



## Resources and Recovery Assistance

- 1in6 Online Helpline (**1in6.org**): Assistance focused on male survivors, provides support to happier, healthier future.
- CG-114 USCG Sexual Assault Prevention Response & Recovery (SAPRR)  
**https://www.dcms.uscg.mil/SAPRR**
- Gift from Within Website (**giftfromwithin.org**): For survivors of trauma and victimization, PTSD treatment and recovery, maintains international peer support network.
- HRSA Health Centers-Human Resources and Services Administration (**bphc.hrsa.gov**): Health and mental health services, regardless of ability to pay.
- National Center for Victims of Crime (**victimsofcrime.org**): Resources and advocacy to help victims of crime rebuild their lives.
- National Sexual Assault Hotline (**rainn.org** /800-656-HOPE): Managed by the Rape, Abuse and Incest National Network (RAINN), provides crisis/sexual assault intervention services, referrals for long-term support, maintains database of state laws.
- NSVRC-National Sexual Violence Resource Center Website (**nsvrc.org**): National network of community-based rape crisis centers in every state and territory, and other resources.
- PTSD Coach is a smartphone application from the U.S. Department of Veterans Affairs (VA) to help people experiencing PTSD learn about and manage their symptoms (**http://www.ptsd.va.gov/public/pages/ptsdcoach.asp**).
- Safe Helpline (**safehelpline.org**/877-995-5247): Also managed by RAINN, provides crisis/sexual assault support services for members of the DoD community, addresses transitioning service member needs.
- SAMHSA-Substance Abuse and Mental Health Services Administration National Helpline (**samhsa.gov**/1-800-662-HELP): Referrals to providers/facilities as well as to state-funded treatment programs.

**T**rauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or threatening and that has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being. (SAMHSA).

“ *it is important to remember that what happened is not nearly as important as what the trauma means to the individual.* ”

### EVENT

An event takes place that is part of a situation that involves actual or extreme threat of physical or psychological harm such as sexual assault.

### EXPERIENCE

The individual's perception of the event. How the individual assigns meaning, labels the event, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic.

### EFFECTS

Adverse effects from a traumatic event including an inability to cope with the normal stresses or daily living; to trust and benefit from relationships; to manage cognitive processes (i.e. memory, attention, thinking); to regulate behavior or control their expression of emotions.



**EFFECTS** associated with traumatic events such as sexual assault may include some, all, or any combination of the following:

### **Emotional**

- Anger, fear, sadness, and shame
- Denial of feelings, numbness, or lack of emotions
- Self medicating or substance abuse
- High risk or self injurious behaviors
- Eating disorders
- Compulsive behaviors

### **Physical**

- Somatic complaints (focus on physical symptoms)
- Sleep disturbances
- Gastrointestinal, cardiovascular, neurological, musculoskeletal, respiratory, and dermatological disorders
- Urological problems
- Substance use disorders

### **Developmental**

- Sleep problems
- Increased agitation
- Hyper vigilance
- Isolation or withdrawal
- Increase use of alcohol or drugs

**T**rauma hides in plain view. Every system and organization has the potential to re-traumatize people and interfere with recovery and healing.

### ***Potential causes of re-traumatization:***

- Lack of awareness that there is a traumatic history in personnel that may significantly affect his or her life
- Challenging or discounting reports of abuse or other traumatic events
- Isolation or restraint
- Events, exercises, or training that may humiliate or trigger the individual's traumatic experience
- Confrontational approaches in counseling or conversation
- Allowing bullying or retaliation, or shaming to occur without command intervention such as rumors, joking, or other forms of harassment
- Labeling behavior/feelings as pathological
- Failing to provide adequate safety and security within the unit
- Limiting participation in care and treatment decisions and planning processes
- Non private situations such as urinalysis, weight programs
- Poor command climate
- Limiting access to services
- Lack of consistent or competent leadership within the unit



# Stages of Recovery

An understanding of the stages of recovery for victims of trauma and how to recognize when someone under your command may need resources in processing through those stages are noted below.

## **Stage 1: Safety and Stabilization**

Traumatic events can destroy assumptions about safety. Those affected by trauma tend to feel unsafe in their bodies and in their relationships with others. The re-establishing safety is the first and most central step in recovery separate and apart from whether the details of the trauma are ever spoken or not. Central to the experience of trauma is helplessness, isolation and the loss of power and control.

## **Stage 2: Remembrance and Mourning**

This is where the processing of the trauma takes place and is best undertaken with a trained counselor or therapist. Attending to safety allows the person affected by trauma to move through this phase in a way that integrates the story of the trauma rather than reacts to it in a fight, flight or freeze response. This phase involves the important task of exploring and mourning the losses associated with the trauma and providing space to grieve and express their emotions.

## **Stage 3: Reconnection and Integration**

In this phase there is a creation of a new sense of self and a new future. This final task involves redefining oneself in the context of meaningful relationships. Through this process, the trauma no longer is a defining and organizing principle in someone's life. The trauma becomes integrated into their life story but is not the only story that defines them. The person affected by trauma recognizes the impact of the victimization but are now ready to take concrete steps towards empowerment and self determined living.

## **Behavioral**

- Avoidant, self medicating, compulsive, impulsive, and/or self injurious behavior (cutting and burning among most common)
- Self destructive - substance abuse, restrictive or binge eating, reckless automobile driving, or high risk impulsive behavior
- Attempts to regain control - aggressive or subconscious reenacting aspects of the trauma

## **Cognitive**

Trauma can alter three main cognitive patterns:



## **Social**

- Support avoidance
- Relationship and social support breakdowns
- Isolation
- Homelessness
- Attachment difficulties



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**Recovery** is the primary goal for those who have experienced trauma. Recovery is an individual experience that will look and be different for everyone, it may take weeks, months, or years. Recovery is the ability to live in the present without being overwhelmed by the thoughts and feelings of the past. It is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential and return to wellness.



**A** program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for healing; **recognizes** the signs and symptoms of trauma in personnel involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

A trauma-informed approach to recovery incorporates three key elements:

1. **Realizing** the prevalence of trauma in an individual;
2. **Recognizing** how trauma affects all individuals within the organization and workplace;
3. **Responding** by putting this knowledge into practice.

*“My supervisor and chain of command missed my very obvious signals that something momentous was happening in my life. I was previously a high performer. If someone’s performance drastically changes, they are probably dealing with something big and challenging.”*

Service organizations are confronted by the signs and symptoms of trauma every day, and yet often fail to see it and make the necessary connections.

In order to establish workforce resiliency, commands are charged with providing a healthy, safe and supportive environment that provides the necessary resources needed to maintain mission readiness to its personnel. Expanding awareness of resources and sharing information on resilience to our broad Coast Guard community is crucial to the success of recovery in victims of trauma.

Recovery is not defined by complete absence of thoughts or feelings about the traumatic experience but being able to live with it in a way that it isn’t in control of your life.

Responding to trauma in an individual should be left to the care of professionals such as Sexual Assault Response Coordinators (SARC), Victim Advocates (VA) or Health Care Personnel (HCP). Ensuring that those in your command have the necessary support and resources available to them can help lead them to recovery. Poor performance evaluations and counseling or putting them into a position that pressures them to disclose a traumatic experience may inadvertently disrupt their path to recovery.