, thoughts, and narratives. These memories are moderated by the hippocampus (in the middle level of the brain) which can be suppressed during a traumatic event.

- **Semantic memory**: long term capacity to recall words, concepts, or numbers, which is essential for the use and understanding of language.
- **Episodic memory**: recollection of a personal experience that contains information on what has happened and also where and when it happened.

**Implicit Memory** is largely unconscious and is created automatically as it records the way your body experiences an event such as emotions, sensations, body posturing and movements. This is moderated by the amygdala and remains active during a traumatic event, often becoming heightened due to the high levels of hormones during the survival response.

- **Procedural memory**: knowledge of skills and how to perform tasks
- **Emotional memory**: memory for events that evoke an emotional response

All memories are subjective as they are paired with personal biases, judgements, and sociocultural perspectives. Our familial, cultural, personal identities intersect to weave an experience that will vary between individuals. For example, a Black individual may experience racism and microaggressions that a White person would miss.

# Memory Brain Centers

There are two areas of the brain central in memory storage: the *hippocampus* and the *amygdala*. There is growing research that indicates that these two parts of the brain are involved in response to and memory of traumatic events.

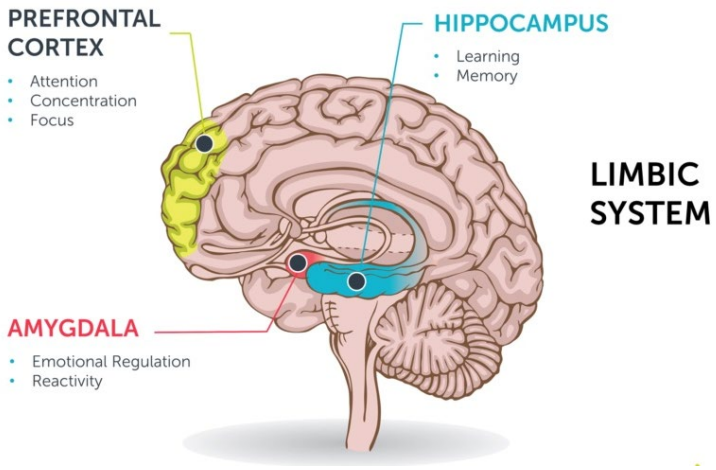
*The Amygdala*

The amygdala's job is to register emotions and so its role in memory formation is one of "emotional salience" [vii] in which the amygdala seems to highlight that memory so that it is better remembered in the future. The amygdala's dominant role is encoding sensory information into implicit memory. When high levels of hormones work to deactivate hippocampal processing, the amygdala's coding tends to be even more intense, making the implicit memories even more vivid.

*The Hippocampus*

The hippocampus is necessary for the eventual storage of information that helps us make cognitive sense of our memories – to contextualize them in time and space. The hippocampus helps to put our memories into their proper perspective and slot them into our life's timeline.

The importance of the hippocampus in memory is highlighted in the challenges recording a traumatic event. When the arousal in the autonomic nervous system becomes very high (hyperarousal), the activity of the hippocampus can be suppressed by the wealth of stress hormones released. When that happens, its usual function of lending context to a memory is not possible. The result may be that the traumatic event is prevented from becoming an "explicit memory" and instead, elements of the past experience are unable to anchor in time. In the absence of hippocampal activity, memories of unresolved traumatic incidents may remain in the implicit memory system alone. There, images, sensations, and emotions can all be provoked, but without the explicit memory system, their context may not be well understood.



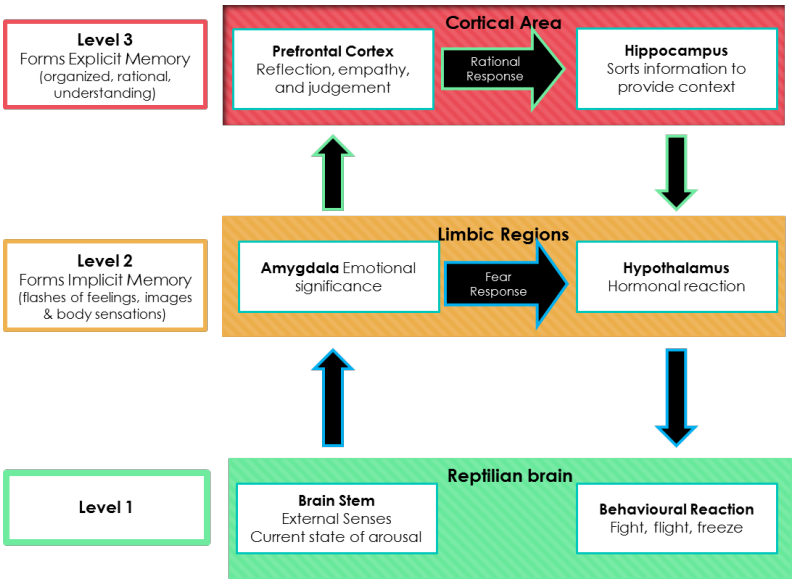

## Trauma and Memory

When a person creates memory, the process involves many parts of the brain. An experience first travels through (Level 1) the brainstem to assign appropriate arousal (what does my body need to respond), into (Level 2) the limbic regions that assign emotional significance (need to be excited or fearful), and then into the Cortical area (Level 3) which assigns judgment, context, and organization (this is happening because…). Then your body doles out hormones to follow-through (adrenaline to fight, cortisol to relax), and finally your body reacts (fight, run, freeze etc.).

To create an "**explicit**" memory that you can file properly in your mind and of which you can later tell the story in a cohesive way, your Level 3 "thinking brain", aka Cortical area in your brain, has to be working properly.

Otherwise, an experience will only be filed as "**implicit**" memory which are the feelings, images, and sensations that are often out of context or confusing.

Most of the time, our memories are being experienced and organized properly through all levels of our brain because we are in a state of relative peace. When we leave that state of peace (window of tolerance), and enter states of high fear or rage, the "level 3" areas of the brain become impacted, and our Hippocampus may be disrupted or even shutdown. This means that an experienced memory would lose organization and be seared with implicit memories of images, feelings, and bodily sensations that can pop up at any given moment. These are called flashbacks and body memories. This disorganization is evident when a survivor tries to recall a traumatic event – the timeline is often unclear, the details may be fuzzy, it may look like pieces of a puzzle that are not connecting.




## Merging the hemispheres

Research suggests that the brain's hemispheres play a role in the storage and processing of traumatic memories, and that the effects of trauma can create a disconnect between the sides of the brain, making processing trauma more difficult. The brain's hemispheres are responsible for different functions, with the left hemisphere typically associated with logical and analytical thinking, and the right hemisphere associated with emotional and intuitive processing. Studies have shown that traumatic memories tend to be stored in the right hemisphere of the brain, which is responsible for processing emotions and sensory information. This can make it difficult for survivors of sexual violence to process traumatic memories in a rational and analytical way, as the memories may be stored in a more fragmented and emotional form. Individuals who had experienced sexual violence are shown to have lower levels of connectivity between the hemispheres and decreased activity in the left brain suggesting that survivors are led by their right brains and require integration of the two sides. Counselling in phase two is focused on integrating the sides of the brain through mindfulness, narrative, and body-based approaches.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# Ava's "Unfounded" Story

GLOBE AND MAIL

In a 20-month-long investigation into how police handle sexual assault allegations, The Globe and Mail gathered data from more than 870 police forces. The findings expose deep flaws at every step of the process

Ava's case is not an outlier. Her complaint is among the more than 5,000 allegations of sexual assault closed as unfounded by Canadian law enforcement every year, according to a Globe and Mail investigation into the authorities' handling of sexual-assault cases. Rape, the most serious of those, is a crime so injurious to victims that the judiciary considers it second only to murder in severity.

National policing data, compiled and reviewed by The Globe as part of its 20-month investigation, reveal that one of every five sexual-assault allegations in Canada is dismissed as baseless and thus unfounded. The result is a national unfounded rate of 19.39 per cent – nearly twice as high as it is for physical assault (10.84 per cent), and dramatically higher than that of other types of crime.

True unfounded cases, which arise from malicious or mistaken reports, are rare. Between 2 per cent and 8 per cent of complaints are false reports, according to research from North America, the United Kingdom and Australia. The Globe's findings suggest that police in Canada are closing a disproportionate number of rape cases as unfounded, a phenomenon that distorts the country's crime statistics.

Inflated unfounded rates create the impression that police receive fewer complaints of sexual assault than they actually do. In turn, that gives the appearance that more complaints lead to an arrest.

According to The Globe's data, 42 per cent of sex-assault complaints lead to a charge (Statistics Canada, which has data from all jurisdictions, reports 44 per cent). When unfounded cases are factored in as complaints, however, the charge rate drops to 34 per cent.

In addition, The Globe's data show vast discrepancies in unfounded rates between jurisdictions across Canada – inexplicable swings from city to city, province to province, regardless of size and demographics – which suggest that complainants of sex assault in some parts of the country are far less likely to be believed than in other parts.

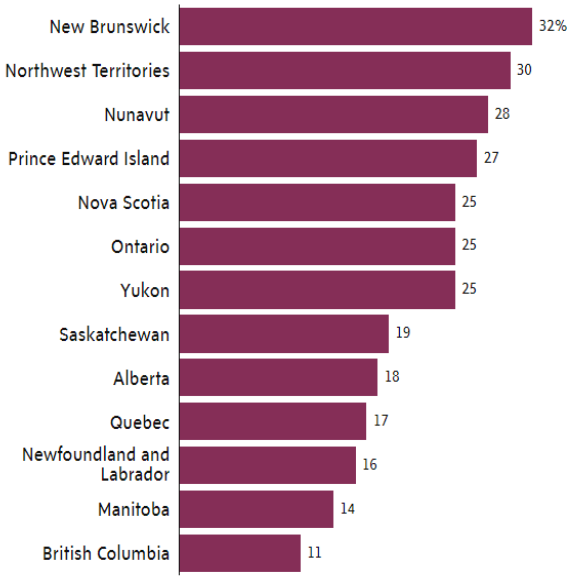
When complaints of sexual assault are dismissed with such frequency, it is a sign of deeper flaws in the investigative process: inadequate training for police; dated interviewing techniques that do not take into account the effect that trauma can have on memory; and the persistence of rape myths among law-enforcement officials.

*https://www.theglobeandmail.com/news/investigations/unfounded-sexual-assault-canada-main/article33891309/*

## Your Notes

### Unfounded sexual assault rate by province and territory

Percentage of sexual assault allegations cleared as unfounded (2010-2014)




THE GLOBE AND MAIL

The national rate covers 89 per cent of Canada's population. The percentage of the population covered in each province is as follows. N.B. 95%, N.W.T 100%, Nunavut 100%, P.E.I 73%, N.S. 99%, Ont. 99%, Yukon 100%, Sask. 97%, Alta. 66%, Que. 73%, Nfld. 100%, Man.

# Complex Trauma

Complex trauma refers to prolonged and repeated exposure to traumatic events, often during childhood or adolescence, such as physical or sexual abuse, neglect, or domestic violence. Complex trauma can result in the development of complex post-traumatic stress disorder (C-PTSD), a condition that includes symptoms of PTSD as well as additional symptoms such as emotional dysregulation, interpersonal difficulties, and a distorted sense of self. Research has shown that individuals who have experienced complex trauma may have more severe and persistent symptoms than those who have experienced single trauma.

**Simple or "Acute" Trauma**

- Single incident
- Shorter in duration
- Less stigma
- Later in development
- Less often interpersonal

**Complex Trauma**

- Ongoing trauma
- Defining event
- Effects are enduring & profound.
- Beginning in childhood (developmental trauma) and/or perpetrator is a loved one.

## Your Notes

# Intimate Partner Sexual Violence (IPSV)

Intimate Partner Sexual Violence (IPSV) can cause complex trauma, especially when analyzed through an intersectional feminist perspective that considers the intersection of gender, race, and other identities. IPSV intersects with both domestic violence and sexual violence, creating a complex matrix of trauma. The various forms of abuse within IPSV include coerced intercourse, violent sex, forced participation in degrading acts, and the use of technology for victimization, among others. Some of the unique experiences for IPSV survivors include:

1. **Difficulty Defining Acts:** Survivors often face challenges in defining the acts within IPSV as sexual assault, blurring the lines between consent and coercion.
2. **Longer-Lasting Trauma:** The enduring nature of IPSV results in prolonged trauma, impacting survivors psychologically and emotionally over an extended period.
3. **Higher Levels of Physical Injury:** IPSV is associated with higher levels of physical injury compared to other forms of violence, exacerbating the physical toll on survivors.
4. **Multiple Sexual Assaults:** Increased incidence of multiple sexual assaults intensifies the cumulative impact on survivors.
5. **Specific Types of Rape:** Higher levels of anal and oral rape within IPSV contribute to distinctive forms of physical and psychological trauma.
6. **Advice to 'Put Up With' Assault:** Survivors may receive harmful advice to endure sexual assault, perpetuating secondary wounds and undermining their agency.
7. **Financial Dependency:** Economic control within IPSV further exacerbates survivors' vulnerability, limiting their ability to escape abusive situations.
8. **General Climate of Assault:** A pervasive climate of sexual assault within IPSV contributes to an ongoing sense of threat and insecurity for survivors.
9. **Potential Fatality:** The severity of IPSV can escalate to life-threatening situations, creating a heightened risk of fatality.
10. **Deliberate Infliction of Pregnancy or STIs:** Abusers may deliberately inflict pregnancy or sexually transmitted infections, further violating survivors' bodily autonomy.
11. **Confusion:** The blurred boundaries and manipulation within IPSV contribute to survivors' confusion about consent, perpetuating their emotional distress.

As an intersectional feminist advocate, addressing IPSV requires a comprehensive approach that recognizes and dismantles the intersecting systems of power contributing to the unique impacts of this form of violence. This involves advocacy for survivor-centered support services, challenging harmful societal norms, and promoting awareness of the intersectionality inherent in IPSV.

### What about this experience might make this trauma complex?

### What can counsellors do to better support survivors with this experience?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# Ongoing impacts of colonization

Colonialism has had a profound impact on Indigenous (First Nations, Inuit and Métis) populations in Canada, perpetuating a cycle of oppression and marginalization that contributes to increased vulnerability to sexual violence. The arrival of European settlers in Canada marked the beginning of a colonial project that sought to dispossess lands and resources, as well as to and assimilate Indigenous Peoples. The imposition of colonial systems, including land dispossession, forced assimilation, and cultural erasure, have had devastating consequences for Indigenous communities. These processes disrupted traditional structures and, cultural practices, severed familial and communal ties, and dismantled Indigenous sovereignty and traditional self-governance–implications of which we still see today.

Colonialism and its ongoing legacies have created conditions that heighten the vulnerability of Indigenous people to sexual violence. The disempowerment and displacement of Indigenous peoples disrupted social support networks, leaving individuals more susceptible to exploitation, harm and abuse. The imposition of patriarchal, Eurocentric colonial systems and ideals undermined traditional Indigenous gender relations and contributed to the devaluation and objectification of Indigenous women, girls and Two-Spirit people. The intersection of racism, sexism, and colonialism compounds this vulnerability, making these individuals more susceptible to sexual violence and exploitation. The intergenerational trauma resulting from colonial violence has further contributed to the cycle of abuse and violence within Indigenous communities. The disruption of cultural practices and the loss of traditional knowledge have eroded protective factors, leaving individuals with limited tools to address and prevent sexual violence. Moreover, the legacy of colonialism has perpetuated systemic inequities, including socio-economic disadvantages, inadequate access to resources and services, and the overrepresentation of Indigenous people in the criminal justice system. These factors contribute to an environment where Indigenous people, particularly women, girls, and Two-Spirit folks face higher risks of sexual violence and encounter barriers to seeking justice and support. Canada's Indian Residential School system has left a deep and lasting impact on Indigenous populations, affecting various aspects of their lives. From the late 19th century to the late 20th century, the Canadian government established residential schools with the aim of assimilating Indigenous children into Euro-Canadian culture, an intentional and systematic cultural genocide. These schools were often run by churches who were responsible for forcibly separating children from their families and communities. The traumatic experiences endured by Indigenous children in these institutions included cultural suppression, physical and emotional abuse, neglect, and sexual violence. These horrifying conditions not only left profound scars on the survivors but also gave rise to the insidious issue of lateral violence within Indigenous communities where loss of cultural identity, internalized racism, and scarcity of resources cause conflict and harm between community members.

Sexual violence was a horrific reality faced by many Indigenous children within residential schools. Numerous survivors have come forward to share their stories, recounting incidents of sexual abuse perpetrated by school staff members or older students. These acts of violence have had profound and long-lasting effects on survivors, leading to intergenerational trauma, mental health challenges, substance misuse, and strained relationships within families and communities. The impacts of sexual violence extend beyond the immediate survivors. Studies have shown that such experiences contribute to a higher risk of substance abuse, self-harm, and suicide among Indigenous populations (Clark, Deane, & Williamson, 2021). Moreover, the normalization of sexual violence within the residential school system perpetuated cycles of violence, further affecting relationships and the overall well-being of Indigenous Peoples'.

The tragedy of Missing and Murdered Indigenous Women, Girls and Two-Spirit (MMIWG2S) people is another grim consequence of colonialism and the residential school system. This population disproportionately affected by violence, including abduction, assault, and murder. This ongoing crisis demands urgent attention and action. It is rooted in a complex web of systemic issues, including intergenerational trauma, poverty, inadequate support systems, and the perpetuation of harmful stereotypes. The impact of colonialism on Indigenous communities in Canada cannot be understated. The systemic oppression and marginalization resulting from this historical and present day legacy have significantly contributed to the vulnerability of Indigenous people to sexual violence. By acknowledging the intersections of colonialism, racism, and sexism, it becomes clear that addressing sexual violence requires dismantling the structures that perpetuate inequality and creating spaces for Indigenous self-determination and healing. To combat sexual violence against Indigenous Peoples, a comprehensive, wrap-around approach is necessary. This includes the implementation of culturally sensitive and trauma-informed support services, the empowerment of Indigenous communities to reclaim and revitalize their cultures, the centering of Indigenous voices in policy-making processes, and the dismantling of oppressive systems that perpetuate violence. Ultimately, achieving justice and healing requires ongoing commitment to decolonization, intersectional feminism, and the recognition of Indigenous rights and sovereignty.


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# Sexual Violence Against 2SLGBTQ+ Community

Sexual violence against queer and trans individuals is a serious and pervasive issue that affects their physical, mental, and emotional well-being. Sexual violence can be motivated by homophobia, transphobia, biphobia, misogyny, and other forms of discrimination and oppression that target queer and trans identities. According to the 2018 Survey of Safety in Public and Private Spaces (SSPPS), sexual minority Canadians were more likely to have experienced physical or sexual assault both since age 15 and in the past 12 months than heterosexual Canadians. The 2015 U.S. Transgender Survey found that 47% of transgender people are sexually assaulted at some point in their lifetime. Sexual violence against queer and trans individuals can cause complex trauma due to the intersection of their gender identity, sexual orientation, and other aspects of their identity. Here's an exploration of how this occurs:

1. **Unique Targeting:** Queer and trans individuals may be targeted specifically because of their sexual orientation or gender identity. This form of targeted violence exacerbates the trauma, as it sends a message that their very existence is perceived as a threat by society.
2. **Identity-based Stigma:** Sexual violence often involves not just physical harm but also verbal and psychological abuse. Survivors may face derogatory remarks about their sexual orientation or gender identity during the assault, reinforcing societal stigma and contributing to internalized shame.
3. **Systemic Injustices:** Queer and trans individuals, particularly those from marginalized racial or ethnic groups, may already face systemic discrimination. When sexual violence occurs, it intersects with existing systemic injustices, making it harder for survivors to access support and justice.
4. **Isolation within the Community:** Fear of judgment and discrimination within the queer and trans communities can lead survivors to hesitate in seeking support (eg. If assault “outs” a person as bi-sexual). This sense of isolation within one's own community can compound the trauma, as individuals may feel abandoned or misunderstood.
5. **Impact on Mental Health:** The trauma of sexual violence can have severe and lasting effects on mental health. Queer and trans individuals already face higher rates of mental health challenges due to societal pressures and discrimination. Experiencing sexual violence adds an additional layer of complexity to their mental health struggles.
6. **Navigating Complex Recovery:** The process of healing and recovery is complicated for queer and trans survivors. Finding inclusive and understanding mental health services, support groups, or counselling that respect and affirm their identity can be challenging, contributing to the complexity of recovery.

An intersectional feminist perspective acknowledges the interconnected nature of these challenges, emphasizing the importance of addressing the various forms of oppression and discrimination that contribute to the unique experiences of trauma faced by queer and trans individuals who have experienced sexual violence. Advocacy efforts should be inclusive, recognizing and dismantling the intersecting systems of power that contribute to the vulnerability and marginalization of these individuals.

### What about this experience might make this trauma complex?

### What can counsellors do to better support survivors with this experience?


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# Sexual Violence Against Racialized Individuals

Sexual violence against racialized individuals can lead to complex trauma, intertwining the effects of sexual violence with the impact of systemic racism and discrimination. Here's an exploration of how sexual violence may cause complex trauma:

1. **Historical Legacy of Racialized Trauma Against Black Women:** The complex trauma experienced by Black women in the context of sexual violence is deeply rooted in the historical legacy of racialized trauma. Throughout history, Black women have endured systemic oppression, including sexual exploitation during slavery. This historical context contributes to the profound and enduring impact of sexual violence within the Black community.
2. **Racialized Stereotypes and Objectification:** Sexual violence often involves objectification and dehumanization. For racialized individuals, this can be exacerbated by racial stereotypes that perpetuate harmful and degrading images. The experience of being objectified not only in a sexual context but also through racialized lenses contributes to a complex web of trauma.
3. **Silence and Community Protection:** Cultural expectations and community dynamics may contribute to silence surrounding sexual violence against racialized women. Fear of community protectionism, where speaking out is perceived as betraying the community, can create additional layers of complexity in seeking support and justice. This cultural silence may exacerbate the survivor's trauma.
4. **Double Marginalization:** Racialized individuals may already face systemic oppression and discrimination based on their race. Experiencing sexual violence adds an additional layer of trauma, creating a situation of double marginalization. Survivors may struggle with feelings of being doubly targeted and may face challenges in finding support that addresses both aspects of their identity.
5. **Racial Injustice and Systemic Barriers to Help-Seeking and Reporting:** Systemic racism within legal and law enforcement systems presents substantial barriers for racialized women seeking justice after experiencing sexual violence. The fear of racial profiling, disbelief, or facing further discrimination discourages survivors from reporting incidents. This racial injustice compounds the trauma, perpetuating a cycle of systemic barriers.
6. **Stereotypes of Strong Black Women**: The stereotype of the "strong Black woman" can be both empowering and constraining. While it celebrates resilience, it may discourage vulnerability and seeking help. Black women survivors may feel pressure to conform to this stereotype, hindering their ability to express the emotional impact of sexual violence and complicating their access to support services.
7. **Cultural Stigmatization and Shame:** Cultural factors can play a significant role in shaping the survivor's experience. In some cases, cultural stigmatization around discussions of sex or sexual violence may contribute to feelings of shame and reluctance to seek help. The intersection of cultural and sexual trauma can intensify the survivor's distress.
8. **Access to Support Services:** Racialized survivors may encounter barriers in accessing culturally competent and sensitive support services. Language barriers, lack of representation in support networks, or insensitivity to cultural nuances can further isolate survivors and complicate their recovery.

An intersectional feminist perspective emphasizes the interconnectedness of these factors and advocates for a holistic approach to addressing sexual violence that acknowledges and dismantles the intersecting systems of power and oppression affecting racialized individuals. This involves creating inclusive support systems, advocating for justice reform, and challenging cultural and systemic norms that perpetuate harm.

### What about this experience might make this trauma complex?

### What can counsellors do to better support survivors with this experience?


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# Childhood Sexual Abuse

Childhood sexual abuse (CSA) is a serious and pervasive problem that affects millions of people worldwide. Research on CSA has shown that it can have a significant impact on the psychological, social, and physical well-being of survivors.

## Forms of child sexual abuse

**Contact** types of sexual abuse occurs when the child is:

- touched in sexual areas.
- forced to touch another person's sexual areas.
- kissed or held in a sexual manner.
- Forced to perform or submit to:
    - oral sex.
    - vaginal or anal penetration with an object or finger; and/or
    - vaginal or anal intercourse.

**Non-contact** types of sexual abuse occurs when the child is:

- forced to watch sexual acts in person or with pornography, videos, or the internet.
- forced to pose for seductive or sexual photographs.
- forced to listen to sexual talk.
- forced to masturbate.

## Your Notes

# Phases of Child Sexual Abuse

The dynamics of sexual encounters between adults and children usually fall within a predictable pattern.

## Engagement Phase

**1. Access and Opportunity**

Child sexual abuse is not an impulsive, unplanned occurrence. For the most part, the perpetrator is known and has access to the child. Although the opportunity may be accidental the first time, the perpetrator will watch for and create subsequent private opportunities.

**2. Relationship of Participants**

The dynamics of child sexual abuse most often involves a known adult in a legitimate power position over a child. The abuser exploits this power, dominance and authority to engage the child in sexual activity.

**3. Inducements**

The abuse often begins in a low-key non-forced manner. Abuse may be presented as a game, something "special" and fun. Rewards or bribes are sometimes offered but most often the opportunity to engage in an activity with a known and favourite adult is sufficient incentive for the child. The more adept the perpetrator, the less likelihood that threats will be used to induce compliance.

## Sexual Interaction Phase

The progression of exposure to fondling to some form of penetration is very predictable.

## Secrecy Phase

After engaging the child in some form of sexual behaviour the abuse then enters a secrecy phase.

- Secrecy eliminates accountability- it removes the likelihood of being caught and held responsible.
- Secrecy also allows the behaviour to continue. The perpetrator will use secrecy to continue the abuse and fulfill his desire for power, dominance, feeling wanted and admired.
- The child usually keeps the secret. Some children never tell anyone. Others keep the secret throughout their childhood and only disclose the sexual behaviour many years later. The child may keep the secret because he or she enjoyed the activity and wants the behaviour to continue. The child may enjoy the sexual stimulation, the enhancement of self-esteem, and the feeling of being important and grown up.

## Disclosure Phase

**Accidental disclosure:** The abuse is revealed accidentally because of external circumstances:

- Observation by a third party.
- Physical injury to the child.
- Sexually transmitted infections.
- Pregnancy.
- Precocious sexual activity initiated by the child.

**Purposeful Disclosure:** In a purposeful disclosure the victim consciously decides to tell an outsider about the sexual abuse.

# Abuser Strategies

Here are the coercive ways abusers convince children to get involved in sex.

**Enticement**

- **Bribery**: "If you do this for me, I'll buy tickets to a concert."
- **Game**: "I want to teach you this fun game."

**Entrapment**

- **Guilt**: "You have to do this, I got you on the volleyball team, you owe me!"
- **Fear**: "If you don't do this, I'll have to tell your parents that you're smoking".

**Verbal Threats**

- Threat of harm to the victim ''You're really going to get it if you don't."
- Threat of harm to the abuser "If you tell, I'll go to jail."
- Threat of withdrawal of affection "If you don't do this, I won't love you anymore."
- Threat of family breaking up "If you tell it will really hurt your mom."
- Threat to loved ones "I'll hurt your mother if you don't do it."

**Verbal Coercion**

- "It's okay – everybody does it, it's part of growing up."
- "I'm just checking you out, now that you're getting older."
- "What's the matter?  Don't you like me?"

**Isolation**

- "I had to come straight home from school, I wasn't allowed friends."

**Use of Physical Force**

- "He would beat me if I tried to resist."

## Your Notes

# Sexual Grooming of Children

Sexual grooming is an often-long-term process by which an offender deceives a child, significant adults, and the environment to gain trust and subsequently, sexually abuse a child. Specific goals include gaining access to the child, gaining compliance, and ensuring secrecy.

## Three Types of Sexual Grooming

### Grooming the child

Grooming the child refers to actions deliberately taken to befriend and establish an emotional connection with a child, to lower the child's inhibitions in preparation for sexual activity. Although there are similarities, each victim's experience of grooming is different because offenders adapt strategies to the child.

**There are generally two different ways a child is groomed:**

1. **Physical grooming** – gradual sexualization of the relationship between the offender and the victim
   - Telling sexualized jokes (to test the child's knowledge of sexual activity)
   - Intentionally entering the room when the child is undressing or exposing himself to the child casually.
   - Desensitizing the child to touch by beginning with non-sexual touch (tickling, wrestling, hugs...)
   - Exposing the child to pornography to "normalize" it.
   -
2. **Psychological grooming** – gaining the child's trust and often, reliance on the abuser. The abuser will often work to make the child feel good and close to the abuser and then start to violate boundaries.
   - Watches and gathers information about the child, to get to know his/her needs and how to fill them.
   - Often includes activities similar to adult courtship with focussed attention, special outings, compliments, and gifts.
   - Isolating the child to create a barrier to prevent the child from disclosing. Child may become dependent/idealize the abuser.
   - Creates special situations in which he and the child are alone together.
   - Once the abuse is occurring, the offender will use secrecy, threats, bribes and blame to keep the abuse hidden and the child compliant.
   -

### Grooming significant others and the environment

In order to gain access to their victim(s), offenders groom the community and their potential victim's significant others (e.g., parents, caregivers, teachers, etc.)

- The offender will place themselves where they are most likely to meet children and be able to garner a trusting relationship with the family.
- Offenders are frequently charming, very helpful and even kind. They often have positions of trust in the community (ministers, coaches, teachers...)
- Offenders will offer to help out, do the jobs others do not want to do.
- Offenders intentionally build relationships with the adults around a child. This ensures that the offender's time with the child is welcomed and encouraged.
- The grooming process is often so slow and so well done that when a victim discloses abuse the community supports the offender and not the child.

- Some offenders target single mothers to gain trust and access to a child.

In cases of incest, the offender is already in a position of trust. Further grooming of the environment might include:

- Isolating the non-abusing parent from the child to have greater access alone with the child (perhaps encouraging the mother to have more of a life outside the home)
- Isolating the non-abusing parent from the community so she does not have anyone to confide to about her concerns.

## Self-grooming

When an offender "grooms himself" it is generally referring to the offender justifying or denying their abusive behaviour.

- Believing the child seduced him rather than accept that he sexually abused a child.
- Believing that they are "teaching" the child how to be a sexual being.
- Believing that the abuse is actually an expression of love.

## Your Notes

# Warning Signs of Child Sexual Abuse

Signs of child sexual abuse may become evident on one of these four areas of a child's body:

- Vagina
- Penis
- Anus
- Mouth

However, sexual abuse may leave no physical signs at all. Sexual abuse is difficult to recognize because children are usually told to keep the abuse secret. The following outlines some of the more common signs of sexual abuse:

## Physical Signs

- Bruising, sores, or injuries in the genital area or around the mouth
- Sexually Transmitted Infections
- Pregnancy

## Fears

- Fear of a specific person or situation (doesn't want to go to someone's house)
- Fear of being alone.
- Fear of the unknown; a need to control their environment, extremely anxiety over unknown aspects of life ("what will happen if our house burns down?")

## Changes in Behavior at Home

- Nightmares (dreams of being helpless – trying to run but being caught)
- Bedwetting/change in sleep patterns
- Loss of appetite
- Excessive washing or baths, talks about feeling dirty
- Excessive masturbation
- Changes in play (expressing victimization, violence or sexual behaviour during play)
- Early sexual precociousness; using sexual gestures or words inappropriate for the age

## Poor Self-Esteem

- Unprovoked crying spells, especially when a parent is leaving
- Clinging to a significant adult, never wanting that person to leave them
- Poor self-image/low self-esteem
- Refusing to go to school; not wanting to see friends
- Withdrawal, socially or emotionally (isolating themselves, sullenness)

***** Evidence of one or two of these symptoms does not mean that a child is being sexually abused. A combination of several (four or more), however, may be a cause for concern.**

# Age-Appropriate Sexual Behavior

It can be hard to acknowledge that all of us, even children, are sexual beings, have sexual feelings and are curious about sex and sexuality. Children's curiosity can lead to exploring their own and each other's body parts by looking and touching.

They may peek when family members are in the bathroom or changing clothes or try to listen outside the bedroom. They may look at magazines, books, videos, or images online.

It can be hard to tell the difference between "normal" sexual behaviors and behaviors that are signs that there may be a problem. Sexual play that is more typical or expected in children will more often have the following traits:

- The sexual play is between children who have an ongoing mutually enjoyable play and/or school friendship.
- The sexual play is between children of similar size, age, and social and emotional development.
- It is lighthearted and spontaneous. The children may be giggling and having fun when you discover them. When adults set limits (for example, children keep their clothes on at daycare) children are able to follow the rules.

| AGE RANGE | COMMON | UNCOMMON |
|---|---|---|
| **Preschool age (0 to 5 years)** | • Will have questions and express knowledge relating to:<br>  ○ differences in gender, private body parts.<br>  ○ hygiene and toileting.<br>  ○ pregnancy and birth.<br>• Will explore genitals and can experience pleasure.<br>• Showing and looking at private body parts. | • Having knowledge of specific sexual acts or explicit sexual language.<br>• Engaging in adult-like sexual contact with other children. |
| **School-age (6-8 years)** | • Will need knowledge and have questions about:<br>  ○ physical development.<br>  ○ relationships, sexual behavior.<br>  ○ menstruation and pregnancy.<br>  ○ personal values.<br>• Experiment with same-age and same gender children, often during games or role-playing.<br>• Self stimulation in private is expected to continue.<br>• | • Adult-like sexual interactions,<br>• Having knowledge of specific sexual acts,<br>• Behaving sexually in a public place or through the use of phone or internet technology. |

| | | |
|---|---|---|
| **School-age (9-12 years)**<br><br>Hormonal changes and external influences, such as peers, media and Internet, will increase sexual awareness, feelings and interest at the onset of puberty | • Will need knowledge and have questions about:<br>  ○ Sexual materials and information, and<br>  ○ Relationships and sexual behavior.<br>○ Using sexual words and discussing sexual acts and personal values, particularly with peers.<br>• Increased experimentation with sexual behaviors and romantic relationships.<br>• Self stimulation in private is expected to continue. | • Regularly occurring adult-like sexual behavior.<br>• Behaving sexually in a public place. |
| **Adolescence (13 to 18)** | • Will need information and have questions about<br>  ○ Decision making<br>  ○ Social relationships and sexual customs<br>  ○ Personal values and consequences of sexual behavior.<br>• Self stimulation in private is expected to continue.<br>• Some folks will begin menstruation; others will begin to produce sperm.<br>• Sexual experimentation between adolescents of the same age and gender is common.<br>• Voyeuristic behaviors are common in this age group.<br>• First sexual intercourse will occur for approximately one third of teens. | • Masturbation in a public place.<br>• Sexual interest directed toward much younger children.[2] |

## Your Notes


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# Why I didn't say anything: The Sheldon Kennedy Story

Kennedy, S. (2006). *Why I didn't say anything: The Sheldon Kennedy Story.* Insomniac Press. Toronto, Ontario.

Sheldon Kennedy (born June 15, 1969) is a former professional ice hockey player. He played for the Detroit Red Wings, Boston Bruins and Calgary Flames in the National Hockey League (NHL). Kennedy is best known for coming forward as a victim of sexual abuse at the hands of his coach, Graham James. In 1998, Kennedy roller bladed across Canada to raise awareness and funds for sexual abuse victims. Currently, Kennedy serves as a spokesperson for violence and abuse prevention programs with the Canadian Red Cross.

From a very young age Sheldon was recognized in his community for his hockey skills. When he was 14, he met Graham James at a hockey camp and James immediately saw the hockey talent that Kennedy possessed. James seemed very worldly to Sheldon, and he lavished special attention on him, buying him pop and chips and being his buddy. Sheldon's father was an angry person, and their relationship was not affectionate, so this attention from a "father figure" was welcomed. Sheldon talked about worshiping James as a hero, this was someone you wanted to be on your side.

James began "courting" Sheldon's parents right away. They were thrilled with the relationship so when James invited Sheldon to Winnipeg for the weekend to introduce him around his parents couldn't get him on the bus fast enough. Everyone saw this as Sheldon's ticket to the big league. Their words to Sheldon were "Respect the Coach!!"

The abuse started that night and at first seemed mild but weird – he gave Sheldon a foot rub. Sheldon was uncomfortable but didn't say anything. This was an authority figure, and he didn't feel comfortable speaking up. James then threatened him with a gun and the sexual abuse escalated and continued for 5 years. Sheldon would act as though everything was normal, when he was away from the abuse it was like it wasn't happening and when it was, he would shut down and emotionally leave the room.

Over the years, James insinuated himself into Sheldon's life. Friends and family would contact Sheldon through James and James made sure to isolate him from the other team members. He convinced Sheldon that he would never make it to the NHL without him. This coupled with Sheldon's fear of what his family's reaction would be and fear of his dad's shame kept him quiet.

At the same time, James made sure to make Sheldon feel special and important. He depended on him to help make decisions around the team. If Sheldon left a specific team or James lost the coaching position, he would keep trading until he was close with Sheldon again. Sheldon hated James, but because they shared this secret, he also felt like James was the only person Sheldon could trust.

James was very careful to spend lots of time with other team members in completely normal ways. That way if anyone said anything, there would be team members to vouch for James and it would be Sheldon's word against his.

Sheldon finally escaped James when he was drafted by the Red Wings. Even then his and James' paths crossed regularly and for a period of time worked in the same building owning shares in the same team. Sheldon had a breakdown in the winter of 1996. After seeing James destroy the lives of other boys, he finally disclosed the abuse he suffered to his wife and then decided to report the abuse to the police in the late 1990's. The police estimate that James abused between 75 and 150 boys.

# “Why I didn’t say anything”

Activity Sheet

## Phases of child sexual abuse

| Engagement | Sexual Interaction | Secrecy | Disclosure |
|---|---|---|---|
| | | | |

## Abuser strategies

| Enticement | Entrapment | Verbal Threats | Verbal Coercion | Isolation | Physical Force |
|---|---|---|---|---|---|
| | | | | | |

## Grooming

| Child | Significant other / environment | Self |
|---|---|---|
| | | |

# Trauma-Informed Approach

**Behaviours attached to unacknowledged or untreated trauma** can act as **barriers to seeking help** for mental and physical health, substance use problems, and prevent or limit a survivor's ability to build trust with service providers. Even when danger is no longer present, the adaptive strategies or coping skills survivors use for self-protection may negatively impact them, giving the appearance that the survivor is making bad choices rather than relying on behaviours that at one time were necessary for survival.

The act of seeking support and entering an agency to receive assistance can feel extremely unsafe for a survivor. However, when all staff members at service agencies practice with an understanding that these behaviours served a very real purpose, they can help to reduce the survivor's guilt and shame, increase their self-compassion, and provide the space for developing new skills and resources. Without the consistent use of a trauma-informed approach, the survivor may be **re-traumatized in an unsupportive environment.** These negative and re-traumatizing experiences often result in a lack of engagement in services and a corresponding increase in mental health symptoms. Survivors may discontinue treatment and experience more problems before (possibly) returning for help later.

In addition to the many impacts to the individual who experienced the trauma, there are substantial financial and social expenditures in various systems, including mental health, addictions, health care, child welfare, housing, homelessness, criminal justice, and employment. Extensive research and anecdotal evidence demonstrate that the vast majority of clients in human service systems are trauma survivors.

| Traditional approach | Trauma-informed approach |
|---|---|
| ○ Trauma as a single event<br>○ Impact seen in predictable areas for prescribed amount of time | ○ Trauma defines & organizes the experiences that form the individual's identity<br>○ Individual constructs a new sense of self, others, & the world. (Harris & Fallot, 2001) |

## Trauma-Informed or Trauma-Specific?

**Trauma-informed services support all service users without negatively impacting individuals who have not experienced trauma**. Trauma-informed principles form the foundation for all aspects of service delivery and policy development without necessarily engaging in trauma-specific work with the service users. Trauma-informed care ensures knowledge of trauma is incorporated in all aspects of service delivery without specifically treating the consequences of trauma. Trauma-specific services directly address the impact the trauma has had on the individual's life and works to move from surviving to thriving in the aftermath of trauma. **While not all staff within an agency or organization will provide trauma-specific services or support, everyone can work from a trauma-informed approach.**

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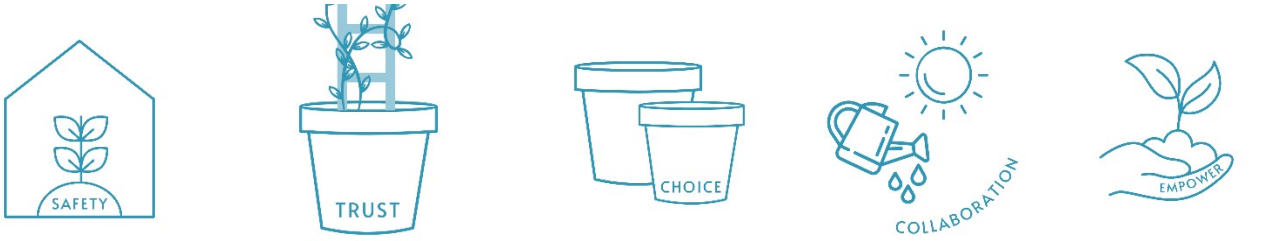
# Five Principles of Trauma-Informed Care

**Trauma-informed care** constitutes a comprehensive approach that recognizes the widespread impact of trauma on individuals. Rooted in key principles such as prioritizing safety, building trust, fostering collaboration, and empowering survivors with choices, trauma-informed care creates supportive spaces sensitive to the unique needs of those who have experienced trauma.

**Trauma-specific care** takes a more specialized stance, employing evidence-based interventions and practices tailored to the individual's experiences. It involves practitioners with specific training in trauma treatment, utilizing therapeutic modalities that address the impacts of trauma.

Together, these approaches contribute to a holistic and effective framework for supporting individuals on their healing journey.




**Safety**
Ensuring physical & emotional safety

**Trust**
Earned over time through consistency & authenticity

**Choice**
Opportunities to control treatment

**Collaboration**
Sharing the power and making decisions together

**Empowerment**
Prioritizing empowerment and building skills

## Five Principles of Trauma-Informed Care

**Safety** includes considering that any person may have experienced trauma in their life and taking measures to create a “safe place” for everyone. This includes the physical environment (welcoming atmosphere, pleasant receptionist, good lighting, maintenance of property, and disability accommodations) and safe relationships that are consistent, predictable, and do not shame.

A feeling of safety can be enhanced by ensuring that all staff, volunteers, and board members:

- Maintain confidentiality.
- Provide clear information.
- Act consistently and predictably
- Allow the service user to set limits on the treatment process.
- Maintain clear boundaries and transparency throughout relationship.
- Operate within well-defined roles.

We can all increase levels of safety for survivors in our lives by integrating these aspects into all our relationships. By being consistent, trust-worthy, reliable, non-judgemental, and welcoming, we can create safety for those seeking support in our own personal lives.

**Trust:** The ability to trust and maintain relationships is damaged for individuals who have experienced interpersonal traumas like sexual violence. These disrupted attachments can affect relationships at the micro level (with partners or friends), and at the macro level (community or systems) which affect their sense of connection in the world. Build trust genuine, authentic, and predictable interactions with survivors of sexual violence.

**Choice:** It's important to create an atmosphere that provides opportunities for the service user to feel empowered. Helping someone identify options and possible outcomes and guiding them in their process of informed decision making, increases their choice and control. Sexual violence is a crime where one's choice and consent has been revoked. Everything we can do to re-instil this sense of personal power, will help a survivor in their healing.

**Collaboration:** Being trauma-informed is recognizing the power imbalance between the service user and the service provider, then working to empower the client as much as possible. Recognize the wisdom, lived experience, and goals of the survivor as central guides to collaborative work. Collaboration between intervener and survivor is important, as well as between the intervener and other service providers/agencies who also support the survivor. Ensure transparency and involvement of the survivor every step of the way.

**Empowerment:** It emphasizes the importance of restoring an individual's sense of control and self-determination, which can be severely eroded by sexual violence. Empowerment involves providing survivors with the tools, information, and support they need to make choices and decisions about their healing journey. It acknowledges their strength and resilience, allowing them to regain a sense of agency and reclaim ownership over their lives. By fostering empowerment, trauma-informed care empowers survivors to take an active role in their recovery and re-establish a sense of personal power that is essential to their healing process.

## Your Notes

# Neck Rolls

We often carry emotional and physical tension in our neck and upper body. Gentle movement of the neck muscles can loosen and release this tension.

1. Choose a position that is comfortable, either sitting or standing, so that your spine is upright, and you feel supported by a stable surface. The following steps will help you to release the tension in your neck.
2. Allow your attention to move inward, noticing how your head rests on your neck, which rests on your shoulders. Allow your head and spine to straighten, stretching yourself to sit or stand just a little taller. Sense your spine supporting your tall posture.
3. When you feel ready, gently allow your head to release, and drop your chin slowly forward toward your chest. If it feels okay, gently, and slowly roll your head toward one shoulder, then back toward the other, not pushing past any discomfort.
4. Choose how big or small to make the movement back and forth. Notice how you can go slower or faster, bigger, or smaller.
5. Investigate what feels good, perhaps experimenting with bigger arcs or very slow and small movements side to side. You can lift your chin or keep it lower.
6. You may notice small clicks or cracking sounds as your neck muscles let go slightly; this is normal. If you notice tension or soreness in a particular area, you can focus your breathing on this area to help release the tension slightly.
7. Pay attention to your shoulders and allow them to release and move into a neutral position.
8. Continue the neck rolls for a few more moments, bringing them to an end when you feel ready to do so.
9. Allow your attention to come to your external environment and take a few moments to reflect and note any observations about your experience.
10. When you are ready, you may open your eyes and bring your attention back to the room.

Adapted from *Counselling Activities Workbook: Handouts and Exercises for Working with People*, by Wilma Schroeder, 2021.

# Feminist Counselling

Feminist counselling is a way of thinking and framing beliefs that is non-judgmental and supportive.

- Feminist counsellors think critically about the gendered nature of sexual violence and believe that **sexual violence is a result of oppression.** While traditional counsellors might subscribe to rape myths and believe that sexual violence is an individual survivor's problem, feminist counsellors believe sexual violence is a societal issue. Thus, feminist counsellors believe that sexual violence is never the fault of any action on the part of the survivor. Feminist counsellors ***believe*** survivors who disclose experiences of sexual violence.

- Feminist counsellors **monitor power relationships with client**. This means that feminist counsellors strive for equality in their relationships with the clients while recognizing that in all professional relationships there are power imbalances. Feminist counsellors value and respect their clients as equals and recognize that *all oppressed people* are potential victims of sexual violence, including themselves. Feminist counsellors explain the therapeutic process to the client and educate the client about their rights as a client.

- Feminist counsellors **encourage empowerment**. Traditional counsellors may adopt the role of 'expert' whose role it is to diagnose and direct the client. Feminist counsellors believe that clients are the experts of their own lives, and that survivors direct their own healing and path to recovery. Thus, feminist counsellors encourage clients to take control of the conversation and make their own decisions and choices. Feminist counsellors also encourage empowerment by pointing out strengths, values, and abilities, and encouraging clients to take charge of their lives.

- Feminist counsellors **focus on the process** rather than on the result or goal. This means that feminist counsellors recognize that how you get to a goal is more important than achieving that goal.

- Feminists understand that the **personal is political;** that sexual violence is a product of individuals' social, cultural and legal subordination. Additionally, that personal experiences need to inform political reform. Feminist counsellors recognize the ways societal myths impact client healing, and the way language is used in society to minimize experiences of sexual violence. Likewise, feminist counsellors recognize the importance of considering social context when approaching traditional therapeutic concepts such as distress and diagnosis.

- Feminist counsellors **value unity *and* diversity**. Feminist counsellors recognize that all marginalized people experience oppression; however, they are also aware of and sensitive to the ways each survivor's is impacted by their own experiences, values, racial oppressions, economics, sexual orientation, and ability. Feminist counsellors are also aware of the impact of their own ethnic and cultural background, gender, class and sexual orientation in their relationship with clients, and takes action to confront or change any biases they have.

- Feminist counsellors **encourage consciousness raising**. They see activism and societal change as integral components of addressing sexual violence and thus seek multiple avenues for creating change, for instance through public education or advocacy work. Rather than working to maintain the status quo through acceptance, adjustments, and adaptations, feminist counsellors seek to raise awareness and understanding of patriarchy and oppression. Feminist counsellors believe all people must be made aware and that we are all responsible for improving the lives and experiences of oppressed people.

- Feminist counsellors are **committed to confidentiality**. Feminist counsellors believe that everything a survivor talks about is owned by them and should not be passed on to others without permission. Not only beholden to legal and ethical practices, but feminist counsellors also recognise that it is *their* assault, *their* story, and *their* decision to make.
- Feminist counsellors recognize and **acknowledge their personal and professional needs**. They engage in ongoing curiosity and learning through professional development activities and continuing education, including making efforts to engage with developments in feminist knowledge. Feminist counsellors are attentive to personal well-being and recognize its importance to effective counselling.

## Your Notes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# Feminist Counselling

Activity

Erica is an eighteen-year-old Mi'kmaq woman from Nova Scotia who is attending university in Fredericton. She has come to you because she is failing out of her program and is having suicidal thoughts. Her proctors and friends have all expressed increased worry about her self-harming, locking herself in her room, and not eating properly. Residence life has her on a support plan that dictates that she receives counselling in hopes of alleviating some of the pressure from her friends and residence staff.

At first, Erica is not very open as she is not keen on being in counselling, but as time progresses, she discloses that she experienced something a few months ago that has been disturbing her. She describes going home with a guy she had been casually "hooking up" with for a few weeks. When there, things were fine until things progressed to the point where she asked him to put a condom on. He declined saying he did not like the way it feels, and it shouldn't matter because she is on the pill. She told him she really needed him to put the condom on if he wanted to have sex, but he did not stop and just kept telling her to relax. She says she eventually gave up and did nothing, she just felt numb. Erica describes feeling violated and dirty but says "I know it's not sexual assault, I just wish it didn't happen". When explored further, Erica discloses that she experienced sexual abuse by her uncle from ages 6-9 and this current incident has brought many of her feelings back regarding her childhood abuse. She is experiencing nightmares, and flashbacks, and does not feel safe leaving her room.

Erica describes losing time in her days and cutting herself when she feels fed up with not feeling anything at all. She has been drinking every weekend and hooking up with guys she meets on Tinder. She is sporadic in attending sessions and you find she acts erratically, seems to embellish stories, and is always saying inappropriate things. She describes having many friends but none with whom she can share her problems. Erica talks about loving her mother but that she does not want to worry her due to the stress already in her mom's life and the fact that her mom would often make the problem about herself. When she told her mother about her uncle's behaviour as a child, her mother brushed it off and said it is best she just forget about it and that she was making a big deal out of nothing.

## Case Scenario: Discussion Questions

- How would a feminist counsellor approach their relationship with Erica?
- What cultural considerations should a counsellor be mindful of?

## Your Notes

# Counselling Stages

## Key points About Trauma Therapy

- Slow and steady is the best way to heal from sexual violence trauma. Healing will happen faster if a good foundation is built first.
- People rarely come into counselling with a balance of skills for self-soothing, creating safety, and trauma memories. Generally, people are overloaded with trauma memories and underdeveloped in their skills for self-soothing and creating safety.
-

## This Visual Might Help You Understand This Imbalance:

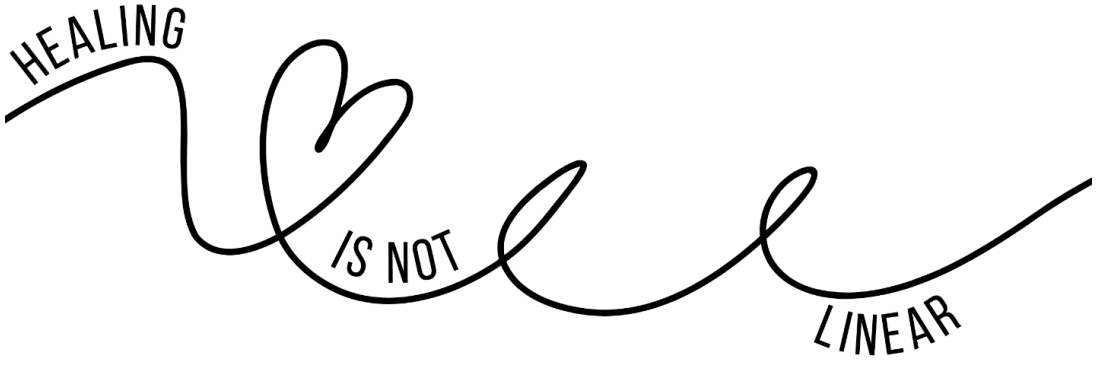
It may be tempting for both the client and the counsellor to lighten the overload of memories and tell stories of what happened. However, this is not always helpful if the client does not have all of the skills needed to soothe the strong feelings and reactions they might experience when discussing memories.

So, it is important to start by focusing on building skills to contain, manage, and tolerate strong feelings prior to stepping into the memories that cause distress.

## Three Phases to Trauma Therapy:

- Establishing safety and stability in the client's life and with the counsellor
- Integrating trauma memories and experience in whatever way is most helpful to the client
- Reconnecting with ordinary life

McEvoy & Ziegler, 2006



# Phase Goals

## Goals of Phase 1

- Normalize trauma and its impacts.
- Understanding of survival responses Window of tolerance
- Stabilization tools (grounding, boundaries, soothing and comfort)
- Create safety and address basic needs Honor coping strategies.
- Create toolbox of healthy coping

## Moving from phase 1

- Able to identify hyper and hypo arousal in the body.
- Self-aware (body, emotions, sensations)
- Able to self-sooth when hyper-aroused
- Able to use the tools learned in phase 1
- Generally stabilized in life routine
- Able to spend most of the time in present

## Goals of Phase 2

- Processing the trauma experience
- Restore control over trauma reactions.
- Challenge distorted perceptions
- Grieve losses.
- Reflection and Mindfulness
- Reconnect to self, others and the world Restore autonomy and self-efficacy

## Moving on from Phase 2...

- Trauma is experienced in the past, not in the present or coming up in the future.
- Make the implicit aspects of their life, explicit.
- The trauma does not impact majority of life but is rather an experience.
- Talks about and is interested in developing dreams and goals

THE EXPERIENCE OF EMOTIONAL OVERWHELM IS SIMILAR TO THAT OF A SHAKEN BOTTLE OF SODA. INSIDE THE BOTTLE IS A TREMENDOUS AMOUNT OF PRESSURE. THE SAFEST WAY TO RELEASE THE PRESSURE IS TO OPEN AND CLOSE THE CAP IN A SLOW, CAUTIOUS AND INTENTIONAL MANNER SO AS TO PREVENT AN EXPLOSION. (ROTHSCHILD, 2010)

## Goals of Phase 3

- Creating a new sense of self and future
- Redefining oneself in the context of meaningful relationships
- Integrating the trauma into their life story and not as the only story that defines them

## Moving on from Trauma

- Able to reconnect with self, even during times of stress.
- Knows own true preferences, talents, joys, spirituality, sense of connectedness.
- Trauma is no longer persistent pressure Able to recognize joy and happiness.
- Able to recognize healthy relationships and nurture them.
- Able to set boundaries and let go of people/things that are unhealthy.
- Is not triggered by secondary wounding.
- Able to identify and use tools for future stress and coping.

# Phase One: Stabilization & Safety
# Phase One Activities

## Goals of Phase One

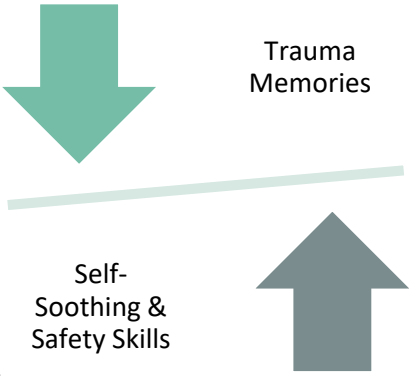
- Able to identify hyper and hypo arousal in the body
- Self-aware (body, emotions, sensations, own relaxed state)
- Able to self-sooth when hyper-aroused
- Able to use the tools learned in Phase One
- Generally stable in their life (structure, routine, positive adaptations)
- Able to spend most of their time in the present moment
- At a good time in their life to do the integration work

## Key Tasks for Phase One

- Focus on the present – How do we improve your quality of life in the present?
- Assist in prioritizing immediate needs
- Establish relationship and create structure, predictability, and routine (through counselling relationship and sessions)
- Regulate acute physiological and emotional reactions
- Education about sexual violence, impacts, recovery process, counselling process, beliefs and attitudes about sexual violence

## Indicators for Phase One & Moving On

- The client's life is characterized by relative safety and stability
- Basic safety needs (food, shelter, clothing)
- Daily routine
- Interpersonal relationships, boundaries
- Counselling relationship
- Physical needs




The client is able to monitor and control emotional/physiological responses of trauma

- Awareness of feelings, emotions, body sensation
- Understanding of arousal level (hyper/hypo-arousal)
- Ability to shift arousal with stabilization tools back to present (grounding, breathing, etc.)
- Presence of intrusive/constrictive symptoms (flashbacks, nightmares, intrusive images)

*McEvoy (1996)*

## Your Notes

# Inner Safety

When someone experiences sexual trauma, their trust is violated -- not only their trust of others but of their own reactions, their ability to move forward, and their inner instincts. In other words, their sense of "inner safety" may be compromised. Rebuilding this sense of inner safety is the only way one can begin to heal and face the challenges produced by their experiences.

Managing the psychological impacts a survivor faces after a sexual trauma, such as self-blame, shame, fear, guilt, anxiety, and memory intrusions, becomes part of the essential work of establishing safety and stabilization. For a survivor to feel secure in their mind and body, they must be able to find their ability to trust in their self to cope with the overwhelming feelings associated with the trauma. ***To heal, they must be able to trust and believe in their own choices and judgments.***

Put simply, inner safety refers to when a person is both aware of and connected to their emotional state, while also having the ability to regulate their emotions.

## Inner safety refers to the development of:

- an awareness of and connectedness to feelings, emotions, thoughts, and sensation in the body, and
- skills that empower one to regulate the intensity of those feelings, emotions, thoughts, and sensations so that they are not overwhelming
- stay within the window of tolerance

# Window of Tolerance

| | | | |
|---|---|---|---|
| **Hyper-arousal** | Overwhelmed<br>Panic<br>Anger<br>Hard to sleep / Relax | Can't concentrate<br>Anxiety<br>Racing thoughts<br>Restless / Jumpy | Urge to run<br>Hypervigilant<br>Feeling unsafe |
| **Window of Tolerance** | Composed / Calm<br>Resilient<br>Rational thinking | Engaged<br>Feeling Centered<br>Able to focus | Respond not react<br>Make decisions |
| **Hypo-arousal** | Numb / Flat<br>No feelings or energy<br>Ashamed | Disconnected<br>Can't make decisions<br>Shut down | Hopeless<br>Depressed |

# Glasser's Basic Needs

Psychiatrist William Glasser, states humans are motivated by a never-ending quest to satisfy 5 basic needs, including: to love and belong, to be powerful, to be free, to have fun and to survive. The degree to which these needs are met dictate how much capacity for stress we have in our lives.

- **How many and how much of your basic needs are being met?**
- **Mark your jars at how fulfilled they currently are and make a plan to refill where needed.**

## Survival

- Health
- Relaxation
- Food
- Shelter

## Freedom

- Choice
- Independence
- Freedom from
- Freedom to

## Fun

- Enjoyment
- Laughter
- Learning
- Change

## Love & Belonging

- Being loved
- Belonging somewhere
- Being respected
- Friendship
- Community

## Power

- Recognition
- Success
- Importance
- Achievement
- Skills

# Sexual Violence Trauma and the Body

## The Voice of the Body

When someone experiences sexual violence, they often come to believe, "I am powerless. I cannot control my body or my environment and cannot create safety in my life." (Linden, 2002) Survivors of sexual violence often have tenuous relationships with their bodies. Whether because of the disconnection they feel due to repeated dissociation, the sense that their bodies betrayed them, or the distress their emotional fluctuations cause, survivors are often severely disconnected from their internal sensations.

***Somatic memory*** is the way a person's physiology remembers an event. It is the internal reactions that form a memory, whether or not there are words or images to pair with them. This does not suggest the actual muscles and tissues of the body remember something without the brain, just that the memory (implicit) is felt within the body.

***State dependent memory*** is when an internal state replicates the internal state produced during a previous event, details, moods, information, and other states associated to that event may be spontaneously recalled or set in motion.

## Somatic Awareness

Body work can be done through sensorimotor or somatic therapies which understand that long after trauma has happened, the body continues to be bombarded with implicit memory fragments that signal danger in the absence of immediate and acute threat. When a client is working through impacts of sexual violence, it is helpful if the counsellor gently reminds them to check in with the responses of their body, to keep them present and aware of their own levels of arousal. By drawing participants into the present-moment experience and inviting them to witness their own somatic experience through non-judgmental curiosity, allows survivors to expand their capacity to tolerate and regulate their somatic experience. By staying with the physiological sensations, the arousal will eventually fade, and the survivor will see that it is not a consistent state of mind.

Survivors are challenged to build somatic awareness by listening to their body cues and learning to self-soothe in healthy ways. This process can be extremely challenging for those who have coped by numbing or dissociating from their emotional pain. It will be important for counsellors to help survivors to remain connected to their bodies in order to assess and soothe their physical reactions. Exploring and establishing inner safety involves focusing on and examining the ways emotions and thoughts are felt or experienced through the body. The reason that such emotional and then bodily reactions are a challenge is that these reactions can become overwhelming to the point where an individual may engage in unsafe behaviour in order to experience some form of relief, such as using drugs to feel numb or dissociating to disconnect. Working to establish inner safety involves finding ways to regulate these bodily responses, which is a process of regulating emotions.

## Somatic resourcing

Helping clients manage symptoms of emotional dysregulation involves teaching them how to stabilise their arousal. Since states of overwhelm compromises cognitive functioning, interventions focused on logic tend to fail. Identifying and improving access to a clients "somatic resource" will help them connect to their body to de-escalate in times of stress.

- **Somatic resources** are the physiological sensations that support a sense of safety and well-being.

- **Internal somatic resources** include body movements that deep breathing, holding and releasing of the body, flexing or moving muscles, and stimulation of the vagus nerve.
    - **Alternating nostril breathing** using pointer and middle fingers, taking a deep breath in and closing the right nostril while exhaling deep and slow. While the right nostril is still closed, breathe in deeply from the left side. Once the breath is in switch to close the left nostril and exhale deeply from the right. Get full breaths out and then in through alternating nostrils.
    - **Butterfly hugs:** arms are crossed across the chest so that you have your palms facing the opposite collar bone and chest area. While taking deep breaths, alternate patting your chest with each hand in a slow to medium pace.
    - **Humming:** Because your vagus nerve runs through both the larynx and pharynx in your throat, humming creates a vibration that stimulates your vagus nerve and initiates your parasympathetic nervous (restoration) system.
- **External somatic resources** are experiences, memories, places, and people who elicit bodily sensations of calm and safety.

It is essential for counsellors to work with survivors on:

- Observing and **report the interplay of physical sensations, movements, and impulses**
- Noticing their **internal reactions** as they try out new physical actions
- Examining the **effects of their thoughts and emotions on their body**. In particular, which parts of the body reacts to certain thoughts or emotions.
- **Ascribing meaning to the physical reactions**—feeling the sensations is different from describing them which forms explicit understanding.
- Identify **internal** and **external resources** that can be used for anchors in trauma processing.

## Holistic Healing Modalities

The impact of trauma is often felt first in the body. It might be extremely difficult for trauma survivors to verbalize their thoughts, feelings, and memories related to their trauma. Survivors of sexual violence sometimes disconnect from emotions and physical sensations in an attempt to cope. Body-oriented or other nonverbal activities serve as a way for trauma survivors to reconnect to their bodies, manage their feelings, and communicate in non-traditional ways. It is helpful for programs to provide opportunities for survivors to express themselves using these types of alternate strategies. Programs offer a range of holistic healing modalities or referrals to other allied programs or practitioners, including:

| | | |
|---|---|---|
| Yoga | Meditation | Equine or animal-based programs |
| Tai chi | Nutrition | Nature-based programs |
| Massage | Movement | Indigenous healing practices |
| Acupuncture | Exercise | Other affinity groups |
| Energy work | Art and music-based programs | |

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## Your Notes

# DESCRIBING AND TRACKING SENSATION

This exercise will allow you to give some thought to the words you use to describe how you feel. This process will help you better acquaint yourself with identifying and describing your physical sensations.

When someone asks you how you are doing, you may typically answer with a vague “okay” or “not so good”. But try asking yourself, “What sensation in my body tells me that I’m feeling ok?” You may well get some more information: “My chest feels light. My hands are warm. My head feels full”. The more connected you are with your body, the more specific the description is.

The way that you distinguish a sensation from an emotion and from a thought is by being able to locate it in your body and experience it in a direct physical way. For example, if you are feeling anxious, the next question should be, ‘how do I know that I am feeling anxious?’ In other words, where in your body do you feel it and exactly what is the physical sensation.

**Here are some terms to help you get started describing bodily sensations:**

| Common Sensations | Agitated | Ugh and Blah |
|---|---|---|
| Tender | Tense | Dull |
| Sensitive | Tight | Dense |
| Achy | Clenched | Frozen |
| Sore | Knotted | Disconnected |
| Tense | Hot | Empty |
| Tight | | |
| **Can’t Sit Still** | **Well-Being and Vitality** | **Nerve-Quality** |
| Shaky | Calm | Prickly |
| Trembly | Energized | Tingling |
| Throbbing | Cool | Nervy |
| Pounding | Relaxed | Twitchy |
| Fluttery | Open | Burning |
| Queasy | Light | |
| Spacey | Airy | |
| Breathless | | |

Taken from Healing Trauma by Peter A Levine, PH.D

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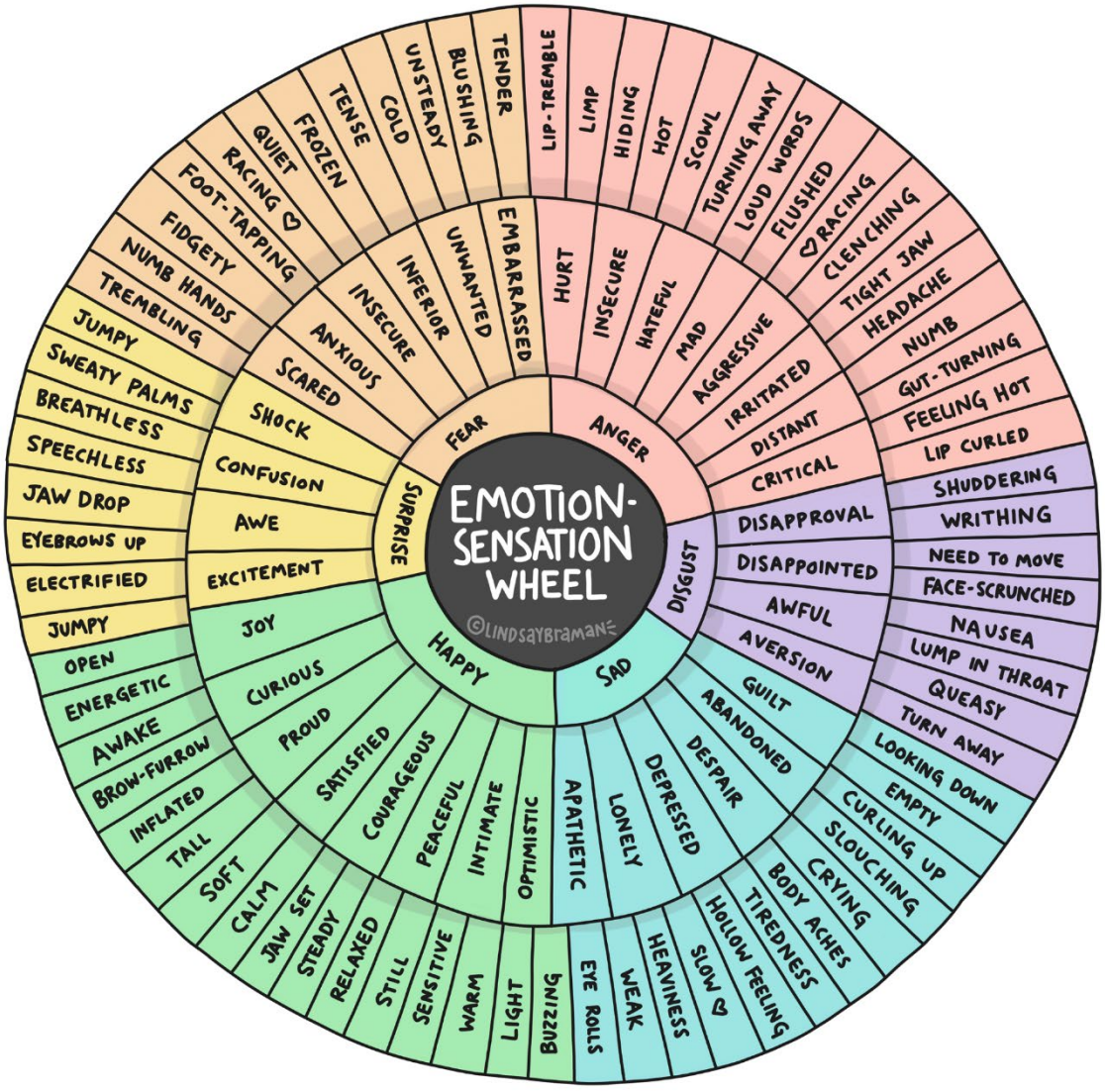
# Emotion – Sensation Wheel

Lindsay Braman



# LEARNING TO FEEL

Many of us have learned various lessons about emotions throughout our lives, some of which may steer us away from truly experiencing and processing our feelings. However, the key to healing often lies in steering towards our emotions, acknowledging them, and exploring them in a gentle and compassionate way. Creative activities such as writing and drawing can serve as powerful tools to reconnect with ourselves, listen to our emotions, and explore our inner landscape.

## Prompts for Exploring Emotions

**Body Sensations**
Jot down the sensations you are feeling and where you're feeling them. Consider drawing an outline of yourself and marking the areas where you experience these sensations.

**Emotional Weather Report**
Draw the emotions you're experiencing as if they were a weather report. Reflect on the intensity and nature of each emotion you depict.

**Sensory Exploration**
Write about what your emotion sounds like, smells like, tastes like, and looks like. Engage your senses to deepen your understanding of your emotions.

**Inner Dialogue**
Close your eyes and ask your emotion what it's trying to tell you. Write down any insights or messages that arise from this inner dialogue.

**Color Expression**
Choose a crayon or marker that represents the predominant emotion you're feeling. Fill an entire page with this color, allowing yourself to freely express the emotion visually.

**Riding the Wave**
Draw a wave on a piece of paper, symbolizing the ebb and flow of emotions. Remind yourself to let the emotion wash over you like a wave, acknowledging its temporary nature.

**Journalistic Inquiry**
Pretend you're a journalist gathering information for a story about your emotion. Pose questions such as what triggered the emotion, how it feels, and its similarities to other emotions. Write down your responses and consider crafting a narrative based on your exploration.

Margarita Tartakovsky, MS

# SOMATIC RESOURCING

When we experience trauma, our bodies respond with a fight, flight, or freeze response. This response can lead to physical sensations such as muscle tension, racing heartbeat, and shortness of breath. These physical sensations can become stored in our bodies, creating a sense of stuckness and making it difficult to move forward from the trauma. Identifying somatic resources can help you tune into your body and release these physical sensations, which can in turn help release emotional and cognitive aspects of the trauma. Consider the prompts below to connect with resources that can elicit positive somatic responses in your body. Reflect on the resource and the way it makes you feel emotionally and physically. These emotions and sensations can be recalled and re-experienced to provide support in your healing. Once you have identified your best somatic resources, they can be easily retrieved during states of overwhelm.

## Beautiful Place

What is the most beautiful place you've ever visited? Imagine yourself standing there right now with a 360-degree view around you. Remember all the details as vividly as you can.

Beautiful place:

Emotions:

Body sensations (what and where do you feel them):

## Pristine Moment

What is an example of a pristine moment in your memory, a moment that felt perfect? Remember how you felt in that moment. Conjure the five senses from the environment.

The moment:
What was happening?

Emotions:

Body sensations (what and where do you feel them):

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# SOMATIC RESOURCING

## Cherished Possession

What is the most cherished physical object that you own or owned? Does it have memories associated with it? Was it a special gift?

Cherished object:
What about it is so meaningful to you?

Emotions:

Body sensations (what and where do you feel them):

## Favourite Person

Who is a person you love spending time with?

Why are they so special?

What emotions do they invoke in you?

Body sensations (what and where do you feel them):

## Choosing your resource

1. Consider the resources you have identified.
2. Take the prompts that had the strongest pleasant emotions and body sensations associated with them and underline them.
3. Of those, take the ones that didn't have any unpleasant emotions or body sensations associated with them and underline them a second time.
4. Your twice-underlined selections are the somatic resources that will be most helpful when you are needing a sense of grounding.

Adapted from Moore, N. (2020). Somatic Resourcing: A Guidebook For Overcoming Overwhelm. awakentheself.com

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# Completing the Stress Cycle

Adapted from **Emily Nagoski and Amelia Nagoski**

The Nagoski sisters' stress management theory revolves around recognizing the distinction between stressors and stress, underlining that managing the body's response is crucial. They argue that the key lies in completing the stress response cycle rather than eliminating stressors, allowing the body to fully experience and process both the emotional and physical manifestations of stress. Proposing diverse strategies for completion, including physical activities, creative expression, laughter, tears, and positive social interactions, the theory emphasizes the importance of movement to signal stress resolution. Furthermore, it highlights the mind-body connection, stating that emotional stress impacts the body, and engaging in physical actions positively influences emotional well-being. Stress is depicted as cyclical, with individuals navigating an ongoing, adaptive process to manage the continuous ebb and flow of stressors throughout life. Here are tailored suggestions for supporting survivors through the stress response cycle:

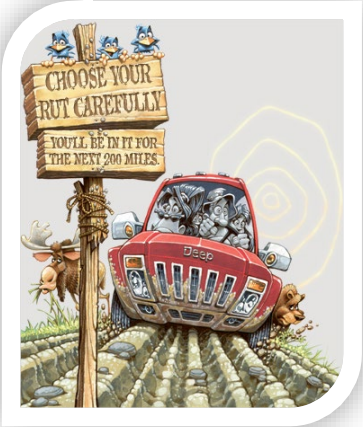
- **Understanding Stress and Stressors:** Help survivors distinguish between stress and stressors. Emphasize that managing stress, not eliminating stressors, is the key to preventing burnout. Acknowledge that external stressors may be beyond their control, but the focus should be on navigating the stress response effectively.
- **Promoting Physical Activity:** Encourage survivors to engage in physical activities such as running, hiking, dancing, or swimming to complete the stress response cycle. Explain that these activities signal to the body that the threat has passed, promoting a sense of safety and well-being.
- **Facilitating Creative Expression:** Highlight the therapeutic benefits of creative endeavors like art, music, writing, and theatre. These activities engage different parts of the brain, aiding in emotion processing and shifting the body out of high activation.
- **Exploring Laughter and Tears:** Discuss the healing power of laughter and tears. Encourage survivors to engage in activities that make them laugh, reducing blood pressure and boosting mood. Additionally, acknowledge that crying has a self-soothing effect, activating the parasympathetic nervous system and promoting relaxation.
- **Encouraging Physical Affection:** Explore the impact of physical connection on the stress response. Recommend brief physical interactions with trusted individuals, such as hugs or kisses, to calm the nervous system. Acknowledge that even petting an animal can provide soothing energy.
- **Teaching Deep Breathing Techniques:** Introduce deep breathing exercises as a way to keep the body focused and promote relaxation.
- **Emphasizing Positive Social Interaction:** Highlight the importance of positive, casual social interactions in reassuring the body of safety. Encourage survivors to engage with their social environment, whether by smiling at a neighbor, greeting a co-worker, or reaching out to a friend.
- **Prioritizing Sleep:** Acknowledge the impact of stress on sleep and emphasize the necessity of proper rest. Provide guidance on relaxation techniques, such as Progressive Muscle Relaxation, to improve sleep quality and break the cycle of poor stress management.

By integrating these strategies, counsellors can empower survivors to navigate the stress response cycle effectively, fostering healing and resilience in the aftermath of intimate partner sexual violence.

# Cognitive approaches to inner safety

## "Ruts in the brain"

When we have experiences, the brain learns the most efficient ways of responding to people and stimuli. After a trauma, the brain often develops neural pathways that become engrained to respond within the fast road and it becomes the automatic response to all types of stressors whether its appropriate or not. What is ultimately, best for our survival, can create situations where we are responding with survival mechanisms to stressors that are not actually life-threatening. Trauma can make the low road more sensitive and reactive, leading to exaggerated fear responses and anxiety disorders. Trauma can also impair the slow road, reducing its ability to modulate the fast road, leading to difficulties in coping and regulating emotions




## Triggers

Survivors of sexual trauma are often plagued by thoughts, memories, and images that overwhelm their minds and alter their reality. These dissociated fragments of past experiences can return unbidden in the form of both psychological symptoms (cognitive schemas of badness or worthlessness, intrusive images, dysregulated emotions) and somatoform symptoms (physical pain, physical numbing, intrusive sensations, and dysregulated autonomic arousal.

During a traumatic event, many cues can become associated with the trauma. Those same cues can later elicit a similar response. **Triggers** are anything that transports your mind back to the event of the original trauma. Triggers can be the time of year or day, something on TV, smells, words, phrases, songs, places, someone who reminds you of the experience, pictures, tastes, being intimate, or particular sensations such as twisting of your stomach or someone's hand on your back.

When a pathway is formed through fast-road processing (using lower levels of the brain), the connection happens on an unconscious level meaning that a person may not be aware of all of the 'triggers' associated with the traumatic event/memory. For instance, a survivor might not comprehend that the sound of a car horn outside a window during their assault to be part of their trauma-memory. When the survivor later encounters a car horn, it would be instinctual for their survival response to be initiated (or 'triggered') and experience activation paired with the stress response behaviour attached to that neural route. This can be especially disorienting, frustrating, and confusing for someone particularly if they are not able to identify the trigger itself. Furthermore, the more times this 'map' is activated the deeper its ruts are in the brain and the easier the response may be activated.

Neurobiologists describe this phenomenon as "***neurons that fire together, wire together***". During an assault, often what is now a trigger neuron (smell of aftershave) is associated with a response neuron (feeling of panic). Because those neurons fired together at the time, and repeatedly afterward through memory, the two neurons are now strongly linked.

*Intrusive thoughts* are distressing cognitions that may cause distress and reminders of a traumatic event. They are often persistent, unwanted, and often irrational. These thoughts may be related to the traumatic event, such as thoughts of self-blame, guilt, or shame.

Flashbacks are implicit memories of a trauma that have not been filed properly in your brain's organization system. Flashbacks can be experienced as a single slide from the slide show of your trauma, a snapshot or photograph that flashes repeatedly, or like a video reel. A flashback often feels just as real as the original experience and can be just as frightening.

Not everyone's flashbacks are visual. Some take the form of words and phrases or sounds that were heard in the past. They can be accompanied by intense feelings such as shame, sadness, anger, or accompany physical sensations, known as 'body memories', which may have been felt at the time of the original abuse. When the brain is unable to interpret sensations, incoming sensations become stored in the body. During trauma, high levels of fearful emotions are recorded but not put into context with the sights, smells, sounds, tastes, and physical touches that are experienced at the same time.

Survivors of sexual violence can overcome flashbacks by identifying the associational cue and then noting the similarities and differences between the cue and the experience of the trauma. Then the survivor can work on strategies to provide comfort during the flashbacks with the idea of creating new maps.

Body memories often pop up unbidden and may present themselves as what seems to be a re-experiencing of the physical trauma. For example, a survivor may have the sense that there is a hand around their wrist, or a taste in their mouth. These sensations can be quite troubling and fear inducing for the survivor.

## Traumatic Nightmares

**Traumatic Nightmares** are uncontrollable dreams that depict parts or essences of the traumatic event. It is common for survivors to have dreams of being powerless, victimized, or hunted. Such dreams can be extremely distressing because the survivor feels powerless in their sleeping state. Additionally, traumatic nightmares may create a fear of sleep and bed-time rituals.

While information is encoded during the day (implicit experience) it is consolidated during sleep (organized explicitly). If sleep is not happening properly, information gained through therapy or personal work, is not being integrated properly.

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## Your Notes

# COPING WITH FLASHBACKS

Flashbacks are implicit memories of a trauma that haven't been filed properly in your brain. Flashbacks can be experienced as a snapshot or photograph that flashes repeatedly, or like a video reel. A flashback often feels just as real as the original experience and can be just as frightening.

Not everyone's flashbacks are visual. Some take the form of words and phrases or sounds that were heard in the past. They may accompany physical sensations reminiscent of the primary experience, or even scents and tastes that take you back to the traumatic memory.

## Methods for Coping with Flashbacks and Body Memories

1. Remind yourself that you are experiencing a flashback and that this is a normal reaction.
2. Ground yourself: look around and take note of what is happening. Try to connect to your immediate surroundings, for example, feel the arms of the chair against your arms and your feet on the floor.
3. Think of something that you know is real now that helps you to know that (event) is in the past, that you survived it and are safe now.
4. Try to get yourself somewhere that you feel safe and secure.
5. If you are wakened by a flashback, go and have something warm to drink, watch some TV, listen to music or do something else that you find relaxing. It's often best not to try and sleep until you have been able to relax for a while.
6. Try to breathe from your diaphragm (put your hand just above your navel and breathe so your hand is pushed up and down). This can help prevent a panic attack.
7. Keep a list of people you can contact in the event of experiencing a flashback.
8. It may be useful to write the flashback down or tell it to someone you trust
9. If you self-injure in response to a flashback, try alternatives that lesson physical harm
10. Identify particular triggers and plan to avoid or handle them the best you can.
11. If you start experiencing a flashback while having sex with your partner you can stop and ground. Create a plan for flashbacks with your partner.
12. De-activate your nervous system after you have a flashback. (have a bath, listen to your favourite music, etc.)
13. Mobilize a frozen stress response (leave a situation, assert yourself, take a walk, etc.)

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# ALL ABOUT GROUNDING

Grounding is a strategy that can be used to help you center yourself when experiencing overwhelming anxiety, intrusive thoughts, or dissociation. This skill can help you detach from emotional pain, cultivate control, as well as be a reminder of your physical safety.

**Guidelines for Grounding**

- Try to keep your eyes open and scan the room. If you wake up in the middle of the night having a flashback or nightmare, turn the light on so you can connect with the safety in your surroundings.
- Focus on the present – not the past or the future.
- Consider the changes in your mood before and after your grounding. Do you feel more in control?
- This is not the time to dwell on the troubling memory or thought; try not to journal or force yourself to process the emotions. The idea is to distract from the overwhelming triggers and emotions.

**Physical Grounding**

- Spritz face, neck, and arms with fine water mist.
- Place a cool cloth on your face, or hold something cool such as a can of soda.
- Play and dance to loud music, and tune into body movement.
- Clap hands- listen to sound and feel the sensation.
- If there is a pet, pat its fur and call its name.
- Jump up and down.
- Touch various objects around you: a pen, keys, your clothing, the table, and the walls. Notice textures, colors, materials, weight, and temperature.
- Carry a grounding object in your pocket such as a small rock, clay, ring, yarn.
- Touch objects around you as you say their name, and explore them using all your senses
- Put your hands under running water
- Rub your hands together—hard
- Stretch. Extend your fingers, arms, or legs as far as you can; roll your head around.
- Eat something, describing the flavours in detail to yourself.
- Focus on your breathing, noticing each inhale and exhale.

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**Mental Grounding**

- Take the opportunity to notice the objects, people, colors, and animals in your surroundings. Use all of your five senses to point out what is happening around you right now.
- Play a categories game with yourself, like name “types of animals”, “types of cars”, or “TV shows”.
- Say a safety statement. “My name is ____; I am safe right now. I am in the present, not the past. I am located in _____; the date is _____.”
- Read something out loud or to yourself, focusing on each word. Or read each letter backward so that you focus on the letters and not on the meaning of the words.
- Orient yourself to current details: Where am I? What is the date? How old am I? What season is it? What is happening now?

**Soothing Grounding**

- Send soothing messages to yourself, as if you were talking to a small child. E.g., “You are a good person going through a hard time. You’ll get through this.”
- Plan something nice for yourself, a walk, a good meal.
- Picture people you care about or carry photos with you.
- Remember the words to an inspiring song, quotation, or poem
- Describe a place that you find very soothing (perhaps the beach or mountains, or a favourite room); focus on everything about that place-- the sounds, colors, shapes, objects, and textures.
- Send a strengthening message. “I can handle this”, “This feeling will pass.”
- Think of things you are looking forward to in the next week, perhaps time with a friend or going to a movie.

**Getting the Hang of Grounding**

- Practice as often as possible.
- Practice grounding yourself faster each time.
- Have a list of best grounding strategies somewhere handy (such as a note in a diary, or a note stuck in the car or on the fridge) to remind you to use them.
- Try grounding for longer periods of time (20-30 minutes).

Adapted from Najavits (2002), Seeking Safety; A Treatment Manual for PTSD and Substance Abuse.

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# 5-4-3-2-1 GROUNDING EXERCISE

Our five senses anchor us in our bodies and surroundings. To find grounding during periods of overwhelming emotions, try to name 5 things you see, 4 things you physically feel, 3 things you hear, 2 things you smell, and one positive thing about yourself.

Sit or lie in a comfortable position, and begin to notice what you can see, hear and feel. If needed, you can repeat the procedure more than once. This technique can be used for insomnia as well as general relaxation in stressful situations, e.g., in a waiting room before an interview, during an exam, or before difficult meetings.

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 5 things I See | | | | | |
| 4 things I Feel | | | | | |
| 3 things I Hear | | | | | |
| 2 things I Smell | | | | | |
| 1 Kind Thought | | | | | |

**Note**: You can use imaginary pictures of everyday objects – just visualise them in your mind's eye, ideally choosing neutral images that don't have strong emotions associated with them, whether positive or negative.

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# SLEEP STRATEGIES

## Making your Bedroom a Place for Sleep

Survivors of sexual violence often have difficulty falling and staying asleep peacefully. This may be because “bed” is often the site of the trauma, or in a journey to establish power and control in one’s life, sleep is uncontrollable, and survivors feel powerless to the whims of restless nights or fear the nightmare that may come. Although it is impossible to guarantee a peaceful night’s rest, the following suggestions should help to ease some of the tension known to cause sleep concerns. The first step is to ensure your bedroom is a safe and cozy place to be.

- Set an agreeable temperature in your bedroom: a bit cooler is usually preferable.
- Make sure you have sufficient light to be able to get your bearings if you wake up during the night (e.g., a nightlight or dim lamp)
- It is helpful for your room to be relatively uncluttered and for your bed linens to be fresh, perhaps spray your sheets or room with a calming fragrance before sleep.
- Use anchors (or items that remind to you self-soothe) and have them in view of the bed.
- Create or use your “sleep kit” (see below for instructions)
- Remove items from your bedroom that may be triggering (change sheets or blankets, remove clothing items, or even things that trigger sound or scent memories)
- Consider removing items that distract from sleep such as phones, TV, computers, video games, or tablets
- If background noise is helpful, consider a sound machine or fan running lightly.
- To help you feel safe, ensure your windows and doors are locked, have phone with emergency numbers pre-programmed by the bed.

## Establish a Sleep Routine

Set a time that is reasonable for going to sleep and aim to go to bed around that time every night.

- Engage in restful activities such as reading (something light and not heavy), watching a funny TV program, listen to favourite music, take a bath or shower, or have a warm caffeine-free drink,
- Avoid sleeping in your day-time clothes and opt for some soft, comfortable pyjamas,
- Try a short relaxation or meditation (see a couple examples below)
- Set aside your worries, with a promise to address them tomorrow.
- If you cannot set worries aside easily, try visualizing a container in which to put them where they will be safe until the morning.

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# SLEEP STRATEGIES
CONTINUED

## Short meditations that encourage sleep

- Think of three things you are grateful for in your life. One at a time, sit with that image for 10-20 seconds.
- 10 full breaths before going inside. Think “I am” as you inhale and “happy in this moment” as you exhale.
- Say 10 nice things about yourself out loud, starting each item with “I am” (I am beautiful, I am strong, I am funny, I am creative…) If you need to, write down a list beforehand and put it into your sleep kit so you don’t feel frustrated if nothing is coming to mind. Make sure you believe in ALL of them!
- Sit up nice and tall on your pillow and imagine your favorite vacation spot. Think of the smells, sounds, and sensations of everything in that spot.
- Place your hand on your heart. Take 10 deep breaths. With each inhale, imagine someone you love. With each exhale, send them love straight from your heart.
- If you have overwhelming thoughts, imagine them drifting by you in a stream.
- Count backwards from 100, refocusing when you lose track
- Imagine inflating a balloon with your breath, blowing all your tension and problems into the balloon. When you are done, tie it up and let it fly away.

## Build a Sleep Kit

A Sleep Kit is a real or imagined box full of items that can help to ground and comfort you. You can use this kit to help you relax before bed or if you wake during the night feeling anxious or triggered. Your kit might include:

- Relaxing or soothing music or sounds
- Anchoring items
- A special pillow or blanket
- A favourite piece of clothing
- A night light
- A doll or stuffed animal
- A book
- Photographs of people who care for you, pets, or of relaxing places

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# WAKING UP AFTER A NIGHTMARE

Survivors often feel afraid of sleeping for fear of the nightmare, simply because waking up from a nightmare can be extremely unsettling, but it can also be very triggering for flashbacks, body memories, or intrusive thoughts. It is common for survivors to have dreams of being powerless, victimized, or hunted though these may not depict their own experiences. Such dreams can be extremely distressing because the survivor feels powerless in their sleeping state. The following are some suggestions for recovering from a nightmare and preparing to enter sleep again.

- It is essential to find your grounding in the present.
- Use any anchors* you have put in your bedroom.
- Talk to yourself in a reassuring voice saying you are safe and where you are at that moment.
- Turn on the light and get out of bed
- Perhaps have something to drink or find a distraction
- Splash cool water on your face, hands, and back of your neck to help you feel awake
- Consciously slow your breathing
- Place your hand on your heart and focus on drawing your breath out for 5 seconds.
- Do some gentle stretching exercises
- If you have a pet, give them some attention
- If you have body memories or sensations try over-riding it with mouthwash, a toothbrush, or a drink, massage any muscles, or stretch against any tension.
- Perhaps write down the dream and tear it up and throw it away to show your control over the situation.
- Imagine what you would have liked to have done/seen in the nightmare. Give yourself special powers or change the scenery- it IS your dream after all!
- If you wake up feeling paralyzed, try small movements such as blinking your eyes, wiggling your toes or your fingers, and gradually practice larger movements with your arms, legs, and then torso until you can move out of bed.

Anchors are physical items, memories, or visualizations that help you feel grounded in the moment. It is helpful to have many anchors, some to bring with you and some that remain in your home, work, or car. These can be pictures, pets, memories of vacations or places of comfort, worry stones, or imagined environments that remind you that you are safe.

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# Finding Inner Safety

**Mindfulness**

Mindfulness involves developing an awareness of one's feelings, emotions, and physiological reactions, and developing an ability to modify those reactions towards health and well-being in the present. In physiological terms, one of the goals of working with survivors is for them to become aware of what is needed to remain within the 'window of tolerance.'

**Gain awareness and control over one's own "somatic environment"**

Obtaining control over the world at large is impossible, so helping a survivor **gain awareness and control over one's own "somatic environment"** or mind-body states such as fear, anger, dissociation, and body numbness has the potential to **re-instil a sense of power** and control that is greatly needed.


Help clients to understand what their body is telling them about their day-to-day life in terms of what to fear, who to trust, and how to navigate their day. Help them tune into their ***Interceptors*** *(sensations from nerves, muscles, and viscera) and* ***Exteroceptors*** *(Sight, scent, sound, taste, feel) to help them determine what is reality and what is skewed due to the trauma they experienced.*

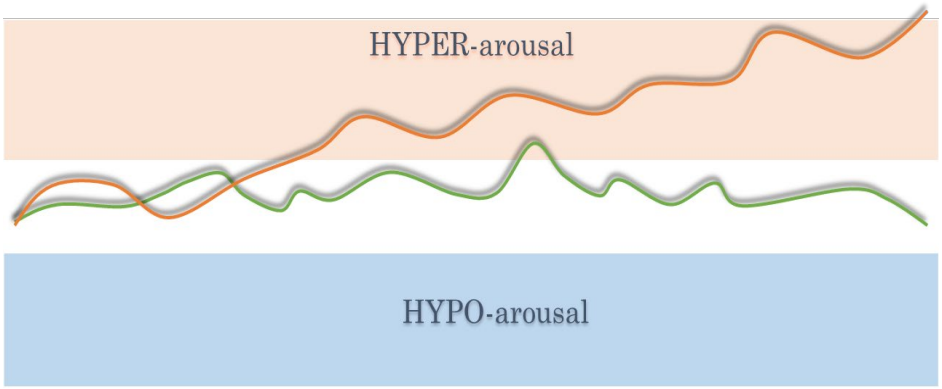
Guide clients to notice where tension is being held and to articulate what that tension feels like in their bodies. By paying attention to the physiological details of responses, survivors can learn about how their bodies react to stress and, in the future, rather than simply becoming overwhelmed by their reactions, they can begin to gain control by soothing themselves.

**Emotional Regulation**

Self-regulation is a term that encompasses the process and skills of becoming more aware of emotions and other internal experiences that are essential to establishing safety and stability. For survivors of sexual violence, self-regulation means becoming aware or *noticing* one's feelings, emotions, and physiological states *and* discovering effective ways of managing what one notices.

**Staying in your Window**

Helping clients to map their day on a window of tolerance will help them to identify triggers and reactions that cause them to spend time in either hyper or hypo arousal. Once a map has been drawn, it is easier to identify when in a state of dysregulation and also when approaching that point which will both help to grow their personal window of tolerance.




Babette Rothschild describes the learned ability of "putting on the brakes" to learn how to halt

intrusive thoughts and imminent hyper arousal as it happens. By being able to stop their train of thought and therefore the dysregulation of their emotions, survivors are better equipped to cope well with their triggers.

**Titration** exposes a person to small amounts of trauma-related distress at a time to build up tolerance and avoid becoming overwhelmed by traumatic memories. By titrating emotions, we can help clients stay close to their window and clients learn to manage small bits of activation.

Clients can put on the brakes by using an **anchor of safety**, anything that symbolizes comfort and security. This may mean looking at pictures of loved ones, or looking at art or listening to music they find soothing. Sometimes we practice putting on the brakes using different breathing techniques or containment holds, butterfly hug. It will look different for each person, whatever helps reorient them back into window of tolerance where they can connect with the present moment and a sense of safety.

**Dual Awareness**

Survivors must learn to distinguish the difference between an event and accompanying responses that happened in the past from one that is occurring in the present. Body awareness serves as a particularly useful tool for this by helping survivors identifying what is happening inside of their body while also acknowledging what is happening in their mind, as well as what is happening in the environment around them. This promotes relaxation and the connection between cognitions and physiology.

**Pulling out of Hypo-Arousal**

For clients who tend to disconnect, freeze, or numb in states of stress, it is important to engage the sympathetic nervous system in some way. In daily life, clients may choose to exercise, be creative, or engage with others. Counsellors can practice in session by:

- Trying out different postures,
- Walking around the room or standing instead of sitting,
- Practicing movement (e.g., Pushing, pulling, catching activities), and/or
- Creative art-based activities


Levine, P. (1997). *Waking the Tiger: Healing Trauma.* North Atlantic Books.

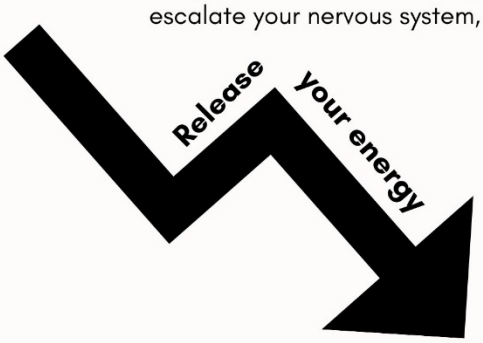
Vermilyea, E. G. (2000). *Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress.* Sidran Press

# THE RIGHT COPING STRATEGY

Coping with the impacts of stress and overwhelm can look different for everyone which means there is not a one size-fits-all approach to coping. Whether you are feeling heightened or depleted, there are strategies to help you find your way back into your window of tolerance.

## IF YOU ARE HEIGHTENED

Hyper-activation is characterized by excessive sympathetic energy which restricts our ability to think clearly and relax, often making it difficult to sleep, eat, or manage our emotions. To de-escalate your nervous system, the body needs to move through the stress cycle.

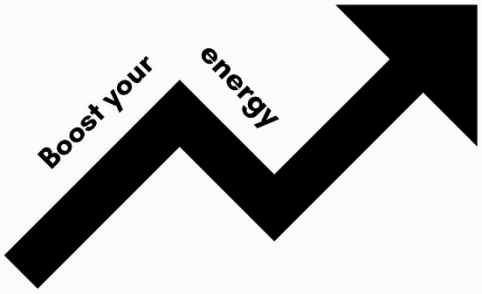



- Exercise to release energy
- Breathing exercises
- Moving through emotion (cry, yell, move)
- Chewing, gargling, or humming to stimulate vagus nerve
- Creativity
- Cold temps on face or hands
- Yoga/ progressive relaxation
- Shake your body

## IF YOU ARE DEPLETED

Hypo-activation is characterized by feelings of numbness, disconnection, or exhaustion. This level also impacts our ability to regulate emotions, feel in control, and think rationally. To return to your window of tolerance, you must increase sympathetic energy.

- Laughter
- Creativity
- Social interaction
- Attend to things that inspire you
- Competitive activities
- Time in nature
- Cold exposure
- Move your body

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# COPING SKILLS


Puzzles, books, artwork, music, positive websites, movies, computer games, cleaning, gardening, social media

Ones you will use

_____
_____
_____

**Pros**: short term, give your heart and mind a break

**Cons**: Only lasts so long, doesn't resolve core issue

GROUNDING

Attend to scents, tasting food/drink, identifying objects around you, squeezing clay, moving body mindfully, rubbing surfaces

Ones you will use

_____
_____
_____

**Pros**: Reconnects body with present moment

**Cons**: Need follow-up safety to deal with trigger

ACCESS HIGHER SELF

Help others, volunteer, pray, meditate, join a cause, play with animals

Ones you will use

_____
_____
_____

**Pros**: Builds sense of purpose, belonging, and personal power

**Cons**: Can be used as distraction.

SELF-LOVE

Have a massage, pamper self, nice meal, compassionate thoughts, self-praise

Ones you will use

_____
_____
_____

**Pros**: Befriending your self, feel worthy of good, value yourself.

**Cons**: May feel superficial until practiced

CHALLENGE THOUGHTS

Seek evidence against negative thoughts, consider cognitive distortions.

Ones you will use

_____
_____
_____

**Pros**: Reduce extreme emotion, change thought patterns

**Cons**: Higher emotions make this very difficult

RELEASE

Yell, scream, run, cry, laugh, dance, vigorous exercise, hit a pillow

Ones you will use

_____
_____
_____

**Pros**: Releases built up emotional pressure.

**Cons**: Hard to do in every situation.

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# GLIMMERS

Glimmers are small, positive experiences that activate the ventral vagal system and promote feelings of safety and connection. If your body is used to scanning for danger at all hours of the day, it gets pretty good at finding it. The message that the world is dangerous or that people will hurt you or that you are in danger in some way gets reinforced. Other cues that might signal safety or pleasure are sometimes overlooked by the brain that wants to make sure you understand all the dangers in order to keep you safe. By intentionally focusing on these glimmers, survivors can develop a greater sense of safety and regulate their nervous system. This worksheet provides exercises to identify and explore glimmers as a resource for healing and well-being.

By cultivating skills in orienting to safety through identifying and intentionally engaging with glimmers, survivors of sexual violence can foster a sense of safety, connection, and well-being. Regular practice and integration of glimmers can contribute to regulating the nervous system and supporting the healing process.

## Pay attention on purpose

**What do you see in this space that tells your body that you are safe?**

_____

_____

_____

_____

## Tasks

1. When you walk in a room, look for something pleasing and take a moment to keep your eyes on it/examine it more closely.
2. When you go for walk, practice looking and listening for something that makes you smile and feel good.
3. Every time you see _____, take a long deep breath and tell yourself you are ok in this moment.

Dana, D. (2018). The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation. W. W. Norton & Company.
Porges, S. W. (2017). The pocket guide to the Polyvagal Theory: The transformative power of feeling safe. W. W. Norton & Company.

SEXUAL VIOLENCE NEW BRUNSWICK VIOLENCE SEXUELLE NOUVEAU-BRUNSWICK

# Establishing Interpersonal Safety

The basic human need for love and belonging is intrinsic within us all. We develop our own self-concept based on our connections with others and thrive on the interpersonal kinship fostered within those relationships. How many friends we have, how often we make contact, and how well we perceive those connections form our perspectives of our support systems. The ability to maintain and cultivate new relationships after a sexual trauma is crucial to a survivor's recovery. Research has shown that a survivor's ability to heal is directly related to the quality of supportive connections in their life; however, survivors of sexual crimes often have challenges within relationships that make them more vulnerable to being exploited, abused, and further harmed. Close and meaningful relationships build the foundation for other important aspects of the self, such as creativity, autonomy, and assertion. Survivors who have been sexually abused by trusted adults lose their sense of trust and safety within relationships, and harm their ability to have needs met by other people.

> "Recovery can take place only within the context of relationships; it cannot occur in isolation."
>
> - Judith Herman, Trauma and Recovery

Due to the nature of sexual violence, especially incidences perpetrated by loved ones or respected others, survivors often feel abandoned, isolated, and disconnected from family, friends, and community systems. Due to the circumstances described below, survivors may have difficulty knowing who to trust, gauging potentially dangerous situations, and not feeling extremely fearful of others.

## Therapeutic Alliance with a Survivor of Sexual Violence

Survivors of sexual violence often face relationship challenges because of the complex trauma they have experienced. These challenges can significantly impact the counselling relationship in various ways:

1. **Trust:** Survivors of sexual violence may struggle with trust in their relationships, including the therapeutic relationship. This can make it difficult for them to open up to a counsellor and establish a sense of safety in the counselling process. Trust issues can stem from a fear of vulnerability and concerns about being betrayed or hurt again.

2. **Boundaries:** Many survivors of sexual violence have experienced a violation of their physical and emotional boundaries during the traumatic event. This can lead to difficulties in establishing and maintaining healthy boundaries in other relationships, including the therapeutic one. They might fear that setting boundaries will result in rejection or harm or allow others to encroach on their personal space or emotions without a clear sense of where their limits lie. Testing boundaries can be a way to assess the therapist's reliability and safety. They might need to verify that the counsellor will respect their boundaries and not hurt or abandon them as they have experienced in the past.

3. **Expressing Needs:** Due to their past trauma, survivors may find it challenging to express their needs, preferences, and desires. They might have learned to prioritize the needs of others over their own safety and well-being, and this pattern can carry over into the counselling relationship. It can be difficult for them to articulate what they want from therapy or voice when something in the therapeutic process feels uncomfortable.

4. **Avoidance and Emotional Regulation:** Survivors may use avoidance as a coping mechanism to deal with their traumatic memories and emotions. This avoidance can extend to avoiding discussing the traumatic

experience in counselling, making it challenging for the therapist to help the survivor process the trauma and its impact. Survivors may also struggle with emotional dysregulation, making it difficult to engage in therapy effectively.

5. **Trauma Triggers:** Survivors may experience triggers that can lead to emotional distress and re-traumatization. In counselling, certain topics or therapeutic approaches may inadvertently trigger the survivor, requiring the therapist to be highly attuned and sensitive to these triggers.

Counsellors working with survivors of sexual violence need to be trained in trauma-informed care and should approach therapy with sensitivity, empathy, and a deep understanding of the unique challenges survivors face in their relationships. They should create a safe and nonjudgmental space, work collaboratively with the survivor, and use trauma-specific therapeutic techniques to help the survivor process their trauma and heal from its effects on their relationships and overall well-being.

## Initial Sessions

Feminist practice demands that we not break a client's identity down into little boxes that don't relate to one another but comprehend the person as a whole package of interconnectedness between the self, others, and the world at large.

**Some tips for establishing trust in first sessions include:**

- **Being mindful of client's activation**: Counsellors will be getting to know the signs of their clients' distress so having conversations about what those signs look like and cultivating anchors will help mitigate unwanted overstimulation.
- **Avoiding leading questions:** Pay attention to biases and judgements so clients feel comfortable disclosing in their chosen manner.
- **Facilitating a paced self-disclosure**: Having clients over-share details of their trauma while they do not have control over their window of tolerance can be dangerous. Encourage a slow pace.
- **Focusing on past and current strengths and assets**: Resourcing a client to prepare for activation will set everyone up for success.
- **Exploring beyond the 'trauma story':** Survivors often have narrow perspectives about their traumas. Bring in feminist perspective of their experience and the impacts to expand awareness.


Dolan, Y. (1998). *One Small Step: Moving Beyond Trauma and Therapy to a Life of Joy.* Watsonville, CA: Papier-Mache Press.

Klest, B., Tamaian, A., & Boughner, E. (2019). A model exploring the relationship between betrayal trauma and health: The roles of mental health, attachment, trust in healthcare systems, and nonadherence to treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(6), 656–662. https://doi.org/10.1037/tra0000453

Sivagurunathan, M., Orchard, T., MacDermid, J. C., Evans, M. (2019). Barriers and facilitators affecting self-disclosure among male survivors of child sexual abuse: The service providers' perspective. Child Abuse & Neglect, 88, 455-465. ISSN 0145-2134. https://doi.org/10.1016/j.chiabu.2018.08.015.

# First Sessions with Survivors

Throughout the session, prioritize the survivor's autonomy, comfort, and emotional well-being. Validate their experiences, strengths, and goals, while also providing support and guidance as needed. Remember to remain nonjudgmental, empathetic, and respectful of the survivor's pace and boundaries.

1. **Introduction and Establishing Rapport:**
    a. Greet the survivor warmly and introduce yourself.
    b. Create a safe and comfortable environment for the survivor, asking how they feel in the space and if there is anything that speaks to them of calmness (artwork, stones, blanket). You can use this as an anchor as you go.
    c. Establish trust and rapport by actively listening and demonstrating empathy.
2. **Be Transparent about the Counselling Process:**
    a. Provide an overview of what to expect in the counselling sessions.
    b. Emphasize confidentiality and the survivor's autonomy in the counselling process.
    c. Explain the importance of taking things at the survivor's pace, including the concept of slow disclosure.
3. **Taking History:**
    a. Ask open-ended questions to understand the survivor's background and experiences.
    b. Approach the topic of sexual violence delicately, reminding the client disclosure doesn’t have to happen all today or at all.
    c. Validate the survivor's feelings and experiences without judgment.
    d. Take notes if appropriate, ensuring the survivor's consent.
4. **Setting Goals:**
    a. Collaborate with the survivor to identify their goals for counselling.
    b. Ask, "What needs to happen here for this to be worth your while?" This empowers the survivor to articulate their expectations and needs.
    c. Discuss short-term and long-term goals, focusing on aspects such as healing, coping strategies, and personal growth.
5. **Strengths Based Approach:**
    a. Acknowledge the difficult nature of discussing past trauma.
    b. Shift the focus momentarily to positive aspects of the survivor's life. Ask, "What are some things in your life you want to continue?" and "How have you managed as well as you have until now?"
    c. Encourage the survivor to reflect on their strengths and coping mechanisms.
    d. If the survivor is modest or reluctant to praise themselves, gently prompt them to consider how others perceive them.
    e. Ask, "How would someone who LIKES and knows you say you have managed to do as well as you have up until now?"
    f. Explore specific instances where the survivor prevented situations from worsening.
    g. Reinforce the survivor's resilience and resourcefulness.
6. **Identifying Signs of Progress:**
    a. Discuss indicators that signify progress or improvement, no matter how small.
    b. Ask, "What will be the first sign that things are getting better, even just a little bit?"
    c. Validate the survivor's ability to recognize and celebrate small victories in their healing journey.
7. **Closure and Next Steps:**
    a. Summarize the key points discussed during the session.
    b. Collaborate with the survivor to plan for future sessions and follow-up support.
    c. Reaffirm your commitment to supporting the survivor and encourage ongoing communication.

# CREATING SAFETY

## Ground Rules

Ground rules provide limits and boundaries for your healing work. You might want to start by thinking of the things that keep you from doing this work (eg. I'm afraid it will bring up feelings I am not ready to handle). Then decide what you need to feel safe while doing this work. For example, one of your rules could be "I will only look at this for fifteen minutes and I will play the piano for a half an hour afterwards".

**Create two rules for yourself:**
1.
2.

## Container

Building a "container" for this work means you decide when and where and for how long you will focus on this healing. Containers provide a holding tank for painful, intrusive thoughts, feelings and images. When you are finished working on this healing, imagine packing it into your container not to be opened until you are ready. For example, if you are having intrusive images, picture closing the photo album on them. Or file the thoughts/feelings away in a file cabinet that is locked. You have control of when to open these containers. Imagine or draw what this container might look like.

## Safe Space

Try to find a safe spot to work on your healing. A place where you feel calm, where you will not be interrupted, where you have comforts around you. You decide if and how much you want to share with others, who you might want to share with, and when. Who might you share your journey with?

## Ritual

A protective ritual can help you create a safe space and make sure that you take care of yourself as you do this work. It may be having a special object in the room with you, background music that helps soothe you, or even having a cup of tea every time you sit down to do this work.

What will you do for yourself during your work:

After you take a break from this work:

SEXUAL VIOLENCE NEW BRUNSWICK VIOLENCE SEXUELLE NOUVEAU-BRUNSWICK

# Relationship with Self

Experiencing sexual violence can have a profound and lasting impact on survivors. Rebuilding trust within oneself after experiencing sexual violence trauma is an important step towards healing and recovery. Survivors are often taught through the violence to ignore their gut instincts and trust in distorted realities. Survivors need to be able to gauge their own sense of safety in relationships, to listen to their bodies, and assess their needs. **Before one can trust in relationships with others, survivors need to trust the relationship with themselves.**

Self-trust can be broken down into three parts:

1. **Believing you are worth being taken care of.**

Survivors have experienced violence that has taught them that they are not worthy of care and respect, that their consent doesn't matter. This is often a narrative that becomes ingrained, particularly with complex trauma. Survivors require a belief that they deserve self-compassion, even before they can practice it. This work entails re-visiting any internalized messaging that is creating a barrier to self-care, to target messages and create new narratives that feel accurate to the survivor.

> **"Trauma robs you of the feeling that you are in charge of yourself."**
>
> Bessel Van Der Kolk, The Body Keeps the Score

2. **Truly believing in your competency to take care of yourself.**

Counsellors must work with survivors to assess their instincts and skills they've used in the past to keep themselves safe. This may entail revisiting times when they felt safe and identifying how they felt, in order to identify goal sensations. Survivors will be required to be present and grounded in their bodies to do this work. Once clients can identify sensations in their bodies that speak to them of danger and safety, abilities to set boundaries and ask for needs can build their self-trust toolkit.

3. **Being reliable with yourself so that you can depend on this competency.**

Practice and consistency monitoring self-talk and utilizing new skills in relationships will build the survivor's ability to trust in themselves.

## Your Notes


Bass, E., & Davis, L. (2008). The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse. New York: HarperCollins.

Osborn, S. (2023). Self-Ish: When Bubble Baths, Wine, and Affirmations Aren't Cutting It. PESI Publishing, Inc.

# Relationships with Loved Ones

Human nature craves a sense of belonging with others but when a person is harmed by another person (interpersonal trauma) the desire to protect oneself by erecting barriers becomes instinct. Feelings of guilt, shame, and fear all cause survivors to disconnect from others around them. Occurring at the same time as survivors are separating themselves from others are intense feelings of loneliness and a consequent need for support and desire to be loved. These conflicting instincts combine to build an unstable relationship style where survivors maintain rigid boundaries to the point of isolation or search desperately for intimacy, offering their vulnerability and often crossing boundaries to receive the attention they crave.

In order to heal from sexual trauma, it is essential that survivors rebuild their sense of self. Like in childhood, survivors need secure attachments with others in order to make sense of the world and to establish their sense of safety. Difficulties often arise due to the expectations survivors hold about the reactions of their loved ones and the expectations family members or friends have for appropriate responses and healing practices. While survivors think their friends and family should always know what to say and be unconditionally supportive, loved ones often try to "fix" things in ways that aren't helpful, such as getting rageful or sweeping it all under the rug in order to maintain peace. Sometimes it is difficult for loved ones to believe someone they knew and/or respected could do such horrible things, and they inject doubt into the survivor's already guilt-ridden mind. This doubt often becomes a central condition of the trauma experience and the gap between the survivor's physical experience and their beliefs about that which occurred often gets larger through attempts at maintaining close relationships with family or friends. These relationships are therefore no longer safe in regard to seeking support for sexual trauma and isolation is reinforced. By turning blame and doubt inward, survivors are more vulnerable to emotional consequences and long-term challenges.

Interpersonal relationships are essential to a survivor's healing after experiencing sexual violence; however, they can also be the most detrimental to recovery. Because a survivor cannot control the actions or beliefs of others, there is often a sense of frustration and betrayal when they are let down by those with whom they spend time.

## Relationship Needs

The following are needs that survivors have for the relationships in their lives in order to support a healthy recovery:

- Consistent reassurances that they will not be abandoned
- Recognition of normal survivor reactions, challenges and barriers, and prolonged recovery process
- Ability to label the assault to ease any doubt
- Public acknowledgement of the assault from their community
- Community action to assign responsibility to the offender

**Effects of Shame-Bound Family Systems**

- **Violation of person leads to shame:** When someone hurts me, I believe I am a bad, defective person.
- **Self has vague personal boundaries:** I feel responsible for the feelings of others in my family, and they believe I should feel that way
- **Rules require perfectionism:** If I do well more is expected of me. If I fail, I am punished.
- **Relationship is always in jeopardy:** What I say matters little or may get me in serious trouble.
- **The results are:** More shame, despair, increasing rigidity, alienation and distance.

# THE IMPACT OF SEXUAL VIOLENCE ON RELATIONSHIPS

Sexual violence can pose a number of challenges for survivors of all genders in various types of relationships, including with family, friends, and romantic partners. The following are some of the impacts on relationships that survivors often identify as areas of struggle:

- Setting limits and boundaries
- Trust – trusting yourself and trusting others
- Connecting with others
- Communicating with others
- Believing in others and yourself
- Believing that connection is possible
- Feeling cut off from “normal” ways of interacting
- Loss of friends, social life, freedom, fun
- Loss of ability to connect with others
- Establishing intimacy with others
- Feeling suffocated and claustrophobic by intimate relationships
- Feeling the need for constant connection

Navigating these challenges can be complex, but there are strategies that survivors can employ to address them:

**Fear of Love**: Recognize and acknowledge fears related to love and commitment. Experiment with expressing feelings of affection and connection in your own words, gradually building comfort and trust.

**The Impact of Change on Relationships**: Understand that personal growth and healing may shift dynamics in relationships. Communicate openly with loved ones about changes and work together to adapt and grow.

**Taking Risks:** Gradually practice being vulnerable and taking small steps towards intimacy. Focus on incremental progress and learn from each experience.

**Learning to Trust**: Start by trusting yourself and gradually extend trust to others based on their actions and behaviors over time. Experiment with trust in safe and supportive relationships.

**Confusing the Past with the Present**: Practice distinguishing between past experiences of abuse and current relationships. Seek support and reinforcement from trusted individuals to reinforce positive distinctions.

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# THE IMPACT OF SEXUAL VIOLENCE ON RELATIONSHIPS
CONTINUED

**Feeling Distanced:** Explore reasons for withdrawing from closeness and assess whether it aligns with your desires and needs. Practice balancing closeness with personal space and communicate openly with others about your boundaries.

**Fear of Being Alone:** Cultivate independence and self-assurance by spending time alone and engaging in activities you enjoy. Gradually challenge fears of being alone by seeking support from others and nurturing diverse sources of fulfillment.
Setting Limits: Recognize your right to set boundaries in relationships and practice asserting your needs and preferences. Start with small boundaries and gradually expand as you gain confidence.

**Dealing with Conflict:** Approach conflict as a normal part of relationships and learn healthy communication and conflict resolution skills. Express feelings and needs openly while respecting the perspectives of others.

**Giving and Receiving**: Practice both giving and receiving in relationships, starting with small gestures and gradually expanding to more meaningful exchanges. Recognize the importance of balance and reciprocity in healthy relationships.

**Exploring New Relationships:** Embrace the opportunity to explore new relationships as spaces for growth and intimacy. Focus on the quality of connections rather than the duration.

**Having Fun:** Prioritize enjoyable and fulfilling activities with loved ones to nurture healthy relationships and promote overall well-being. Remember that fun and pleasure are integral parts of the healing journey.

By acknowledging these challenges and employing effective coping strategies, survivors can navigate relationships with greater resilience, authenticity, and fulfillment.

Adapted from Bass, E., & Davis, L. (2008). The courage to heal: A guide for women survivors of child sexual abuse. William Morrow Paperbacks.

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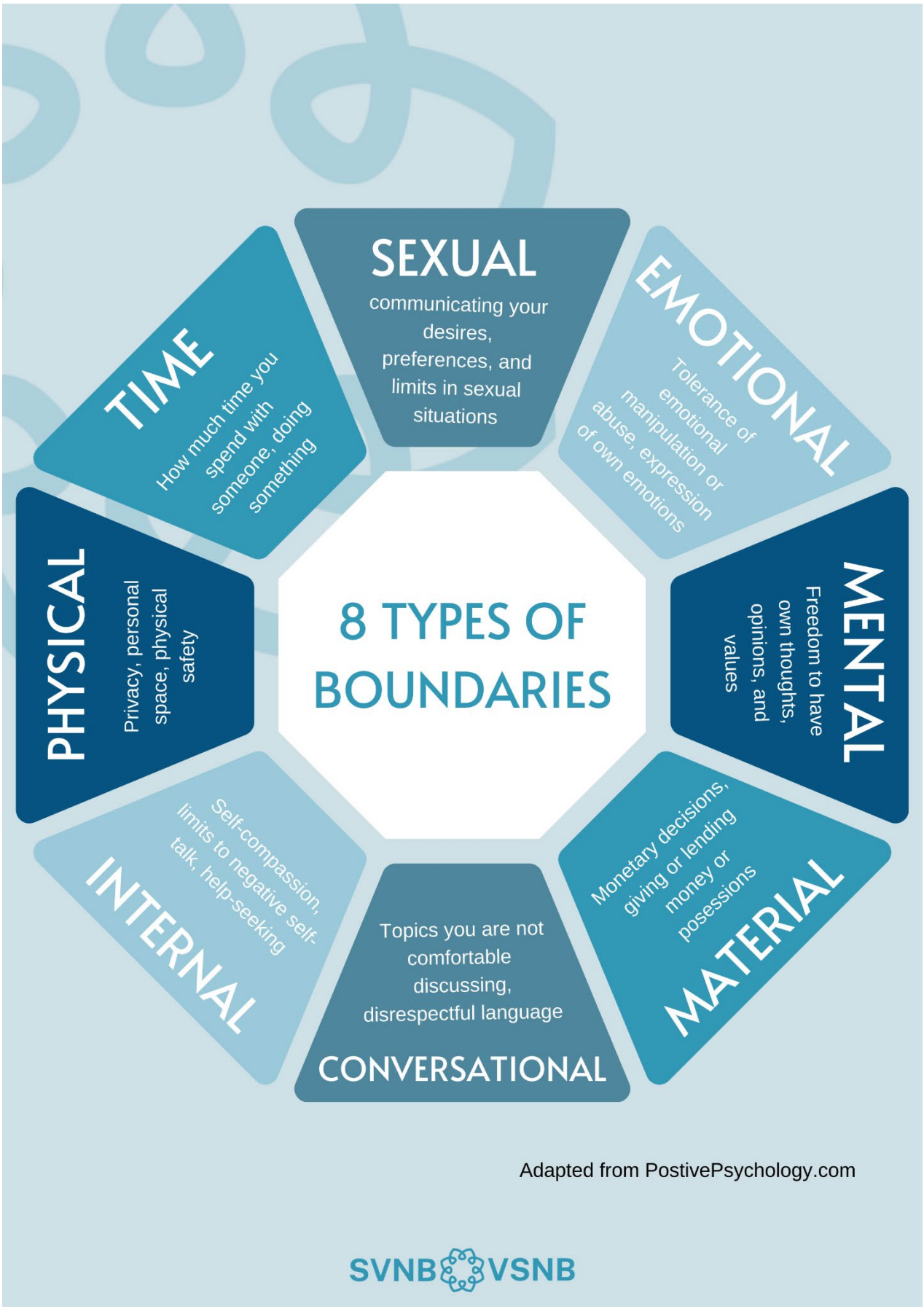
8 TYPES OF BOUNDARIES
SEXUAL
communicating your desires, preferences, and limits in sexual situations
EMOTIONAL
Tolerance of emotional manipulation or abuse, expression of own emotions
MENTAL
Freedom to have own thoughts, opinions, and values
MATERIAL
Monetary decisions, giving or lending money or posessions
CONVERSATIONAL
Topics you are not comfortable discussing, disrespectful language
INTERNAL
Self-compassion, limits to negative self-talk, help-seeking
PHYSICAL
Privacy, personal space, physical safety
TIME
How much time you spend with someone, doing something
Adapted from PostivePsychology.com
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# BOUNDARY CONTINUUM

Our boundaries are impacted by situation, cultural expectations, and relationships. This table offers examples of rigid boundaries that keep others at a distance and porous boundaries that lack clarity, with healthy boundaries somewhere between the two.

| Porous Boundaries | Healthy Boundaries | Rigid Boundaries |
|---|---|---|
| Has difficulty saying no to other people's requests. | Accepts it when others say no to them. | Avoids intimacy and close relationships. |
| Fears rejection if they do not comply with others. | Doesn't compromise their values for others. | Unlikely to ask for help. |
| Over-involved with others' problems. | Seeks support when appropriate. | Cuts people off easily. 'It's my way or the highway.' |
| Dependent on the opinions of others for self-worth. | Values own opinions and perspectives. | Offers an opinion and then uses the silent treatment to manipulate compliance. |
| Accepts abuse or disrespect. | Communicate their wants and needs clearly. | Is aloof and detached even with romantic partners. |
| Over-shares personal information. | Share information appropriately. | Very protective of personal information. |

Reflect on your personal boundaries in the following life domains and score them on the continuum. There is no right or wrong answer. This is a self-reflection tool and can highlight areas in need of attention.

Family _____
Work _____
Colleagues _____
Neighbors _____

Close friends _____
Partner _____
Neighbors _____
Social media _____

POROUS ← → RIGID

0 10

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# BOUNDARIES

Surviving sexual violence is an incredibly challenging experience that can profoundly impact your sense of safety, trust, and well-being. As you navigate your journey of healing, understanding and establishing healthy boundaries is essential for reclaiming your autonomy and rebuilding your life. This information sheet aims to provide guidance on recognizing, setting, and maintaining healthy boundaries after experiencing sexual violence.

Boundaries are the invisible lines that define your personal space, emotions, thoughts, and needs. They serve as a protective barrier between yourself and others, determining what is acceptable and what isn't in your interactions and relationships. Establishing and maintaining healthy boundaries is crucial for your emotional and psychological well-being. After experiencing sexual violence, you may feel a loss of control over your body and boundaries. Reclaiming these boundaries empowers you to regain a sense of agency and control in your life.

## Recognizing Boundary Violations

It's important to recognize when your boundaries are being violated, whether by others or by yourself. Some signs of boundary violations may include feeling uncomfortable, disrespected, or pressured in social, intimate, or professional situations. Trust your instincts and listen to your feelings when they signal that a boundary has been crossed.

## Setting Boundaries

1. **Identify Your Needs:** Understanding your needs is the first step in setting effective boundaries. Take time to reflect on your emotions, thoughts, and needs. What makes you feel safe and what triggers discomfort or distress?
2. **Communicate Clearly**: Communicate your boundaries to others in a clear and direct manner. Use "I" statements to express your needs and preferences. Remember that you have the right to say no to prioritize yourself.
3. **Be Flexible:** Healthy boundaries are not rigid or inflexible. They adapt to your changing circumstances, feelings, and preferences. Allow yourself the flexibility to adjust your boundaries as needed to maintain your emotional and physical safety.

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# BOUNDARIES
CONTINUED

Healthy boundaries involve taking responsibility for your own well-being while acknowledging that you cannot control others' actions or emotions. In adult relationships, caring for others doesn't mean sacrificing your own needs or identity. It's about striking a balance between empathy and self-preservation. Even with healthy boundaries, people may still test them. It's a natural part of life. The key is to trust yourself to reinforce your boundaries when necessary without overstepping into others' territory.

Assertiveness plays a crucial role in maintaining healthy boundaries, allowing you to confidently communicate your needs and preferences while respecting others' autonomy. It's about finding the balance between self-advocacy and mutual respect in your interactions.

> "Anyone has the right to ask you for anything; and you have the equal right to say no, without giving a reason."
>
> JONICE WEBB

## When boundaries are weak

Without solid boundaries, you might find yourself oscillating between neglecting your own needs and prioritizing others', leaving you feeling disconnected from your true self and overwhelmed by external pressures. You may struggle to distinguish where you end and others begin. This can lead to relationships where boundaries blur, causing confusion and imbalance.

When people push past our personal boundaries, we might:

- end up doing things we don't want to do.
- feel taken advantage of.
- end up feeling resentful, bitter or needy.
- get overrun by other people's 'stuff' and lose a sense of what we want.

When we do not boundary our responsibility to others, we might:

- feel overly responsible for others.
- feel depleted and burned out.
- try to put others' needs first.
- look for external validation or doing what we think others expect from us.

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# 10 WAYS TO BUILD BETTER BOUNDARIES

By following these steps, you can build and sustain better boundaries that promote your well-being, autonomy, and self-respect. Remember that boundary-setting is a skill that takes practice, so be patient and compassionate with yourself as you navigate this process.

1. **Identify Your Limits:** Begin by clearly defining your physical, emotional, mental, and spiritual boundaries. Reflect on what you can tolerate and accept, as well as what makes you feel uncomfortable or stressed.
2. **Tune Into Your Feelings:** Pay attention to feelings of discomfort and resentment, which often signal boundary violations. Discomfort may arise when your boundaries are being crossed, while resentment may indicate feeling taken advantage of or unappreciated.
3. **Give Yourself Permission:** Overcome fear, guilt, and self-doubt by granting yourself permission to set and enforce boundaries. Recognize that your needs are valid, and you deserve to prioritize your well-being.
4. **Be Direct:** In some cases, maintaining boundaries may require direct communication. If someone has a different communication style or background, be explicit about your boundaries.
5. **Practice Self-Awareness:** When you notice a lapse in your ability to hold boundaries, ask yourself what has changed and what actions or situations are contributing to your discomfort. Consider your options for addressing the situation and focus on what you can control.
6. **Consider Your Past and Present:** Reflect on your upbringing and familial roles to understand how they influence your boundary-setting tendencies. Recognize patterns of prioritizing others over yourself and work towards balancing your needs.
7. **Seek Support:** If setting boundaries feels challenging, seek support and establish accountability partnerships where you can practice boundary-setting together and offer mutual encouragement.
8. **Start Small:** Begin by setting small, manageable boundaries and gradually increase their complexity. Celebrate your successes and build upon them, avoiding overwhelming yourself with overly challenging boundaries.
9. **Determine Consequences:** Define clear consequences for boundary violations to reinforce the importance of your boundaries. Choose consequences that align with your values and priorities.
10. **Follow through on the consequences**. Consistently enforce the consequences you've established for boundary violations. This reinforces the importance of your boundaries and communicates to others that you are serious about maintaining them.

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# MY SUPPORT SYSTEM

Adapted from: Baum, W. (2009). Building Your Support System

Healthy support people are essential to the recovery and healing from sexual violence. The following list offers characteristics you should look for when considering who should be part of your support system.

**A positive support would...**

- Encourage you to participate in activities and groups independently.
- Appreciate the fact that you have other support people and friends.
- Give effort to hearing what you say, empathizing with your feelings.
- Encourage you to explore your goals and aspirations without judgment.
- Respect your body/privacy, choices/freedom, and feelings.
- Be there for you unconditionally and always believe in you.

It is important to reflect on the support system you have today so you can begin to think about whom you want with you in the future. The “future” column serves to help you meet your need for support over time. Consider who would be healthy for you; these people may be friends from your past or family members from whom you’ve been disconnected. Each one of those names will be goals for you to strive toward.

**Today**

Family I would like to be close with…
1.
2.
Friends I would like to be in touch with …
1.
2.
3.
Professionals I would like to connect with…
1.
2.
Other Support I would like to have…
1.
2.

**In the future**

Family I would like to be close with…
1.
2.
Friends I would like to be in touch with …
1.
2.
3.
Professionals I would like to connect with…
1.
2.
Other Support I would like to have…
1.
2.

SEXUAL VIOLENCE NEW BRUNSWICK
VIOLENCE SEXUELLE NOUVEAU-BRUNSWICK

# THINKING ABOUT TELLING

What do you hope to gain by telling? Are you looking for a particular response? Are you hoping it will strengthen and empower you? Do you have any expectations from the person you want to tell?

When I tell, _____ I hope that_____

_____

_____

## How is the person likely to react?

If you are going to be real, you have to be ready for real from others. Review any past experiences with sharing in order to predict possible reactions:

- Will they sweep it under the rug?
- Will they support you unconditionally?
- Will they respond with support initially but then choose to bury your story/not talk about it again/ask that you not share your story with other family members?
- Will they respond with anger/threats/shaming or blaming questions?
- Will they want to take control of your story? Fix everything for you?
- Will they react defensively? ("I can't believe you would want to hurt us like this?")
- Will they dismiss or minimize your experience?
- Will they make it about how your story or telling your story affects them?

What do you need from them? How do you ask for what you need?

_____

_____

_____

**Prepare with healing letters**

Write what you would like to say (be authentic, be direct, be unapologetic).
Write what you predict the response would be (include any fears, proof from past).
Write a response to #2 with what you want and need from them.

SEXUAL VIOLENCE NEW BRUNSWICK VIOLENCE SEXUELLE NOUVEAU-BRUNSWICK

# THINKING ABOUT TELLING

## Making a plan

How will I tell? What will it look like and why have I chosen it to be this way?

Where and when will I tell?

Who do I want to be there? Keep a "reminder of the truth" with you.

What do I want to say?

What do I need to ask of them?

When it is over, I will:

If it becomes too difficult, I will:

SEXUAL VIOLENCE NEW BRUNSWICK VIOLENCE SEXUELLE NOUVEAU-BRUNSWICK

# Relationship with Community

Beyond relationships with loved ones, survivors often lose a sense of connection with their communities, which, in turn, instils in the survivor an intrinsic lack of safety in the world. For example, a survivor might experience little follow-up from legal personnel after making the difficult decision to report the sexual assault she experienced, or she may be cast out by a religious organization to which she once belonged due to their claims about their experience of sexual assault. In order to end association with their offender, sometimes a survivor might have to physically leave their community. This lack of community support only perpetuates the sense of isolation and lack of belonging with which a survivor of sexual violence already struggles.

During this first phase of therapeutic process, rallying the support in a survivor's life will serve to help them find safety within the relationships closest to her. Many survivors have the love and unconditional support of family, friends, and lovers, but there are even more who are unable to seek safety within the arms of those relationships. Whether it is because family members were the ones who abused them or because their reactions after the disclosures categorized them as unhelpful, too many survivors feel isolated because they are unable to turn to those closest to them. If there is a lack of safe relationships in a survivor's life, supportive services such as self-help organizations, mental health organizations, victim services, or other intervention services are available to help build a foundation of supportive relationships within their community. For many survivors, the relationships with their mental health professionals are the only ones on which they can rely for help. For this reason, professionals need to be very vigilant about the care they take with their relationship with clients.

> **"An unacknowledged trauma is like a wound that never heals over and may start to bleed again at any time"**
> (Miller, 1998, p. 47)

Survivors of sexual trauma tend to have intense mistrust of people in positions of authority because their offenders often were those in positions of power in their lives or in the community. Because of this, **the terror they experienced at the hands of their offenders can be triggered when engaging with someone wielding more power than their own**. Counsellors operating under a feminist lens opt for a more egalitarian approach which allows for the survivor to guide and interpret their own healing journey. This helps to relieve some of the fear and suspicion associated with "professionals".

## Your Notes

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# RE-NAMING SECONDARY WOUNDING EXPERIENCES

Throughout your healing from sexual violence, you may have disclosed to people in your life, support roles, systems, or advocates. They may have responded in supportive, positive ways. Others, however, may have responded in a way that caused harm. You may have noticed that that response has stuck with you and shaped your view of yourself and the world. Take some time now to consider the types of responses you may have received, and place them in the categories below. Notice that these messages were innacurate and may have contributed to harmful thoughts about your experience.

DENYING

BLAMING

QUESTIONING

MINIMIZING

ACTING WITHOUT CONSENT

DISCRIMINATION

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# SECONDARY WOUNDING & MAKING CHANGE

Identify or list any activities, behaviours, or beliefs in your day-to-day life that you believe have been impacted by secondary wounding, especially any activities or opportunities secondary wounding may have taught you to avoid. You may wish to list these on the chart similar to the one below under the heading “Activities, Behaviours, & Beliefs Impacted by Secondary Wounding.”

- Did you have experiences that altered your ability to seek assistance or to associate with certain groups/institutions?
- Did you have experiences that changed your attitudes towards certain types or groups of people, particular government or social institutions or the general public?
- Were your religious or spiritual views affected?
- Did secondary wounding affect your family life, friendships, or other close relationships?
- Did secondary wounding alter your views of your social, vocational or other abilities?

Examine the list you have created and think about the following questions in relation to your answer.You may wish to utilize the chart below and place a checkmark in the boxes that apply.

- Which, if any, of these activities, behaviours, and beliefs do I want or need to maintain?
- Which of these activities, behaviours, and beliefs are in my best interest to reconsider?
- Which of these activities, behaviours, and beliefs would I like to discard because they hamper my life in the present?

Looking at the item(s) you have identified or marked under the categories “activities, behaviours, and beliefs in my best interest to change” and “activities, behaviours, and beliefs I would like to discard” consider and discuss your answers to the following questions:

- At this particular time, is this an activity, behaviour, or belief I can now tolerate? For example, maybe you indicated that you haven’t been able to go to the doctor since the assault because the doctor that saw you was unsupportive about your experience, and you have always expected to be treated in the same manner again.However, you now know that the doctor’s reaction to you was an incident of secondary wounding. How might you feel about visiting the doctor again?
- What will be the emotional cost? Is it worth it?
- What steps do I need to make to make this change? How can I apply my knowledge about secondary wounding to making change?

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# SECONDARY WOUNDING & MAKING CHANGE

Look at the item(s) you have identified as “attitudes, behaviours, and beliefs I want/need to retain.”This list will include things that you feel are not in your best interest to change or that you cannot tolerate to change in the present moment. Think about the following questions:

- Do you think this activity, behaviour, and/or belief could become tolerable?
- If so, would you like to work together to make this change?
- If you do not feel that you want to attempt to address this impact at this present time, is this something you would like to come back to later on in the healing process?

## Making Change Chart

| **Impacted by Secondary Wounding** | **I want/need to retain** | **In my best interest to reconsider** | **I want to discard** |
|---|---|---|---|
| E.g., I will not visit any doctor because of how the doctor treated me after my assault. | | | |
| | | | |
| | | | |
| | | | |

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# TAKING ACTION AGAINST SECONDARY WOUNDING

Reflecting on your journey as a survivor of sexual assault and the subsequent challenges you've faced in seeking support likely brought a deeper understanding of sexual violence and the impact of secondary wounding. Recognizing unsupportive responses as forms of secondary wounding may have stirred emotions like anger or frustration, casting doubt on your experience and self. This activity offers a space to express these emotions, share insights gained, and acknowledge your resilience. You can explore your thoughts through various actions, whether it's answering provided questions or pursuing your own reflections. Remember, the decision to share your reflections is entirely yours, granting agency over your healing process.

## Activities

- Write a letter to the person or organization who caused secondary wounding.
- Write a letter to another survivor – known or unknown -- to encourage them and to provide support in addressing the impacts of secondary wounding. Such a letter may empower both yourself and others.
- Write a letter to a media source that explains the issue of secondary wounding and its impacts to the public. Consider whether you want to identify yourself.
- Write a letter to a government agency to encourage funding for sexual violence. You may wish to draw on your experience of secondary wounding to demonstrate why further education about sexual violence is needed.
- Write a letter to a community organization that explains your experience of secondary wounding.This may help them work with other survivors in the future.
- Write a letter to a friend who you'd like to better understand your experience.
- Write a letter to yourself praising the ways you've overcome secondary wounding.

## Prompts

- Represent the experience you now recognize as one of secondary wounding.
- What was inappropriate about the response you received? What kind of secondary wounding was this?
- How did secondary wounding impact your healing journey?
- What did your experience of secondary wounding teach you about society's view of sexual violence?

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# Mandala Creation

INTERVENTION

In Buddhism, a Mandala (Sanskrit for “circle”) is an artistic representation of an ideal universe. Using symbols and diagrams, artists through history have used this process to focus the mind during meditation.

- Instruct clients to start by drawing a circle or using a template as the foundation of their mandala. Divide the circle into 5 consecutive rings if you/they want a structured approach, using straight or curved lines.
- Provide a variety of pattern, shape, and symbol options for clients to choose from. Explain that each pattern, shape, or symbol can carry different meanings for different individuals. For example, they might associate a circle with wholeness or completion, a spiral with growth or transformation, or a heart with love or vulnerability.

**Exploration and Visualization:**

- Encourage clients to close their eyes and take a few deep breaths, allowing themselves to connect with their emotions and memories.
- Ask them to visualize the memory they would like to process and the associated emotions. Encourage them to pay attention to any specific images, colors, or symbols that come to mind during this visualization process.

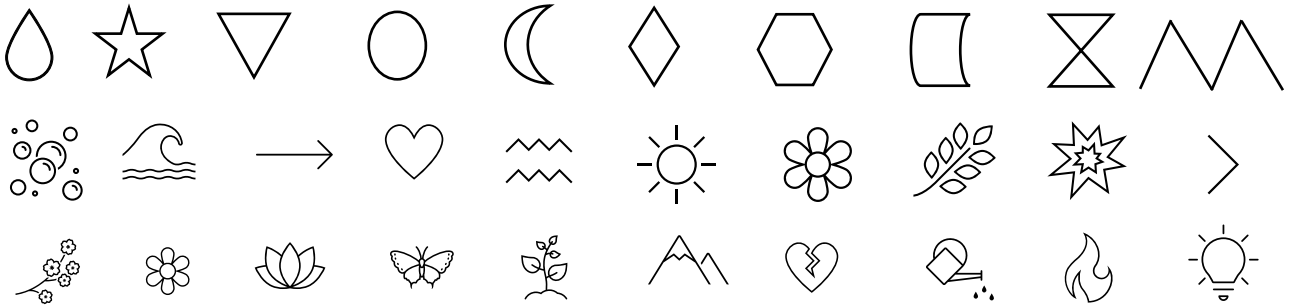
**Mandala creation**:

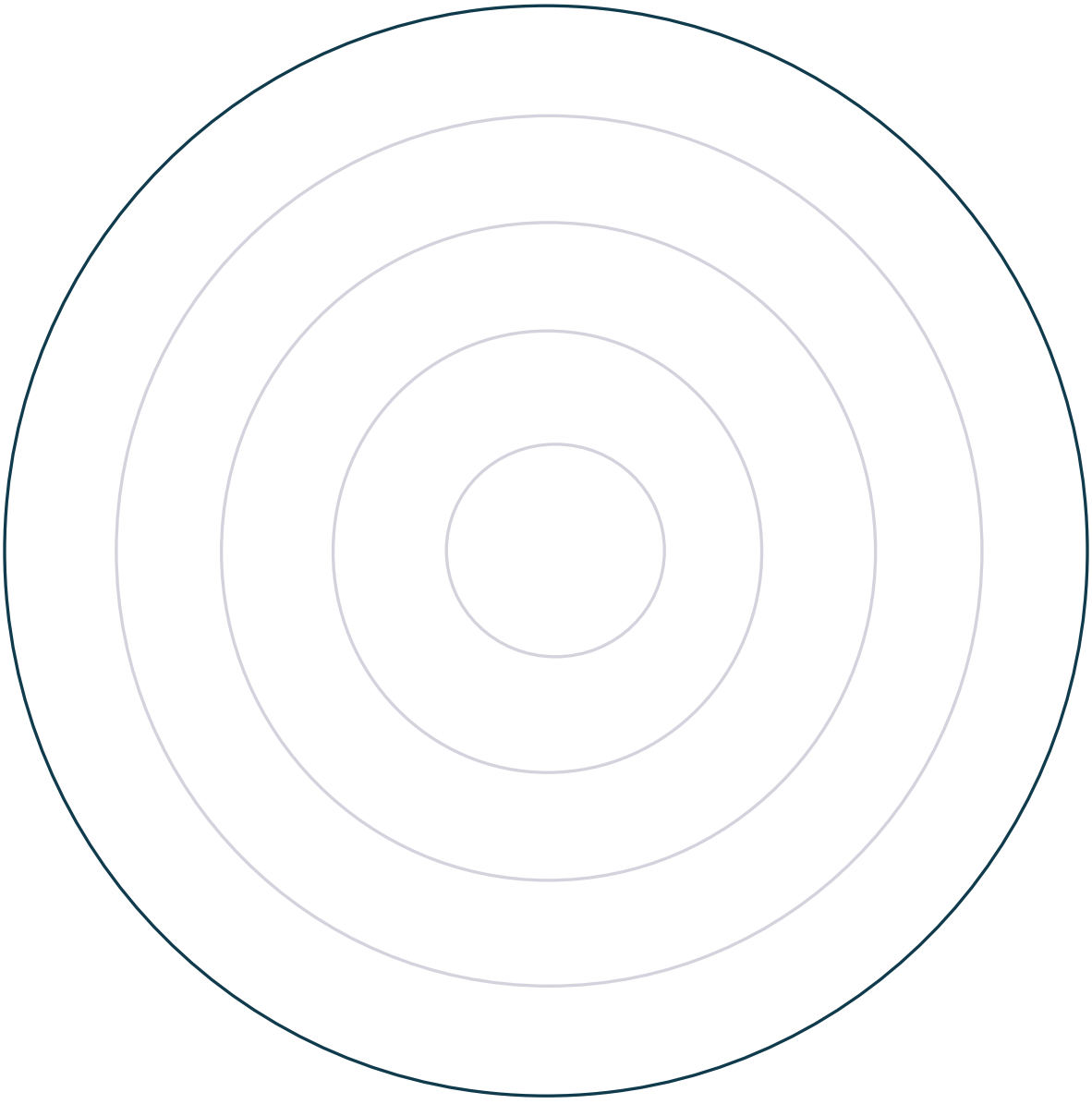
- Draw symbols at the center of your mandala to **represent how you're feeling right now**. Use simple shapes or images that express your current emotions.
- Moving outward to the first ring, use the guidelines to place organic and geometric shapes around the first circle **that represent the emotions they experienced or continue to experience as a result of the memory.** This could be simple dots, waves, spirals, circles, hearts, arrows, stars, or any other symbol that feels right. Encourage them to express a range of emotions such as anger, fear, sadness, or hope.
- Move to the second ring and repeat this step with symbols that represent **triggers that remind them of their traumatic experience.** These triggers might include specific sounds, smells, locations, or situations.
- In the third ring, repeat the step with symbols that represent **strategies** they have developed or would like to develop to navigate their trauma. This could include self-care practices, support systems, therapy, or other strategies that promote healing and resilience.
- In the fourth ring, repeat the step with symbols that represent **healing journey and areas of growth** that have emerged from their trauma. Invite them to explore moments of resilience, personal strengths, and progress they have made in their healing process.
- In the fifth ring, repeat the step with symbols that represent **hopes and aspirations for the future.** Encourage them to reflect on their personal goals, relationships, and the positive changes they envision in their lives beyond their trauma.

**Reflection**

Ask the client to observe their creations as a whole and reflect on the symbols, patterns, and colors they used and how these elements represent their traumatic experiences and healing journey. Facilitate a discussion on the themes explored in the mandalas, allowing participants to express their emotions, insights, and any challenges they may face in their healing process.

# Mandala Activity





# Self-Compassion

Self-compassion can be defined as "being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical" (Neff, 2003, p. 224). It involves three main components: self-kindness, common humanity, and mindfulness.

- **Self-kindness** refers to treating oneself with warmth, care, and understanding, rather than judgment and self-criticism.
- **Common humanity** involves recognizing that suffering is a universal human experience and that others have gone through similar struggles.
- **Mindfulness** involves being present with one's experience, rather than avoiding or suppressing it.

Kristin Neff has described two different types of self-compassion:

**Tender (or yin) self-compassion** involves being gentle and nurturing towards oneself, especially in the face of difficult emotions or painful experiences. We hold ourselves with love, validating, soothing, and comforting our pain so that we can “be” with it without being consumed by it. This might involve self-care activities such as meditation, connecting with loved-ones, or spending time in nature. It might also involve speaking kindly to oneself, acknowledging one's own pain and suffering, and offering oneself comfort and support.

**Fierce (or yang) self-compassion** can involve standing up for oneself and advocating for one's own needs and well-being. We act in the world in order to protect ourselves, provide what we need, and motivate change to reach our full potential. This might include setting boundaries with others, seeking support from friends or professionals, and pursuing justice or legal action if desired. Fierce self-compassion can help survivors to assert their rights and protect themselves from further harm.

Both types of self-compassion are necessary for healing from trauma. Survivors of sexual violence may need to be fierce in advocating for their own needs and seeking justice, while also being gentle and nurturing towards themselves as they process difficult emotions and work towards healing. Research has shown that self-compassion can be a protective factor against the negative mental health outcomes associated with sexual violence. Self-compassion can reduce symptoms of depression, anxiety, and PTSD, and improve overall well-being. Self-compassion can also help survivors of sexual violence develop a more positive self-image and reduce feelings of shame and self-blame. It can promote forgiveness of oneself and others, which is an essential aspect of healing.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# SELF-COMPASSION

Sexual violence can leave survivors feeling overwhelmed, isolated, and powerless. However, cultivating self-compassion can help survivors to connect with their own inner resources and find strength and resilience. In this worksheet, we'll explore three key principles of self-compassion – self-kindness, common humanity, and mindfulness..

***Identify a self-narrative that instils a sense of self-blame or shame.***

_____

_____

_____

***Mindfulness*** involves acknowledging any emotions and allowing them to be present without trying to push them away. Identify the feelings this narrative brings up for you. Since emotions are signals of information, what are the emotions trying to tell you about this narrative?

_____

_____

_____

***Common Humanity*** recognizes that suffering is a part of the shared human experience, that you are not alone in your struggles and that there is nothing about you that caused this to happen. Identify something that tells you that you are not alone in this experience.

_____

_____

_____

***Self-Kindness*** is treating yourself with warmth, care, and understanding. Imagine that a close friend was describing the narrative you wrote above, about themselves. Think about what you would say to them and how you would support them, but write them for yourself.

_____

_____

_____

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# 4 MYTHS OF SELF-COMPASSION

**Myth 1. Self-compassion is a form of self-pity**

One of the biggest myths about self-compassion is that it means feeling sorry for yourself. A more accurate view is that self-compassion is an antidote to self-pity and the tendency to whine about our bad luck. This isn't because self-compassion allows you to tune out the bad stuff; in fact, it makes us more willing to accept, experience, and acknowledge difficult feelings with kindness—which paradoxically helps us process and let go of them more fully. Research shows that self-compassionate people are less likely to get swallowed up by self-pitying thoughts about how bad things are. That's one of the reasons self-compassionate people have better mental health.

**Myth 2. Self-compassion means weakness**

Researchers are discovering that self-compassion is one of the most powerful sources of coping and resilience available to us. When we go through major life crises, self-compassion appears to make all the difference in our ability to survive and even thrive. Research suggests that it's not just what you face in life, but how you relate to yourself when the going gets tough—as an inner ally or enemy—that determines your ability to cope successfully.

**Myth 3. Self-compassion will make me complacent**

Perhaps the biggest block to self-compassion is the belief that it'll undermine our motivation to push ourselves to do better. The idea is that if we don't criticize ourselves for failing to live up to our standards, we'll automatically succumb to slothful defeatism. But there's now a good deal of research clearly showing that self-compassion is a far more effective force for personal motivation than self-punishment. When we can see beyond the distorting lens of harsh self-judgment, we get in touch with other parts of ourselves, the parts that care and want everyone, including ourselves, to be as healthy and happy as possible. This provides the encouragement and support needed to do our best and try again.

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**Myth 4. Self-compassion is selfish**

Many people are suspicious of self-compassion because they conflate it with selfishness. But is compassion really a zero-sum game? Think about the times you've been lost in the throes of self-criticism. Are you self-focused or other-focused in the moment? Do you have more or fewer resources to give to others? Most people find that when they're absorbed in self-judgment, they actually have little bandwidth left over to think about anything other than their inadequate, worthless selves. In fact, beating yourself up can be a paradoxical form of self-centeredness. When we can be kind and nurturing to ourselves, however, many of our emotional needs are met, leaving us in a better position to focus on others. The irony is that being good to yourself actually helps you be good to others, while being bad to yourself only gets in the way.

*Adapted from – The Five Myths of Self-Compassion By Kristin Neff | September 30, 2015*

# SELF-COMPASSION

## GIVE YOURSELF EMPATHY NOW

Self-compassion requires us to understand why we feel the way we feel. Pick one past experience that you think might need some empathy. In the first column, consider what was lacking in your life that contributed to your feelings in the past. “I felt _____ because I didn’t have _____”.
In the second, consider what is currently lacking that might be contributing to these feelings now. “I feel_____ because I need_____”. This reflection will guide you in reaching for what you need and make space for more compassionate understanding of yourself.

| I Felt/ Feel | Because in the past, I didn’t have | Because I need |
|---|---|---|
| Terror | Safety in my own home | To feel safe in my relationship |
| Sadness | Someone to say it wasn’t my fault | Someone to hold me. |
| Anger | | |
| Disgust | | |
| Terror | | |
| Sadness | | |
| Grief | | |
| Helpless | | |
| Confused | | |

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# Acts of Resistance to Trauma

Remember that every "symptom" or crisis is the client's attempted solution to a problem.

- Ask what problem the "symptom" is solving and how.
- Attend to the client's ability to manage feelings and traumatic memories.

Adapted from Saakvitne et al., 2000

Sexual violence trauma leaves survivors facing a multitude of health challenges, impacting their physical safety in various ways. This includes the risk of sexually transmitted infections (STBBIs), physical injuries, and reproductive issues. However, the ability to manage these challenges can be further complicated by the very ways survivors resist the impacts of their sexual violence trauma.

When access to adequate support and safe coping methods is limited, survivors may access resistance that carry their own risks, such as dissociation, substance abuse, disordered eating, and self-harm. While these strategies can undeniably place a significant burden on a survivor's physical well-being, feminist counsellors reframe these behaviors not as signs of weakness, but as evidence of the survivor's strength and resilience. Through the lens of resistance, these behaviors can be seen as attempts to manage overwhelming emotions, disconnect from painful memories, or regain a sense of agency in a situation that has stripped them of control. The survivor might be using these strategies, however harmful, as a way to resist the ongoing power dynamics of the assault and maintain a connection to themselves.

While feminist counsellors work with survivors to identify healthier strategies and alleviate the symptoms that drive these behaviors, they do so with a deep respect for the survivor's experience. They recognize the vital function these strategies serve in the immediate aftermath of trauma and would never remove a coping behavior without collaboratively establishing a safer alternative. This shift in perspective acknowledges the survivor's agency and empowers them to explore healthier options while validating their strength in utilizing the tools available to them during a time of crisis.

Never remove a particular coping behaviour without having some other behaviour in place.


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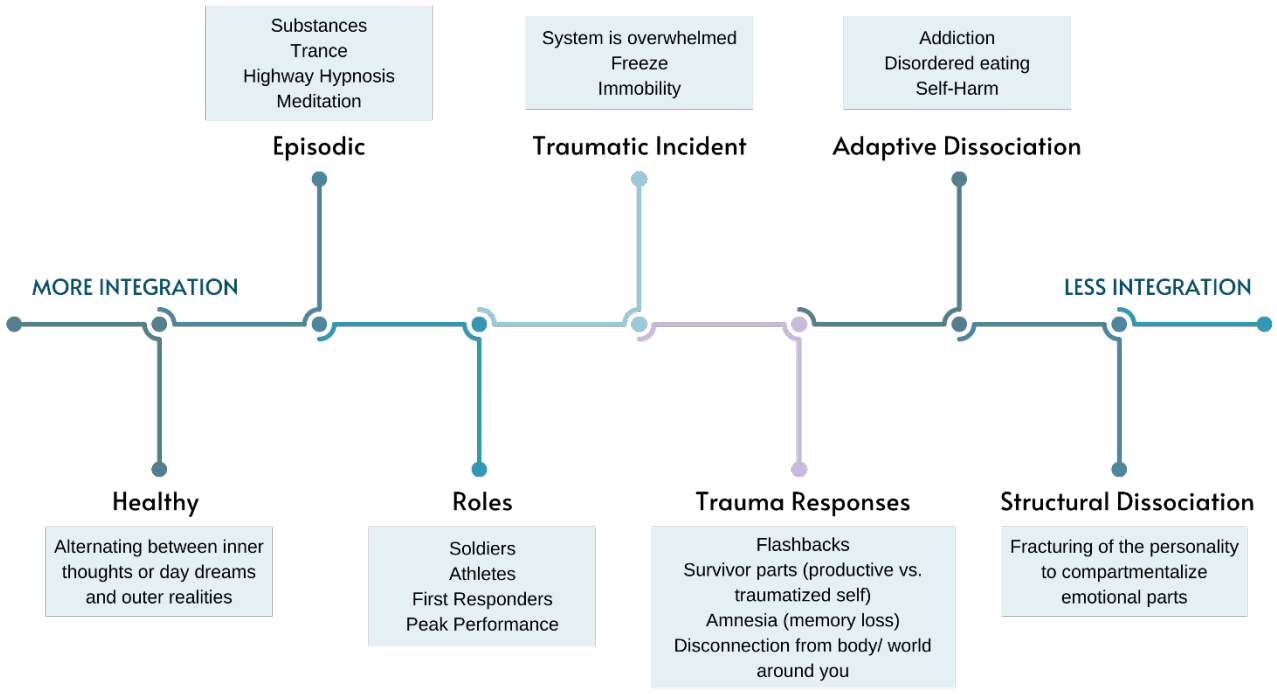
# Dissociation

Dissociation is a natural process by which individuals can effectively compartmentalize their experiences. Healthy dissociation involves a balanced interchange between inner thoughts and the external world. For instance, individuals might find themselves deeply engrossed in a book or a creative pursuit, momentarily disconnecting from their surroundings to immerse themselves in their internal experiences. This healthy detachment allows for mental rejuvenation and can serve as a coping mechanism during times of stress, offering a brief respite from the demands of daily life.

**Episodic dissociation** encompasses transient experiences where individuals temporarily detach from reality. For example, during meditation sessions, practitioners intentionally enter dissociative states to achieve deeper levels of mindfulness and relaxation. Similarly, highway hypnosis occurs when drivers embark on long journeys, entering a dissociative state where they navigate familiar routes almost automatically, often with little conscious awareness of their actions. Certain **roles**, such as those of emergency responders, soldiers, athletes, and first responders, demand a degree of dissociation to perform effectively in high-pressure situations. Emergency responders, for instance, must compartmentalize their emotions to focus on the task at hand, ensuring swift and decisive action in critical moments. Similarly, athletes may enter dissociative states to block out distractions and achieve peak performance during competitions, temporarily disconnecting from pain or fatigue.

During **traumatic incidents**, individuals may experience overwhelming fear or distress, triggering dissociative responses as a protective mechanism. In such instances, the mind may enter a state of freeze, rendering individuals temporarily immobile and unable to respond to the threat. This freeze response allows the body to conserve energy and may serve as a last resort when fight or flight responses are ineffective or impossible. **Trauma responses** often present a range of dissociative symptoms that persist beyond the traumatic event. Flashbacks, for example, involve intrusive recollections of trauma that transport individuals back to the original experience, causing intense emotional distress. Additionally, survivors may experience amnesia or a sense of disconnection from one's body and surroundings.



**Adaptive dissociation** involves maladaptive coping mechanisms, such as addiction, disordered eating, and self-harm, used to escape from overwhelming emotions or traumatic memories. Substance use alters consciousness and like self-harm, allows individuals to escape from overwhelming thoughts or emotions temporarily. Disordered eating behaviors serve as a means of controlling emotions or gaining a sense of order amidst chaos, allowing individuals to disconnect from their body and emotions. In cases of severe and chronic trauma, **structural dissociation** may occur, leading to the fragmentation of the personality into distinct parts or identities. Emotional parts of the self may emerge to carry the burden of trauma, shielding the core identity from overwhelming pain. These fragmented parts may harbor different memories, emotions, or aspects of identity, resulting in internal conflict and dissociative experiences as individuals navigate the complexities of their inner world.

For many survivors, dissociation allows them to survive the traumatic incident. It also provides a means of managing or coping with difficult emotions, thoughts, and the challenges of daily life after an experience of violence. Nonetheless, survivors may begin to dissociate in everyday life, in conversations with peers, when writing tests, or at work as their brains learn to access it during times of stress. The response can become so automatic that survivors soon feel they cannot choose not to disconnect themselves. Not only this, but survivors who utilize dissociation as a coping strategy are at risk of experiencing additional impacts related to dissociation, including general and trauma-specific memory loss, inability to feel certain emotions or concentrate, and an inability to feel present. More generally, slipping in and out of reality can cause survivors to feel like they are never truly present or truly "living" their lives. In many cases, while dissociation may offer immediate relief from painful thoughts, memories, and emotions, it can in the long-term further exacerbate these symptoms and put the survivor at higher risk for additional harm. Counsellors who work with survivors of sexual violence should understand the ways dissociation may play a role in a survivor's trauma response. Because a trauma and violence informed approach emphasizes the need for the client to develop sufficient skills to remain grounded in the present, being able to recognize when a client is dissociating can be an important way of recognizing when she is not grounded in the present.

**Impact of Dissociation on Survivors**

- General and specific memory loss.
- Inability to feel certain emotions or concentrate, to feel present.
- Begin to withdraw from loved ones.
- Regularly using this coping strategy.
- Dissociation happens unwillingly.
- Feeling like they are never truly present.
- Affects awareness of danger cues

**A Survivor Might be Dissociating if They are…**

- Staring into space/ trance-like state.
- Closing eyes for periods of time.
- Prolonged inattention.
- Losing track of conversation.
- Forgetting what was said.
- Speaking nonsensically.
- Indicating inability to stay present.
- Describing out-of-body experiences.
- Regression into child-like states.
- Talking to self or hearing voices.
- Referring to self in third person.
- Disconnected from traumatic event.
- Describing the inability to feel emotions.

**Tips for working with dissociation**

- Ensure you are grounded and present.
- Build grounding skills for your client.
- Educate client about dissociation
- Focus on therapeutic relationship so your client can let dissociative guards down.
- Developing a plan to anticipate dissociation

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## Your Notes

# PREPARING FOR TRIGGERS

What tends to trigger flashbacks, dissociation, or overwhelming feelings of panic? (people, events, smells, sounds, objects)

_____

_____

What signs (physical or emotional) let you know that you are being triggered?

_____

_____

How can you prepare yourself for when this trigger is imminent? When you are seeing someone or going somewhere that has triggered you in the past.

_____

_____

What have you done in the past that has helped you through these flashbacks/dissociation triggers?

_____

_____

What would be the first small sign that you were calming down?

_____

_____

What new techniques would you like to try to find grounding in those moments?

_____

_____

SVNB VSNB

# Disordered Eating

Disordered eating can be another act of resistance survivors of sexual violence trauma turn to. Research has explored the ways disordered eating intersects with sexual violence trauma and has found a high correlation for all genders who have experienced sexual violence.

## Relationship with their Bodies

Some survivors who engage in disordered eating internalize societal messages about gender norms and beauty as well as sexual assault myths, particularly those that suggest that something about them brought on the assault. These then reflect the belief that if they had altered their appearance, they may have prevented the assault or abuse. They may proceed to act in efforts to change their appearance to one that would be less likely to welcome a perpetrator by bingeing on or restricting food intake. For some survivors who feel as though their bodies betrayed them through their experiences of abuse or who struggle with guilt and shame around the feelings of pleasure during sexual abuse, an eating disorder may also serve to punish their bodies.

When working with survivors, counsellors can support them in deconstructing the myths that have instilled harmful beliefs, assessing any assault narratives that perpetuate needs to harm or punish their bodies, and fortifying compassion toward the body.

## Self-Soothing

Survivors who seek solace in food may eat excessively (even with a full stomach) which can induce a loss of control and euphoria. Like other addictions, this "high" is generally followed by feelings of shame and guilt. Some survivors have described binge eating as being the one activity that brings them joy and peace, while others describe it as being a distraction from their inner pain or an act of dissociation. In all these situations, the survivor's relationship with food becomes the vehicle through which she regulates the difficult emotions, cognitions, and other impacts associated with the sexual violence she has experienced.

Counsellors can support clients in finding and practicing harm-reduced ways to self-comfort and alleviate the symptoms brought on by trauma.

## Sense of Control

Sexual crimes are most often an act of imposing power and control over the victim. When a person experiences this lack of power, it is a natural reaction to search for ways that enable them any semblance of control in their lives. Disordered eating often develops from this desire for power; by controlling the intake or abstinence of food, survivors can feel like their bodies are under their own control, if only temporarily. Food can often become an area where a survivor can exert control by deciding when and if they will eat, how much and what they eat, and by 'punishing' themselves for feelings or memories they have about the abuse by not eating or by eating and then purging. Accomplishing these behaviours can feel like victories to the survivor in her attempts to gain control over her life and body after sexual assault or abuse took that control and choice away.

Counsellors can help clients identify areas they can control in their lives, reflect on personal needs, and set boundaries that will facilitate a sense of empowerment.

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# Addictive Behaviour

An addiction appears as a compulsive dependency on a substance or behaviour of which the person feels they cannot live without. While addiction is most commonly connected to drugs and alcohol, a person can be addicted to many other things that begin to hinder connections to jobs, partners, or friends such as food, sex, gambling, and the internet. Many people observe these behaviours to be irrational, overindulgent, and ultimately shameful; however, most people with addictions feel they have no control over these behaviours and often dislike what they are doing.

## Substance Addiction:

**Alcohol**: Survivors of sexual violence trauma often begin using alcohol to manage emotional reactions to life events and personal concerns, including the effects of sexual assault or abuse. However, rather than creating control, as the addiction progresses, life often becomes more complicated, and behaviors become more erratic. Consequently, these negative outcomes can increase the feelings of shame and guilt associated with sexual violence trauma they may have originally turned to alcohol to numb.

**Substances**: Survivors of sexual violence trauma can experience many uncomfortable symptoms that they might feel the need to soothe with unsafe behaviour. Survivors often have a persistent expectation of danger, feel hyper-aroused a great deal of the time, or feel numb and disconnected. Taking amphetamines such as speed or crystal meth often instils a temporary sense of power and control, engaging in high-risk or self-harming behaviour and using stimulants often provides a release from a previously numbed state. While dangerous, survivors may seek a quick release from the pain they are experiencing in their daily life. It is important to acknowledge this with clients and help them find something to ***replace*** the addiction as opposed to simply taking it away.

## Behavioral Addictions:

**Sex**: Sexual violence trauma has been repeatedly linked to high-risk sexual behaviour. Adults who experienced childhood sexual abuse are often taught that they can obtain their own personal power by controlling their sexuality later in life. Engaging in sexual activities might provide a temporary sense of empowerment or an attempt to rewrite their narrative around sex. The euphoria of choosing with whom, where, and when they have sex can often become addictive. Engaging in sexual activities may provide a temporary escape from the heightened state of arousal, offering a sense of release or a distraction from distressing thoughts.

**Shopping**: Compulsive shopping or excessive spending can serve as a way for survivors to regain a sense of control over their lives. The act of buying items may offer temporary distraction or a means of self-soothing, providing a sense of control amidst the overwhelming emotions.

**Gambling**: Engaging in gambling activities can offer survivors a momentary escape from their emotional pain. The unpredictability and thrill of gambling may temporarily distract them from the distressing thoughts, anxiety, and memories associated with their trauma.

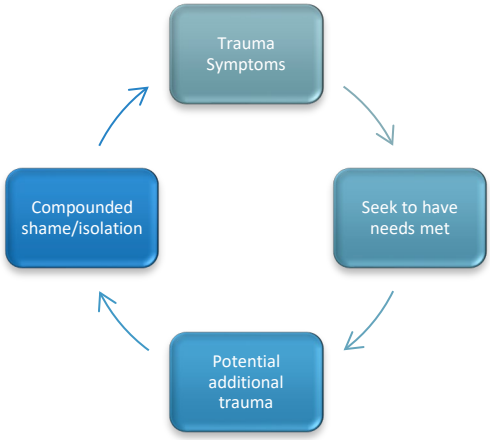
**Exercise**: Exercise can be a healthy coping mechanism, but it can also turn into an addiction. For survivors, compulsive exercise may serve as a way to manage anxiety, release pent-up emotions, or regain control over their bodies. It can also create a sense of safety or empowerment by enhancing physical strength and stamina.

It is crucial to emphasize that while these coping mechanisms may temporarily alleviate distress, they often come with negative consequences and can perpetuate a cycle of harm.

## Addiction as Adaptation

### Persistent expectation of danger

While some survivors use alcohol or marijuana to reduce this chronic fear, others turn to cocaine or amphetamines (speed or crystal meth) to increase hyper-vigilance which instils a sense of power and control.




### Hyper-arousal Symptoms

Many survivors use alcohol or marijuana to ease feelings of stress, others use stimulants to increase arousal and Opioids (heroine) tend to be used most often to restrict flashbacks and decrease aggression.

### Numbing or Hypo-arousal Symptoms

Using marijuana or heroine to maintain that level of numbness, others seek release from their naturally "numbed" state by using cocaine, or amphetamines.

### Re-enactment symptoms

Survivors may strive to elicit similar emotions as experienced through their traumatic experiences. These clients might engage in risk-seeking behaviours, risky-sexual encounters, suicidal ideation, or self-harm to punish themselves or because they are struggling with shame and secrecy. By engaging in similar situations, survivors may attempt to confront and master the original traumatic event.

## Cycle of trauma and addiction

Without adequate support to address the sexual violence trauma that may be causing a survivor to engage in addictive behaviour, survivors not only risk their physical health in terms of the impacts associated with the addiction itself but additional harm and re-victimization. When a person has a history of trauma, such as survivors of sexual violence, the destructive feelings of shame, guilt, fear, and anger can be overwhelming and unbearable. Though their behaviours have significant detriments to their lives, in that moment, the survivor feels relieved from their pain and in control of their lives. What originally initiates a survivor into an addictive behaviour often becomes compounded by the shame-inducing experiences that occur through the course of an addiction. For example, using substances to cope with the memories of childhood sexual abuse may lead to addictions a survivor cannot afford financially. This barrier can lead to other risk-taking behaviours such as prostitution or other dangerous methods of obtaining money. Additionally, when under the influence of many substances, survivors become increasingly vulnerable to new types of violence and abuse. Finally, survivors often face compounded shame and isolation due to their feelings associated with their relapse and or behaviours while engaging with their addiction as well as the reactions from those around them. This cycle continues and increases their reliance on external methods of feeling relief and control.

When counselling clients with addictive behaviours, professionals need to be mindful of the challenges and experiences that are connected to the addictions. All addictive behaviours tend to have one thing in common: **they have given the survivor a sense of control while facing a great sense of powerlessness.** As such, treatment is founded on the ability to find and maintain this type of power in healthy ways. Abstinence and sobriety can be immense challenges for these clients, so, it will be important to bring greater understanding to the relapse phase of change and harm reduction.

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# Self-Harm

Self-harming behaviour is often considered a non-fatal act that a survivor performs to achieve a certain end through inflicting bodily harm on themselves. For many survivors of sexual violence trauma, self-harm is harnessed as a means of resistance against the impacts of their abuse. Research highlights that individuals who have experienced sexual assault since the age of fourteen are more likely to engage in self-harming behaviors compared to those who have experienced other forms of trauma (Watters & Yalch, 2022). The most common type of self-harm is the intentional cutting of skin, however, self-inflicted burns, pulling hair out, making bruises, or even taking more medication than prescribed are all seen among survivors of sexual trauma. Those who self-injure also tend to use several different methods to meet their specific needs. For survivors of sexual violence trauma, these needs tend to span from feeling disconnected to self-punishment. These types of behaviours tend to fall on a continuum of severity from absentmindedly pulling hair out to near-fatally over-dosing on prescription medications. The common factor tends to be its connections to coping.

## Reasons Individuals Self-Harm

- Expressing feelings, they can't describe.
- Releasing pain and tension they feel inside.
- Helping them feel in control.
- Distraction from overwhelming emotions or difficult life circumstances
- Managing stress
- Relieving guilt by punishing themselves
- Impacting another person's behaviour
- Instilling a sense of life, of simply feeling anything instead of feeling numb
- Preventing suicidal thoughts

Like the coping strategies described previously, self-harming behaviour provides a solution that helps meet the needs of a survivor struggling with the negative effects of sexual trauma. However, the desirable feelings achieved through these actions are short-lived allowing the scary and overwhelming feelings back in. Moreover, feelings of shame, guilt, and remorse of the self-harm can also reinforce the feelings of the trauma re-initiating the cycle. Self-harm is often shrouded in secrecy perpetuating the silence surrounding their experiences of sexual violence. This secrecy can be extremely difficult to maintain among friends and family which can lead to a survivor isolating themselves even further. While some forms of self-harm have minimal physical impact, all kinds leave the body that much more deteriorated, wounded, and weak. Like an addiction, self-harm may progressively get more dangerous; cuts become deeper, and dosage of medications becomes larger. The lethality of self-harm is a precarious situation, and a survivor may take their coping one step too far.

## Help Clients with Harmful Coping Strategies by…

- Referring to medical professionals
- Not judging the behaviour
- Providing a respectful, compassionate, and safe environment
- Acknowledging survival instincts.
- Work away from schemas of shame, guilt, and fear.
- Offering awareness & education
- Practicing mindfulness & relaxation
- Encourage control over goals.
- Promoting the inner-strength and power they already have
- Putting measures into place that will keep them physically safe.
- Promoting a healthy lifestyle of regular sleep, meals, and recreation
- Helping them to connect with positive supports in their life.
- Prepare safety plans that will help them to deal with urges.
- Monitoring for suicidal ideation

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## Your Notes

# DISTRACTIONS FROM SELF-HARM

## Physical Awareness/Sensation

Hold an ice cube against your skin.
Take a shower and rub your skin with a cloth or brush.
Put a rubber band on your wrist and snap it a few times.
Rub a cool lotion over your skin.
Ride a bike fast and far.
Carry safe, comforting objects, crystals, smooth stones.

## Tension Reduction Exercise

Pluck hair on your leg with tweezers.
Do yard work.
Vacuum the house.
Physical activity.
Yoga or stretching.
Progressive muscle relaxation.
Guided relaxation.
Alternate hot and cold temperatures.
Breath counting.

## Delaying/Distracting

Take a shower.
Read a book.
Go out and be around people.
Dig in your garden.
Call a friend.
Write in your journal.
Play a game.
Physical exercise (walk, run, dance).
Watch a movie.

## Express your Feelings

Write a letter to a trusted person.
Write what you are feeling. Don't edit.
Write down the reasons why you believe you need to be punished.
Bring your list to your therapist.
Break something from a junk store.
Smash ice cubes.
Throw eggs in the shower.
Rip apart an old phone book.
Punch or scream into a pillow.

## Symbolic Enactments

Draw red lines on skin with a felt marker.
Draw red lines on paper, then slowly drip water on the ink and watch it spread.
Cut a box or a stuffed animal.
Build a bonfire and burn sticks or letters.
Build something with clay and rip or cut it apart.

## Self-Soothing

Create a safe place.
Put the disturbing feelings into an imaginary container.
Listen to a guided relaxation.
Talk to someone supportive.
Have a bubble bath.
Listen to music.
Create art.
Walk outdoors.
Meditate.
Aromatherapy

SVNB VSNB

# Case Scenario: Acts of Resistance

Gabi is a 30-year-old non-binary local business owner. They moved here with their partner 3 years ago from Brazil and were excited about the opportunity to open their café that features a wide variety of Brazilian desserts. Their partner, Juan, is also going to school for business. In order to help offset the cost of living and to have someone to help them adjust to life in Canada, Gabi and their partner sought out a roommate. The three got along quite well and often spent the weekends together exploring the different parts of the city and practicing English.

Gabi is coming to you because one night about 6 months ago, Gabi was sexually assaulted by their roommate. Juan was at school studying for a mid-term while Gabi was creating a new menu for the café. Their roommate had come home from work early and was noticeably upset that they had lost their job. Gabi tried to console them by offering them a hug but as they got closer, Gabi could smell alcohol on their clothing. Gabi tried to pull away, but the roommate became angrier and started to comment on Gabi's body. They said Gabi was "too hot" to be non-binary and then put their hand on Gabi's groin. Gabi, not knowing what to do, stood there frozen for a moment before the roommate slid their hands down the front of Gabi's pants and commented on their genetalia. Gabi pushed their roommate away and locked themselves in their bedroom.

When Juan got home, Gabi informed him what happened, but Juan grew jealous and said Gabi must have been flirting with their roommate to make them think it was OK. Juan said Gabi needs to be more respectful of their partnership and fix things so that they don't lose the income their roommate provides.

Ever since the assault, Gabi has been feeling anxious at home and spends all their time at the café. Gabi discloses to you that they feel unsafe as a non-binary person and are considering presenting themselves as the gender they were assigned at birth to avoid further inappropriate comments about their gender and their body. They have described binge eating and wearing many layers of clothing to disguise their body and when they feel too overwhelmed, they stand in the shower with only hot water to feel the burning on their chest as they say they deserve to feel the pain.

**What coping strategies are being used to help this person adapt to their trauma?**

**What need(s) are being met through these adaptations?**

**How would you intervene?**

# Intervening with Acts of Resistance

When counselling survivors engaging with harmful adaptations to trauma, professionals need to be mindful of the challenges and experiences that are connected to these behaviours. All these behaviours tend to have one thing in common: **they have given the survivor a sense of control during a time that feels powerless.** As such, treatment is founded on the ability to find and maintain experiences of power in healthy ways. Abstaining from any of these adaptations can be extremely challenging so the counselling framework should be founded in harm reduction, compassion, and learning. The following are some general strategies for working with survivors and their adaptations:

1. **Educate yourself** on the specific adaptation being presented.
2. Make necessary referrals.
3. Provide a **respectful, compassionate, and safe environment** that allows space to feel free of judgement to reduce shame and stigma.
4. Assist the survivor in acknowledging their adaptation as a **bold effort to survive and cope** with difficult feelings and memories.
5. Portray a **sense of compassion and respect** for the survivor that will help them build a personal self-schema that excludes the shame, guilt, and fear that inspire the addictive behaviour.
6. **Offer awareness**: Re-frame moments when a survivor has accessed their adaptation as opportunities for growth and learning as opposed to failures.
7. Build **safety frameworks** for grounding and expanding the window of tolerance.
8. **Promote power**: after a slip, help a client to remember the moments and hours before to identify what triggered (feelings, events, people) the adaptation and help client brainstorm helpful alternatives.
9. Focus on **cultivating physical safety** to promote emotional safety.
10. Help client find aspects of **control** in their life and work to promote boundaries and asking for needs to be met.

## Your Notes

# IDENTIFYING YOUR "ARMOUR"

Sexual assault survivors often experience a great deal of vulnerability. This vulnerability may take the form of shame, self-blame, depression, or fear among many other potential experiences. When a person is sexually assaulted, they experience a great loss of power and control. Because of this, many survivors also struggle to retrieve a sense of control in their lives. A way many survivors maintain this control in their lives is by hiding or burying their vulnerability and shielding it with what some describe as "armour" or a "mask".

Some of the more familiar types of armour include:

- Blustering: Filling the room with words, distracting others from what I worry they will see beneath the mask.
- Ominous: Silent and glowering to appear strong and unapproachable.
- Invisible: So silent and unassuming that I might disappear unnoticed.
- Glib: Intelligent, sharp-witted, and so psychologically savvy that no one dares challenge me.
- Angry: Radiating rage, criticism, and intolerance; attacking before being attacked.
- Outrageous: Trying to shock through word, appearance, or behavior to create protective barriers.
- Placating/Pleasing: Being so nice, caring and helpful that all the attention is directed towards others.
- Comedy: Relying on superficiality, banter, and irrelevancies to distract from underlying pain.
- Pollyanna: The rosy pretense that everything is just fine so others won't dig deeper

Our armour serves many purposes: to shield, to protect, to hide, and keep us safe. Although it may not be a true representation of who a survivor feels they are inside, the armour is still a manifestation of their ability to protect themselves in a world that feels unsafe. The armour and the vulnerability are both parts of the survivor and the goal is often to unite the two to feel more balanced. By identifying the armour, we can notice, evaluate, and celebrate what it has to offer instead of simply feeling untrue to ourselves. Once we can do this, we can choose when we use the armour and when we can allow our vulnerability to show.

What is your armour and w**hen and why do you notice yourself putting it on?**

_____

_____

Lew, Mike (1990) Victims No Longer: Men Recovering from Incest and Other Sexual Child Abuse. Harper Collins Publishers, Inc. New York.

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# Introduction to Phase Two

## Overview of Key Tasks for Stage Two

- Separating past from present and future
- Remembering with purpose
- Expanding ability to regulate physiological reactions and emotions and respond to change.
- Continue to educate about sexual violence and support responses to increased awareness about sexual violence.

## Indicators for Phase One & Moving On

- A client should be able to think about the past while remaining in the window of tolerance.
- The client's life is characterized by relative safety and stability in the following areas:
    - Basic safety needs (food, shelter, clothing)
    - Daily routine
    - Interpersonal relationships, boundaries
    - Counselling relationship
    - Physical needs
- The client can monitor and control emotional/physiological responses of trauma which would include the following:
    - Awareness of feelings, emotions, body sensation
    - Understanding of arousal level (hyper/hypo-arousal)
    - Ability to shift her arousal with stabilization tools back to present (grounding, breathing, etc.)
    - Presence of intrusive/constrictive symptoms (flashbacks, nightmares, intrusive images)

## Counselling in Phase Two

So much work is done in Stage One through establishing safety and stabilization, that many clients feel their goals have been met once they have completed the stage. By this point, survivors should have cultivated ways to remain safe, handle hyper-arousal, and be able to cope with triggers as they occur. This does not mean that the second phase will be easy or less traumatizing; in fact, the second phase is so trauma saturated, the survivor is often extremely vulnerable to being re-traumatized which is why stabilization is such a focus in the prior phase of counselling. Survivors must understand their vulnerabilities upon entering into deep trauma work and express the gains they see coming from the work in order for the integration to be meaningful.

## Your Notes

# Shame

*"Shame cannot survive being spoken. It cannot survive empathy." Brown, 2010*

## Sources of Shame

Although everyone experiences shame at some point in their lives, survivors who have experienced sexual violence often carry shame in ways that are related specifically to that sexual violence. There are a number of potential sources of shame for survivors who have experienced childhood sexual abuse and/or adult sexual assault:

- shame about being victimized and/or feeling that the assault/abuse was deserved or provoked.
- shame about the response during or immediately after the abuse/assault.
- shame about telling or not telling.
- shame about ongoing impacts of sexual violence (i.e., not being able to work, panic attacks in public).
- shame connected to ideas of self as weak, defeated, worthless, or inferior.
- shame about feeling different or disconnected from everyone else.
- shame based in the belief that if anyone knew the "real me" they would be disgusted.
- shame about not living up to society's expectations about gender or sexuality.

"Shame needs three things to grow exponentially in our lives: secrecy, silence, and judgement."

If shame is rooted in and thrives in situations where **secrecy**, **silence**, and **judgement** are present, it is not hard to see why survivors hold deep experiences of shame. Because sexual violence remains something that survivors are told must be kept secret and silent, and that any attempts to break that secrecy and silence will likely be met with harsh judgment, many survivors live right in the middle of those conditions – secrecy, silence, judgement -- that foster shame. For this reason, it is understandable that many survivors find shame often speaks loudly as part of their internal dialogue about themselves.

## Working with shame

Because shame is rooted in fear, self-blame, and disconnection from others, the antidote is opening the shame-based belief to an empathic listener. When we have the courage to speak our vulnerabilities and connect with another person in a compassionate space, this shame cannot survivor.

**Talking about Sexual Violence as a way of Addressing Shame**

Because shame is rooted in silence and secrecy, talking about those beliefs or experiences that create shame in survivors' lives can often be helpful in diminishing shame. For survivors, this process may involve finding a safe and supportive environment to talk about experiences of sexual abuse and/or assault.

**Reducing Feelings of Alienation**

Shame burdens a person with a feeling of being different from others. You may believe that "*if that person knew I was abused in this particular way, they would not connect with me*." Telling about the abuse and receiving a response of understanding can lessen that isolation. By talking about experiences that cause you to experience shame, you may find that while what happened was terrible, you are not alone in your experience. Even when the particulars of the experience are unique, you can know that your feelings are experienced and understood by many.

**Reducing Strength of Bond to Perpetrator**

Often, because of the secrecy in which sexual abuse and assault takes place, the reality of the abuse or assault is shared only with the perpetrator. You may feel that the only person who knows everything or perhaps the worst about you, is the perpetrator, and thus that the perpetrator is the only person who knows the "real me." By telling about the abuse or assault, you dissolve that link and become independent of the perpetrator for your sense of authentic personal history. You become free to be yourself in full, and authentically yourself with others.

**Enhancing Compassion, Appreciation, and Knowledge of Self**

The shame survivors experience often arises from the belief that the abuse or their inability to escape from it indicates that they were inherently weak, deserving of the abuse, or inviting of it. Talking about shame may allow you to find ways to challenge some of these beliefs and begin to appreciate your capacity to have survived as you did in very difficult circumstances. A more positive, open, and less defensive attitude about yourself will allow you to understand your own motivations and vulnerabilities with greater clarity.

**Improving Interpersonal Relationships**

A negative and critical view of yourself may also affect your evaluation of others. If you internalize the view that vulnerability is weakness and weakness is bad, you may not only view yourself negatively but also judge others in the same fashion. These attitudes, in turn, may diminish opportunities for positive social experiences and the development of sustained interpersonal relationships. The growth of self-compassion can allow you to live more easily with yourself, and perhaps even to feel some pride and enthusiasm. This more positive and more generous process of self-evaluation may lead to more generous appraisals of others. Positive changes in self-regard go hand in hand with positive changes in regard for others. You may find you benefit in your relationships with others, as well as in relationship with yourself.

**Building Shame Resilience**

By talking about shame, we can work on developing what some researchers have called "shame resilience." Shame resilience is "that ability to recognize shame when we experience it and move through it in a constructive way that allows us to maintain our authenticity and grow from our experiences." The following are some steps to take to help develop shame resilience:

- **Understand Shame Triggers** –Reflect on and identify sources of shame in your life.
- **Practice Critical Awareness** – Speak the shame out loud or in your head.
- **Reach Out** – Call someone who can be supportive and listen with empathy.
- **Speak Shame** – Tell the supportive person how you are experiencing shame and believe them when they tell you that you are a good person.


Brown, B. (2007). I thought it was just me: Women reclaiming power and control in a culture of shame. New York: Gotham Books.

Brown, B. (2010). The gifts of imperfection. Minnesota: Hazelden.

Cloitre, M., Cohen, L. R., & Koenen, K. C. (2006). Treating survivors of childhood abuse. New York: Guilford Press.

Fossum, M. A., & Mason, M. J. (1986). Facing Shame: Families in Recovery. New York: W. W. Norton.

Weiss, K. G. (2010). Too ashamed to report: Deconstructing the shame of sexual victimization Feminist Criminology 5(3), 286-310.

# Grief

It is impossible to identify everything that might be on the long list of reasons a survivor might grieve for. Each survivor's experience of and reasons for grieving are unique. Nonetheless, the following is a brief list of some of the sources of grief in survivors' lives that emerge from the unique context of sexual violence trauma:

- Having to give up the idea that the people had your best interests at heart.
- The loss of the ability to trust others.
- Many times, the relationships a survivor holds with their offender is not all negative. Reconciling the fact, the love they had with the fact that they also abused and harmed them.
- Loss of the time and money it costs to heal.
- The loss of relationships and opportunities.
- Loss of innocence.
- Loss of pleasure, ability to enjoy intimacy.

In relation to trauma, Aphrodite Matsakis (1992, p.197) talks about "The Three Levels of Loss." When you grieve, you experience loss on at least three levels:

- **Specific people, objects, or physical, emotional, or spiritual aspects of yourself that you have lost** (i.e., friend, relative, tarnishing of a cherished value such as your faith in a spiritual being, loyalty to a government or institution, or belief in the integrity of certain people or agencies)
- **Grieving the fact of your powerlessness**: part of your sadness stems from acknowledging that no matter what you do, you cannot replace what has been lost.
- **Grieving your mortality**: the awareness of your own death that comes with grieving the deaths of others or the death of a part of yourself is one reason that grieving is so hard to do.

## Working with Grief

- Portray grief as steps or accomplishments of healing.
- Normalize grief by encouraging clients to give themselves permission to grieve.
- Position grieving as a means of working through things and working towards health.
- Help clients to see where they are in the grieving process.
- Use the grieving process as a way of helping a client ground herself and gain insight into her progress.


Bass, E., & Davis, L. (2008). *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse.* New York: HarperCollins.

Matsakis, Aphrodite. (1992). *I Can't get Over it: A Handbook for trauma survivors.* Oakland, CA: New Harbinger Publications.

Neimeyer, R. (2006). Re-Storying Loss: Fostering Growth. In L. G. Calhoun, & R. G. Tedeschi, *Handbook of posttraumatic growth: research and practice* (pp. 68-80). New York: Routledge.

# Why Grieve?

Grieving is a difficult process that often involves distress and pain. As such, you may ask yourself questions like “Why do I have to feel sad about everything?”, “How is this going to help me?” or “What good is feeling sorry for myself?” The following are some of the potential long-term benefits of grieving:

**Liberating Emotional & Physical Energies**

Giving voice to feelings of underlying sadness and grief can provide tremendous relief and decrease the mental energy you may have been continually expending to avoid feelings and reminders of the past. This, in turn, makes more energy available to develop your life in the present. Since it’s not possible to numb negative feelings selectively, allowing sadness to come to the surface also increases the possibility of experiencing more positive emotions, such as happiness. As such, the grief process ultimately facilitates the availability of a fuller array of feelings, where previously there was access to only a constricted range.

**Cultivating Self-Compassion**

Many survivors continue to experience self-blame, to be intolerant of their own emotions, and to invalidate their life experiences. One of the main goals of grieving is to gain more compassion toward oneself and to cultivate respect for what one has endured.

**Increasing Capacity for Meaningful Interpersonal Relationships**

As self-compassion develops, you also have the possibility of forming more meaningful interpersonal connections. Being dismissive of one’s own emotional experiences can make it difficult to be understanding and remain open to those of others. Being locked in a self-protective mode breeds isolation and alienation. In contrast, being more empathetic toward the self often translates into being more empathetic toward others. The increase in openness and authenticity that often accompanies the grief process is likely to elicit more responsiveness and engagement on the part of others.

**Finding Value in the Present**

Developing a deeper understanding of what has been missing can allow you to put more value on the things you do have and in the present and could have in the future. The distress associated with loss can provide a powerful impetus for making life changes, so that at least some of what has been lost can be balanced by what can be had in the present. The alternative – avoidance of grief – can keep you emotionally paralyzed and prevents growth.

# STAGES OF GRIEF FOR SURVIVORS OF SEXUAL VIOLENCE INTERVENTION

This explanation of grieving after sexual violence guides survivors through various emotional stages, validating their experiences and emotions. Understanding these stages can empower survivors to navigate their healing journey, acknowledging and processing their feelings. While these phases are not always linear for survivors, many experience some or all of these different facets of grief.

| PHASES OF GRIEF | EXPERIENCES OF SURVIVORS |
|---|---|
| DENIAL<br>"This didn't actually happen to me" | Survivors in this stage may block out memories of sexual violence to avoid unwanted feelings. This can consume energy, impacting daily life and relationships. They may not recognize the losses associated with trauma. |
| BARGAINING<br>"If only I had not gone there ..." | In this stage, survivors may dwell on "what if" scenarios and recognize losses from abuse, feeling powerless. They may minimize impact by blaming themselves or accepting myths. |
| ANGER<br>"I can't believe he did this to me!" | In this stage, survivors acknowledge harm, which can bring relief or confusion. Anger may empower change, but some struggle to express it. Survivors may also direct anger at inadequate support and realize the harm from secondary wounds. |
| HELPLESSNESS AND/OR SADNESS<br>"I will never feel better." | In this stage, survivors realize irreversible losses from mistreatment, evoking sadness and grief. Losses may include innocence, trust, and unattained achievements. Despite initial difficulties, sadness can eventually become healing and strengthening. |
| ACCEPTANCE<br>"I can live my life even with the memories." | In this stage, survivors gain perspective, accepting past harm while focusing on making peace. They find strength in moving beyond trauma, feeling empowered to tackle new challenges and goals. |

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# MAKING TIME TO GRIEVE

Aphrodite Matsakiis describes how, after we experience trauma, people often feel loss for:

- **Specific people, objects, or physical, emotional, or spiritual aspects of yourself** that you have lost. After disclosing sexual abuse, you might have to grieve the loss of relationships with people in your life who did not believe or support you. You may grieve for the person you were before the assault, or your ability to feel safe in the world.
- **Your sense of power:** You may find you have to grieve the lost sense of control in your life, understanding that you had no control over what happened, and no matter what you do, you cannot replace what has been lost.
- **Your mortality:** You may have to grieve that you are not invincible, that bad things happen to good people and that you are not immune to another person's harm.

Write about your losses and share them with someone who will simply listen and support your grief. Some people find great comfort in a grieving ritual to mourn the losses – like burning or burying or shredding their list of losses after they have been shared. Most importantly, give yourself permission to grieve these losses. By acknowledging, naming and sharing the losses of your past, and by allowing the feelings that might come up some space, you are opening a door to moving on.

What 'normal' growing up experiences did I miss?

_____

_____

What opportunities were stolen from me?

_____

_____

What dreams/visions of the future was I forced to give up because of the abuse?

_____

_____

What areas of my life are lacking today because of what happened to me?

_____

_____

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# MAKING TIME TO GRIEVE

**Create a Time and a Place to Grieve:** Sometimes the demands of everyday life require you to put grieving on hold. If this is the case, see if you can block off a specific time in which you can grieve. You may like to create a specific space in your home for grieving. If you enjoy nature and the outdoors, you may like to visit a particular outdoor space you find peaceful or calming to spend time grieving. If possible, find a space in which you will be undisturbed.

**Challenge Common Beliefs about Grieving:** In most cases, survivors are expected to "get over it." Challenge some of these beliefs by remembering that grieving is an important part of healing. In contrast to popular beliefs that associate grieving with weakness, self-pity, or being stuck in the past, remind yourself that, in fact, grieving takes an enormous amount of courage and strength. By taking time to grieve you are honouring yourself and your experience.

**Create a Support System:** Identify people close to you who can support you in your grieving process.This support may be in listening to you talk about your feelings of grief, or it may be in providing you with the things you need to undertake your grieving process. For instance, you might ask a close friend to babysit for you so that you can have time to grieve.

**Express the Grief**: Find a way to express your grief. Here are some suggestions:

- Cry as much and for as long as you need to. Find a place that is safe and accepting to express grief through crying.
- You might write the letter to individuals you have lost or those you feel distant from. You might also want to write a letter to the parts of yourself that you feel were lost. Remember, you do not need to mail these letters if you do not want to. It can be helpful just to spend time exploring your grief through writing.
- Create a piece of artwork, a song, or other type of art to express your grief.

**Give Dignity to your Grief:** Remember that the losses you have sustained because of your experience are worthy of grieving.

- Wear black to mourn the any relationship lost because of the sexual violence.
- Write a eulogy for the person who assaulted or abused you
- Hold a memorial service with other supportive, safe people or you may wish to be alone. You might mourn the losses you have sustained, such as those parts of yourself that have been changed or lost because of the trauma.

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# IDENTIFYING YOUR LOSSES

Survivors of sexual assault often experience a profound sense of grief and loss for the ways that their lives have been impacted by sexual violence. Addressing grief is an important step in healing and empowering a survivor to pursue a fulfilling life that is not organized by the sexual violence trauma. Furthermore, because unresolved grief can be a factor in several other challenges clients might experience with anger, depression, addiction, and anxiety, addressing grief is also a helpful strategy for exploring other difficult emotions and ways of coping.

| CATEGORIES | TYPES OF LOSSES |
|---|---|
| FINANCIAL | Money and property stolen<br>Medical bills<br>Relocation expenses<br>Legal feels<br>Childcare<br>Transportation costs<br>Days lost from work<br>Cost of mental health care to receive counselling<br>Financial costs covered by relatives and friends<br>Cost of lost opportunities |
| EMOTIONAL | What emotional symptoms have you suffered from? For how long?<br>How have you had to limit vocational, and other aspects of your life because of symptoms resulting from trauma or secondary wounding? |
| MEDICAL & PHYSICAL COSTS | Physical or mental abilities negatively affected by trauma or secondary wounding<br>Ways that medical/physical limitations affected other aspects of your life (job, relationships, sex life, creative pursuits, etc.) |
| PHILOSOPHICAL, SPIRITUAL, AND/OR MORAL COSTS | What beliefs about yourself, specific people, people in general, and/or specific groups, organizations, or institutions were negatively impacted by sexual assault or secondary wounding experiences? |
| RELATIONAL | What relationships have been lost or have suffered due to your experience of sexual violence?<br>What are the costs to your family and friends?<br>How has your ability to socialize or engage with others been impacted?<br>How has your ability to be intimate or sexual been impacted by your experience of sexual violence trauma? |

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# IDENTIFYING YOUR LOSSES

Consider the categories in the chart and log any losses that you have sustained due to the sexual violence trauma. Recognizing these losses can open up space for self-compassion and grief for the things you have had to go without as you heal.

| CATEGORIES | TYPES OF LOSSES |
|---|---|
| FINANCIAL | |
| EMOTIONAL | |
| MEDICAL & PHYSICAL COSTS | |
| PHILOSOPHICAL, SPIRITUAL, AND/OR MORAL COSTS | |
| RELATIONAL | |

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# Anger

Although the anger experienced by survivors of sexual violence is a normal response to their experiences, many survivors identify anger as one of the biggest problems in their lives. Often, survivors have not had an opportunity to express or manage anger in ways that work for them. That means that in many cases survivors' anger, whether directed inwards at themselves or outwards at others, can be destructive and causes additional problems because it often does not really address the root of the anger. Developing an awareness of anger, and how to handle it in a way that prioritises doing what is important to you are all valuable skills in using anger to motivate change and healing. We can respond in anger in two ways: constructively or destructively.

- **Controlled** or **Constructive** responses to anger can motivate you to take positive actions that are beneficial. Controlled anger involves an assertive response expressed directly but in a non-threatening way that does not hurt yourself, another person, or property. Controlled anger involves recognizing and acknowledging the angry feeling and making a conscious decision to deal with the situation that is causing the anger at the appropriate time.

- **Uncontrolled** or **Destructive** responses to anger can have a very negative effect on your well-being. Uncontrolled anger is usually expressed through aggressive behaviour and passive aggressive behaviour. Uncontrolled anger is expressed in an overt way to hurt someone else physically, emotionally, or psychologically. Uncontrolled anger may also be expressed through passive aggressive behaviour in which anger is repressed by internalizing or denying it.

## An intersectional understanding of anger

From an intersectional feminist perspective, it's important to recognize that individuals who experience sexual violence may have unique experiences based on their race, as well as other aspects of their identity such as gender, class, sexuality, and ability. Racialized individuals who experience sexual violence may face additional challenges when processing anger because of systemic racism and discrimination that they may face in their daily lives. For example, they may be more likely to experience microaggressions or overt discrimination in healthcare settings when seeking support or reporting their experience of sexual violence. They may also face additional barriers to accessing mental health services, such as a lack of culturally appropriate care or financial barriers. Furthermore, the intersection of race and gender may also impact how racialized individuals experience and express anger. For instance, stereotypes about Black women as "angry" or "aggressive" may lead to them being dismissed or invalidated when they express their anger about the sexual violence they have experienced. This may also result in them feeling like they need to suppress their anger or emotions to avoid being seen as "difficult" or "uncooperative".

Indigenous women may experience unique challenges and barriers when processing anger after experiencing sexual violence due to the legacy of colonization, ongoing systemic racism and discrimination, and the impact of intergenerational trauma. The historical and ongoing trauma of colonization and forced assimilation has resulted in the erasure of Indigenous knowledge, culture, and traditional healing practices, which may limit access to culturally appropriate support and resources. Additionally, Indigenous women may face additional barriers to accessing support due to geographic isolation, lack of transportation, and underfunded and understaffed healthcare services in their communities. Indigenous women also experience higher rates of sexual violence compared to non-Indigenous women, which may lead to a sense of systemic injustice and frustration with the lack of action and accountability from institutions and government systems.

## Some common challenges with anger

Survivors' anger must be understood in the context of a widespread culture of secondary wounding, sexual assault myths and misconceptions, and problematic legal and justice systems responses to sexual violence. Many survivors experience an ongoing and deeply felt anger because of this injustice (whether experienced formally within the legal system or informally within relationships with family/friends). Figuring out what to do with anger in these situations can be particularly challenging and often requires much self-reflection over time. The following are two common challenges survivors can face when addressing anger.

**Holding on to anger**
Sometimes we stay angry because we don't want someone else to get away with something. Even when you are justified in your anger, it can be a good idea when you find yourself "holding onto anger" to listen closely to what anger is telling you and to engage in self-reflection. Ask yourself, "How is that anger affecting me?" "Am I using anger or is it using me?"

**Misplaced Expectations**
Sometimes we feel anger when we expect a person to act a certain way, but they do something else. This is a situation in which it can be helpful to listen closely to what anger is telling you and to engage in self-reflection. Ask yourself, "Does the person have to change before you can let go of the anger?"

**Difficulty tapping into anger**
Survivors may have difficulty harnessing any feelings of anger. The trauma itself can trigger a state of emotional numbing, a protective mechanism that shuts down access to all emotions, including anger.. Fear of retaliation, shame, and gender roles that discourage women from expressing anger can all contribute to a survivor's inability to feel or express their anger. Additionally, trauma during development can disrupt healthy emotional understanding, making it difficult to identify and express anger in the first place.

## Working with Anger

Gabor Maté suggests that simply tolerating anger implies suppression or denial of emotions, which can lead to further psychological distress and physical health problems. Maté suggests that by accepting our anger, we create an opportunity for healing and growth. Instead of condemning or repressing anger, Maté encourages individuals to explore its underlying causes and triggers, facilitating a deeper understanding of oneself and fostering healthier ways of coping and expressing emotions. Through acceptance, Maté believes that individuals can cultivate resilience and develop greater emotional intelligence, leading to more authentic and fulfilling lives.

**Name & Normalize Anger**

- Help survivors articulate what angers them and normalize those reactions.
- Help them to discuss known ideas for anger expression and discover some of their own.
- Help them to direct the anger appropriately.
- Help survivors to navigate healthy conversations about anger through role-play.

Allen, J. (2005). Coping with Trauma: A Guide to Self-Understanding. New York: American Psychiatric Association.
CTRI. (2012). Trauma – Strategies for Resolving the Impact of Post Traumatic Stress. Crisis & Trauma Resource Institute Inc. Winnipeg: CTRI.
Maté, Gabor. *The Myth of Normal: Illness and Health in an Insane Culture.* Chicago: Viking, 2008.

# Thoughts about Anger

*"I'm OK. All that is happening to me is that I am feeling angry".*
*"**When I'm angry, it's because I know I'm worth being angry about**".*
*– Shama, 25-year-old survivor (Bass & Davis, 2008)*

Anger is a valuable, necessary, and healthy emotion. Most people think of anger as something to be avoided because it is bad or unpleasant. While feelings of anger can lead to difficult situations, there is nothing wrong with feeling angry. In fact, anger – if managed in a constructive way – benefits us by letting us know that something is wrong or needs attention. For those who have experienced sexual violence, anger is a healthy response to trauma, betrayal, and victimization that serves as a reminder that the sexual violence is unacceptable. Anger **gives you the energy needed to take assertive action**. Anger can **guide you in recognizing that it's time to reset limits or boundaries or resolve conflict** with others, and anger can **motivate you to express your needs.**

## REMEMBER …

- Anger is just a feeling; neither right nor wrong.
- Anger is a feeling, not an action.
- Anger can act as a cover for a whole range of emotions, especially shame, fear, sadness, loneliness, or inadequacy. Sometimes it's more helpful to address these other emotions.
- Letting go of anger and addressing anger in constructive ways does not mean that you are saying the sexual violence was ok or that it didn't impact you.
- Feeling, expressing, and working through anger is part of the healing process.

## GETTING TO KNOW YOUR ANGER

One of the strategies that can be helpful in addressing anger that is causing problems in your life is to "get to know" your anger and make a plan about effective and healthy ways to respond to anger so that you can choose the best path of action for you.

Listen to what your anger is telling you. Allow it to be your guide.

- What is my anger telling me?
- Is my anger giving me temporary energy, or is it depleting what small amounts of energy I have?
- Am I using my anger or is it using me?
- What was it that really made me mad?
- Are/Were there any other feelings present besides my anger?
- Are there any positive actions I can take to meet my needs?

## Your Notes

# TRAUMA-RELATED ANGER

The experience of sexual violence can have traumatic effects throughout your life. It is normal to experience anger in response to traumatic events, yet we often fear or avoid anger because of its perceived destructive effects. We say, "hurt people hurt people," as though it's a given that anger stemming from hurt will harm those around us.

## Uncontrollable Outbursts of Anger

Anger may feel like it is constantly simmering under the surface, waiting to burst out at the slightest provocation. You could be more irritable and likely to lash out at others around you. You may feel out of control of the intensity of your anger response. You might also experience shame, especially if your anger is directed toward your loved ones, or it is similar to unhealthy expressions of anger you experienced as a child. This type of reaction to anger can involve violence, either with physical action or with words. If you are becoming violent with those around you, please seek help.

## Suppressing Your Anger

You may take your anger and turn it inward as self-contempt or self-loathing. At its most extreme, this suppression of anger can turn into self-harm behaviors, drug and alcohol use, overeating, or suicidal thinking as ways to express the anger that has no other outlet. Sometimes suppressing anger can be encouraged by religious backgrounds that place an overemphasis on forgiveness and equate anger with sin.

## Numbing Out

A third way might be ignoring anger through distraction or numbing, until you are no longer able to access the anger itself. You may know it's there or see it come out from time to time, but you just can't get and stay angry. This can come after prolonged suppression of anger when the body adapts to the response of the mind. It can also be a way of dissociation or detaching from reality when the trauma has significantly affected your sense of self.

Van Sickel, E. (2019). How to cope with trauma-related anger.

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# COPING WITH ANGER

## IDENTIFY YOUR GO-TO RESPONSE TO ANGER

From the list on the previous page, identify yourself: are you someone who stuffs their anger down, only to turn it inward on yourself? Do you find yourself lashing out at others and feeling angry all the time? Or do you numb out and find it difficult to experience or express anger at all?

Acknowledging that anger is learned helps you to feel empowered to learn new ways to deal with anger. Examine the origin of this automatic response: did your family or parents handle anger in this way? In the opposite way? Where did you learn to express your anger in this way?

## IDENTIFY OTHER EMOTIONS THAT ARE AT PLAY

Your anger may be directed at the person who caused you harm; however, you might find outbursts of anger in the present moment have nothing to do with the individual who wronged you. Instead, it may be connected to stress, feelings of overwhelm, hurt, disappointment, or sadness. Explore how any of the emotions behind the anger might be difficult for you based on past experiences.

Conversely, if you struggle to access your anger, examine what might be getting in the way. Perhaps fear of how you will react or how others will perceive you prevents you from feeling comfortable experiencing your anger. Reflect on: if I really allowed myself to get angry, what do I believe would happen? How true do I believe this is?

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# RELEASING ANGER

Anger is a valuable, necessary, and healthy emotion. Most people think of anger as something to be avoided because it is bad or unpleasant. While feelings of anger can lead to difficult situations, there is nothing wrong with feeling angry. In fact, anger – if managed in a constructive way – benefits us by letting us know that something is wrong or needs attention. For survivors who have experienced sexual violence, anger is a healthy response to trauma, betrayal, and victimization that serves as a reminder that the sexual violence is unacceptable. Anger gives you the energy needed to take assertive action. Anger can guide you in recognizing that it's time to reset limits or boundaries or resolve conflict with others, and anger can motivate you to express your needs.

## Name it

*"I am angry"*

## Claim it

*"I am angry because I should not have been harmed*

## Aim it

*Release it in a positive way that works for you.*

- Physical exercise.
- Deep breathing/ meditation.
- Talk to someone.
- Write or draw a picture of anger.
- Record your angry thoughts (can be shared or destroyed)
- Role-play with someone trusted.
- Twist a face cloth / throw balled socks

**Somatic activity**

- Place palms flat on a blank wall and press hard.
- Move feet and hips to create motion.
- May want to add voice, or cries.
- Continue until tired.

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# Somatic Approaches

Trauma memories embed and present themselves through the body. Some research indicates that implicit memory can be encoded in the body as somatic memories. In this sense, a particular movement, position, or sensation in the body that occurred during the trauma is encoded as implicit memory. The survivor can then be triggered by the same movement, position or sensation experienced in a different context. Identifying and exploring the connection between these somatic markers and trauma memories can be an important process of integrating trauma and again of "re-filing" information as explicit memory in ways that are manageable and controllable for the survivor.

How the survivor was able to survive their experience of sexual violence often stays within their physiology long after the threat is gone.

- A **mobilizing fear response** (fight or flight) is to tighten and twist the body. This is generally expressed in tense breathing, tight muscles, constricted posture, stiff movements, and narrowed attention.
- An **immobilized fear response** (freeze) is a paralysis of the body, a numbness, or perhaps a disconnection so the body is no longer even felt.

These responses may become ingrained within a survivor's long-term defense style. This means that these responses may become automatic, and so will the internal/physiological reactions, causing chronic rigidity of the body or dissociative coping styles.

## Integrating Trauma through the Body

***Reflect*** on the Purpose of the Response: Once the response is identified, the function or purpose can be evaluated. Most often physiological reactions are in response to the person's need to create safety. While addressing the cognitive distortions and negative self-talk that perpetuate shame and self-blame, it may be important to identify if there are immobilized fear responses (failed processing of old trauma) that are being experienced within the body. For example, counsellors can ask their client to consider whether their muscles are chronically tensed or numb by guiding them through a mindful body scan to notice any tensions, stiffness, or pain.

***Reassure:*** If they identify any immobilized fear responses, let them know that they have learned through their experiences that these defenses were not helpful in the past, but they can be restored. Help them to ease any tensions held within their body through visualizations of successfully performing the desired fear response (fight/flight).

***Retrain*****:** Once a survivor can identify a particular physiological response as a somatic memory rooted in the trauma experienced, they are better able to evaluate how to best manage this response. To do so, you might encourage them to notice their body's reactions to the identified somatic trigger: do they want to flee to safety or demand space? Give them permission to access their right to use those defenses. If they want to escape a situation, help them find ways to follow through with that response. This practice allows survivors to experience the emergence and completion of action- often what "wanted to happen" during the trauma. This leaves them alive and triumphant instead of numb and defeated. At the same time, the counsellor can work with the client through re-experiencing these somatic triggers while remaining grounded in the present and in a regulated state. As they continue to practice their immobilized fear responses while remaining in the window of tolerance the tensions of holding them within will be released.

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## Your Notes

# Memory Work

A SURVIVOR SHOULD NEVER BE FORCED TO DESCRIBE HER TRAUMA, EVEN BY A THERAPEUTIC PROFESSIONAL. EVEN AFTER SAFETY AND STABILITY HAVE BEEN ESTABLISHED, IT SHOULD ALWAYS BE UP TO THE SURVIVOR WHEN AND HOW THEY DECIDE TO GO INTO THE TRAUMATIC MEMORIES AND INTEGRATE THE EXPERIENCE.

In some cases, it may be helpful for a survivor to work directly with their memories to fully process them. For those who are missing explicit memory – that is, conscious memories of the experience that they recognize as grounded in the past – interventions that involve memory work or processing memories can be helpful if directed toward filling out or putting together a clear narrative of the trauma. Gaining an understanding of the ways implicit memories are impacting their lives by integrating them into explicit form can be extremely powerful because it provides an explanation for what in some cases may have been years of confusing and frustrating symptoms (Siegel, 2010).

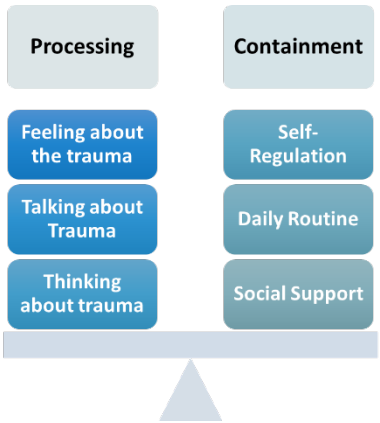
The goal of consciously remembering and verbalizing a sexually violent incident is best understood for the ways its "processes" or "files" memories that have been previously "unfiled. Memories connected with a traumatic experience often remain in their implicit form. That is, when the information was processed at the time of the trauma, various elements of the experience remained as implicit memories rather than being properly processed by the hippocampus to be stored as explicit memory. The process of memory work with a survivor then involves taking steps to properly "file" implicit memories as explicit memories. In other words, it is to take what the survivor may or may not recognize as triggers (sounds, smells, sights, somatic sensations associated with the event) and engage with them in such a way that they become part of a coherent, explainable narrative. The process of doing so – a process that involves engaging the hippocampus and pre-frontal cortex in the managing of these triggers – then "re-files" these triggers as explicit memories, and, more importantly, as part of an experience that occurred in the past and is now over.

When engaging with memory work around sexual violence trauma it is imperative to have a number of precautions in place to ensure that such work is both purposeful and safe. More specifically, in pursuing memory work it is imperative that the survivor remain in a regulated state. In other words, it is essential that their hippocampal and pre-frontal cortex functioning remain "on-line." This means that it is important to ensure that in the re-telling or re-experiencing of the traumatic event they do not become overwhelmed to the point that the hippocampus is flooded, and the full processing of the memory is made impossible.

To achieve this, counsellors should facilitate "**titration**" or processing small aspects of a trauma at a time, encouraging the paced release of tension from the body while in a regulated state. When clients can **pendulate** their focus between stressful content and their anchors or resources, this titration facilitates the integration of trauma.

# Remembering with a Purpose & Safety

It is important to remember, when one re-tells a traumatic memory/story she actually re-experiences the trauma (psychologically, somatically, etc.). Neurobiologically, this means that the pathways in her brain are deepened and reinforced towards an ongoing traumatic response rather than being re-organized. The reasons or goals one might decide to pursue this work is "to clarify what actually happened," to recognize the meaning of the events, "to identify and change negative thoughts that keep one bound to the trauma," or to "reclai[m] resources that seem lost to the trauma" (Rothschild, 2010, p. 55). With these caveats in mind, phase two work has many benefits not the least of which is to provide survivors with a concrete recognition that the trauma is in the past and she has survived.




**Before jumping into detailed memories, ensure…**

- The client wants to revisit the traumatic memories.
- There is something to be gained from re-visiting the memories.
- The client can stay present and stabilized when the trauma is re-visited.

**When survivors choose to examine their memories…**

- Continue to bring your client back to a place where they feel safe and stabilized. This will enable them to attribute safe feelings with the counselling process.
- Consistently monitor and assess stabilization by watching for signs of hyper-arousal and checking in with body awareness.
- Always reinforce the importance of remaining in the present while remembering the past.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# The Movie Theatre Approach to Traumatic Memories

INTERVENTION

*Also known as V-KD or the "Rewind Technique"*

## Preparation

- The technique begins by reinforcing the safe atmosphere
    - Ensure the client is in a calm and stabilized place before beginning this intervention.
    - **Remember** to slow things down, offer reassurances, and stop if/when the client wants. Ask them to remind you of the techniques and/or anchors they will use if they begin to enter into a hyper-aroused state.
    - Perform any relaxation exercises needed prior to beginning in order to achieve a calm state of mind.
    - Describe this intervention as a short visualization process but prepare them for slight discomfort as they will be asked to bring forth their triggering memories.
      *"I'm going to ask you to do certain things which will help to relieve the distress caused by intrusive images. I will give directions one part at a time; you will be taking steps inside your mind so I will ask you to nod when you have done each step*".

- After safety is established, help the client to access a memory that is often experienced through flashbacks or that induces feelings of stress. It is best to begin with a memory with low stress-response, so they are able to build confidence in their abilities and understanding of the practice.
    - As you walk them toward their memory (encourage them not to immerse them self in it yet), be very aware of any changes to their arousal and stress. These changes could include **changes in breathing**, **heart rate**, **skin tone and color**, **vocal pitch**, and **speech rate** (Dietrich, 2000).
    - If/when they enter hyper-arousal at any point during this intervention, it is very important to help **bring their awareness back to the present**. Ask them to describe what is currently happening inside their mind and body, then to extend awareness to the environment – how does their skin feel in the chair? What do they hear around them? What do they smell?
    - Help them to soothe and to use their chosen anchors if needed.
    - Always reinforce that **what they are visualizing is occurring in the past** and they are not there anymore (describe the time difference and changes in life if need be).

- Now that the memory has been accessed, it becomes subject to modification.
- Have them visualize walking into an empty theatre that they have purposefully rented out for this occasion.

## The Visualization

1. You go to a theatre you have never been to before but that exudes safety. **Nod when you are there**
    - What does it look like?
    - Are there people around?
    - What are they doing?
2. You walk in, and with no one around, you find a seat. **Nod when you are there.**
    - Where do you choose to sit?
3. The seats are cushy and comfortable, and the room is dimly lit and warm. **Nod when you are there.**

- Do you feel safe?
- If not, what can you do to make yourself feel safer?

4. On the screen you can see a black and white snapshot, a still photo of yourself just before [your traumatic experience]. **Nod when you are there**.
5. Now, imagine yourself duplicating and your second self gets access to the projection room. From up there, you can see yourself sitting below in the theatre as well as the picture of yourself on the screen. **Nod when you are there**.
    - What does the projection room look like?
    - Are you sitting or standing?
    - Do you feel safer up here?
6. In the projection room, you notice the video projector as it shines out the window onto the screen. There are buttons that control the video, which make it play and pause, rewind or fast forward. You can even choose to mute or change the color of the picture if you want.
    - Have you figured out how to run the movie?
    - How will you know if you need to stop the movie?
7. When you are ready, you decide to begin the movie. **Nod when you are there.**
    - Is the movie in color or black and white?
    - Is it fuzzy or clear?
    - Is there sound?

As long as they do not enter into hyper-arousal, allow them to continue watching the movie. They can describe the events as they unfold if they want or simply watch in their head.

- If they begin to talk as though the memory is occurring in the present, but is still calm, you can gently interject and ask, “Do you feel as though you are IN the movie right now?”
- If so, ask them to remove them self from the movie back to their seat in the theatre and then to move back to the perspective of themselves in the projection room. Only proceed when they indicate they are there.

8. When you get past the worst part of the experience, the video begins to fade so you stop the film on the projector. **Nod when you are there.**

Make sure they are still feeling calm and grounded. If there are signs of hyper-arousal, bring their awareness to the present and use their anchors.

9. Now that you have watched the movie, you see that’s all it is, it is a video you can control with the projector functions.
10. If you are comfortable enough, you can decide to watch the movie in fast forward and then in reverse.
11. You can watch the video in black and white with no sound like in the old movies or with circus music.
12. Always make sure you watch the movie to the very end so you can see yourself walk away, living through the experience and making it to safety.
13. If you want, you can enter the movie and join the younger you to reassure them that you will be ok, that the future will get better.
14. Visualize a time since that event that you have felt safe and happy. **Nod when you are there.**
15. **Fast forward your movie until you reach that experience. Pause and keep it there. You made it through that experience and were able to achieve this moment. That is your lasting memory.**

# SIBAM MODEL OF TRAUMA PROCESSING

The acronym, SIBAM, can be useful reminder in learning to garner inner self-awareness from experiences. Pausing regularly to notice and become aware of the five SIBAM categories related to current situations can allow us access to important information during difficult moments. This awareness then allows us to ultimately allow the body to finish processing the experience to a natural conclusion.

**Suggestion**: Practice SIBAM at least once a day. Soon after experiencing a moment, pausing to recall the recent experience, and stepping through each of the five categories.

**Describe the moment you are recalling**

_____

_____

## SENSATION: What is happening inside your body?

These are the physiological sensations that arise from within the body, including muscle tension patterns, heart and breathing speed, and sensations from the belly, heart, and lungs.

_____

_____

_____

## IMAGE: What external cues are you experiencing?

Image refers to the external sense impressions, which include sight, taste, smell, hearing, and touch (tactile sense)

_____

_____

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# SIBAM MODEL OF TRAUMA PROCESSING

## BEHAVIOUR: What are you noticing about your physical reaction?

Behaviours such as voluntary gestures, facial expressions, posture can tell you a lot about how you're experiencing a memory.

## AFFECT: What emotions are you feeling?

Affect refers to the categorical emotions of fear, anger, sadness, joy and disgust, as well as contours of feelings.

## MEANING: What emotions are you feeling?

meanings are the labels (words) we attach to the totality of experience from the combined elements of S, I, B, & A. These include trauma-based fixed beliefs. Staying open to forming positive meaning from even moments of discomfort.

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# Weaving the Narrative

*"If you want to know me, then you must know my story, for my story defines who I am. And if I want to know myself, to gain insight into the meaning of my own life, then I too, must come to know my own story." (McAdams* in Arnzen, 2014, p. 1)

Using narrative and a narrative approach offers another strategy for processing memory and integrating trauma. While many survivors may find it helpful to remembering the details of an experience, others may not be interested in going through their memories in specific detail and would rather reflect on them more generally. In these cases, using narrative may be helpful because while it does not necessitate an exploration of all details or deep memory work, it does allow the survivor to put their memories into a cohesive narrative that reflects reality and offers them the ability to regain control over their life-story. Moreover, by placing their experiences in a cohesive narrative, a survivor is integrating the higher-road functioning and effectively allowing the hippocampus to file the memories properly.

Reflecting on what we know about explicit and implicit memory, trauma memories can be described as "pre-narrative," in the sense that these memories have not accurately been filed properly as explicit memory. As such, trauma memories, as largely implicit memories, can be particularly challenging to arrange into a coherent and meaningful narrative. Nonetheless, it is important for counsellors – and especially for survivors – to recognize that even though the survivor does not necessarily have the ability to form an accurate narrative of what happened to them, there is still a story that is developed to help her understand what has happened to her and how she can progress through life. Unfortunately, this story is often built on misinformation, myths, and secondary wounding experiences. Whereas the real narrative of what occurred is disorganized, this dominant narrative becomes extremely cohesive and categorizing which serves to possess the survivor's identity and self-concept causing very real stress.

### Hopeful Alternative Stories

A narrative approach encourages the survivor to focus on evidence of alternative stories that diminish the power of the problem story.

### Separating the Concern from the Identity

Externalizing client problems or separating the identity of the client from the presenting concerns, may have the effect of increasing the client's sense of control over the perceived problems and increasing internalized personal agency and, thus, a sense of empowerment.

### Examining Authorship

For a survivor, their dominant story may have been authored by their perpetrator, or perhaps someone else (mother, sister, teacher) through secondary wounding (Baird, 1996). We are often bystanders of our own story.

### Deconstructing the Dominant Story

In deconstructing the dominant story, the survivor examines the data they were directed to notice and interpret by societal forces. They are encouraged to deconstruct their pre-packaged meanings and makes new, more personally relevant meaning from their experiences.

### Taking the Quill

When their problem story is deconstructed, the survivor begins to find their own authorship abilities.

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## Your Notes

# Personal Writing

Journaling and expressive writing serve as potent therapeutic tools for survivors of sexual violence, offering a private and non-judgmental space for emotional exploration and self-expression. Within the confines of a personal journal, survivors can articulate their deepest thoughts and feelings, experiencing a cathartic release that contributes to emotional healing. This process not only facilitates reflection and self-discovery but also empowers survivors to take ownership of their narratives, fostering a sense of agency crucial for the healing journey.

Moreover, drawing from Emily and Amelia Nagoski's work on creativity and imagination as outlets for the stress response, survivors can explore alternative modes of expression beyond traditional writing. Creative activities such as drawing, painting, or collage-making provide survivors with additional avenues to process their experiences and emotions. By engaging in imaginative practices, survivors can tap into their innate creativity to symbolically represent their journey of healing and transformation.

The act of documenting experiences, whether through writing or creative expression, allows survivors to track progress, identify patterns, and communicate effectively with their therapists. Through the integration of cognitive and emotional processes, expressive writing and creative activities become holistic practices that validate feelings, break the silence surrounding trauma, and promote overall well-being.

Furthermore, by incorporating creativity and imagination into their healing process, survivors establish a safe routine that contributes to a sense of control and predictability often disrupted by traumatic experiences. Whether through journaling, drawing, or other creative outlets, survivors reclaim agency over their narratives and navigate the complex terrain of healing from sexual violence with greater resilience and empowerment.

## Your Notes

# Journalling Prompts

Journalling can be very helpful for individuals looking to process information from the day, reflect inward, or plan for the future. Though it often appears easy, we can get lost in what type of journalling is most helpful to us. Consider the following prompts to help guide you in your reflective writing.

**Relationship Prompts**

- What are my close relationships telling me about the person I am?
- I show affection by...
- I like to receive affection by...
- I feel the most sense of belonging when...
- I like when my friends...
- Where are my current relationships taking me?
- Relationships I may need to let go of include...

**Personal achievement Prompts**

- The most important person in my life right now is...
- What does personal development mean to me?
- Where do I see myself 5 years from today?
- The life accomplishments I value most are...
- What's one failure I learned a lot from?

**Self-Awareness Prompts**

- When I need time for myself, I...
- If I could live anywhere, I...
- I really miss...
- I never expected...
- An unusual day in my life was...
- I daydream most about...
- I really wish....
- Something few people realize about me is...
- One of my best points is...
- One of my most important goals is...
- I dream that one day...
- I feel proud that...
- I'm glad I'm alive when...
- Some little things I often forget to enjoy are...

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# THERAPEUTIC LETTER WRITING

## Older, Wiser Self Letter

Imagine yourself as an older, wiser version of yourself, reflecting back on this time. Consider what advice you would give yourself from this perspective. This exercise allows you to move beyond feeling overwhelmed or deficient and envision a future where you have gained mastery and wisdom.

- What would this older, wiser you suggest to help you get through this challenge?
- What would they tell you to remember as you move ahead?
- What would they say to comfort you?
- How would they tell you to take care of yourself and nurture yourself?

## Letter to a Friend

Write a letter to a fictional friend who has recently confided in you about experiencing sexual abuse. Imagine yourself in the future, offering advice, suggestions, and support to help your friend navigate this challenging time. Your words can provide comfort and guidance during their healing journey.

- They ask you to share what you discovered and learned in your healing journey.
- This friend seeks your wisdom, encouragement and direction at this important time in their life.
- Write about what would be valuable to share with your friend.

## Letter to a Friend

Write a letter to yourself from the future, acknowledging the growth and development you have experienced as a result of your past abusive experiences. Reflect on how these experiences have shaped you into the person you are today and the person you are becoming. By connecting with your growth, you can create adaptive meanings related to the abuse and foster a healthier sense of self.

- What strengths will you have in the future?
- What will you have come to understand about your experiences that helps you?
- Who will be supporting you then?
- What will you have in place that will enable you to maintain your healing?

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# Erica's Story

**CASE SCENARIO**

Erica is an eighteen-year-old Mi'kmaq woman from Nova Scotia who is attending university in Fredericton. She has come to you because she is failing out of her program and is having suicidal thoughts. Her proctors and friends have all expressed increased worry about her self-harming, locking herself in her room, and not eating properly. Residence life has her on a support plan that dictates that she receives counselling in hopes of alleviating some of the pressure from her friends and residence staff.

At first, Erica is not very open as she is not keen on being in counselling, but as time progresses, she discloses that she experienced something a few months ago that has been disturbing her. She describes going home with a guy she had been casually "hooking up" with for a few weeks. When there, things were fine until things progressed to the point where she asked him to put a condom on. He declined saying he did not like the way it feels, and it shouldn't matter because she is on the pill. She told him she really needed him to put the condom on if he wanted to have sex, but he did not stop and just kept telling her to relax. She says she eventually gave up and did nothing, she just felt numb. Erica describes feeling violated and dirty but says "I know it's not sexual assault, I just wish it didn't happen". When explored further, Erica discloses that she experienced sexual abuse by her uncle from ages 6-9 and this current incident has brought many of her feelings back regarding her childhood abuse. She is experiencing nightmares, and flashbacks, and does not feel safe leaving her room.

Erica describes losing time in her days and cutting herself when she feels fed up with not feeling anything at all. She has been drinking every weekend and hooking up with guys she meets on Tinder. She is sporadic in attending sessions and you find she acts erratically, seems to embellish stories, and is always saying inappropriate things. She describes having many friends but none with whom she can share her problems. Erica talks about loving her mother but that she does not want to worry her due to the stress already in her mom's life and the fact that her mom would often make the problem about herself. When she told her mother about her uncle's behaviour as a child, her mother brushed it off and said it is best she just forget about it and that she was making a big deal out of nothing.

## Your Notes

# RE-WRITING THE TRAUMA NARRATIVE

Survivors of sexual violence often experience a range of negative psychological and emotional effects that can be further exacerbated by societal and cultural messages that suggest that survivors are somehow to blame for their experiences or that they did not respond appropriately. Narrative approaches to therapy and feminist perspectives offer survivors of sexual violence a way to re-write their trauma narrative in a way that is empowering and affirming.

What are the thoughts or beliefs you tell yourself about your experience? (Are there beliefs you hold about your experience that are hurtful? For example, “I am not important”) This may be a story you've constructed to help make sense of what happened to you.

_____

_____

How does this story make you feel about yourself and/or the world around you?

_____

_____

_____

You have not created this narrative alone. What messages have you received from others about sexual violence and /or your experience?

_____

_____

_____

Create a new story that is more accurate. Write down alternative perspectives and possibilities that challenge the problematic narrative.

_____

_____

_____

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# A Critique of Resilience

Resiliency is often hailed as a positive trait, emphasizing an individual or community's ability to bounce back from adversity and overcome challenges. However, it is important to examine resiliency through the lens of privilege and oppression, as it is crucial to recognize the limitations and potential harmful implications of focusing on resiliency as a solution to trauma.

Resiliency often fails to acknowledge the power imbalances inherent in our systems. Folks who experience systemic oppression and violence are often expected to demonstrate resilience while navigating systems that perpetuate their marginalization. This overlooks the structural advantages of privileged groups and fails to address the underlying power dynamics that sustain oppression.

Emphasizing resiliency tends to place the burden on individuals to overcome violence and oppression, implying that the responsibility for addressing systemic issues lies primarily within the individuals themselves. When we ignore the structural and systemic factors that contribute to oppression, it hides the need for broader social change and reinforces the belief that oppression is an inherent part of one's identity or circumstances.

Privilege often grants individuals greater access to resources such as education, healthcare, employment opportunities, social networks, and financial stability. These resources can provide a safety net and support system during challenging times, making it easier to navigate and overcome adversity. Social factors such as reduced discrimination, greater social validation, and improved mental health resources contribute to higher levels of well-being and psychological resilience.

And individuals from privileged backgrounds are less likely to experience the cumulative effects of multiple intersecting forms of oppression. Individual marginalized by violence and oppression often face compounded discrimination and oppression, intensifying the challenges they must overcome.

In their article, *Revisiting 'resilience in light of racism, othering and resistance,* authors Sim-Schouten and Gilbert recommend current definitions of resilience need to be redefined and reconceptualised, particularly in settings dominated by White middle-class voices that define what 'positive emotions', 'successful traits' and 'coping mechanisms' entail. The authors argue that resilience can also mean 'resistance', i.e., resisting bad treatment and racism, as well as reflecting agency, identity and ownership of one's own life and choices within this. Reframing resilience thus means taking account of multifaceted and interactive effects of personal, material, institutional and political factors that impact on behaviour, wellbeing, and resilience, as well as acknowledging that the way in which 'behaviour' is received is by default flawed, if this is largely informed by an oppressive White middle-class viewpoint.

Sims-Schouten, W., & Gilbert, P. (2022). Revisiting 'resilience' in light of racism, 'othering' and resistance. Race & Class, 64(1), 84–94. https://doi.org/10.1177/03063968221093882

# Vicarious Resilience

***"The most enjoyable aspect of this work is the creativity, strength, and resilience of survivors who thrive even in the face of enormous pain."***

Although much research in the therapeutic impact of counselling has focused on the potentially negative consequences, more recently an emerging body of literature identifies and examines the possibility of positive change or *vicarious resilience* that may accompany this work.

Individuals who have experienced such traumatizing histories are also those who can demonstrate the true meaning of resilience. Without experiencing deep hardship, one cannot truly understand what resilience feels like. Counsellors working with survivors see this resilience daily and learn about coping with adversity from their clients. They see the core human capacity to take a horrific experience and push past it to achieve something better. Survivors heal and grow; they find happiness and develop new and trusting relationships despite the challenges they have faced in their lives. While their lives are rarely easy or painless, most find ways to overcome those obstacles to discover their true potential. Vikki Reynolds says we must focus on the "*development of a finely attuned sense of hope, and a tenacious commitment to the moment-to-moment intention to seek out the acts of resistance and moments of justice doing, no matter how small and trace those may be, and amplify them into a believed-in-hope*" (Reynolds, Riel Dupuis-Rossi, Heath, 2021).

## Cultivating Vicarious Resilience

To foster vicarious resilience, research suggests counsellors should:

- Reflect on their clients' capacity to heal from trauma.
- Acknowledge the gifts received through doing this work
- Recognize the balancing (inspiring and draining) aspects of this work.
- Consider what lessons have been learned from clients and personal trauma.
- Reassess the significance of problems.
- Incorporate hope and commitment into therapeutic process.
- Normalize own reactions.
- Create helpful meaning and challenge negative beliefs.

## Your Notes

## Positive Effects of Vicarious Resilience

Vicarious Resilience, a powerful concept in the realm of trauma-informed care, offers transformative effects for crisis interveners, providing a profound shift in perspective and well-being.

1. **Reflecting on Survivor Resilience:** By hearing stories from survivors who have navigated the path to healing and found a new normal, helpers gain insight into the incredible capacity for resilience. Witnessing these narratives can instill a sense of purpose and meaning in the work of crisis interveners, reinforcing their commitment to facilitating healing journeys.
2. **Reaffirmation of Counseling Value:** Positive feedback from clients expressing gratitude for the assistance received, or endorsements from service providers about the impact of the intervention, serves as a powerful affirmation. Such feedback reminds crisis interveners that their work is not only important but also valued, reinforcing the significance of counseling and crisis intervention in the lives of survivors.
3. **Regaining Hope:** Operating in compromised systems with limited resources can lead to a sense of hopelessness among crisis interveners. Vicarious Resilience, through stories of hope and triumph from survivors, becomes a source of inspiration, rekindling hope and rejuvenating the commitment to making a difference despite the challenges.
4. **Perspective Shift:** Vicarious Resilience helps crisis interveners gain perspective on their own challenges. It aids in not sweating the small stuff, preventing the tendency to catastrophize personal problems. This shift allows for a clearer delineation between genuine crises and mere inconveniences or challenges, promoting a more balanced and resilient approach to problem-solving.
5. **Community Healing:** Recognizing the power of community healing, both in formal and informal settings, reinforces the idea that survivors and supporters are not alone in their efforts to address sexual violence. This communal strength becomes a source of support and encouragement, fostering a collective resilience that transcends individual experiences.
6. **The Personal is Political:** Stories from survivors empower crisis interveners to engage in societal change on a larger scale. Vicarious Resilience prompts a realization that personal narratives can drive political and systemic transformation, motivating interveners to work towards broader societal shifts to address and prevent sexual violence.


Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: a new concept in work with those who survive trauma. *Family Process,* 46, 229-41. doi: 10.1111/j.1545-5300.2007.00206.x.

Reynolds, V. Riel Dupuis-Rossi, R & Heath, T. (2021). Inspiring Believed-in-Hope as an Ethical Position: Vicarious Resistance & Justice-Doing. Journal of Contemporary Narrative Therapy, 2021, Release 1, p. 2-18. https://www.journalcnt.com/uploads/9/4/4/5/94454805/may_release.pdf

Schauben, L. J., & Frazier, P. A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. *Psychology of Women Quarterly*, 19, 49–64. https://doi.org/10.1111/j.1471-6402.1995.tb00278.x

# Scenario: Focusing on Resiliency

Simone is a Black 67-year-old woman who lives with her 5-year-old Boxer named Tony. She is coming to counselling as she has been living with consistent flashbacks to her late teen years where she was groomed, and sex trafficked by a family friend. She has been living with panic attacks for the last 2 years since her son moved to a neighboring town. He happens to be the only person in her life that knows about what happened to Simone in her teens and he has encouraged her to reach out to you to help her develop some "coping strategies" for flashbacks and panic attacks.

Simone discloses to you that after experiencing family violence at a young age, at 16 she decided to run away and try to make it on her own. After spending two months with no place to live, Simone contacted a friend of the family, and they provided her with a place to stay on the grounds that she would help with bills. After struggling to find a job, Simone's abuse started when the family friend arranged for her to give him a massage in exchange for him covering the rent that month. Simone felt that this request was strange but agreed as she had no other method of getting the money on time. Soon enough, her abuser was asking for more physical contact several times a week and was discouraged from finding a job all together. Simone knew something was wrong, so she started reaching out to her friends at school to help her leave the situation she was in. They did not take the situation seriously and thought Simone was being overly dramatic. Simone began to feel shameful when her friends pointed out that "he saved her from herself" and should be happy that she is being taken care of at all.

One night while Simone was giving her abuser a massage, she began to feel dizzy and had to lie down. Simone says that she has little to no recollection of what happened after she fell asleep, but she knows that she spent the next 3 years living in Vancouver, BC as a sex worker under his watchful eye. She was often drugged and forced to engage in sexual activity. Simone describes needing drugs to face each day and ending up in the hospital after an overdose where she learned she was pregnant. Her abuser did not come to the hospital, and she did not see him again. Simone continued to engage in sex work on her own so that she could put herself through nursing school and care for her son. She doesn't know what happened to her abuser or why these things are affecting her now, but she says that she just wants to enjoy her retirement instead of "living in the past".

## Discussion Questions

Where do you notice resiliency in Simone's story?

What areas do you think might present as shame narratives for Simone that could be reframed as resiliency?

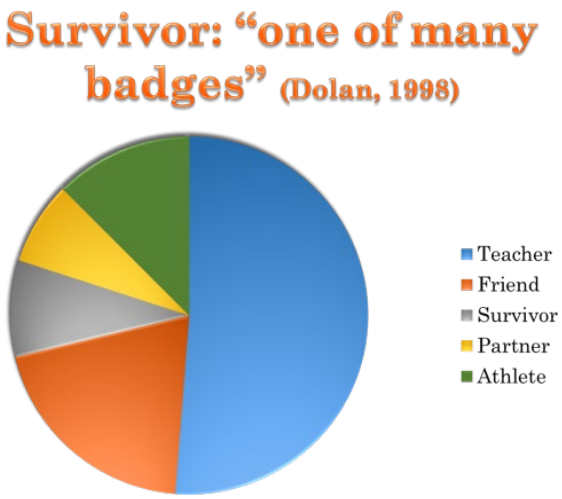
What aspects of our society might hinder Simone's ability to feel resilient?

# Introduction to Phase Three

The following is an outline of the general tasks associated with phase three:

**Continued Integration and Deepening of Phase One and Two material**

- Practice self-soothing, mindfulness, and regulation in new experiences/situations
- Expand window-of-tolerance: deepening connection with body, emotion, feelings, thoughts, sensations.
- Address trauma-related beliefs and other challenges with memories as they arise.




**Explore Relationships**

- Establish new relationships and expand social connections.
- End relationships that are not helpful
- Address intimacy and sexuality
- Redefine, explore, and expand boundaries.

**Reconnect with Daily Life, Personal Goals, and Dreams**

- Engage fully in daily life, including work, self-care, relationships, family, etc.
- Articulate new (or old) goals, dreams, plans for future.
- Explore sense of self: articulate 'what is right for me.'
- Evaluate and take appropriate risks.

**Grieve & Mourn Losses**

- Acknowledge change and/or losses as a result of sexual trauma

**Cultivate Joy & Pleasure**

- Explore new activities.
- Identify people, activities, relationships that bring joy.

**Engage in Activism & Social Change Activities**

- Joining an organization working to end gender-based violence.
- Creating art, writing to raise awareness or commemorate experience.

# Surpassing Survival

## Resilience

Resilience explores how individuals surpass stressful life events, particularly traumatic events, which we ordinarily expect to overwhelm coping resources.

A person's resilience is often central to the counselling process and is a marker in phase three work; however, the term resilience has been increasingly criticized by marginalized groups, particularly survivors of sexual violence, for its association with victim blaming, and the erasure of systemic injustices. Many argue that the emphasis on resilience implies that individuals should be able to overcome adversity on their own, without acknowledging the structural barriers and social inequalities that may have contributed to their experiences of trauma. Resilience is not just about individual strength, but also about the social support networks, resources, and opportunities that enable individuals to cope with and overcome adversity. Therefore, promoting resilience must be accompanied by efforts to address and dismantle the systemic barriers that perpetuate sexual violence and other forms of trauma.

Moreover, it is important to acknowledge that resilience looks different for different people and that there is no "right" way to heal from trauma. Survivors of sexual violence should be empowered to define their own path to healing and recovery and should be supported in accessing the resources and support that they need.

## Post-Traumatic Growth (PTG)

Post-traumatic growth (PTG) describes positive change that an individual experiences as a result of the struggle with a traumatic event.

Research identifies three major areas in which trauma survivors report PTG. (Again, it is important to remember that this research examines the experiences of survivors of a variety of different traumas and is not limited to the experiences of survivors of sexual trauma).

- Change in relationships with others: A strengthening in relationships with others, such as increased intimacy and closeness.
- Change in the sense of self: More vulnerable, yet stronger.
- Change in philosophy of life: Increase in one's appreciation of life.

### Predictors of Post-Traumatic Growth

- *Personality factors:* More complex cognitive style; higher levels of optimism and hope; more extraverted; creative thinkers; open to possibility of new experiences
- *Environmental Factors:* Disclosure to a receptive audience and the availability of various avenues for support (effective schools, cohesive neighborhoods, religious institutions, and available health care and social services)

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Lepore, S. J. & Revenson, T. A. "Resilience and Posttraumatic Growth: Recovery, Resistance, and Reconfiguration." *Handbook of Posttraumatic Growth: Research and Practice*. Eds. L. G. Calhoun & R. G. Tedeschi. New York: Psychology Press. 24-46.

Sims-Schouten, W., & Gilbert, P. (2022). Revisiting 'resilience' in light of racism, 'othering' and resistance. *Race & Class*, *64*(1), 84–94. https://doi-org.proxy.hil.unb.ca/10.1177/03063968221093882

Willingham, K. (2023). The Limits of Resilience. TED Talks. https://www.ted.com/talks/kamilah_willingham_the_limits_of_resilience.

## Your Notes

# PREPARING FOR FUTURE RAINY DAYS AND DARK NIGHTS

## The Rainy-Day Comfort Box

In Simple Abundance, Sara Ban Breathnach suggests outfitting a 'comfort drawer' to have ready when you need it. Opening a Rainy-Day Comfort Box on a gloomy day and visiting your fondest keepsakes can restore the light and beauty to your day. What nourishes your mind and spirit? Do you have a favourite herb tea, a special bubble bath scent, a candle, or incense that soothes you? You might include special letters, cards, or photographs that evoke happy memories. A favourite book of poems or a collection of cartoons and jokes you've clipped out of newspapers and magazines would work.A soft silk pillow for your eyes is an idea. You might want to include a teddy bear or stuffed animal; they comfort many adults as well as children. You can find additional ideas in The Woman's Comfort Book by Jennifer Louden, a book you may want to keep in your Rainy-Day Comfort Box.

Line a box or drawer with pretty wrapping paper or cloth in a pattern that delights you. Then put the things you have collected inside.

## The Rainy Day Letter

Sometimes you can see a rainy day approaching on the horizon. Other times dark periods come with no warning. In either case, these difficult times can be eased by preparing for them in advance with a Rainy-Day Letter. The Rainy-Day Letter will provide personal consolation when you most need it. Since a letter is more portable than a box, you can carry it with you to support you wherever you are. And it offers the wisdom of the person who knows you best: yourself! Set aside some time when you are calm and can relate this serenity to yourself at a future time when you are upset, overwhelmed, or distressed. Write this letter from you to you.

- List activities that you find comforting
- Record the names and phone numbers of supportive friends or family members.
- Remind yourself of your strengths and virtues.
- Remind yourself of your special talents, abilities, and interests.
- Remind yourself of some of your hopes and dreams for the future.
- Give yourself special advice or other reminders that are important to you.

Yvonne Dolan. One Small Step. Watsonville, CA: Papier-Mache Press, 1998

SVNB VSNB

# RECOVERY SCALE FOR SURVIVORS OF SEXUAL VIOLENCE

Using the scale below, rate the following responses have caused in your daily life in the past week.

*0 – no disruption*
*1 – very little disruption*
*2 – some disruption but manageable*
*3 –moderate disruption but manageable if strategies/tools used*
*4 –highly disruptive (i.e. must stop current activity temporarily)*
*5 – extremely disruptive (i.e. impacts activities/mood for significant period of time)*

Adapted from Yvonne Dolan. One Small Step. Watsonville, CA: Papier-Mache Press, 1998

## Re-Experiencing Responses

_____ Intrusive thoughts
_____ Recurrent, distressing dreams / nightmares
_____ Flashbacks – sudden, intrusive, vivid re-experiencing of trauma
_____ Noticeable physiological (in the body) responses to reminders of trauma

## Hypo-Activation Responses

_____ Avoiding distressing thoughts, memories or feelings associated with the trauma
_____ Avoiding external reminders (i.e. people, places, activities, situations) that cause distressing memories, thoughts of, or feelings associated with the traumatic event(s)
_____ Dissociation – feeling detached, distant, "spaced out"
_____ Feeling "numb"
_____ Withdrawing from family and friends
_____ Loss of interest in everyday activities
_____ Feeling like you're "going through the motions"

## Hyper-Activation Responses

_____ Being "on guard" all the time
_____ Difficulty falling or staying asleep
_____ Lack of concentration
_____ Being easily startled or "jumpy"
_____ Feeling restless, anxious, irritable
_____ Feeling uncontrollable anger and/or rage
_____ Elevated heart rate, heart palpitations
_____ Panic attacks

## Changes in Perception

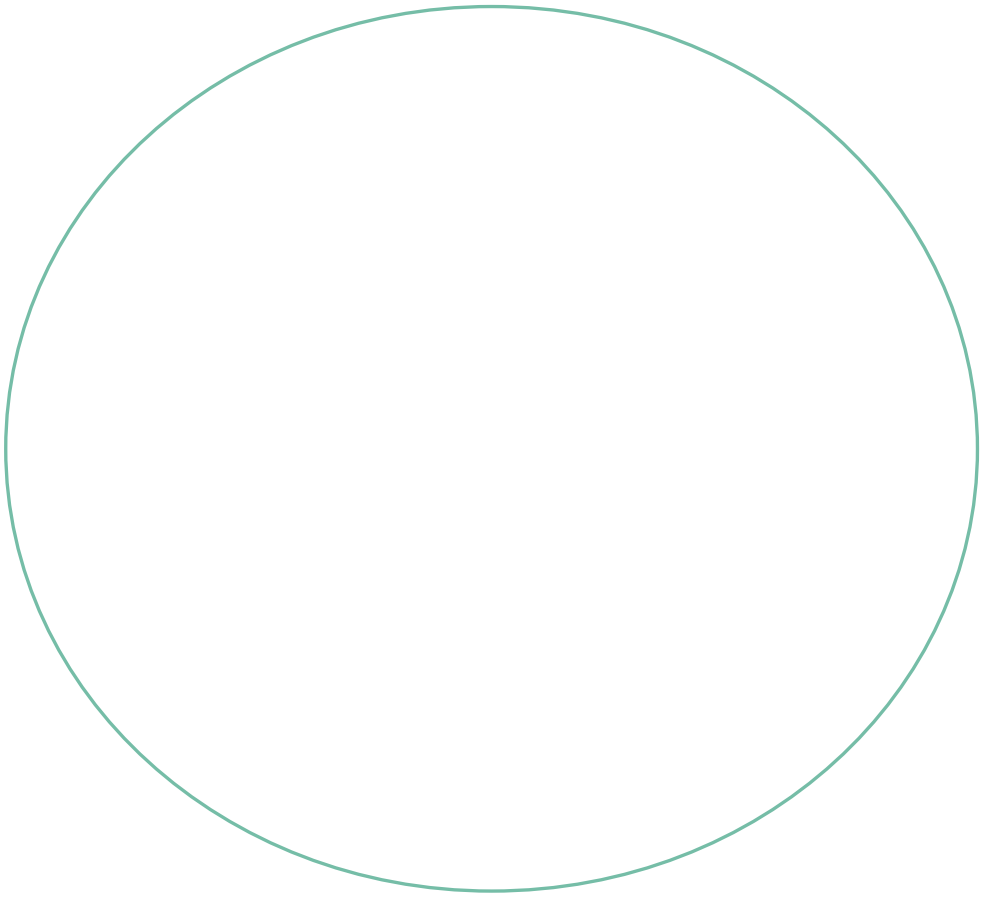
_____ Negative beliefs about self or others
_____ Self-blame
_____ Persistent negative emotional state
_____ Diminished interest in significant activities
_____ Feeling detached from others
_____ Loss of meaning
_____ Sense of powerlessness
_____ Loss of hope

**What will be other signs of healing that you (or others) will notice next?**

SVNB VSNB

# Activity: Boundaries for Sexual Topics

ACTIVITY



# Sex & Intimacy

It is very common for survivors of sexual violence to have trouble reclaiming sexual pleasure after sexual assault, whether that is due to triggers, traumatic memories, chronic pain or illnesses stemming from the violence. Survivors of sexual violence trauma (in particular, sexual abuse) have often had to disconnect from their bodily sensations in order to disengage from the fear and negativity experienced through their traumas. As such, there may be a barrier of sorts between what they do experience and what they could be experiencing in the realm of sex and intimacy. Sometimes people feel protected by this barrier, but others struggle with wanting to experience true sexual intimacy. At other times, survivors might be hyper-aware of the sensations experienced and becomes overwhelmed by fear response when intimacy comes into question.

## Creating New Meaning for Sex

Many survivors equate sex with sexual violence. For many, violence was their first and only experience of sexual behaviour or the lens through which they learned about intimate relationships. There is often very little opportunity to learn about sex in a healthy manner, and even when someone experiences a one-time assault, sex is the weapon that was used and is therefore intrinsically connected to feelings of trauma. Like any maladaptive narrative, it remains important to **help survivors create new meaning for sexuality and intimacy**.

Many of the effects of the sexual assault or abuse that influence your sexuality are a result of the sexual abuse mindset. In general, this mindset consists of false beliefs about sex and the experiences survivors of sexual assault or abuse face. These false beliefs typically develop when there is confusion between the sexual assault/abuse and sex. It is important to remember that while sexual activity was a part of the sexual assault or abuse, it was not healthy sex. It was not consensual, and the perpetrator used sexual activity to gain power over you, making it abusive sex.

**Moving from harmful ideas about sex…**

- Sex is uncontrollable.
- Sex is hurtful.
- Sex is a commodity- something to give, get, and withhold.
- Sex is secretive.
- Sex has no moral boundaries.

**To a more sex-positive outlook.**

- Sex is a natural biological drive.
- Sex is powerful healing energy.
- Sex is part of life itself.
- Sex is conscious and responsible.
- Sex is an expression of love.

**Developing alternative, positive narratives about sex.**

- Avoid exposure to media that reinforces the culture of sexual violence.
- Use sex-positive language and avoid slang terms.
- Explore sexual attitudes:
    - Imagine how your client's views about sex would be different if the abuse didn't happen.
    - Write or talk about what they believe sex should be or what they want it to be.
    - Draw a picture or make a collage of how they want to envision sex being.
    - Encourage your client to discuss ideas about healthy sexuality with trusted others.

# Embracing the Sexual Self

As survivors navigate healing, there is an acceptance of the whole sexual self as opposed to seeing the self as broken or damaged. When it comes to sexuality, attention needs to be directed towards working with triggers, interpersonal safety, and automatic reactions. Empowering a survivor to reclaim their sexuality is a delicate step for the therapist. It is imperative that the client not feel intruded upon. It is also important to be aware that this type of therapy often exacerbates symptoms of sexual trauma, so it is very important to take it slow, remain at the client's pace, and only work on issues they are ready and willing to look at.

**Reconnecting to Sensuality**

Learning how to be sensual with oneself, is essential to developing a mindful and healthy sexuality. Part of this sensual learning is developing a respect for and coming to love one's own body. For survivors of sexual violence, the body is the site of the trauma so developing a connection with it can be triggering. Sensuality refers to engaging the senses and cultivating a deeper connection with one's body and the present moment. Counsellors can provide guidance and tools survivors can explore **on their own** such as:

- **Sensory-exploration rituals** that involve sensual experiences can be nurturing and healing. This may include taking soothing baths, smelling scented oils or lotions, enjoying a favorite meal mindfully, walking in nature or listening to calming music. The focus is on savoring the sensory experiences and intentionally nurturing oneself. *Counsellors can practice in-session with a "sensory basket" in their offices to bring awareness to sensuality for survivors.*

- **Sensory Meditation:** Engage in a mindful meditation practice that emphasizes sensory awareness. Clients can sit or lie down in a relaxed position and draw attention to their breath. With the inhale and exhale, direct awareness to different parts of the body, one at a time. Notice the sensations, warmth, coolness, tingling, or any other physical experiences that arise.

- **Sensual Self-Massage**: Create a soothing and nurturing environment with pleasurable items such as scented oils or lotions. While connecting with the breath, clients can mindfully massage different parts of their body, focusing on areas that feel tense or in need of care as well as the soothing qualities of touch.

- **Self-Touch Exploration:** survivors may explore self-pleasure in a comfortable and private space where they can focus on their body and sensations such as a bath, safe nest or bed. They can explore different parts of their body gently with their own hands. Encourage them to pay attention to the textures, temperatures, and pressures they feel and notice any sensations that arise without judgment. They can experiment with different types of touch, such as light strokes, gentle caresses, or deeper pressure, to see what feels pleasurable and comforting.

**Self-Pleasure**

Self-pleasure is a way of reclaiming one's body, voice, and power after sexual violence. It is also a way of expressing one's needs, desires, and preferences in a healthy and respectful manner. Self-pleasure is the practice of exploring and enjoying one's own sexuality, without the pressure or expectation of anyone else. It can help one to reconnect with one's body, sensations, emotions, and fantasies. It can also help one to heal from the negative messages and beliefs that sexual violence may have instilled by society. Encouraging self-pleasure helps challenge the notion that survivors should feel shame or guilt about their own pleasure. It reinforces the message that survivors have the right to experience pleasure and that their desires and boundaries are valid. Sexual self-touching of the body and genetalia in safe,

affirming, and compassionate environments can serve to re-wire neural pathways that have previously been connected to stress responses.

**Counsellors should be mindful of their own views and biases regarding relationships and sex and work to challenge internalized heteronormativity, monogamism (assumption of only two people being in the relationship), and negative assumptions about the use of pornography and BDSM within relationships.**

**Boundaries**

Boundaries are the limits and rules that one sets for oneself and others in different situations and relationships. They can help one to communicate one's comfort level, consent, and expectations clearly and confidently. Some of the challenges survivors face with boundaries include:

- Recognizing their own wants and needs and expressing them clearly and assertively to others.
- Saying no or rejecting unwanted advances or requests without feeling guilty or obligated.
- Respecting the boundaries of others and accepting their no without taking it personally or reacting negatively.
- Seeking help or support when they need it without feeling ashamed or dependent.
- Exploring their sexuality and intimacy in a safe and consensual way that honors their body and feelings.

Boundaries can also help one to protect oneself from further harm and respect the choices and feelings of others. Engaging in self-awareness and exploration activities provides an opportunity to establish and reinforce personal boundaries for self and others. It allows survivors to explore their comfort levels, communicate their desires, and learn to say no when something feels uncomfortable or triggering. This practice extends beyond self-pleasure and can be applied to other areas of their lives, enhancing their overall sense of autonomy and self-worth.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# For Partners

Sexual violence often has an impact on the sexual intimacy of even the couples with the most stability. Involving a non-offending partner in the healing journey of a trauma survivor is crucial, as it provides essential support to the survivor, however it is also important to acknowledge the potential impact on the partner as well. Research indicates that partners of individuals who have endured trauma may exhibit symptoms akin to PTSD, albeit generally to a lesser extent than the survivor (Goelitz & Stewart-Kahn, 2013; Maltas & Shay, 1995). These PTSD-like symptoms encompass difficulties with sleep, intrusive thoughts related to the survivor's abuse, a sense of helplessness or powerlessness in preventing the abuse, as well as experiences of anxiety and/or depression (Goelitz & Stewart-Kahn, 2013). Partners, particularly those in close interpersonal relationships such as marriages, partnerships, cohabiting couples, or dating relationships, face an increased risk of secondary trauma due to their proximity to the survivor (Mills & Turnbull, 2004). Recognizing and addressing the potential challenges that partners may encounter is pivotal in fostering a supportive environment that ensures the survivor's recovery.

Partners of someone who has or is experiencing trauma, may find it confusing or even scary to not know what is happening for their partner or to know what's happening and yet feel helpless to protect them from being activated. It's critical to know that they are not responsible for what they endured or continue to endure. If partners are paying attention to the survivor's verbal and physical expressions, they may be able to tell when the survivor isn't completely present. Understanding their partner's boundaries as well as creating their own boundaries, providing gentle check-in's, and creating shared understandings of what to do when triggers happen are ways partners can support a survivor's healing. Possible things to say in a gentle tone in the moment:

**Partners may need to…**

- Accept the fact of sexual violence.
- Learn about sexual violence and its impacts.
- Reach out for own personal support and counselling.
- Challenge any unconscious projections, beliefs or behaviours that perpeturate sexual violence myths.
- Adjust to changes in touch and sexual relating.

## Incorporating a Partner as an Ally in Healing

Wendy Maltz's theory on mutual healing strategies for partners assisting survivors offers valuable insights into navigating the complexities of integrating partners into a survivor's sexual healing journey. The concept of a "mutual healing strategy," as outlined by Maltz (2012), provides a structured approach to rebuilding trust, intimacy, and connection between survivors and their partners, particularly in the realm of sexual experiences. Here are the key principles of this strategy:

1. **Acknowledge the impact of sexual trauma:** Maltz's Mutual Healing Strategy emphasizes the importance of recognizing and acknowledging the profound impact that sexual trauma can have on both the survivor and their partner. Understanding that the effects of such trauma extend beyond the survivor is crucial for developing empathy and creating a foundation for mutual healing.
2. **Create a safe environment:** Establishing a safe space is essential for partners to openly share their experiences, feelings, and needs. This principle underscores the significance of fostering an environment where both individuals feel secure in expressing themselves without fear of judgment, ensuring that communication is open and supportive.

3. **Foster mutual empathy:** Mutual empathy involves the active effort to understand and validate each other's experiences and emotions. By practicing empathy, partners can create a deeper connection and a sense of validation, contributing to a supportive environment that promotes healing.
4. **Encourage mutual healing:** The mutual healing strategy advocates for partners actively supporting each other's growth, learning, and healing processes. This involves a commitment to individual healing journeys while recognizing the interconnectedness of their experiences and the shared goal of rebuilding their relationship.
5. **Address the impact of trauma on intimacy:** Recognizing that sexual trauma can significantly affect intimacy and sexual functioning within relationships, the strategy emphasizes the importance of addressing these issues. By acknowledging the impact of trauma on intimacy, partners can work together to rebuild a sense of connection and closeness.

In summary, Maltz's Mutual Healing Strategy serves as a comprehensive framework for survivors and their partners to navigate the challenges of incorporating sexuality into the healing process. By embracing these principles, couples can build a foundation of trust, empathy, and support, fostering an environment conducive to mutual healing and the restoration of intimacy in their relationship.


Nasim, R., & Nadan, Y. (2013). Couples therapy with childhood sexual abuse survivors (CSA) and their partners: Establishing a context for witnessing. Family Process, 52(3), 368-377. doi:10.1111/famp.12026

Sims, P. L., & Garrison, S. (2014). Childhood sexual abuse and intimate relationships: A support group for male partners. Contemporary Family Therapy, 36, 17-24. doi:10.1007/s10591013-9293-z

Tambling, R. B. (2012). Solution-oriente therapy for survivors of sexual assault and their partners. Contemporary Family Therapy, 34. 391-401. doi:10.1007/s10591-012-9200-z

Yehuda, R., Lehrner, A., & Rosenbaum, T. Y. (2015). PTSD and sexual dysfunction in men and women. International Society of Sexual Medicine, 12, 1107-1119. doi:10.1111/jsm.12856

# Activities from Sexual Healing Journey; A Guide for Survivors of Sexual Abuse

*Wendy Maltz (2012)*

## Safe Nest

"Safe Nest Activity" is a therapeutic exercise designed to help survivors of sexual trauma create a sense of safety and empowerment in their daily lives. The activity involves creating a physical "safe nest" that can serve as a refuge from stress and anxiety. To begin the activity, the survivor is asked to think about what makes them feel safe and comforted. This might include things like soft blankets, cozy pillows, soothing scents, or comforting music. The survivor is then encouraged to gather these items together and create a physical "safe nest" in a quiet, private space.

Once the safe nest is created, the survivor is encouraged to use it whenever they feel overwhelmed or stressed. This might involve taking a few moments to sit in the safe nest and focus on their breathing or using the safe nest as a place to engage in calming activities like reading, journaling, or listening to music.

The Safe Nest Activity is designed to help survivors of sexual trauma feel more in control of their environment and their emotional state. By creating a physical space that feels safe and comforting, survivors can cultivate a sense of empowerment and self-care in their daily lives. The activity can be used as part of a larger therapeutic program, or as a stand-alone technique for self-care and stress management.

## Self-Massage

"Self-Massage" activity is a therapeutic technique designed to help survivors of sexual trauma to reconnect with their bodies in a safe and nurturing way. The activity involves using gentle touch and massage to promote relaxation and self-care.

To begin the activity, the survivor is encouraged to find a comfortable and private space where they feel safe and relaxed. They are then invited to use their hands to explore and massage their own body in a gentle and compassionate way.

As the survivor engages in self-massage, they are encouraged to focus on their breath and to notice any sensations or feelings that arise in their body. The therapist might offer prompts or questions to guide the process, such as "How does this touch feel in your body?" or "What emotions or memories are coming up for you right now?"

## Hand to Heart

“Hand to Heart" is a therapeutic technique designed to help survivors of sexual trauma to build trust, connection, and intimacy with a trusted partner. The activity involves one person placing their hand on the other person's heart and using the breath to connect with each other in a safe and nurturing way.

To begin the activity, the two partners are encouraged to find a comfortable and private space where they feel safe and relaxed. One partner then places their hand on the other partner's heart, while the other partner places their hand on their own belly. Both partners are then guided to take slow, deep breaths, and to focus their attention on the physical sensations of the breath moving in and out of their bodies.

# C.E.R.T.S. HEALTHY SEX MODEL

To determine if you are about to engage in healthy sex, ask yourself if your current situation meets all of the requirements found in the C.E.R.T.S. Healthy Sex Model

**Wendy Maltz (2012)**

## CONSENT

Can I freely and comfortably choose whether or not to engage in the sexual activity?
Am I able to stop the activity at any time during the sexual contact?

## EQUALITY

Is my feeling of personal power on an equal level with my partner?
Do either of us dominate the other?

## RESPECT

Do I have a positive regard for myself and for my partner?
Do I feel respected by my partner?
Do I feel supported by my partner and am I supportive of them?

## TRUST

Do I trust my partner on a physical and emotional level?
Do we have a mutual acceptance of vulnerability and an ability to respond to each other with sensitivity?

## SAFETY

Do I feel secure and safe within the sexual setting?
Am I comfortable with and assertive about where, when and how the sexual activity takes place?
Do I feel safe from the possibility of unwanted pregnancy and/or STI's?

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# HANDLING AUTOMATIC REACTIONS DURING SEX

The following steps are ways counsellors can teach survivors to deal with some of the automatic reactions as they occur in their lives.
**Wendy Maltz (2012)**

## STOP and become aware

Building an ability to recognize when the reaction is happening and taking a moment to pause
Reflecting on what triggered the experience

## CALM yourself

What are the physiological responses happening in your body?
Pull in your anchors

## AFFIRM your present reality

Remind self that what is happening now is very different from what happened in the past.
Use grounding techniques

## CHOOSE a new response

Remove self from situation/trigger
Stop and go somewhere else, change activity, tell partner you need to stop
Alter the trigger so that it doesn't bother you as much
Ask your partner to move their hands (let go of your hair) or to let you control the situation
Approach trigger slowly and mindfully
Practice relaxation while approaching the trigger
Visualize coping well with the trigger
Accept the trigger and experience the automatic reaction while paying close attention to your thoughts and feelings in order to develop a deeper understanding
Ride it out and understand the connections to the trauma while self-soothing.

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# SCRIPT FOR TALKING ABOUT TRIGGERS

I know that often we may feel afraid or ashamed to say something to our sexual partner(s) for fear of alienating them or hurting them. But a caring partner wants to know if you're in distress and wants to help. If we ignore our body signals that we are activated, we train ourselves to override our bodies sense of safety, and that can prevent us from experiencing reparative moments in real time. One of the implicit cultural messages that we get is that once sex starts, it has to continue "to the end". This is not true. A sexual encounter can and should stop for any reason at any time. Great sex is not a train you get on as a passive passenger and wait to "get off" at your stop. It is a place, and idyll where are you can relax, explore, pause, savour, run around, or leave all together when you choose. It's important to communicate if we need to "leave," but again, you and your partner(s) are not stuck and you can return there at anytime. If you and/or a partner end a sexual encounter, you can pick back up when you're able/if you want to. If you ever need to take a break for any reason, such as you or they have a cramp, need to go to the bathroom, feel thirsty or hungry, or desire an emotional pause, that need is sufficient and legitimate. This practice allows the body to learn that relief and pleasure accessible at any time. Finding the words in the moment is sometimes a monumental struggle, so here's a script you can use in the immediate moment of being activated:

Hey, something is wrong/I'm not OK right now/something is happening.
I need some silence.
I need to be cuddled.
I need you to lightly hold my hand.
I need to cry.
I need _____.

Here is a script if you want to initiate conversation with a sex or intimate partner when you feel more back in your body:

I am working to understand myself and my past and so I am seeing a therapist/reading a book/article about trauma, and it really made a lot of sense to me about how and why I sometimes act the way I do. I would really like your help in _____ Here are some things that I would like to ask of you/ways that you can help me…

Then list three specific requests.
1.
2.
3.

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# REDUCING FLASHBACKS DURING INTIMATE MOMENTS

For people who have experienced sexual traumas, sometimes the mere thought of being sexual with someone can be fear inducing. Having intimate relationships or having sex without dissociating/having flashbacks may seem desirable yet unattainable. For those already within trusting and supportive intimate relationships, fear of sexual activity may be disrupting the whole relationship. These experiences are quite common for survivors of sexual violence.It is common for survivors to feel pressured to feel sexual and engage in sexual activities in order to find and maintain a positive relationship. Remember, there is no set amount of sexual desire that is appropriate for everyone; when you feel safe, comfortable, and in control, you will naturally feel more attracted to the intimate sides of relationships.

The following are suggestions for reducing flashbacks during sex and other intimate moments:

1. Try to choose sexual partners with whom you feel safe and secure
2. Feel able to say “no” or refuse any type of sexual activity when uncomfortable,
3. Establish safe words that indicate a need to slow down or stop i.e., Yellow, Red, also share with your partner what it looks like when you may no longer be present.
4. Try working your way up to sexual activity beginning with safe actions such as hugging or massage. Slowly take steps forward as long as you stay calm and present.
5. Allow yourself to explore your own body through masturbation or simple caress. Remember to try remaining relaxed and stop if it becomes too overwhelming.
6. Don’t be afraid to push yourself a little; listen to your heart and communicate with your partner.
7. When a flashback occurs, force open your eyes to connect with your partner. Identify all the ways your partner is different from your perpetrator and all the things in your environment that differ from the flashback.
8. Concentrate on a symbol of comfort and security.
9. Allow yourself to stop trying to respond sexually until you have regained a sense of calm; let your partner know what is happening.
10. If your partner is supportive, have them say reassuring things (they can be planned ahead of time!).
11. Repeat encouraging and soothing thoughts that remind yourself where you are, who you are with, and that you are in control, safe, and powerful.
12. Ask for whatever you need to feel safe again. Do not resume sex unless you feel comfortable doing so.
13. Try to identify the actions, scents, or positions that are triggering for you; try other activities that don’t involve those triggers.

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# Sexual Cues Assessment

Read through all your sexy and not-so-sexy contexts. What do you notice as reliable contexts for great sex, and reliable contexts for not-so-great sex?

| **Contexts that Make Sex Great** | **Contexts that Make Sex Not-So-Great** |
|---|---|
| | |

Identify 5 things you and/or your partner could hypothetically do, if you decided to work toward creating more frequent and easier access to the contexts that improve your sexual functioning:

| | Things to do | How much impact? | How easy? | How soon can you do it? |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Then select the two or maybe three that feel like the right combination of impact, ease, and immediacy, and list all the things that would have to happen in order for this change to occur. Be as CONCRETE AND SPECIFIC as you can. These should be ACTIONS, rather than abstractions or ideas or attitudes. Ask yourself, "If we decide to create this change, what goes on our To Do list?

| **Change 1:** | **Change 2:** | **Change 3:** |
|---|---|---|
| | | |

Then select just one change that you will actually implement. Choose a start date together that feels like good timing. Ideally this will be within the next month. Make your plan. And do it.

# COMMUNICATION GUIDELINES FOR HEALTHY SEX

**The HealthySex™ Communications Guidelines (2007) Wendy Maltz and Larry Maltz, Maltz Counseling Associates**

Good communication is crucial to healthy sexual relating. You can greatly increase feelings of mutual respect, emotional closeness, and sexual pleasure when you and your partner communicate well with each other. Knowing how to talk openly and comfortably helps you solve sexual problems that come up from time to time in the normal course of an on-going intimate relationship. Be patient with yourself and your partner as you work to develop new communication skills. It takes time and a lot of practice to open up emotionally and discuss personal topics in safe and sensitive ways.

1. Both partners need to make a commitment to communicate.
2. Choose a quiet time for discussion when you are not likely to be interrupted.
3. Give your undivided attention to being with your partner.
4. Sit reasonably close to each other and maintain eye contact. Be aware of the tone and volume of your voice.
5. Avoid blaming, name-calling, accusations and sarcasm.
6. Deal with only one issue at a time.
7. State clearly what you feel and need. Use "I statements", rather than "you statements." (Example: Say "I felt rejected when you didn't want to hug last night" rather than "You're so cold; the way you treat me is cruel.")
8. Avoid bringing up resentments from the distant past. Refrain from using the words "always" or "never".
9. Listen to your partner. Strive to understand each other's feelings and needs. Communicate that understanding to your partner.
10. When discussing sexual intimacy concerns, keep in mind that partners are apt to feel scared, embarrassed, or hurt. Emphasize what you like and what works well before making a new request or discussing something that bothers you.
11. Avoid getting sidetracked on irrelevant issues and refrain from "I'm right, you're wrong" arguments.
12. Explore and discuss various options for change. Work together to brainstorm how individual needs can be met and feelings addressed more effectively. Make the issue the "problem", not each other.
13. See intimate problems as a normal, natural part of a relationship. Turn them into opportunities to learn and grow as partners.
14. If you and your partner agree to a solution to the problem, try it out, then plan to discuss in the near future how the solution is working for both of you.
15. Give yourselves permission to table discussion of an issue if you feel no progress is being made. You each may get new insights and understandings thinking about it independently. Make sure you resume discussion within several days.
16. Seek professional help when needed.

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# Sexual Boundaries Handout

INTERVENTION

The following handout is a list that clients can use to identify their own boundaries around sex and intimacy, in addition learn what their partners are comfortable with. As helpful as lists are, it's important to remember that we can't be reduced to them, so see this for what it is- a tool, a jumping off point for conversation.

It is also pertinent to note that this list is not a document to pre-consent to certain intimate and sexual acts. As we know, consent cannot be given beforehand for any of these activities, and our desires/interests are fluid and can change for a variety of reasons. This list can be helpful for clients to explore their comfortability individually or with partner(s) if they so choose.

The following is instructions for how to use the checklist:

- Check the circle on the left for giving/topping and the right for receiving/bottoming.
- If it's kind of a mutual activity, or one of you do by yourself, one circle will be provided.
- If you can think of a way for those activities to be topped or bottomed at a second circle because your smart.
- If something doesn't apply to you and your partner(s) mark is N/A.
- If there's something you like to fantasize and talk dirty about, but you don't want to do it IRL, mark it FA.

Remember, this worksheet is meant to be customized so feel free to mark it up, and colour outside the lines.

**Provided by Autostraddle**

# WHAT I WANT TO DO

| | GIVING / TOPPING | RECEIVING / BOTTOMING |
|---|---|---|
| Masturbation | ○ | |
| Holding hands | ○ | |
| Kissing (please discuss where) | ○ | |
| "Necking" (kissing on the neck) | ○ | ○ |
| Activities that leave marks (please discuss where) | ○ | ○ |
| Tickling | ○ | ○ |
| Wrestling or "play-fighting" | ○ | |
| Massage (back, shoulders, legs) | ○ | ○ |
| Chest/Breast/Nipple play | ○ | ○ |
| Dry humping/clothed body-to-body rubbing | ○ | ○ |

| | GIVING / TOPPING | RECEIVING / BOTTOMING |
|---|---|---|
| Tribadism (scissoring, rubbing naked genitals together w/ a partner) | ○ | |
| Chest/Breast/Nipple licking/sucking | ○ | ○ |
| Chest/Breast/Nipple biting | ○ | ○ |
| Masturbating in front of a partner | ○ | ○ |
| Hands or fingers on penis | ○ | ○ |
| Hands or fingers on strap-on | ○ | ○ |
| Hands or fingers on testes | ○ | ○ |
| Hands or fingers on vulva | ○ | ○ |
| Fingers inside vagina | ○ | ○ |
| Vaginal fisting | ○ | ○ |

| | GIVING / TOPPING | RECEIVING / BOTTOMING |
|---|---|---|
| Hands or fingers on or around anus | ○ | ○ |
| Fingers inside rectum | ○ | ○ |
| Anal fisting | ○ | ○ |
| Ejaculating on someone's body | ○ | ○ |
| Ejaculating in someone's body | ○ | ○ |
| Using vibrators alone | | ○ |
| Using dildos alone | | ○ |
| Using masturbation sleeves alone | | ○ |
| Using vibrators with a partner | ○ | ○ |
| Using dildos with a partner | ○ | ○ |

AUTOSTRADDLE

# WHAT I WANT TO DO (CONT'D)

- Using masturbation sleeves with a partner
- Tongue or mouth on vulva
- Tongue or mouth on penis
- Tongue or mouth on strap-on
- Tongue or mouth on testes
- Tongue or mouth on anus
- Vaginal intercourse
- Anal intercourse
- Using food items as a part of sex (never inserted)
- Cross-dressing during sex
- Biting (please discuss where)
- Scratching (please discuss where)
- Blindfolding
- Restricting movement (rope bondage, bondage tape, restraints..)
- Slapping or spanking
- Pinching (please discuss where)
- Clamps (please discuss where)
- Paddles, floggers, whips, crops, canes (circle/invent yr own)
- Role playing (please discuss what/how)
- Dirty talk (please discuss what/how)
- Phone sex
- Skype sex
- Sexting (discuss appropriate phone numbers/emails)
- Reading erotica alone
- Reading erotica with/to a partner
- Watching porn alone
- Watching porn with a partner

# Closing the Counselling Relationship with a Survivor of Sexual Violence

Closing the counseling relationship with a survivor of sexual violence is a crucial part of the therapeutic process. It is important to ensure that there is a proper process in place to:

1. **Promote safety and well-being**: The counseling process can be emotionally challenging and draining for survivors of sexual violence. A proper closing process can help ensure that survivors feel safe and supported as they transition out of counseling. It can also help prevent any potential harm that might arise from an abrupt ending to therapy.
2. **Provide closure**: Survivors of sexual violence often struggle with feelings of uncertainty, loss of control, and a lack of closure. A proper closing process can help provide a sense of closure and resolution, which can be important for survivors in their healing journey.
3. **Reinforce the therapeutic relationship**: It provides an opportunity to reflect on the progress that has been made, acknowledge the survivor's accomplishments, and celebrate their resilience and strength.
4. **Prepare for future challenges**: It can provide them with tools and strategies for coping with difficult emotions, managing triggers, and continuing their healing journey outside of therapy.

Overall, a proper closing process is important for ensuring that survivors of sexual violence receive the support they need to heal and move forward in their lives. It can help promote safety and well-being, provide closure, reinforce the therapeutic relationship, and prepare survivors for future challenges.

In order to ensure closing promotes healing, counsellors should consider the following:

- Ensure the idea of closure is integrated throughout the counselling process.
- Give adequate time for the closing phase.
- Identify positive accomplishments, achieved goals, and growth.
- Reinforce client coping strategies and tools to use in the future.
- Discuss any goals that were not met.
- Discuss and grieve the end of the relationship.

## Things to Remember for Closing

- Establish guidelines at the beginning.
- Check in on regular basis (not just at the end).
- The more control a client has on their own healing throughout the relationship, the more likely for a harmonious ending.
- Ask clients to outline what they have accomplished; changes they have noticed in their healing.

# Closing with Clients

## Exploring the client's journey

Meeting with a client before closure allows the counsellor to explore and highlight all the growth that has happened for the client during the counselling relationship. Use the following prompts to guide one of the last sessions with your client and then use the information to inform your summary or letter (see below).

**What have you noticed about yourself since you have begun therapy?**

**What have you noticed about your life?**

**What might a world without counselling look like?**

Ask the client to discuss each of the following, then add your thoughts regarding anything forgotten:

- Coping strategies
- Positive affirmations
- Visualization techniques
- Stress relieving tools, for example, breathing and mindfulness
- Support in the form of people, contact numbers, online resources, etc.
- Skills learned, such as handling stress and managing anger
- Reasons to be positive and hopeful
- Goals met and progress made

## End of therapy letters

*From the therapist to the client*

When therapy comes to an end, it can be helpful for the therapist to write a letter to the client to remind them of the journey they have been on, and the progress made. Consider writing a letter or email to the client to encourage closure and as a reminder of their successes.

Consider the following points when writing the letter:

- Thank the client for the opportunity to work together.
- Outline the focus of the therapy.
- Describe the problem the client presented at the outset.
- Remind the client how you approached or unpacked the problem.
- Discuss patterns of behavior, feelings, and thinking.
- Describe some changes made and coping strategies adopted by the client.
- Remind the client of the improvements you have seen in them.
- Discuss some of the changes the client has made to their life.
- Point out that you will miss the regular sessions but are available if needed.

# Support Groups for Survivors of Sexual Violence

Support groups for survivors of sexual violence traumas are incredibly powerful. The best groups:

- provide a safe, structured, and nurturing environment in which to learn new skills and to begin to resolve the trauma of sexual abuse and sexual violence.
- provide survivors with opportunities to normalize their experiences and reduce their isolation.
- educate survivors about the impacts of sexual violence incorporating aspects of the neurobiology of trauma.
- support survivors in developing safe coping tools.
- support survivors in developing strategies for gaining control over difficult emotions, flashbacks, and other disruptive symptoms.
- support survivors in establishing healthy relationships that recognize and respect boundaries.
- support survivors in developing healthy self-care practices.
- experience vicarious learning through supporting and witnessing the struggles and growth of other group members/peers.

## Your Notes

# SVNB's Support Group for Survivors of Sexual Violence

SESSION ONE:

**WELCOME & INTRODUCTION**

In our first session, we'll talk about how the group works and the various topics we are going to discuss. We'll spend some time setting guidelines for the group, and we'll talk about any questions, concerns or hopes you have concerning the support group.

SESSION TWO:

**ACKNOWLEDGING OUR WISDOM**

In this session, we'll explore what we already know about healing from sexual violence. We'll discuss the definition of sexual violence, and we'll talk about some of the misconceptions out there about sexual violence. We'll discuss and share some of the tools we already have, and we'll spend time identifying new tools we would like to learn.

SESSION THREE:

**WHAT'S GENDER HAVE TO DO WITH SEXUAL VIOLENCE?**

In this session, we'll talk about sexual violence in relationship to our gender identities. We'll spend this session discussing the ways gender is defined by society, and we'll explore the connections between gender, sexual violence, and the impacts with which we struggle. In considering societal ideas and representations of women and gender diverse folx, we'll look for ways to be self-compassionate about the pressures and expectations we experience.

SESSION FOUR:

**UNDERSTANDING TRAUMA & THE IMPACTS OF SEXUAL VIOLENCE**

In this session, we'll spend time discussing the ways sexual violence can cause problems in survivors' lives. We'll learn about trauma and talk about some of the ways trauma might be affecting our lives. In this session, we'll learn a bit about the ways trauma can affect our brain and body, and we'll explore how this information can be helpful to us during the healing process. Special emphasis will be placed on some of the common challenges survivors face in managing emotions and feelings.

SESSION FIVE:

**CREATING SAFETY & SELF-COMPASSION**

In this session, we'll start to consider some of our healing strengths and weaknesses. We'll start to think about strategies – or coping mechanisms – survivors can use to deal with the impacts of sexual violence. We'll also introduce the concepts of self-compassion and safety and explore their relationship to coping. Finally, we'll talk about examples of healthy ways of coping and consider how to use them in our own lives.

In **sessions six through eight**, the group will have the chance to select the topics it wants to focus on. Possible topics may include:

- secondary wounding
- anger and shame
- managing feelings
- relationships with family and friends
- intimacy and sexuality
- depression and anxiety
- grief and loss

SESSION NINE:

**LOOKING FORWARD & RECOGNIZING HEALING**

In this session, we'll spend time talking about the upcoming end of the group. While we will explore feelings of grief and letting go, we will also spend time reflecting on the changes, growth, and additional wisdom we have gained since the beginning of the group. We'll revisit some of our early topics and activities in order to recognize these changes and our capacities for handling challenges that may arise in the future.

SESSION TEN:

**CELEBRATING THE POWER OF COMMUNITY**

In our final session, we'll acknowledge and honour our accomplishments through a small celebration. We'll reflect on the meaning of the group and the relationships we have formed because of it. Putting our ever-expanding wisdom to work, we'll spend time compiling a list of suggestions and advice to survivors who may participate in this group in the future.

## Your Notes

# Ending Group Therapy

GROUP TERMINATION QUESTIONS

**Ask each person to answer the following questions either in private or within the group:**

- What has it been like being part of the group?
- What has been the most/least helpful aspect?
- What did you learn about yourself or how others see you?
- What were the most significant moments?
- Is there anything you regret not saying or sharing?
- How are people feeling regarding the group coming to an end?
- How are you feeling regarding the group coming to an end?

**Discuss group fears**

**Ask each person to discuss the following prompts either in private or within the group:**

- My fear is that …
- My hope is that …
- What I'd like to take away from these sessions most is …

**Gift exercise**

1. Write down something that each person in the group has given you. Perhaps they made you laugh, gave you hope, or understood your perspective.
2. Below each description, describe a humorous (imaginary) gift you could give each person, such as a superpower, magic mirror to see themselves as they truly are, or a talking animal.
3. Read the *gifts* out in one of the last sessions to each person who has volunteered to receive feedback.

# Impacts of Trauma Exposed Work

While many counsellors speak about the rewards of working with people in trauma or crisis, there are also consequences. Trauma exposed work will impact us in ways that are unique from other kinds of work experiences. That impact can have a detrimental effect on our personal and professional lives if we are not aware of what to look for and what to do when we know we are being affected.

## Vicarious Trauma

Vicarious trauma is the transformation of your view of the world. It can negatively impact your personal life as well as your professional life. Repeated exposure to traumatic stories, whether directly, or through videos, articles, even debriefing with co-workers, can begin to alter how you view your community, friends and family. Many of the signs and symptoms of vicarious trauma can look much like what someone who has experienced trauma may experience: fear, anger, exhaustion, behavioural changes, intrusive thoughts, etc.

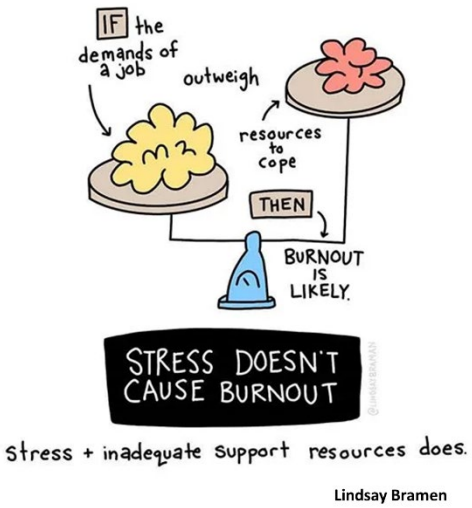
## Compassion Fatigue

Compassion fatigue is the erosion of our ability to feel compassion and empathize with others. Our ability to tolerate strong feelings and listen to difficult stories has been reduced and we often feel at the end of day, when we go home, that we have nothing left to give. When we are experiencing compassion fatigue, we may minimize the experience of others and can become judgemental of the decisions and choices of those around us.

## Burnout

Burnout is the physical and emotional exhaustion experienced from prolonged stress and frustration. Burnout can be the result of a lack of support or being given too much to handle and so our ability to cope with work demands becomes depleted. We may feel stretched too thin or pulled in too many directions and consequently may find it difficult to focus or accomplish tasks.

What is important to remember is this work will have a profound impact on your life and your family. There is often a stigma attached to experiencing the impacts of trauma exposed work that can make it difficult for helpers to seek support.




## Your Notes

# What Else Is Going On?

## Enmeshment & Disconnection

Dr. Vikki Reynolds talks about the experiences of enmeshment and disconnection as reasonable responses to the desperate situations we witness in trauma-exposed workplaces. When we become enmeshed, we move too close to the people we are working to support. We create special relationships with them by disregarding personal or professional boundaries. When we are enmeshed, we can develop a position of heroic posturing, where we feel that only we are able to support or 'save' someone, as opposed to working in collaboration with our colleagues. This can create unrealistic and unsustainable expectations of our services, compromising survivors, ourselves, our co-workers, and our organizations.

*"Listen, pal, they're all emergencies."*

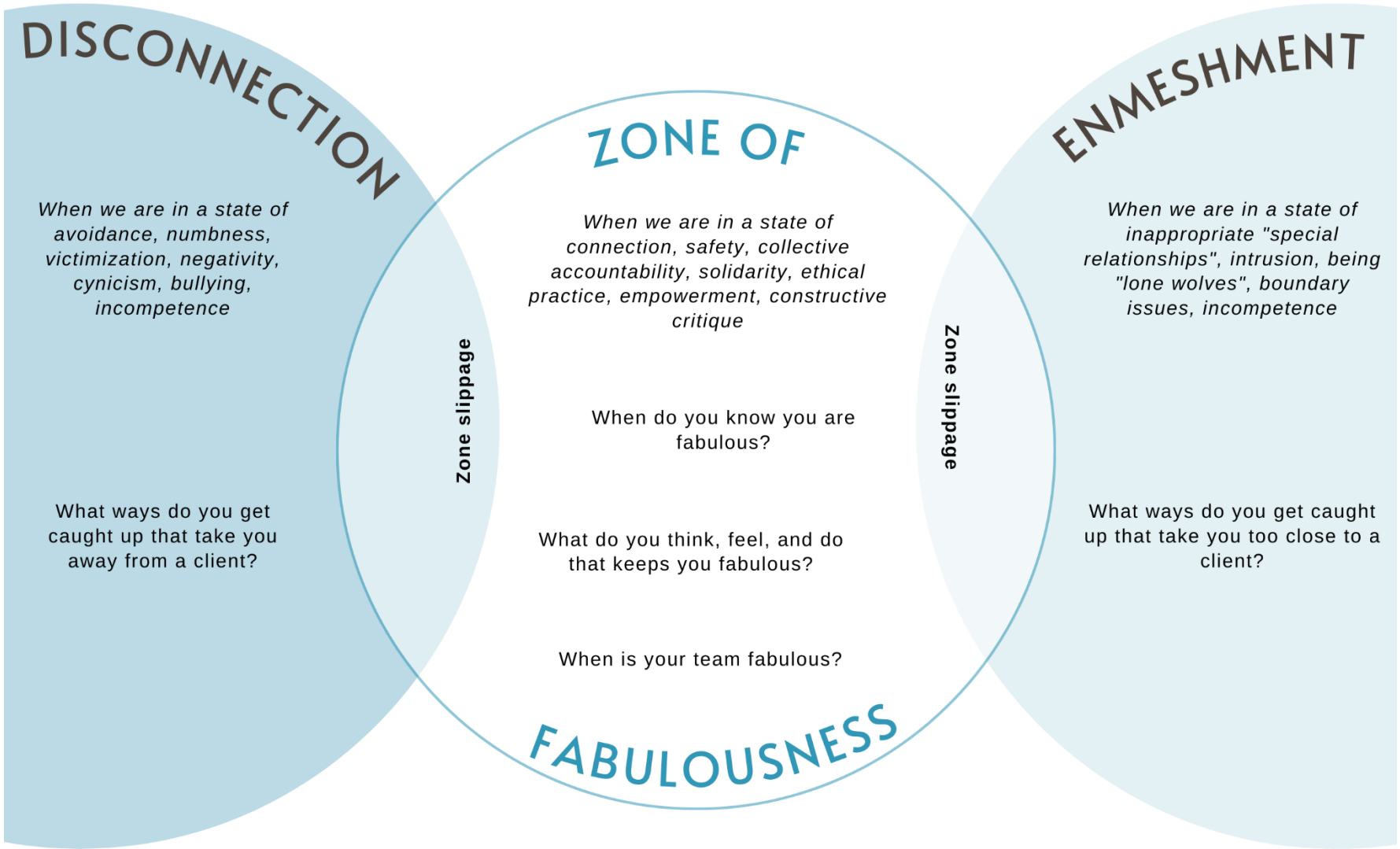
When we are disconnected, we not only distance ourselves from those we are supporting but we also isolate ourselves from our support networks. We disconnect from our bodies, our communities, our friends and families and can shift into cynicism, blame and negativity. We may feel as though we are the victims and that no one can understand the experience of our work. Alongside these impacts we can also experience rage when this work is not valued by our community or society. Our capacity to "turn it off" or leave work at work becomes compromised and disconnection feels like our only option.

While Dr. Reynolds validates these experiences as normal responses to abnormal situations, she also highlights the responsibility to shoulder each other up by having vulnerable conversations where we hold each other accountable and provide compassionate critique and feedback. We cannot address the impacts of trauma-exposed work alone.

## Ethical Pain

Ethical pain can be a consequence of moral distress, service rationing, disconnection or enmeshment. It is whatever prevents us from working within our ethics. The research around moral distress describes a conflict between an organization's policies and procedures with what the staff person feels is morally correct. Michael Lipsky suggests the idea of service rationing as a process that workers go through to bridge the everyday divide between how they would work if they were free to function to the best of their ability and the reality of how they can work given the numerous obstacles in their way. A lack of resources, lack of core funding, lack of value of trauma exposed worker's expertise, and a lack of sustainability can all lead to situations where workers are making impossible choices, like limiting or even closing necessary services to survivors of trauma. These conditions can also create inter-organizational conflict as it can lead to competition between programs, resulting in deep ethical pain.


*"My question is: Are we making an impact?"*




BEING FABULOUS REQUIRES CRITIQUE, FEEDBACK, AND ACCOUNTABILITY

CONCEPT BY VIKKI REYNOLDS PHD RCC

# Health for Trauma-Exposed Counsellors

## Collective Care

Collective care refers to seeing individuals' well-being as a shared responsibility of their community rather than their responsibility, alone. Due to the impacts of working with cases of GBV, faculty, staff, and volunteers are, themselves, affected by gender-based violence. Therefore, the same trauma informed principles that organizations practice with survivors: safety, trust, collaboration, choice and empowerment, should also be practiced with helpers and have embedded in all policies and procedures. This will significantly contribute to a more competent, resilient, and healthy team, which in turn leads to service-users receiving the best possible support.

Laura van Dernoot Lipsky (2009) defines trauma stewardship as the ethical care and management of other people's trauma. Many agencies in the GBV sector strive to provide trauma informed care to survivors, yet staff and volunteers often manage the impacts of this work on their own. Trauma stewardship not only acknowledges the impacts of trauma exposed work but *requires* organizations to create a culture of collective care where the ethical responsibility to care for helpers is a partnership between the organization and the individual where opportunities for individual self-care are created and supported. All staff, regardless of contract status, have the right to receive support and structure to remain healthy in this work.

## Administrative Leadership

Part of collective care is recognizing that administrators need to play a significant role in supporting those on the front lines. There must be a significant understanding of and strong support for the implementation of trauma-informed practices for trauma exposed workplaces.

## Preparedness

Research has shown that an event is most likely to be experienced as traumatic when it is unexpected and something a person was unprepared for (Canada Life Workplace Strategies for Mental Health, 2020). If counsellors feel equipped to handle sessions focused on sexual violence, they will be more resilient in overcoming the affects of hearing about trauma. Consider the following suggestions for collective actions toward building preparedness.

- Professional development training for staff in trauma stewardship and collective care that is applicable to their positions.
- Education on the foundations of GBV, its traumatic impacts, and culturally relevant information. This will help those working with survivors to understand the dynamics while preparing themselves for the types of stories to which they might be witness.
- Use the orientation process to support new staff to explore potential personal trauma-triggers and prevention strategies for well-being.
- Create a wellness plan that helps counsellors become familiarized with the resources, services, and strategies in place while also considering the ways they can monitor and contribute to their wellbeing on their own time.

- Identify new employees' "needs to thrive" in their trauma-affected work environments. By encouraging counsellors to consider what they might need from their colleagues, supervisors, and administrators, all parties will understand how to best support one another.

## Boundaries

Boundaries are essential when working in trauma-counselling. They help to establish a safe and trusting relationship between the counsellor and the client. By setting clear and consistent boundaries, the counsellor can communicate respect, empathy and professionalism to the client, who have experienced boundary violations in the past. The counsellor can also avoid becoming enmeshed or disconnected, which could harm the client or themselves.

- At work and at home, it can be helpful to schedule time to rest and be less productive.
- Having realistic work expectations with the appropriate time and resources to accomplish tasks helps to maintain boundaries.
- Holding everyone accountable to manageable job descriptions helps to prevent overwhelm and burnout.
- At work and at home, it is helpful to determine if there is capacity to take on a new task (or continue with an existing one).

## Limiting Exposure

Working in a trauma-exposed workplace means that at times the social issue(s) that you engage with at work will be played out on the news, social media, and tv/books when you aren't working. Having a passion for social change does not mean constantly consuming media filled with trauma and pain. Engaging in low-impact debriefing, building professional debriefing into the budget, and onboarding practices that do not overwhelm employees with trauma-exposure contribute to collective care in the workplace.

# Low-impact Debriefing

Use the following steps for low-impact debriefing.

- **Self awareness**: be aware of the stories you tell and the level of detail you provide when telling a story. Are all the details really necessary? Can you give a "Coles notes" or abbreviated version?
- **Fair warning:** let the listener know you would like to talk about something potentially heavy, so they know what is coming.
- **Consent**: once you have warned the listener, then ask for consent. This can be as simple as something like: "i would like to debrief something with you, is this a good time?" Or "i heard something really hard today, could i talk to you about it?" The listener then has a chance to decline, or to qualify what they are able/ready to hear.
- **Limited disclosure:** once you have received consent from your colleague, decide how much to share, starting with the least traumatic information, and gradually progressing as needed. You may end up not needing to share the most graphic details.

## Joy

Bring those wins home – confidentially of course. It's important for our friends, family, and the greater community to also bear witness to the joy of this work. Celebrating wins in the workplace (even seemingly small ones) contributes to organizational collective care as sharing them helps to multiple the successes and the joy of this work. If a meeting is ending on a more negative note, it can be helpful to go around the room and share wins to bring in some joy.

## Your Notes

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# Empower the Survivors in your Life

**E** EMPATHIZE & BELIEVE

**M** MEDICAL NEEDS

**P** PROVIDE SAFETY

**O** OFFER SUPPORT

**W** WATCH YOUR BIASES

**E** ENCOURAGE THEIR DECISIONS

**R** RESOURCES & REFERRALS

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