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College of Health Sciences  
FORMERLY NEW YORK CHIROPRACTIC COLLEGE

# Title IX and Being Trauma Informed

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# Understanding Trauma

*“Traumatic experiences complicate a child’s or an adult’s capacity to make sense of their lives and to create meaningful, consistent relationships in their families and communities.”*



*(SAMHSA-2014)*



# What To Remember....

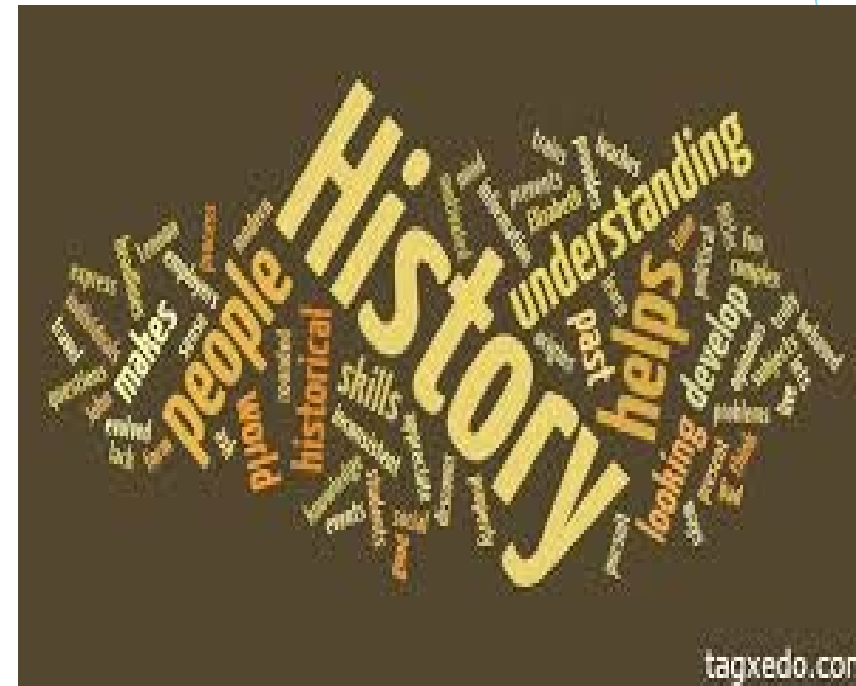


- ▶ Experiences (especially traumatic ones) affect perceptions
  - ▶ We all have personal narratives-intra and inter-personal
  - ▶ We are wired to seek safety/connection and avoid pain/danger.
  - ▶ **All coping strategies are adaptive and designed to achieve safety.**



# Really Brief History of Trauma and Trauma Informed Care

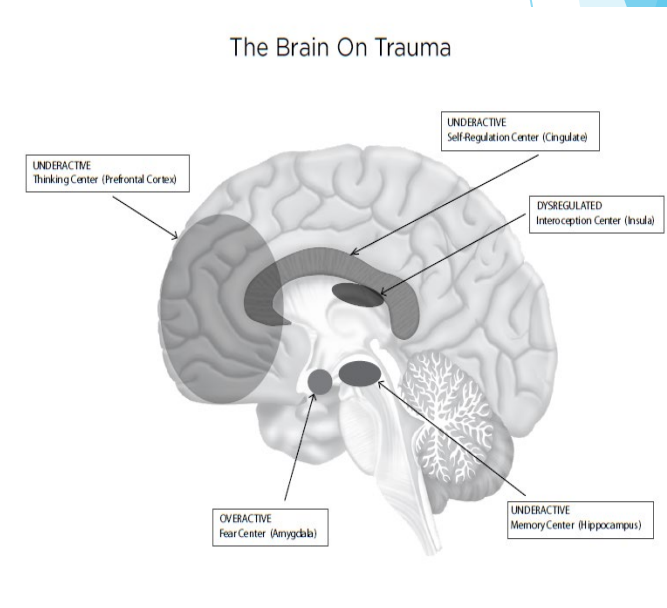
- ▶ Focus originally on combat stress
  - ▶ WWI and WWII “Shell Shocked”
  - ▶ 1960s-1970s Vietnam War
- ▶ 1990s shift to trauma informed care and its effects
  - ▶ SAMHSA study with female survivors of trauma discussed re-traumatization by standard practices.
  - ▶ Kaiser-Permanente study on ACES





# Neuroscience and Trauma

- ▶ Research has also focused on neurological responses to trauma
  - ▶ Changes to sensory system, grey matter volume, neural architecture, and neural circuits
  - ▶ Trauma leaves an “*imprint on the body and the brain.*”-Bessel Van Der Kolk (2014)
- ▶ Role of neurological response in psychological processes
  - ▶ Perceptions
    - ▶ Sensitized neural response-window of tolerance
- ▶ Survival responses
  - ▶ Fight, Flight, Freeze, Please/Appease, Attached Cry For Help
- ▶ Relationships (attachment)
- ▶ Mental health-Substance use and addiction
- ▶ Trauma Treatment has focused on regulating nervous system.
  - ▶ Polyvagal theory (Dana & Porges-2018)
    - ▶ Moving out of sympathetic nervous system
  - ▶ Attachment theory (Johnson-2019)
    - ▶ Co-regulation within safety of relationships-change wiring



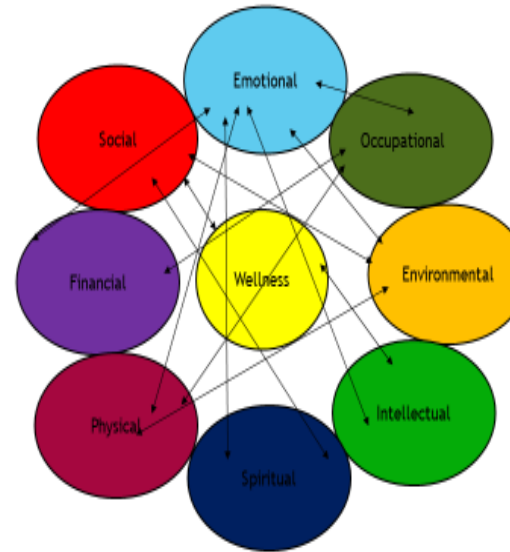


# Trauma Defined

According to SAMHSA (2014)...

*“Individual trauma results from an event, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”*

## Dimensions of Wellness (SAMHSA.GOV)



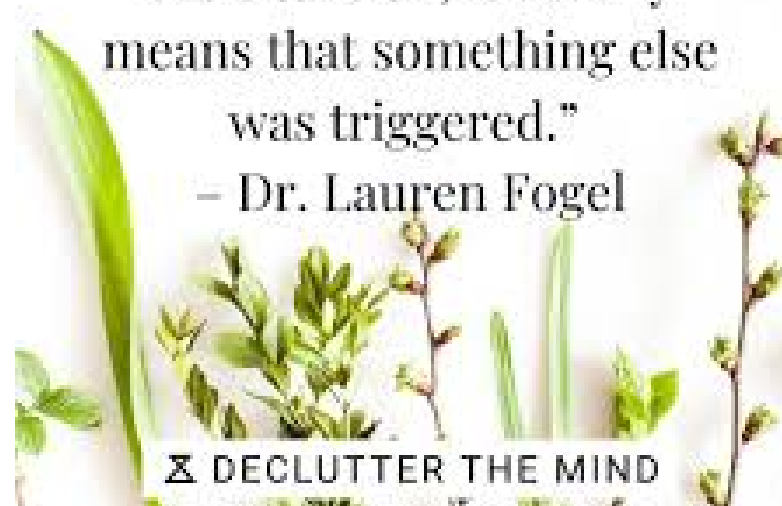


# Also Important to Remember....

- ▶ Trauma informed practitioners view trauma responses as **adaptive** and not pathological
- ▶ “Human reactions to extreme adversity” (Sweeney et al., 2018)
- ▶ Additional impact of...
  - ▶ Shame, guilt, self-blame
  - ▶ Social impact of Racism, LGBTQ+ Discrimination, Sexism
  - ▶ Bullying
    - ▶ Social media

“If someone else’s reaction seems out of proportion to the situation, it usually means that something else was triggered.”

– Dr. Lauren Fogel



# The “Three E’s” of Trauma (SAMHSA-2014)



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Event

Experience

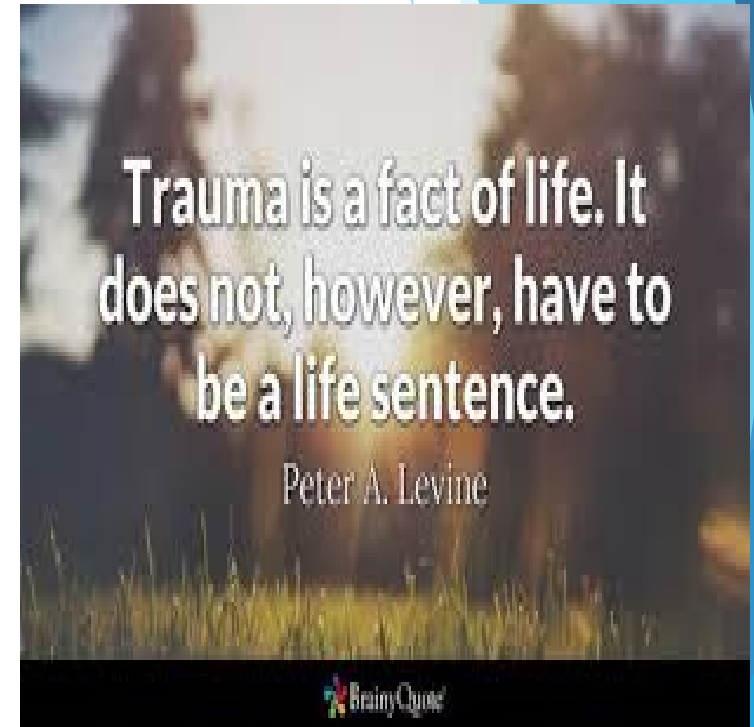
Effects





# Three E's of Trauma-Event

- ▶ Event can be one or multiple
  - ▶ Intrusive/violent
  - ▶ Relational-harassment, microaggressions
- ▶ There is a **perceived** threat of physical or psychological harm
  - ▶ Including neglect, loss of safety, failure, bad grade, social ostracism
- ▶ Does not have to be physically life-threatening
  - ▶ Intra-personal and Interpersonal



(SAMHSA-2014)



# The Three E's of Trauma-Experience

- ▶ Perception and meaning
  - ▶ How we make sense of the event
  - ▶ Inside, Outside, Between (Dana & Porges-2018)
    - ▶ Inside-Intrapersonal-Shame, guilt, self-blame
    - ▶ Outside-Perceptions of world, blame, externalization
      - ▶ Generalizations and intellectualizations
    - ▶ Between-distrust, over-attachment
  - ▶ Previous threats of silence
    - ▶ Major factor in abuse
    - ▶ History of abuse-ACEs
  - ▶ Perception and meaning are affected by....
    - ▶ Cultural beliefs
    - ▶ Social supports
    - ▶ Developmental stage

(SAMHSA-2014)





# The Three E's of Trauma-Effects

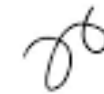
- ▶ Immediate or delayed
  - ▶ Not always recognized, adverse effects
- ▶ Difficulty coping with normal stresses
- ▶ Interpersonal effects-relationship conflict, argumentative, detached
- ▶ Cognitive processes-difficulty thinking, memorizing, attention
  - ▶ Executive functioning is turned off in Fight, Flight, Freeze
- ▶ Difficulty regulating behaviors and emotions
- ▶ Changes neurologically and with well-being
  - ▶ Hyper-aroused or hypo-aroused
  - ▶ Avoidant or numbing behaviors
  - ▶ Negative health effects-physically, emotionally, spiritual/loss of purpose



# Trauma and Relationships

- ▶ Relationships are triggering.
  - ▶ Feelings can be hurt
  - ▶ Think-Feel-Adapt-Window of Tolerance
  - ▶ Rupture and Repair
- ▶ Trauma in relationships is outside the window of tolerance.
  - ▶ Social engagement systems go dormant
  - ▶ Trapped in survival response
  - ▶ Cope with the threat
  - ▶ Carries over into adult relationships-misinterpret cues

(Van Der Kolk-2014)



We repeat what we don't repair

OurMindfulLife.com



# What does it mean to be “trauma-informed?”

- ▶ Shift in paradigm from “Why?” to “What is happening?”
- ▶ Approach all individuals as if there is history of trauma.
- ▶ Focus is on creating safety, connection, and resilience.
- ▶ Is not solely used in cases of trauma.
  - ▶ Academic stress, intra-personal challenges, interpersonal challenges
- ▶ Recognize the role you play
  - ▶ Maximize outcomes, contribute to personal growth and healing
  - ▶ Recognize our own defensive responses as normal
    - ▶ People we connect with because we feel safe-people we want to avoid because we don't feel safe.

When you don't  
feel safe in a  
relationship, your  
focus shifts from  
connection to  
protection.

Lessons From the End of a Marriage

# Trauma Informed Approach



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- ▶ Improve outcomes-Look at context
  - ▶ Not about therapy-although it is therapeutic
- ▶ The 4 R's (SAMHSA-2014)
  - ▶ Realize
  - ▶ Recognize
  - ▶ Responds
  - ▶ Resists Re-Traumatization





# Trauma Informed Approach-The 4 R's- Realize

- ▶ Realize
  - ▶ At all levels a realization about trauma and its effects
  - ▶ See lived experience as adaptable and used to overcome adversity
  - ▶ Multi-dimensional role on health, well-being, relationships
  - ▶ Not confined to mental health
  - ▶ Barrier to “effective outcomes”

“

Developing an inner refuge  
where we feel loved and safe  
enables us to reduce the  
intensity of traumatic fear  
when it arises.

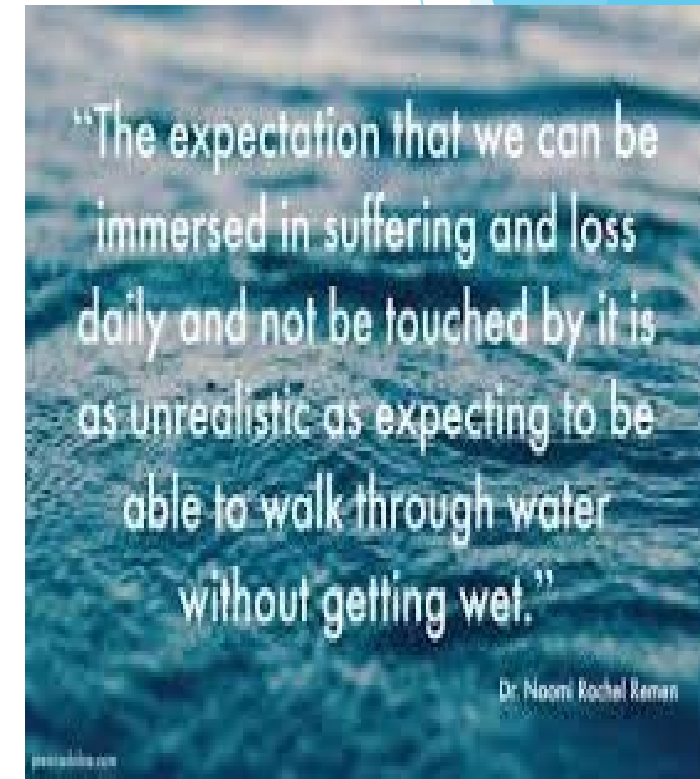
TARA BRACH

GRACIOUSNOTES.COM



# Trauma Informed Approach-The 4 R's- Recognize

- ▶ Recognize
  - ▶ Signs of trauma
  - ▶ Gender, age, race, setting specific
  - ▶ Present in those seeking help and in those providing support
    - ▶ Secondary Trauma, Compassion Fatigue, Burnout







# Trauma Informed Approach-The 4 R's- Respond

- ▶ Respond
  - ▶ Trauma informed
  - ▶ All systems and departments
  - ▶ Mission statement and values-same language
  - ▶ Secondary traumatic stress-burnout
  - ▶ Safe environment
    - ▶ Transparency, Trust, Fairness

If we share  
our story with  
someone who  
responds  
with empathy  
and  
understanding,  
shame can't  
survive.  
-Brene' Brown

[www.CapstoneTreatmentCenter.com](http://www.CapstoneTreatmentCenter.com)



# Trauma Informed Approach-The 4 R's

## Resist Re-Traumatization

- ▶ Resist Re-Traumatization
  - ▶ Recovery and healing does not happen in an unhealthy environment.
  - ▶ Avoids blame
    - ▶ Blame occurs when we focus on behavior as self-controlled as opposed to adaptive.
    - ▶ Blame is a defensive mechanism...remember "Outside"

(SAMHSA-2014)





# Key Principles of Trauma Informed Approach (SAMHSA-2014)

- ▶ Safety
  - ▶ Settings and interpersonal interactions promote a sense of safety.
- ▶ Trustworthiness and Transparency
  - ▶ Actions, decisions are transparent-building trust
  - ▶ Avoid blanket statements
    - ▶ “We are working on it.” versus “Our next step is...”
- ▶ Peer Support
  - ▶ Common humanity
  - ▶ Students, Staff, Faculty, Counseling, Community Resources

"Just because no one else  
can heal or do your inner  
work for you

doesn't mean you can,  
should, or need  
to do it alone."

-Lisa Olivera



MENTAL HEALTH MATCH



# Key Principles of Trauma Informed Approach (SAMHSA-2014)

- ▶ Collaboration and Mutuality
  - ▶ Partnering and leveling the hierarchy
  - ▶ Everyone has a role
- ▶ Empowerment, Voice, Choice
  - ▶ Build on strengths and experiences.
  - ▶ Believe in who we serve-they are why we are here.
  - ▶ Resilience-more on this next
  - ▶ Believe in ability to heal
  - ▶ Empowerment
  - ▶ Recognizes power differentials
    - ▶ How have voices historically been diminished-equity minded
  - ▶ Shared decision-making-cultivate self-advocacy
  - ▶ Facilitators versus controllers





# Key Principles of Trauma Informed Approach (SAMHSA-2014)

- ▶ Resilience
  - ▶ Strength based
  - ▶ Building coping skills
  - ▶ Cognitive re-framing/flexibility
  - ▶ Agency-adapting to change
  - ▶ Delaying gratification-no quick fixes





# Key Principles of Trauma Informed Approach

- ▶ Cultural, Historical, and Gender Issues
  - ▶ Works beyond stereotypes and biases-race, ethnicity, sexual orientation, religion, gender identity, disabilities

(McNair, Bensimon, & Piqueux-2020; SAMHSA-2014)

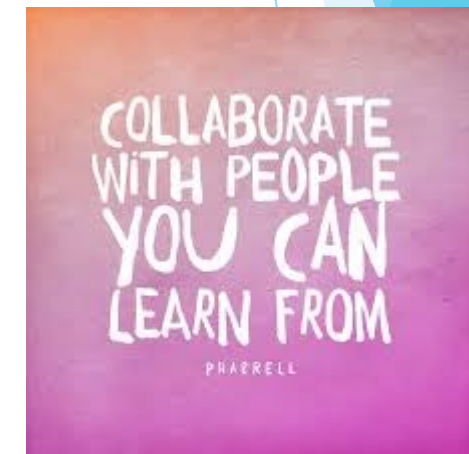
*“Equity work must be constant, honest, forgiving, reflective, and brave.”*

*“From Equity Talk To Equity Walk”*



# How To Implement Trauma Informed Approach? (SAMHSA-2014)

- ▶ Live the principles.
- ▶ Create a safe physical environment
- ▶ Engagement of who we serve
  - ▶ Who are you working for and with?
    - ▶ History of inequity and marginalization.
  - ▶ What is their input? (coping skills are adaptive)
  - ▶ Watch for signs of trauma and create safety. (healing in relationships)
    - ▶ Disassociation, Fight/Flight
    - ▶ Stay calm and be clear.
    - ▶ Empower-transparent and open about limits/expectations-consistency feels safe.
    - ▶ Seek support when needed.





# “Realize” Effects of Reporting on Individuals

- ▶ Students fear reporting-true for both the complainant/respondent
  - ▶ School or law sanctions
    - ▶ Especially related to drug and alcohol use
      - ▶ Not be truthful to avoid searches
    - ▶ Be clear regarding Code of Conduct and your limitations
  - ▶ Social consequences
    - ▶ Peer conflicts/consequences
    - ▶ Gossip
    - ▶ Gender norms
    - ▶ Protect friends
      - ▶ Avoid them having to be witnesses
      - ▶ Especially if alcohol or drug use is involved







# “Realize” Effects of Reporting on Individuals

- ▶ Students fear reporting-true for both the complainant/respondent
  - ▶ Disappointing family and parents
    - ▶ “Shaming the family.”
    - ▶ Cultural and religious concerns
    - ▶ Family system dynamics
    - ▶ May lie about drug/alcohol use
    - ▶ May deny previous sexual relationship
      - ▶ May not want family to know they are sexually active
  - ▶ These fears can result in
    - ▶ False statements, leaving out information, or not reporting
    - ▶ Not reporting can result in continued predatory behavior
      - ▶ Sexual predatory behavior develops over time





# “Recognize” Perceptions In Your Role

- ▶ Effect of Trauma in the Interview
  - ▶ People may leave out information or incorrectly report information
  - ▶ Traditional interviews are typically structured
    - ▶ Who, what, where, when....
    - ▶ The shift to look for inconsistencies
    - ▶ Reinforce a victim’s (or the accused) sense of inadequacy
      - ▶ Can be re-traumatizing
      - ▶ May stop cooperating or can fall into please/appease and agree to inaccuracies
    - ▶ Avoid using your own summarization-inherent bias and subjectivity
  - ▶ Why this matters
    - ▶ Statement could be used to discredit the victim or the accused and to “impeach” their testimony
    - ▶ You could become part of the criminal investigation





# “Respond” in Trauma Informed Manner

- ▶ Your response can be trauma informed
  - ▶ Recognize bio-psycho-social effects of trauma
    - ▶ Survivors can struggle with memory and may provide answers to move interview along
      - ▶ Memory is sensory based and not chronological
      - ▶ They can also sometimes remember
  - ▶ All systems use the same language and safe environment
    - ▶ Limit the number of people taking statements-reduces re-traumatization
  - ▶ Secondary traumatic stress-burnout
    - ▶ Seek support if you are overwhelmed
  - ▶ Transparency, Trust, Fairness
    - ▶ It's okay if you do not know-you can always find out or refer out

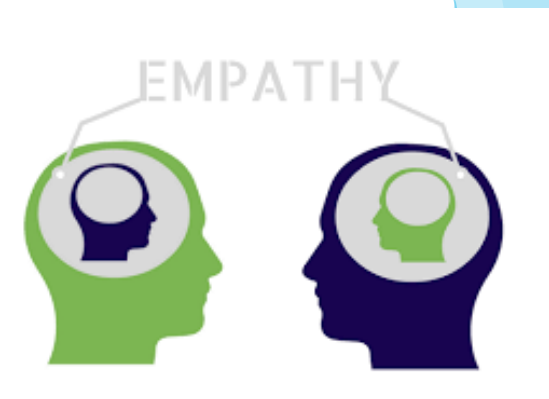
(SAMHSA-2014; Dudley-2016)



# “Resist Re-traumatization”



- ▶ Acknowledge the challenge and create safety
- ▶ Be patient, understanding, non-judgmental, empathetic
- ▶ People who feel unsafe cannot process events
- ▶ Use active listening
  - ▶ “Tell me more...”
  - ▶ “Able” and “experience”
- ▶ Avoid “why” questions
  - ▶ Re-victimizes-shut down, falsify to avoid shame, affect recall
- ▶ Refer to forensic interviewer and resources-especially with sexual assault
  - ▶ Victim advocates-Safe Harbors





# “Resist Re-traumatization”

- ▶ Follow up and close with empathy and compassion
  - ▶ Thank them for their willingness to trust you and come forward
  - ▶ Trauma bonding-spend time with this-tell them you will follow up
  - ▶ Check in on referrals
    - ▶ Counseling, Victim Advocates, Police
    - ▶ Do they need support?
- ▶ Remember this can be used with the respondent as well
  - ▶ Social exclusion, adverse consequences





# Northeast Counseling Services

- ▶ E-mail us at [counseling@nycc.edu](mailto:counseling@nycc.edu)
- ▶ E-mail me at [hfrederick@nycc.edu](mailto:hfrederick@nycc.edu)
- ▶ Concerns-Do a Care Referral
  - ▶ <https://www.nycc.edu/SCTForm>

You exist.  
You are real.  
You are right.  
You are capable.  
You are valuable.  
You are not alone.

# Questions/Comments



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# References

- Center for Disease Control and Prevention (2019, November, 5). *Adverse Child Experiences: (ACES) Preventing early trauma to improve adult health*. <https://www.cdc.gov/vitalsigns/aces//index.html>
- Dana, D., & Porges, S. W. (2018). *The polyvagal theory in therapy: Engaging the rhythm of regulation*. New York: W.W. Norton et Company.
- Davis, D., & Loftus, E. F. (2019). IX and" Trauma-Focused" Investigations: The Good, The Bad, and the Ugly. *Journal of Applied Research in Memory and Cognition*, 8(4), 403-410.
- Dudley, S. F. (2016). Paved with good intentions: Title IX campus sexual assault proceedings and the creation of admissible victim statements. *Golden Gate UL Rev.*, 46, 117.
- Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT)with individuals, couples, and families*. New York, NY: The Guilford Press.
- McNair, T. B., Bensimon, E. M., & Malcom-Piqueux, L. E. (2020). *From equity talk to equity walk: Expanding practitioner knowledge for racial justice in higher education*. Hoboken, NJ: Jossey-Bass, a Wiley Brand.
- Strand, R. W. (2019). The forensic experiential trauma interview (FETI).
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Sweeney A;Filson B;Kennedy A;Collinson L;Gillard S;. (2018). A paradigm shift: Relationships in trauma-informed mental health services. Retrieved January 25, 2021, from <https://pubmed.ncbi.nlm.nih.gov/30174829/>
- Van Der Kolk, B. (2015). *The body keeps the score: Mind, brain and body in the transformation of trauma*. London: Penguin Books.





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