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Unveiling the mask:Sexual Trauma's Impact on Academic Achievement, Behavior, and Self-Identity

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Presenters: *Dr. TeShaunda Hannor-Walker, Dr. Sarah Kitchens, and Dr. Lacey Ricks*

NYAR: Tuesday, March 5, 2019,
2:45-4 pm

Unveiling the mask:
Sexual trauma's impact on academic
achievement, behavior, and self-identity.



Warm-up Activity



Learning
Objectives:

Learn

Participants will learn both the risk factors and warning signs for individuals experiencing sexual trauma.

Learn

Participants will learn the protective factors necessary for individuals impacted by sexual trauma.

Learn

Participants will learn evidence-based approaches for implementing trauma-informed practices at their school and within their community.

Learn

Participants will learn multitiered research-based strategies for supporting students who have experienced sexual trauma.



Sexual Trauma 101: What is it?


Short- and long-term problems that result from any sexual act that is unwanted, with perpetrators using force, making threats or taking advantage of victims not able to give consent (Kazdin, 2000).

Examples of sexual trauma and abuse

- Sexual assault
- Rape
- Sexual abuse
- Stalking
- Sexual harassment
- Street harassment
- Childhood sexual abuse
- Molestation
- Familial sexual abuse or incest
- Sex trafficking
- Online sexual harassment
- Sexual violence in relationships
- Showing a child pornography or using a child in the production of pornography (Putnam, 2003)

Statistics

- According to RAINN.org (2017) statistics, an American is sexually assaulted every 98 seconds.
- In the U.S., one in three women and one in six men will experience some form of contact sexual violence at some point in their life (National Sexual Violence Resource Center, 2015).
- One in four girls and one in six boys will be sexually abused before they turn 18 years old (NSVRC, 2015).
- One in five women and one in 16 men are sexually assaulted while in college (NSVRC, 2015).
- In eight out of 10 cases of rape, the victim knew the perpetrator (NSVRC, 2015).
- Rape is the most under-reported crime, with only 63% of sexual assaults being reported to the police and 12% of child sexual abuse reported to authorities (NSVRC, 2015).
- Beyond the obvious legal limitations of not reporting these crimes, those who do not report sexual assault incidents are less likely to receive appropriate treatment.



Warning signs that a child may be sexually abused

- A child may show any or none of the following (Jensen, 2005):
- Bodily signs
 - Bed-wetting, stomachaches, headaches, sore genitals
- Emotional signs
 - Fear, sadness, mood changes, acting out, refusing to be left alone with certain people
- Sexual signs
 - Inappropriate sexual behavior with objects or other children
- Verbal signs
 - Voicing knowledge about sexuality that is not age appropriate

The brain's response to trauma

- "Traumatic stressors such as early trauma can lead to posttraumatic stress disorder (PTSD), which affects about 8% of Americans at some time in their lives, as well as depression, substance abuse, dissociation, personality disorders, and health problems" (Bremner, 2016, p. 445).
- Traumatic stress effects brain function and structure, as well as on neuropsychological components of memory (Bremner, 2016).
- Women who experience sexual trauma often express disruptions in emotional and cognitive processes (Shors & Millon, 2016).



Impact on Academic achievement

- A study of 701 participant found “children are exposed to four or more traumas are 32 times more likely to be labeled as learning disabled” (Wiest-Stevenson & Lee, 2016).
- While research literature shows traumatic events can impact the development of a child’s learning (in one in four children), children experiencing traumatic stress are often mislabeled/misdiagnosed in schools as ADHD, ODD, EBD, and other diagnoses when symptoms are not assessed through a trauma-informed lens (Black, Woodsworth, Tremblay, & Carpernter, 2012).
- Research estimates about “30% of adolescents with EBD have experienced trauma or show signs of PTSD” (Cavanaugh, 2016, p. 41).
- 1/3 of children exposed to trauma actually show symptoms of PTSD (Wiest-Stevenson & Lee, 2016).

Specific Impact on Academic achievement

- Delays in language and cognitive functioning (Paccione-Dyszlewski, n.d.)
- Difficulty in maintaining attention & concentration, completing work on time, understanding schoolwork, feeling stupid, lying, making up excuses, refusing to do homework (Paccione-Dyszlewski, n.d.; Brown, Brack, & Mullis, 2008).
- The National Child Trauma Stress Network Schools Committee Reported:
 - Overall school performance:
 - Lower GPA
 - Lower attendance
 - High dropout
 - Decrease in reading readiness(Wiest-Stevenson & Lee, 2016; Brown, Brack, & Mullis, 2008)



Impact on Behavior

The National Child Trauma Stress Network Schools Committee Reported:

- Increased responses in the classroom and home:
 - Jumpiness, fidgety, sleep disturbance, moodiness, anger, and social withdrawal
- Emotional and/or physical distress:
 - Somatic complaints, poor emotional control, impulsive behavior, change in school performance, and hyper reactive to sounds (Wiest-Stevenson & Lee, 2016).

The National Sexual Violence Resource Center (2015) states everyone reacts to sexual trauma in their own way and everyone's response afterwards is different.

- Immediate reactions:
 - Shock, fear, disbelief
- Long-term symptoms:
 - Anxiety, fear, depression, post-traumatic stress disorder
 - Physical health symptoms
 - Disorientation and difficulty concentrating
 - Self-blame, guilt, shame
 - "Shutting down," avoidance, or emotional numbing
- Coping responses that may be used:
 - Alcohol/drug use, social isolation, anger and aggressive behavior towards others, avoidance, cutting, disordered eating, high-risk sexual behaviors, etc.

Impact on Self-Identity

- **Erosion of Self-Identity** (Matheson, Daoud, Hamilton-Wright, Borenstein, Pedersen, & O'Campo, 2014)
 - Loss of self through mental health problems and self-medication; eventual process of self-preservation through removal of self from harm and rebuilding identity and personal strength.
 - Identity Conflict
- **Identity Disturbance** (Horowitz, 2015)
 - Posttraumatic Symptoms
 - Intrusive memories, phobic avoidances, anxiety, and depression and can contribute to emotional underregulation of angry or guilty moods
 - Disturbance in Conscious Sense of Identify
 - Diminished self-esteem, lapses in self-confidence, or depersonalization
 - Shifts in self-concepts

"Traumatic events often lead to a sense of self with traits of incompetence, inferiority, degradation, depersonalization, or identity diffusion" (Horowitz, 2015, p. 192).



Theoretical Approaches
&
School-Based Models




CSA Theoretical Approaches in Mental Health

- Trauma-Focused (TF)-Cognitive Behavior Therapy
- Narrative Therapy
- Play Therapy
- Eye Movement Desensitization and Reprocessing (EMDR)- limited but growing research on its efficacy with children and adolescents (Chen, Gillespie, Zhao, Xi, Ren & McLean, 2018).



Trauma Recovery Process:

- 3 phases/stages with the therapist:
 - Stage 1: Establishing Safety
 - Stage 2: Remembering & Mourning/Abyss (i.e. integrity of child's body and intactness of child's social network/family)
 - Stage 3: Reconnecting with Others (Brown, Brack, & Mullis, 2008).



Trauma- Informed School Model



- SAMHSA (2015) six-principles to a trauma-informed approach:
 1. Safety
 2. Trustworthiness and transparency
 3. Peer support
 4. Collaboration and mutuality
 5. Empowerment, voice, and choice
 6. Cultural historical, and gender issues

(Wiest-Stevenson & Lee, 2016)

Trauma-Informed Model: National Child Traumatic Stress Network Schools Committee (NCTSN) Guidelines

NCTSN suggests schools follow these guidelines when helping students after a trauma:

1. Maintain a sense of normalcy and routine
2. Give them a sense of control by allowing choices when appropriate
3. Have a designated support staff for children exposed to trauma
4. Develop boundaries for appropriate behavior which incorporates a positive behavior model
5. Provide time to have children process the trauma
6. Clarify misconceptions about the trauma verbalized by students
7. Be mindful to environmental factors which may trigger a stress response after the trauma
8. Make sure students are not bombarded by questions and curiosity after the trauma
9. Be aware of risk behaviors and refer students to identified services.

(Wiest-Stevenson & Lee, 2016)



Trauma-Informed School Model Continues...

Reports positive outcomes in changing school climate and culture.

- Requiring total commitment on all levels
- Providing clear guidelines (policies, procedures, key roles, training)
- Improving Communication (giving basic information to all levels)
- See handout: Developing a trauma-informed school model

Has shown “significant reduction in discipline issues” has been reported as the most positive outcome (Wiest-Stevenson & Lee, 2016).

- Example: Lincoln High School in Walla Walla, Washington reported in 2011 a 85% reduction in suspension, 40% reduction in expulsions, written referrals cut in half.
- Note: The state of Washington was the frontrunner in TISM and created the *The Heart of Learning and Teaching Compassion, Resilience, and Academic Success* handbook (Walkley & Cox, 2013).

HANDOUT: Trauma-informed Schools Tools & Resources

- Online Resources:
 - Treatment and Service Adaptive Center – <https://traumaawareschools.org/>
 - Provide in-depth review of childhood trauma and several resources for schools along short video clips.
 - Time to Teach - <http://www.timetoteachtrainer.com/>
 - Over 40 years of research and experience in setting an classroom environment and tips on structured classroom positive behavior model.
 - PBIS - <http://www.pbis.org>

Protective Factors: Implementing Trauma-Informed School Approach & Strategies

- **Trauma Informed Practices** (Cavanaugh, 2016)
 - **Safety and Consistency**
 - Safe Environment/Special Considerations
 - **Positive Interaction**
 - praise statements improved academic engagement and reduced behavioral difficulties
 - **Culturally Responsive Behavior**
 - Respond to the needs of diversity
 - **Peer Supports**
 - Sharing Hardships, Promote Leadership, Increase feelings of Success, Self-Efficacy
 - **Targeted Supports**
 - Screening to identify at-risk students.
 - **Individualize Supports**
 - individualized planning, client voice, empowerment, and family supports

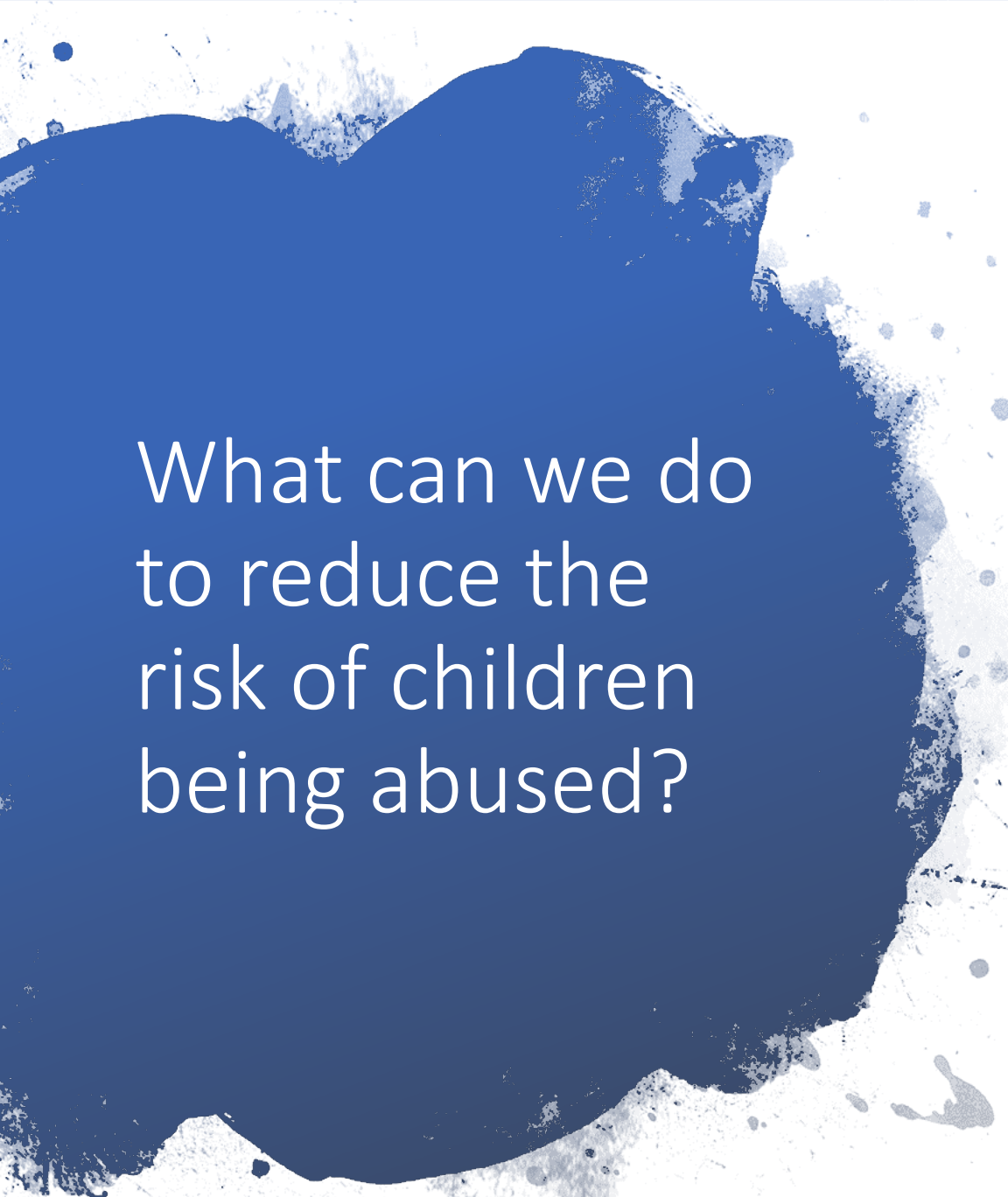


Implications for Community and Schools



How School Counselors can help...

School Counselors can help sexually abused children by building coping skills through classroom guidance lessons that teach problem-solving strategies, relaxation, techniques, affect education, and self-esteem (Brown, Brack, & Mullis, 2008).



What can we do to reduce the risk of children being abused?

- Encourage positive, open communication with children!
 - With parents, teachers, and other safe adults
- Model & teach about healthy relationships.
- Teach children about healthy sexual development.
- Teach children that secrets about touching and being touched are not safe secrets to keep.
- Help children identify adults they trust & can confide in.
- Monitor internet use! Talk about dangers of internet predators.
- Implement child abuse prevention programs in schools and other community settings.
- Educate teachers and parents about child sexual abuse.



Helpful Online Resource

<https://www.stopitnow.org/help-guidance/prevention-tools>



Final Thought...

"Schools can no longer be just a place where a child goes to learn to read and write; they must focus equally on becoming an epicenter of social and emotional development"

(Paccione-Dyszlewski, n.d).

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Questions



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