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# Trauma in the Classroom: A Manual for Training University Faculty and Staff in Survivor Support

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# TRAUMA IN THE CLASSROOM

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A Manual for Training University Faculty and Staff in Survivor Support

AUGUST 22, 2019

LAURA MEERDINK

Honors Capstone

Western Washington University

## **Introduction**

### **Purpose**

This project began in spring of 2018 while I was in my sophomore year at Western volunteering as a peer health educator with the advocacy group Consultation and Sexual Assault Support (CASAS). The mission of CASAS is to promote violence prevention and empowerment in our community through survivor support and community education. One of our main focuses that year was increasing outreach in the greater Bellingham community, particularly focusing on the music and bar scene. When Make.Shift, an art and music space downtown, reached out to us wondering how they can support survivors at music venues and as a community, this presentation came to be. A team of volunteers including CASAS advocates Justine Dombrowski, Jane Sommerville, and myself worked to develop the presentation with the goal of facilitating a discussion with participants. I believe that although I may have formal training in responding to trauma, it's the participants who know their community and can find the solutions that work for them. They need only be given education and space for safe discussion in order to do so. That is, therefore, the purpose of the presentation developed for Make.Shift, and the purpose of the following presentation, which came as a result of seeing a similar unmet need at Western.

## Why

Professors are often seen as a confidant for students who come to trust them. Navigating this can be very confusing and tricky without the proper tools and knowledge. For this reason, this presentation is designed to facilitate conversations with faculty and staff to increase their capacity to support students with a tool belt of information and training in having supportive conversations. The goal of this project is to increase awareness, understanding, and empathy toward those who have experienced trauma, and to provide tools and resources to faculty in order to support those students. The goal is also to increase faculty and staff confidence in what their role is, what the laws and policies are, and how they can support the students in their classrooms who have experienced trauma.

I have created this manual with the intention of sustaining the presentation and making it possible for others to continue to present it. It is also intended to grow and evolve, gaining more nuance as more people work on it and as more discussions are held.

Who?

This presentation is specifically catered to faculty, staff, and professors at the university who often are in supportive roles for students without the proper tools and knowledge to best help. The workshop clearly defines the mandatory reporting duties of all faculty and staff at the university, but also facilitates a larger conversation about power dynamics, helping vs. saving, boundary setting, and simple tools to utilize in the classroom and in one-on-one meetings with students to be the best support.

How?

- Reach out to the Western community and ask if they would like to participate in the workshop! We have previously presented for the Philosophy department, the English department, the Health and Human Development department, Dean Paredes' administrative staff, and RAs. People have been very receptive to hold the training in their department; so do not hesitate to offer the training to any faculty or staff via email or in person. Also reach out to college deans and next year's student government body, including the student senate.
- Work with Deidre Evans, CASAS director, to send emails to professors offering the training as an alternative to a cancelled class at the beginning of each quarter.
- Get creative and use your connections. If you see a place you would like to implement the training, reach out and offer it.

## Philosophy

The philosophy of this presentation is to equip professors and staff with the tools and knowledge needed to support students through trauma in college while maintaining professionalism and their own boundaries. More broadly it is a presentation that focuses on empowering people to care for and support their community. The core philosophy is that the community we are educating knows best how to be a support system because they are the ones experiencing this. They need only be provided with knowledge, tools, and the space to hold conversations to be able to do so more effectively.

## Reading List

- Trauma-Informed Practices for Postsecondary Education: A Guide. *Education Northwest*.
  - A robust guide to trauma-informed practices in higher education.
- The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement. Shawn Ginwright Ph.D.
  - This article emphasizes the importance of shifting away from a deficit-based mindset that sees only a persons trauma and seeks to solve it. Rather, we must see the people we are supporting as whole human beings with complexities beyond their trauma.
- The Deepest Well. Healing the Long-Term Effects of Childhood Adversity. Nadine Burke Harris, M.D.
  - This book highlights how widespread trauma is, even when limited to traumas that occurred in childhood. It also gives an in depth but easily understandable scientific explanation for common responses to trauma, detailing the affects to our brains and bodies, and as a result, our behaviors.





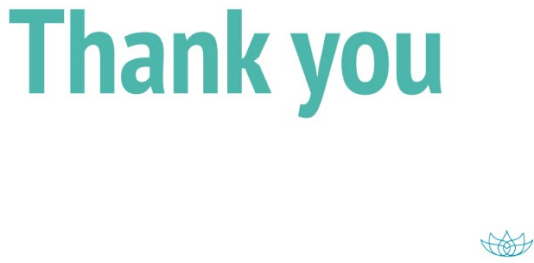





## Handling Questions

- Most importantly, know that you do not have to have all the answers or be an expert in trauma to give this presentation. The goal is to learn and grow as a group. However, trust that you do know what you are doing with the advocacy training you have successfully completed.
- If I do not know the answer to a good question, I will tell the audience that I don't know, but would love to hear some thoughts from the group. This way the question helps to facilitate more discussion. For example, when I presented to a group of resident assistants, a question came up during our discussion of boundaries about students seeking help from RAs in the middle of the night. I am not an RA and did not know whether this was a part of the job description, so I asked the crowd of RAs who have that shared experience and had far better insight than I could provide.
- If someone asks a question that is not particularly relevant or is beyond the scope of this presentation, it is okay not to try to answer it. You can simply redirect the conversation by letting them know that while it is a good question, it is not the purpose of this presentation. For example, someone may ask about perpetrator rehabilitation. This is not the focus of this presentation, because as an organization, CASAS focuses on survivor advocacy.

## Tips

- Make it your own! If want to re-order the slides in a way that makes more sense to you, do it. If you want to add or remove information, do it. My hope is that this presentation continues to grow and evolve with each person who works on it. It is meant to be a guideline for conversations, and that is only possible if you, the presenter, is comfortable and confident in the material. So, don't hold back from adding your own expertise and skills!
- Rely on the audience to do a lot of the work. You are facilitating a discussion between members of a community, whether that be a community of resident assistants, faculty, professors, or other community members. Remember that they know their community best, and they can find answers and solutions that you may not be able to see. I learn a lot from the audience each time I present, so rest assured that you do not need all the answers.
- It is helpful every once in a while to pause and ask for any questions thus far, and give the audience a chance to process the information.

## Implementation & Script

 <p><b>Understanding Trauma</b> Supporting Survivors</p> 	<p>Pull up this slide 5-10 minutes before start of presentation while people are being seated.</p> <p>“Welcome to this presentation on understanding trauma and supporting survivors.”</p> <p>Introduce yourself.</p>
 <p><b>Thank you</b></p> 	<p>“Thank you all for joining me today and for your participation!”</p>
 <p><b>Confidentiality</b></p> 	<p>“I’d like to begin by letting you know that this is not a confidential space. Please feel free to join in with your experiences and thoughts but be mindful that we cannot guarantee where that info will end up. Please refrain from sharing names and details and share only from your own experiences.”</p>
 <p><b>Who are we</b> Consultation and Sexual Assault Support (CASAS) 360 - 650 - 3700</p> 	<p>“I am an advocate with CASAS, which is Western’s confidential Consultation and Sexual Assault Support service.”</p> <p>I like to start by telling them a little about why I am passionate about this work. There’s no need for length and detail but showing that you care a lot about the work helps them care too!</p>

<p><b>Anatomy of a Nightmare</b></p> <ul style="list-style-type: none"><li>• What was the nightmare?</li><li>• What did you immediately do when you woke up?</li><li>• What did you do to make yourself feel safer?</li></ul> <hr/> 	<p>“Let’s jump in with our first activity!”</p> <p>Invite them to participate or sit it out.</p> <p>“Close your eyes and think back to when you were 5, 6, 7 years old, and think about a scary nightmare you had.”</p> <p>Pause.</p> <p>Ask audience questions on slide and get a few answers for each. Perhaps share your own example.</p> <p>“The purpose of this activity is to illustrate that our reactions to scary and traumatic things aren’t always what we think of as “rational” or “logical.” However, they are reactions and actions that help us to feel safer and return to our baseline, just like pulling the covers up close does.”</p>
<p><b>What is Trauma?</b></p> <p>“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.” - SAMHSA</p> <hr/> 	<p>Ask for a volunteer from the audience to read the definition aloud.</p> <p>“This is OUR chosen definition for this presentation, but there are many definitions of trauma, just as there is a vast diversity of experiences that trauma includes.”</p>
<p><b>What are Traumatic Events?</b></p> <ul style="list-style-type: none"><li>• Any shocking, scary, or dangerous event that affects someone emotionally (NIMH).</li><li>• Often are situations where some force has taken control away from the survivor.</li><li>• Can be a single event, or a series of short or long term events.</li></ul>  <hr/> 	<p>“So, what are traumatic events? They are any shocking, scary or dangerous events or a single event that affects someone emotionally. This can be the result of a person, natural event, or something else. A common theme is that control is taken away from the survivor. Remember that no two events or people are alike, so it is not our job to determine whether something was traumatic for someone. Rather we need only to trust their experience and reaction.”</p>

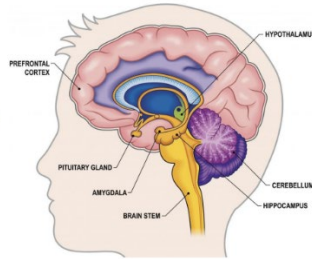
# Effects of Trauma



“Now we will jump into discussing the effects of trauma.”

## Effects on the Brain

- Altered processing through hemispheres
  - Confusion, distortions to logic
- Functional and structural changes to the hippocampus
  - “Smoke alarm”, heightened fear response



“Research shows clear evidence that there are changes to the brain as a result of trauma. One of these changes is an increased “smoke alarm” affect.”

“The “smoke alarm” affect is our body’s normal reaction to danger and helps keep us safe. This triggers the “fight or flight response. The freeze response is another, even more common response to fear.”

“Someone who has experienced a trauma or multiple traumas may have a heightened smoke alarm response, meaning they may react with fear to something that is not in actuality dangerous, or they may have a larger fear response than others.”

“Imagine for example, that you were out hiking, and as you came around a bend, a snake was in the path hissing. Now imagine later, you are walking through the garden and come around the bend to find a garden hose coiled up. You are startled, and have a heightened smoke alarm reaction to the hose.”

## Trauma Presentation and Social Implications

- Hypervigilance or hypovigilance
- Difficulty concentrating
- Avoidance
- Living in a constant state of fear or heightened anxiety
- Dissociation
- Shame, anger, sadness
- Sudden changes in behaviors, habits and schedules
- Intrusive thoughts
- Sleep disturbances
- Physical response
  - Chronic pain, headaches, stomach issues
- Coping mechanisms
  - Isolating from others
  - Never wanting to be alone
  - Substance use
  - Food
  - Work

What are the social implications of these responses to trauma?



“Take a moment to read through some of the presentations of trauma on the slide.”

Pause.

“Does anything stand out to you or are there any questions?”






Discuss the items brought up.

Familiarize yourself with definitions and examples for each bullet point. See the suggested readings and refer to the DVSAS training as well as your colleagues in CASAS for more help.

“What are the social implications of these responses?”

Guide the discussion to talking about how trauma can lead to a change in behaviors that may cause social isolation, loss of connection to people and things that they love, and difficulties in general.

“It’s important to note that some responses to trauma may seem more socially acceptable than others, such as working more or studying intensely and focusing on school, as opposed to socially stigmatized responses such as substance use. Remember that any change in behavior can have affects on someone’s life. If someone begins spending far more time at work than normal as a response to trauma, it may mean they are missing out on other parts of their life that used to feel good to them, such as hanging out with friends or relaxing alone. Finally, it important we don’t put judgements on a survivor’s coping mechanism to avoid isolating them further. A coping mechanism only becomes a problem when the survivor feels it is no longer serving them.

<p>One day you are rear-ended on the highway.</p>   <hr/>	<p>“To illustrate further, imagine that your drive to and from work everyday is your favorite time to have self-care, to listen to your favorite music or a podcast, and relax. Now imagine that one day you are rear-ended on the highway. How might this affect you?” <b>Direct toward answers like:</b></p> <ul style="list-style-type: none"><li>• Fear and hypervigilance while driving</li><li>• Avoidance of driving</li><li>• Loss of your self-care time</li><li>• Missing out on events and activities that require driving</li></ul>
<p><b>Retraumatization</b></p> <p>Defined as : “a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma.”</p>   <hr/>	<p>Have an audience member read the definition aloud.</p> <p>“Many things we might think of as helpful to a survivor, may actually be retraumatizing, such as reporting to police or getting a medical exam. This is because the survivor must retell their story. It also means that their story is in someone else’s hands, and no longer in their control, mimicking the loss of power of the traumatic event.”</p> <p>“The best way that we can avoid retraumatization is to allow the survivor to have agency over their own healing, and to make the choices themselves.”</p>
<p>Trauma Can Also Affect Those Close To The Survivor</p> 	<p>“As someone who is supporting a survivor of trauma or many survivors over time, you can be affected by that trauma. This is called secondary trauma, and often happens to people in helping roles. Secondary trauma has the same symptoms and treatments as primary trauma. In the coming slides we will talk about ways to protect yourself from secondary trauma.”</p>

# Survivor Support

## BOUNDARIES!



“When supporting a trauma survivor, or supporting anyone for that matter, it is important to set boundaries early on, not only for yourself, but for the person you are helping. This ensures that you don’t overpromise how much you can help and end up not being able to follow through. Setting boundaries is necessary to avoid burnout and protect yourself from secondary trauma. The first thing you learn in CPR is to ensure the scene is safe so that you do not put yourself in harms way. Setting boundaries is much like this, in that it keeps you safe while you are helping the survivor.”

“Setting boundaries can look like acknowledging your limitations and your ability to invest.”

“For example, you could say: “While I am not a therapist and cannot offer you those services, I am here to listen right now, and if you like I can help you find a therapist.””


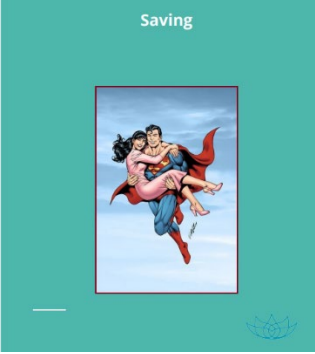
[Ask the group to come up with some more ideas to set boundaries.](#)





The fact that you are in a position to help gives you power over the survivor







“Seeking assistance is very vulnerable, particularly if someone has experienced trauma. If you are helping a person, this inherently puts you in a position of power. Furthermore, you may have institutional/societal power over that person in some way, which may come from your identity (race, gender, age, etc) or the particular power that comes from your relationship with this person (such as a faculty or staff/student relationship). Acknowledging your identities and your role in supporting the survivor can go a long way in reducing the power difference.”



	<p>“For example, you could say: “I am not undocumented, so I cannot begin to know what you are experiencing, but if you would like we can search for resources and people who do understand.”</p>
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><b>Helping</b></p>  </div> <div style="text-align: center;"> <p><b>Saving</b></p>  </div> </div>	<p>“Continuing with power dynamics, we are going to discuss the difference between helping and saving.”</p> <p>“Take a look at these images and tell me what you notice about the power dynamics.” <b>Discuss as a group.</b></p> <p>“Helping is working with someone to access the resources they need to solve their problem, while saving someone is solving the problem for them. Saving someone removes agency and control from the survivor, meaning they must rely on you now. It can also cause you to burn out and will not help either of you in the long run.”</p> <p>“Let’s do another example. Say you have a friend experiencing housing instability. How might you save that person? How might you help them instead?” <b>Discuss as a group.</b></p>
<div style="text-align: center;"> <h2 style="color: orange;">Context</h2> </div> <div style="background-color: #009688; color: white; padding: 10px; margin-top: 10px;"> <p>The survivor's individual identity and experiences must guide the conversation</p> </div>	<p>“Finally, remember that the survivor’s life and identity should drive the conversation. Refrain from making assumptions about what they need. Rather, wait for them to direct, or simply ask them what they are needing.”</p>

<p><b>Tripod of Support</b></p>  <ol style="list-style-type: none"> <li>1. Safety</li> <li>2. Support</li> <li>3. Sources</li> </ol> 	<p>“The tripod of support is a simple method for supporting everyone from trauma survivors to friends who had a rough day.”</p>
<p><b>Safety (and Safety Planning)</b></p> <p><b>Physical Safety</b></p> <ul style="list-style-type: none"> <li>• Do they feel their physical safety is compromised?</li> <li>• Identify what they think will happen (they are the expert)</li> <li>• Identify resources</li> </ul> <p><b>Psychological Safety</b></p> <ul style="list-style-type: none"> <li>• Do they feel their mental safety is compromised?</li> <li>• Ask the hard questions</li> <li>• Identify resources</li> </ul> 	<p>“The first step in the tripod of support is safety, both physical and psychological, and safety can look different for different people. Remember that there is a difference between feeling safe and being unsafe. Simply ask the survivor what would make them feel safe or feel safer. Whether it be moving to a calm, quiet location, getting a cup of tea, or something completely different, establishing a sense of safety is the first step.”</p> <p>“This also means feeling psychologically safe. If you are concerned, it is important to ask directly if someone is thinking of suicide. It will not put the idea in their head but instead will give them an opportunity to get help if they say yes.”</p>
<p><b>Example Questions</b></p> <ul style="list-style-type: none"> <li>• What makes you feel unsafe?</li> <li>• What makes you feel safer?</li> <li>• What specific actions can be done to do that?</li> <li>• What things can be done ahead of time?</li> <li>• Who is in my support network?</li> </ul> 	<p>“Here are some example questions. Remember that you don’t have to have all the solutions and ideas. The survivor likely knows what has made them feel safe in the past.”</p>

<p>All WWU Faculty and Staff (with few exceptions) are Mandated Reporters</p> 	<p>“This is a reminder that as faculty and staff at Western, you are Mandated Reporters. We will talk about what that means on the next slide, but can anyone tell me the three services on campus that are completely confidential?”</p> <ul style="list-style-type: none"> <li>• CASAS</li> <li>• Counseling Center</li> <li>• Health Center</li> </ul>
<p><b>If you are Faculty or Staff</b></p> <p>“Employees Must Report Sexual Misconduct. Employees have a duty to promptly report to the Vice Provost for Equal Opportunity, Title IX Coordinator, known or suspected incidents of sex discrimination, including sexual misconduct (except for those employees statutorily barred from sharing such information).”</p> <p>All inquiries concerning mandated reporting can be referred to Western’s Title IX Coordinators</p> 	<p>“As employees, you must report to the Equal Opportunity office if you hear about sexual misconduct. When talking with students, it is a good idea to remind them of this fact, so they can be aware before disclosing any information.”</p> <p>“If someone discloses information without realizing, let them know that you need to report what you heard. However, they can be involved, and you can work together or go to the office to report together. This can help maintain some agency for the survivor. It is important to maintain the relationship and not shut down the conversation because you need to report. CASAS can also help a survivor to report.”</p> <p>“If you have any additional questions, feel free to speak with Western’s Title IX Coordinators.”</p>
<p><b>Support</b></p> <p>Active Listening</p> <ul style="list-style-type: none"> <li>• Validation</li> <li>• Avoid shame or blame</li> <li>• Survivor centered</li> </ul> <p>Agency</p> <ul style="list-style-type: none"> <li>• Let them do it</li> <li>• Use their language</li> </ul> <p><a href="https://www.youtube.com/watch?v=1Evguq3">https://www.youtube.com/watch?v=1Evguq3</a></p> <p>These are things we often do every day.</p>  	<p>“After ensuring that the survivor is feeling safer, support is the next step. This step may look different depending on your relationship with the survivor and how close you are, but it will always involve active listening and validation. A simple way of showing that you are actively listening, is to repeat back to the person what you just heard them say in your own words. This makes people feel heard and cared about.”</p>

Ask for any questions about the active listening skills. I like to point out the neutral language and let them know that while this means not judging people negatively with our language, it also means not being overly positive as well. For example, if a survivor leaves their abusive partner, we may be inclined to celebrate and congratulate them. However, they may not feel happy about it, or they may be contemplating returning to the relationship for a variety of reasons. Congratulating them in this case may make them feel unheard. Now watch the video and discuss as a group. Ask for people to share what they noticed, what they liked, and what they didn't like about the video if anything.

### What could you say?

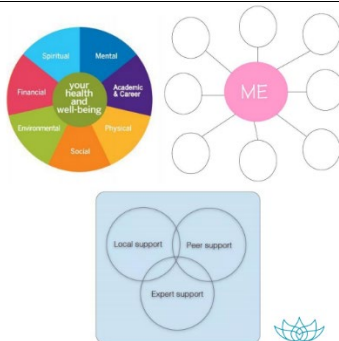
I believe you.	I am so sorry this is happening to you.	Thank you for sharing this.
I don't even know what to say right now, but I am so glad you told me.	I am just so sorry you've experienced all of this.	Thank you for telling me.
It's not your fault.	You are not alone.	You get to choose what you do next.







“Here are some simple example sentences that you may find useful. Remember that the person you are helping has specifically come to you for help, so be yourself! If you wouldn't say a phrase on here, don't worry, and adjust it to feel right to you.”


### Sources

- Boundaries
- Agency
- You don't have to have all the answers
- Appropriate referrals
- Survivor centered
- What resources are in your community?



“The last step in the tripod of support is sources, or resources.”  
 “We cannot be experts in everything, and we don't have to be. That is when resources such as friends, family, community services, and other support people come into play. You are working to build a support network so that you are not alone in supporting the survivor.”  
 “When referring to resources, be sure that the survivor wants those resources, that they are relevant, and that they are limited to what is needed at the moment

	<p>so as not to be overwhelming.”</p> <p>“Again, ask the survivor what would be helpful to them, and then work together to seek out that resource. For example, you could make a few phone calls together, or walk with someone to the counseling center.”</p>
<p><b>WWU Confidential Resources</b></p> <p><b>CASAS: Consultation and Sexual Assault Support Services</b>          -General CASAS Voicemail line: 360-650-3700          -Email CASAS: casas@wwu.edu          -Meet one-on-one with the CASAS coordinator or a Peer Advocate</p> <p><b>Student Health Center</b>          -Call 360-650-3400 to schedule an appointment          -Same day appointments are available</p> <p><b>Counseling Center</b>          -Call 360-650-3164 to schedule an appointment          -After hours support: 360-650-3164</p> 	<p>“Here are the three confidential resources at Western, meaning they are not mandated reporters.”</p>
<p><b>Community Resources</b></p> <p><b>DVSAS</b>          -Domestic Violence and Sexual Assault Services          -24 hour Hotline: CALL 1.877.715.1563</p> <p><b>St. Joseph's Medical Center</b>          -Emergency and Trauma Care          -360-734-5400</p> 	<p>“And here are some examples of community resources.”</p>
<p><b>Practice Time!</b></p>  <ol style="list-style-type: none"> <li>1. Safety</li> <li>2. Support</li> <li>3. Sources</li> </ol> 	<p>“Now it’s time to practice!”</p> <p>Have participants get in groups of 3 to 5 people, depending on size of the group. Cater the scenario you choose to the audience. For example with professors, ask them to discuss their process of implementing the tripod of support when a student comes to them who has fallen behind in their course due to a recent trauma. Another scenario you could pose is “what could you do to support a student who seems like they are about to disclose a sexual violence incident?”</p>

	<p>Give them 5 minutes to discuss, then come back together and give each group a chance to share out their ideas.</p>
<p><b>Questions?</b> Thank you!</p>  <p>CASAS 360-650-3700 casas@wwu.edu</p>	<p>“This concludes our presentation! Are there any final questions?” “Thank you.”</p>

## Handout Samples

**THE TRIPOD OF SUPPORT**

**SAFETY**

**PHYSICAL & PSYCHOLOGICAL**

"Do you feel safe right now?"

"What would make you feel safer?"

Ask the hard questions:  
"Are you thinking of hurting yourself?"

**SUPPORT**

**ACTIVE LISTENING**

Validation

Avoid Shame or Blame

"I am so sorry this is happening, thank you for telling me"

"I believe you"

**(RE)SOURCES**

**CONNECTION TO COMMUNITY**

A support network involves friends, family, and community resources - on the survivors terms

Search for specific and relevant resources near you

**YOU DON'T HAVE TO HAVE ALL THE ANSWERS**

And you don't have to do it alone. Ask questions when you are unsure, allow the survivor to guide the conversation, and refer to resources to create a network of support.

[https://www.canva.com/design/DADaCqdEuOQ/JOQOiiX\\_hdkTKOJTU7fNBg/edit](https://www.canva.com/design/DADaCqdEuOQ/JOQOiiX_hdkTKOJTU7fNBg/edit)

**Full Slides**

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# Understanding Trauma

— Supporting Survivors —

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# Thank you





# Confidentiality



## Who are we

Consultation and Sexual Assault Support (CASAS)

360 - 650 - 3700



## Anatomy of a Nightmare

- What was the nightmare?
- What did you immediately do when you woke up?
- What did you do to make yourself feel safer?



## What is Trauma?

“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.” - SAMHSA



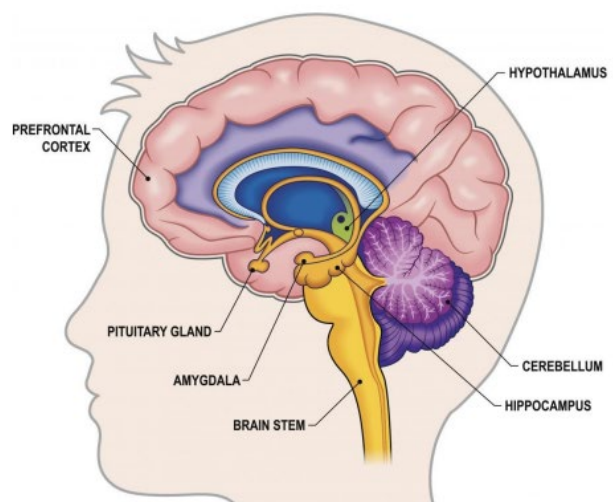
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- Any shocking, scary, or dangerous event that affects someone emotionally (NIMH).
- Often are situations where some force has taken control away from the victim.
- Can be a single event, or a series of short or long term events.



## Effects on the Brain

- Altered processing through hemispheres
  - Confusion, distortions to logic
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# Effects of Trauma



## Trauma Presentation and Social Implications

- Hypervigilance or hypovigilance
- Difficulty concentrating
- Avoidance
- Living in a constant state of fear or heightened anxiety
- Dissociation
- Shame, anger, sadness
- Sudden changes in behaviors, habits and schedules
- Intrusive thoughts
- Sleep disturbances
- Physical response
  - Chronic pain, headaches, stomach issues
- Coping mechanisms
  - Isolating from others
  - Never wanting to be alone
  - Substance use
  - Food
  - Work

**What are the social implications of these responses to trauma?**



One day you are rear-ended on the highway.



---

## Retraumatization

Defined as : “a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma.”



Trauma Can Also Affect  
Those Close To The  
Survivor



# Survivor Support

**BOUNDARIES!**



The fact that you are  
in a position to help  
gives you power over  
the survivor



**Helping**



**Saving**



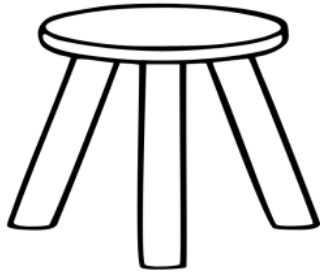


# Context

The survivors individual identity and experiences must guide the conversation



## Tripod of Support



1. Safety
2. Support
3. Sources





## Example Questions

- What makes you feel unsafe?
- What makes you feel safer?
- What specific actions can be done to do that?
- What things can be done ahead of time?
- Who is in my support network?



## Safety (and Safety Planning)

### Physical Safety

- Do they feel their physical safety is compromised?
- Identify what they think will happen (they are the expert)
- Identify resources

### Psychological Safety

- Do they feel their mental safety is compromised?
- Ask the hard questions
- Identify resources



# All WWU Faculty and Staff (with few exceptions) are Mandated Reporters



## If you are Faculty or Staff

**“Employees Must Report Sexual Misconduct. Employees have a duty to promptly report to the Vice Provost for Equal Opportunity, Title IX Coordinator, known or suspected incidents of sex discrimination, including sexual misconduct (except for those employees statutorily barred from sharing such information).”**

All inquiries concerning mandated reporting can be referred to Western’s Title IX Coordinators



These are things we often do every day.

## Support

### Active Listening

- Validation
- Avoid shame or blame
- Survivor centered

### Agency

- Let them do it
- Use their language

<https://www.youtube.com/watch?v=1Evwqu3>



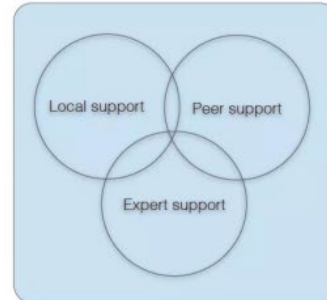
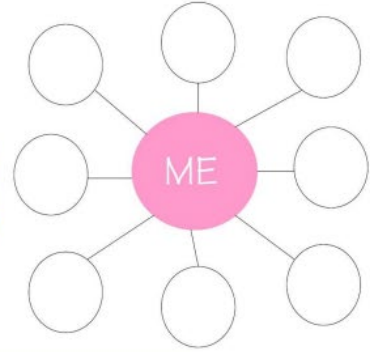
## What could you say?

I believe you.	I am so sorry this is happening to you.	Thank you for sharing this.
I don't even know what to say right now, but I am so glad you told me.	I am just so sorry you've experienced all of this.	Thank you for telling me.
It's not your fault.	You are not alone.	You get to choose what you do next.



## Sources

- Boundaries
- Agency
- You don't have to have all the answers
- Appropriate referrals
- Survivor centered
- What resources are in your community?



## Community Resources

### DVSAS

- Domestic Violence and Sexual Assault Services
- 24 hour Hotline: CALL 1.877.715.1563

### St. Joseph's Medical Center

- Emergency and Trauma Care
- 360-734-5400

### Reporting Options: University reporting and/or police reporting

- EOO
- University Police
- Bellingham Police



## WWU Confidential Resources

### **CASAS: Consultation and Sexual Assault Support Services**

- General CASAS Voicemail line: 360-650-3700
- Email CASAS: [casas@wwu.edu](mailto:casas@wwu.edu)
- Meet one-on-one with the CASAS coordinator or a Peer Advocate

### **Counseling Center**

- Call 360-650-3164 to schedule an appointment
- After hours support: 360-650-3164

### **Student Health Center**

- Call 360-650-3400 to schedule an appointment
- Same day appointments are available



## Practice Time!

1. Safety
2. Support
3. Sources



**Questions?**

Thank you!

CASAS

360-650-3700

[casas@wwu.edu](mailto:casas@wwu.edu)



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