

## Secondary Wounding As Compounding The Trauma Response Cycle

Note:

*Avalon Centre recognizes that men, women, and children experience sexual violence at different stages of the life cycle. Sexual Violence continues to exist because of the patriarchal power imbalances that exist between men and women and the systemic inequalities that impact on sex, gender, sexual orientation, gender identity, race/ethnicity, class, and religion. As a result of gender/racial stereotypes and sexual assault myths sexual violence is perpetuated and often condoned within our society. Often there is a perceived right to commit sexual assault as a result of entitlement, relationship to the victim, in war, and/or as a result of beliefs about the victim. This dynamic of violence in the context of power and control is reflected in all acts of sexual violence regardless of the sex of the perpetrator or of the victim.*

*Most of our experience stems from our work with women who have experienced sexual violence and the focus of this workshop is on working with adult women who have experienced sexual assault and/or childhood sexual abuse. During this session we will refer to “women who have been sexually assaulted”, “sexually assaulted women”, “victims/survivors of sexual assault/abuse/violence, as well as variations of these terms. This approach does not deflect from the reality of men or children who have also experienced sexual violence. The information and tools demonstrated or explained in this workshop can also be adapted to reflect the specific needs of male and child/youth survivors of sexual violence.*

### **Overview: Contributing Factors**

#### Definition

“Secondary wounding occurs when people respond to a woman who has been sexually assaulted by either making her feel ashamed or blaming her for the sexual assault. Victims/survivors can experience secondary wounding from friends and family, total strangers, through the media, and from service providers from whom they seek support. The reaction of service providers to disclosures of sexual violence has a direct impact on how that

Survivor will continue on the journey of healing. Blaming the victim on any level increases the victim’s sense of self- blame and low self- esteem. Secondary wounding can occur when a response:

- shames a victim/survivor for having been part of the traumatic sexual violence
- shames a victim/survivor for their reactions to the event
- shames a victim/survivor for the symptoms/coping mechanism they have developed as a result of the event
- minimizes or discounts the magnitude of the event (s), its meaning to the victim/survivor, or its impact on the victim/survivor's life
- blames the victim/survivor in any way for what happened
- ridicules or is condescending toward the victim/survivor
- misinterprets the victim/survivor's psychological distress as a sign of deep psychological problems or moral or mental deficiency
- implies that the victim/survivor's symptoms reflect their desire for financial gain, attention, or unwarranted sympathy
- punishes the victim/survivor, rather than the offender, or in other ways deprives the victim/survivor of justice

(Aphrodite Matsakis, 1994)

#### Types of Secondary Wounding

##### **Deliberate or Intended:**

- Blaming the victim/survivor – “It’s your fault”
- Disbelief – “I don’t believe you”, “You are lying”
- Refusing service to the victim/survivor
- Deliberate discrimination (based on the assault, race, sexual orientation, life style, mental health status, prior history or relationship with the victim/survivor
- Inappropriate, disrespectful behaviour, treatment

**Unintentional/Inadvertent/Lacking Awareness:**

- Failure to fully explain mandate of service, boundaries, your role/responsibilities as a service provider (i.e. confidentiality, duty to report)
- Failure to fully inform or provide options, withholding information, acting without consent, making decisions on behalf of the victim/survivor – this is often done by the service provider to “protect” or in the best interest of the victim/survivor; but can instead contribute to the level of trauma experienced and further adds to the stigma of being a “victim”
- Implying disbelief or blame through comments or questions (i.e. asking why the woman didn’t disclose sexual abuse/assault to someone before, or implies that she assault occurred because she put herself at risk)

**Internalized:**

- The victim/survivor may expect or perceive the comments/actions of the service provider or support person to be judgmental and/or disbelieving because of prior experience, self blame, and/or internalized discrimination/oppression
- Internalized secondary wounding can cause the victim/survivor to present to or respond to the service responder in a hostile or defensive way. This can cause the service provider to then react in a way that is self-fulfilling in that it further adds to the secondary wounding.

**Systemic:**

- Lack of resources, limited understanding about sexual violence, barriers and or issues that service providers face within their agencies can contribute to secondary wounding. (i.e. heavy case loads and long wait lists, internal policies/procedures, “burnout” and or secondary/vicarious trauma stress)
- Often sexual assault myths, stereotypical beliefs based on gender, race, sexual orientation, age, etc. become part of the systemic response to victims/survivors of sexual assault.
  - The belief that women claim to be sexually assaulted because they are mentally ill instead of recognizing the mental health issue as a response to the sexual assault
  - The inherent belief that anyone who says they were sexually assaulted is lying – it often becomes part of the role of the service provider to “prove” that sexual assault occurred
  - The use of the victim’s past sexual history, lack of credibility, psychiatric history, etc. as a way to discredit her testimony during a sexual assault trial

Why secondary wounding has such an impact

A study by the American Psychological Association found secondary wounding experiences rampant among victims of crime and violence. Some victim’s reported that their secondary wounding experiences were more painful and devastating than the original traumatic event.

Both our self- identity and our worldview are deeply affected following trauma at the hands of another person and particularly in the case of such an intrusive trauma as sexual abuse. Foa and Ruthbaum (1998) name two trauma based beliefs that develop in reaction to the violation. They are the belief by the person that they are incompetent and the belief that the world is an unsafe place.

McCarthy (1986) discusses that a victim can internalize a long- term, disempowering “victim identity” which causes low self- esteem and feelings of helplessness depending on the nature of the traumatic event (s) itself and secondary wounding experiences. McCarthy states that this debilitating self-identity occurs when the victimized person “has internalized society’s perception of victim’s as incompetent, inferior, careless or immoral or having some other (usually negative) quality that caused the trauma

If sexually assaulted women encounter secondary wounding beliefs or responses from others, they may perceive that everyone they disclose to will treat them/act the same way. This may prevent them from disclosing sexual assault and/or seeking support. They may also develop coping responses or behaviours to dealing with secondary wounding when presenting to service providers.

## **The Support Provider's Role:**

### The Impact of Secondary Wounding on Service Providers

When discussing trauma responses, we often focus on the victim/survivor's reaction to how events occur to them. We look at their behaviour, how they act. To only look at sexual assault trauma and secondary wounding from this perspective only further perpetuates the belief that secondary wounding is a "problem" that the victim/survivor has. This approach doesn't take into account the responsibility of the support provider, nor does it hold systemic and social factors responsible for causing/perpetuating secondary wounding.

If service providers are unaware of what secondary wounding is and its impact on women who have experienced sexual violence then they can continue to perpetuate secondary wounding in their responses to victims/survivors thus causing further harm. Also, not recognizing the reality of secondary wounding can cause the service provider to internalize the stereotypical beliefs about women who are sexually assaulted therefore continuing the cycle of secondary wounding.

It is important for service providers to recognize their personal and professional beliefs and practices that can perpetuate secondary wounding in order to prevent it from reoccurring. The service provider also has a responsibility to minimize and/or counteract the affects of secondary wounding that have already occurred.

## **Counteracting Internalized Secondary Wounding:**

### What is needed to counteract the trauma belief system and secondary wounding?

What happens post-trauma is crucial to counteract these trauma beliefs and to avoid secondary wounding.

According to McCarthy (1986), the reality that the person is a victim of a crime needs to be acknowledged and then the person needs help to move into "survivor identity" in order to heal. The key difference between victim and survivor is regaining control over one's environment (body and life), as this is what was taken away when the victimization occurred.

Therefore, it is very important that in every possible way, the woman is given back control in the aftermath. This includes procedures and options being clearly explained in a step-by-step manner by interveners. In order for survivors to rebuild a sense of self-identity, which is healthy, along with a worldview that allows them to fully participate in life, they need to establish healing connections with others, which reflect support and belief.

Community connection is a key in that the response of the community has a powerful influence on the ultimate resolution of the trauma and seeing the world as a balanced place where there is justice and fairness. This means acknowledgment of the violation and some form of response to assign responsibility for the harm, where it belongs, in order to rebuild trust.

There are many ways that service providers can minimize/prevent the occurrence and the effects of secondary wounding.

### Developing/Re-establishing Trust and Rapport

As a service provider you may encounter victims/survivors who have experienced secondary wounding. Being aware of the impact of secondary wounding and how to address it, will enable service providers to establish healthy, respectful relationships with their clients and minimize the risk of further secondary wounding. There are approaches that service providers can take individually as well as organizationally that will reduce the risk of and/or prevent secondary wounding. It's helpful to plan how to reduce/prevent

secondary wounding on an organizational level in your day to day work, as well as how to deal with the potential to secondary wound in the moment when working with a victim/survivor.

Organizational:

- Some women who have been sexually assaulted may expect to be treated differently by service providers or may feel that your response to them is because of their sexual assault status. Agencies and organizations can develop procedures, policies, and protocols that they would consistently follow with every client (i.e. standard confidentiality policy that is followed the same way with every client. Agreement on how/when this is explained to clients). This approach would ensure that all clients, regardless of their situation are treated the same and/or are provided the same level of service. Agencies adopt a “best practice” policy for situations that need to be handled on a case by case or individual basis
- Women who have been sexually assaulted sometimes experience secondary wounding when their sense of control over their situation is taken away or they feel that they have not had a say in how their situation is dealt with. This perpetuation of them being treated as a helpless victim enhances the trauma of the loss of power and control at the hands of the rapist/abuser. When possible, service providers ensuring that procedures be fully explained to victims/survivors so that they can make informed decisions and have input into how you proceed on their behalf. This will demonstrate that you recognize the person and her/his capabilities beyond that of a victim.

Individual/In the moment:

- Explain your role and what you are able to provide the victim/survivor. It’s okay to put boundaries in place
- Recognize that if a client is reluctant, non responsive, is angry or defensive, or is expecting a negative or predetermined response from you, it may be because of how they have been treated by others they have disclosed to. Acknowledge their emotions without responding negatively to it and/or getting caught up in it yourself
- Be conscious of the role language plays. Often how we refer to the individual, the terms we use to describe the situation may imply a lack of respect for the client or an inability to see them as anything but a victim.
- Respond to the person as an individual and not just as part of a generic group of “victims/survivors”. This acknowledges that while you recognize that they may be dealing with issues that may be common to other people who have experienced sexual violence, you are still aware that they have individual needs and issues relevant to their situation, and their reality.

**Individual Advocacy/Support To Prevent/Address Secondary Wounding:**

- Accompaniment to hospital for forensic exam or to police station to give a statement
- Court support
- Offer to mediate or intervene
- Provide support or accompaniment when dealing with other service providers
- Writing letters, calling or meeting with other service providers on client’s behalf
- Explaining legal/court process and ensuring the woman knows her options before she makes a decision before proceeding
- Ensuring that the client has access to other support agencies to address other issues/needs (i.e. language interpreter, mental health services, women’s shelter, etc.)
- Supporting a woman in her own individual efforts to empower herself and take control of her life after sexual assault, and/or to address or challenge inequality/discrimination/secondary wounding she experiences.