Trauma’s Toll
How to Recognize Trauma And Respond To The Traumatized Individual
In the Care Facility Setting:  Part 1

What is trauma?

Limbic System
Pre-frontal Cortex
Brain Stem
Amygdala
Impact of Trauma on Behavior

Instinctive/reactive survival
NOT rational choosing

- Withdrawal -> Flight
- Immobility -> Freezing
- Aggression -> Fight
- Appeasement -> Submission

AUTOMATIC

How would these look for the resident?
Tonic Immobility & Collapsed Immobility

The Trauma Experience

• **Overwhelms:**
  - Ability to cope
  - Ability to integrate ideas and emotions of event

• Result? Extreme confusion & insecurity

Impact of Trauma on Memory
Key Functions of Prefrontal Cortex

- Choosing attention focus
- Holding thoughts, memories, information
- Reflecting on feelings, thoughts and actions
- Inhibiting habits/automatic responses
- Regulating emotions

High Stress = Impaired Prefrontal Cortex

- Stress chemicals turn it off
- Old primitive brain controls
- Wired to survive
  - Can't...
    - Control attention
    - Remember important information
    - Think logically "if this, then that"
    - Over-ride emotional reflexes or habits

Trauma & Stress = Amygdala in Control

Senses and Emotions
High Stress = Impaired Prefrontal Cortex

Can remember but encoding affected

Memory of Crisis Event looks like....

EFFECTS of TRAUMA

- Memory has been impacted
- The emotional and sensory parts of the brain are responding
- Memory is fragmented, difficult to retrieve
- Memory is accurate
Brains During Assault

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Victim</th>
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<tbody>
<tr>
<td>Prefrontal cortex in control</td>
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<tr>
<td>Not stressed</td>
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<td>Thinking and behavior:</td>
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<td>Planned</td>
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<td>Practiced</td>
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<td>Habitual</td>
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<tr>
<td>Amygdala in control</td>
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<tr>
<td>Terrified, overwhelmed</td>
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<tr>
<td>Attention and thoughts driven by perpetrator actions</td>
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<td>Behavior controlled by emotional reflexes and habits from childhood (incl. abuse)</td>
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What is sexual assault?
- Lacks consent
- Involves intimate parts
- Humiliates and degrades the victim
- May gratify and arouse the offender
- Targets vulnerability
- When perpetrator is not otherwise compromised, although sexual acts are involved, it is about power, control, domination, punishment and humiliation. It is not “sex”, but a violent act.
- Other sexually inappropriate behavior may constitute abuse of a resident.

Typical Victim Stereotypes
- Reacts hysterically
- Immediately reports
- Never forgets the details
- Reports with 100% accuracy
- Non-stranger victim is less traumatized

What additional stereotypes are there concerning residents of facilities?
HANDS-ON OFFENSES
May include harmful genital practices

Sexual Contact → Sexual Intercourse

Sometimes accompanied by hands-off offenses, like exhibitionism, voyeurism, forced viewing of porn, harassment, threats and sexual degradation

When force is present, consent is not.

Compel submission → Force

Means of making contact → Febrile contact → Past force counts

When force is present, consent is not.

Common Dynamics

1. TERROR & INTIMIDATION: Physical force, weapons, restraint, verbal threats, situational intimidation
2. VICTIM = POWERLESS: Victim not seen or treated as a person
3. VICTIM = OBJECT: Victim not seen or treated as a person
4. MOST DEFEND SELVES IN SOME WAY: Active resistance, struggle, verbal submission
The fear outlasts the crime.

Who are the perpetrators?
- ADULT FAMILY MEMBERS (SONS, DAUGHTERS, GRANDCHILDREN, SIBLINGS)
- SPOUSES AND INTIMATE PARTNERS
- CAREGIVERS OR FACILITY STAFF
- OTHER RESIDENTS IN THE FACILITY
- STRANGERS OR ACQUAINTANCES (LEAST FREQUENT)

What makes a resident vulnerable to SA?
- Mental impairment, like Alzheimer’s
- Neglected by caregivers, family in other ways
- Socially isolated from family, friends
- Are physically disabled or communication is difficult

Limitations of resident:
cognitive, communication
deficits

Resident fear: of offender;
of blame; won’t be believed; is responsible

Shame, embarrassment, lack
of understanding, not “serious” enough

Staff fears offender, fears
retaliation, may doubt
observations, or feel loyal to
offending staff

Obstacles to Reporting

Offender Techniques

Identify target
Before, during, after assault

“The double life” Dr. Anna Salter

Discredit victim

“Don’t make false reports”
Lack of policy or oversight

Delayed Reporting is the Norm
When a resident reports a sexual assault...

1. Safety for the victim
2. Obtain information
3. Ensure scene and evidence secure
4. Report to Police and APS and Supervisor
5. Medical exam by FNE