



DEFENSE CENTERS
OF EXCELLENCE

For Psychological Health
& Traumatic Brain Injury

The Impact of Sexual Assault and Treatment Options

August 27, 2015; 1-2:30 p.m. (ET)

Presenter:

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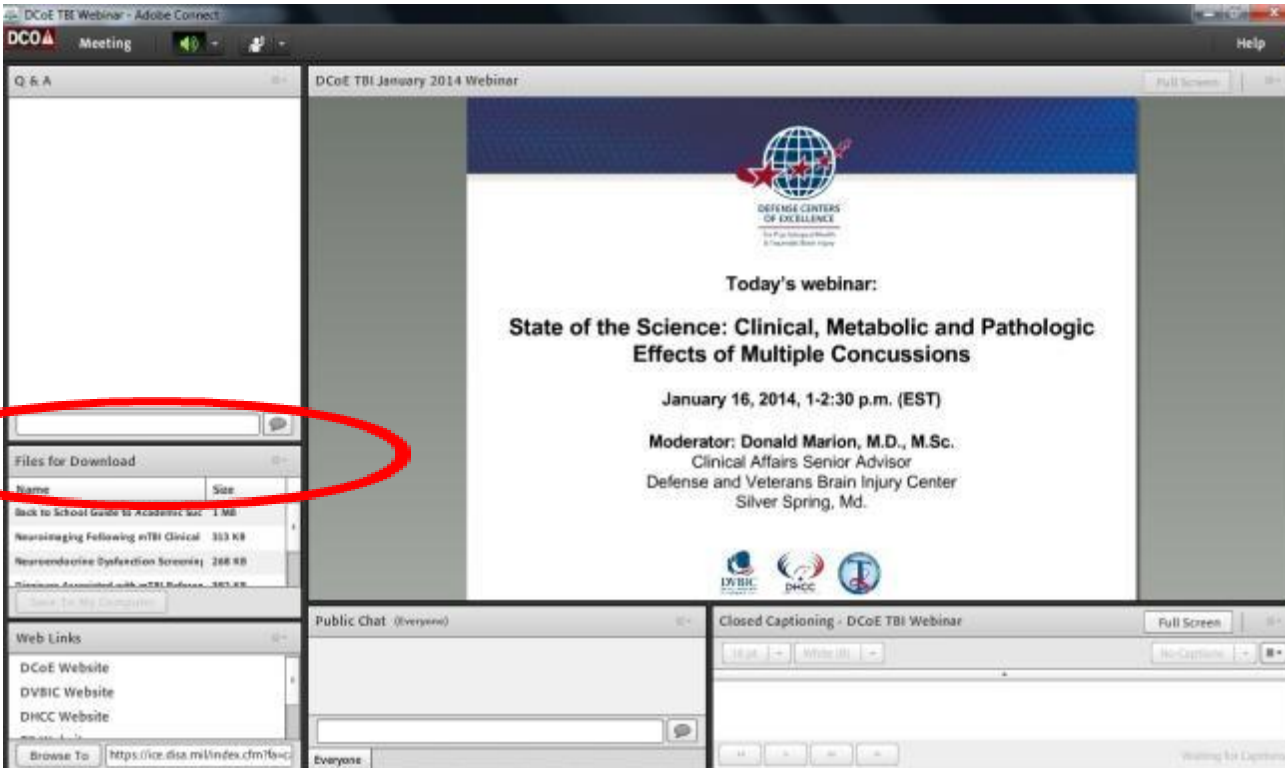


Webinar Details

- Live closed captioning is available through Federal Relay Conference Captioning (see the “Closed Captioning” box)
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Resources Available for Download

Today's presentation and resources are available for download in the "Files" box on the screen, or visit dvbic.dcoe.mil/online-education



The screenshot displays a webinar interface with several panels. The main content area features the Defense Centers of Excellence logo and the following text:

Today's webinar:
State of the Science: Clinical, Metabolic and Pathologic Effects of Multiple Concussions
January 16, 2014, 1-2:30 p.m. (EST)
Moderator: Donald Marion, M.D., M.Sc.
Clinical Affairs Senior Advisor
Defense and Veterans Brain Injury Center
Silver Spring, Md.

Logos for DVBIC, DHCC, and DCoE are visible at the bottom of the main content area.

The 'Files for Download' panel is circled in red and contains the following table:

Name	Size
Back to School Guide for Academics.doc	1 MB
Neuroimaging Following mTBI Clinical	353 KB
Neuroendocrine Dysfunction Screens	266 KB
Diagnosis Associated with mTBI Referral	383 KB

Below the table is a 'Web Links' panel with the following entries:

- DCoE Website
- DVBIC Website
- DHCC Website

A 'Public Chat' panel is also visible, showing a message from 'Everyone'.

Continuing Education Details

- DCoE's awarding of continuing education (CE) credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.
- The authority for training of contractors is at the discretion of the chief contracting official.
 - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

Continuing Education Accreditation

- This continuing education activity is provided through collaboration between DCoE and Professional Education Services Group (PESG).
- Credit Designations include:
 - 1.5 AMA PRA Category 1 credits
 - 1.5 ACCME Non Physician CME credits
 - 1.5 ANCC nursing contact hours
 - 1.5 APA Division 22 contact hours

Continuing Education Accreditation

Physicians

This activity has been planned and implemented in accordance with the essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). Professional Education Services Group is accredited by the ACCME as a provider of continuing medical education for physicians. This activity has been approved for a maximum of 1.5 hours of *AMA PRA Category 1 Credits*™. Physicians should only claim credit to the extent of their participation.

Physician Assistants

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Nurses

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Occupational Therapists

(ACCME Non Physician CME Credit) For the purpose of recertification, The National Board for Certification in Occupational Therapy (NBCOT) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Occupational Therapists may receive a maximum of 1.5 hours for completing this live program.

Continuing Education Accreditation

Physical Therapists

Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit™. Physical Therapists may receive a maximum of 1.5 hours for completing this live program.

Psychologists

This Conference is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

Other Professionals

Other professionals participating in this activity may obtain a General Participation Certificate indicating participation and the number of hours of continuing education credit.

Continuing Education Details

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- The online CE evaluation will be open through **Thursday, September 10, 2015.**

Questions and Chat

- Throughout the webinar, you are welcome to submit technical or content-related questions via the Q&A pod located on the screen. **Please do not submit technical or content-related questions via the chat pod.**
- The Q&A pod is monitored during the webinar; questions will be forwarded to presenters for response during the Q&A session.
- Participants may chat with one another during the webinar using the chat pod.
- The chat function will remain open 10 minutes after the conclusion of the webinar.

Summary and Learning Objectives

According to a Department of Health and Human Services, Children's Bureau fiscal year 2012 report, U.S., state and local child protective services received an estimated 3.4 million referrals of children being abused or neglected. Of these child victims, 9 percent were victims of sexual abuse. The National Intimate Partner and Sexual Violence Survey 2010 Summary Report identified that one in two women (44.6 percent) and one in five men (22.2 percent) experienced sexual violence other than rape in their lifetime. Victims of sexual assault often experience a range of psychological and emotional disorders including rape trauma syndrome, depression, anxiety, and post-traumatic stress. The psychological and emotional trauma these victims experience can also manifest itself in physical reactions such as stomach aches, headaches, and back problems. Well-researched trauma-informed treatment approaches and applicable prevention methods have shown positive outcomes for reducing the impact of the abuse.

Webinar participants will:

- Illustrate the acute and long-term consequences of sexual abuse and assault relevant to providers
- Describe treatment considerations for both the child and adult victim
- Identify prevention initiatives

Ms. Jennifer Pierce-Weeks, RN, SANE-A, SANE-P



- Graduate of St. Mary's Hospital School of Nursing, Amsterdam, NY
- Board Certified as a Sexual Assault Nurse Examiner for adults and pediatrics
- Currently serving as the Education Director for the International Association of Forensic Nurses
- Contributing author to an edition of the Atlas of Sexual Violence and Forensic Health Online
- Published research in the Journal of Forensic Nursing and the Journal of Emergency Nursing

Disclosures

- The views and opinions expressed in this presentation are those of Ms. Pierce- Weeks and do not represent official policy of the Department of Defense (DoD), the United States Army or DHCC.
- I have no financial relationship with any vendor or contractor.
- I do not intend to discuss the off-label/investigative (unapproved) use of commercial products or devices.

The Impact of Sexual Assault and Treatment Options

*Jennifer Pierce-Weeks, RN, SANE-A, SANE-P
Education Director, IAFN*

Objectives

- Illustrate the acute and long term consequences of sexual abuse and assault relevant to providers
- Describe treatment considerations for both the child and adult victim
- Identify prevention initiatives

SEXUAL VIOLENCE IS DEFINED AS:

ANY SEXUAL ACT, ATTEMPT TO OBTAIN A SEXUAL ACT, UNWANTED SEXUAL COMMENTS OR ADVANCES, OR ACTS TO TRAFFIC, OR OTHERWISE DIRECTED, AGAINST A PERSON'S SEXUALITY USING COERCION, BY ANY PERSON REGARDLESS OF THEIR RELATIONSHIP TO THE VICTIM, IN ANY SETTING, INCLUDING BUT NOT LIMITED TO HOME AND WORK

(WHO, 2003)

Sexual Violence

Includes completed or attempted penetration of the genital opening or anus by the penis, a hand, a finger, or any other object, or penetration of the mouth by the penis or other object.

Includes non-penetrative abusive sexual contact (e.g., intentional touching of the groin), as well as non-contact sexual abuse (e.g., voyeurism, exposure to pornography).

Occurs when the victim does not consent to the sexual activity, or when the victim is unable to consent (e.g., due to age, illness) or refuse (e.g., due to physical violence or threats).

Child Sexual Abuse

Behaviors that engage a child in sexual activities he/she is unable to understand, is developmentally unprepared to consent to and/or violates societal laws (Matkins & Jordan, 2009).

May include the following behaviors:

- Fondling
- Oral-genital contact
- Genital-genital contact
- Genital-anal contact
- Inanimate object use
- Exhibitionism
- Voyeurism
- Child pornography
- Child sexual torture

Noncontact Sexual Abuse

- Acts which expose a child to sexual activity (e.g., pornography; voyeurism of the child by an adult; intentional exposure of a child to exhibitionism);
- Filming of a child in a sexual manner (e.g., depiction, either photographic or cinematic, of a child in a sexual act);
- Sexual harassment of a child (e.g., quid pro quo; creating a hostile environment because of comments or attention of a sexual nature by a caregiver to a child);

Sexual trafficking

Commercial sexual exploitation of children, also known as human sex and labor trafficking. Sexual trafficking is defined by the Trafficking Victims Protection Act of 2000 (TVPA) as the recruitment, harboring, transportation, provision or obtaining of a person for a commercial sex act through force, fraud or coercion, or in which the person induced to perform such act has not attained 18 years of age.

Trends

- Crosses all race and ethnic backgrounds (Putnam, 2003)
- Estimated 1:4 girls & 1:6 boys will be sexually abuse by 18
- Females are at higher risk for sexual abuse
- Adolescents are much more likely to report sexual abuse when compared to younger children (Bureau of Statistics, 2013)
- Low reporting rates in younger children related to:
 - Abusive conditioning
 - Fear
 - Concerns regarding ability to validated abusive incidents

PREVALENCE

Prevalence

Children

- Approximately 3.2 million reports of suspected child abuse and neglect are made to investigative agencies annually. 59% of reports made in 2007 involved neglect
- 11% of reports involved physical abuse
- 8% of reports involved sexual abuse
- 4% of reports involved emotional abuse

(CDC, 2012)

Adults

- 1 in 5 women and 1 in 71 men has been raped in their lifetime.
- 12.3% or 22 million U.S. women report having experienced completed forced penetration.
- 1.4% or 1.6 million U.S. men report having been raped.
- The National Intimate Partner and Sexual Violence Survey 2010 Summary Report, identifies that 1 in 2 women (44.6%) and 1 in 5 men (22.2% experienced sexual violence other than rape in their lifetime .

Offenders and Adult Victims

Most of the female victims knew their perpetrator

- 51.1% females reported perpetration by current or past intimate partner
- 40.8% females reported being raped by acquaintance
- 12.5% females reported being raped by family member
- 2.5% females reported being raped by a person of authority
- 13.8 % females reported being raped by a stranger

Male victims knew their perpetrator more than half of the time.

- 52.4% males raped by acquaintance
- 15.1% males raped by a stranger

(CDC, 2012)

Offenders and Child Victims

Child maltreatment in all forms

- 81.2% victimized by a parent either acting alone or with someone else.
- 36.8% victimized by their mother acting alone.
- 19.0% victimized by their father acting alone.
- 18.9% victimized by both parents.
- 12.8% victimized by a perpetrator who was not a parent of the child.

(Administration of Children and Families, 2012)

CONSEQUENCES

Acute and long term

Adverse Childhood Experiences (ACE) Study



(Dube et al., 2005)

Adverse Psychosocial Outcomes

- Major depression
- Suicide attempt
- Conduct disorder
- Alcohol and nicotine dependence
- Social anxiety
- Rape after 18 years
- Divorce

(Nelson et al., 2002)

Health Consequences

- Psychological/Emotional Disorders
 - Anxiety
 - Depression
 - PTSD
 - Rape Trauma Syndrome
 - Sleep disturbances
 - Sexual dysfunction
 - Eating disorders
 - Psychosomatic complaints
 - Suicidal ideation

Chronic disease

- Auto immune
- COPD
- Headaches
- Liver disease
- Lung Cancer
- Ischemic heart disease

Reproductive health

- STDs
- Teen Pregnancy
- Unintended pregnancy
- Promiscuity
- Sexual risk behaviors
- Fetal death

Health risk behaviors

- Alcohol abuse
- Drug abuse
- Obesity
- Smoking

Health Consequences (Acute)

- Injuries
 - Physical
 - Genital
- Gynecological Complications
 - Bleeding
 - Infection
 - Chronic pelvic pain
 - PID
 - UTI's
 - STI's and HIV
- Unwanted pregnancies

TRAUMA IS CUMULATIVE

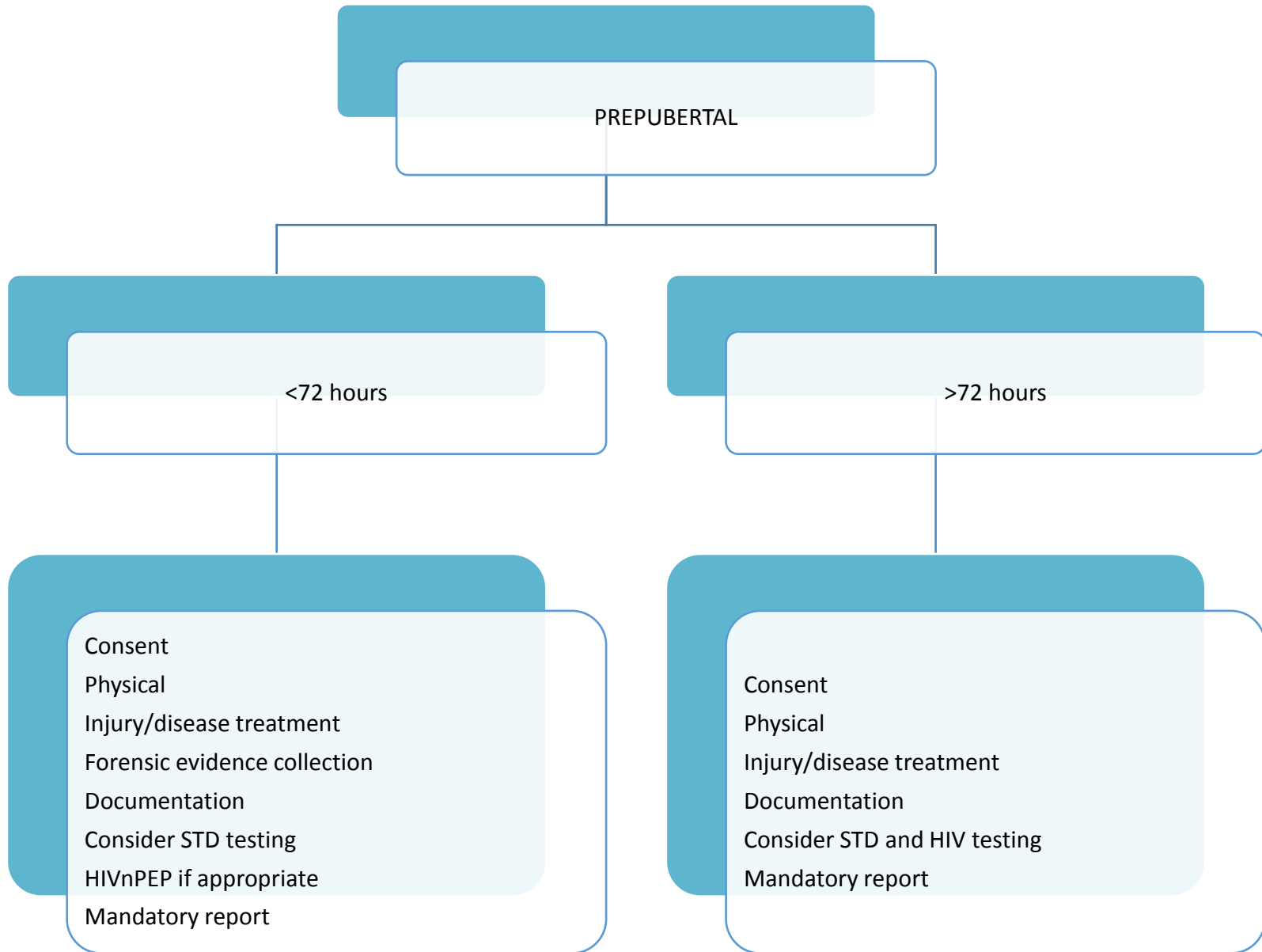
TREATMENT OPTIONS

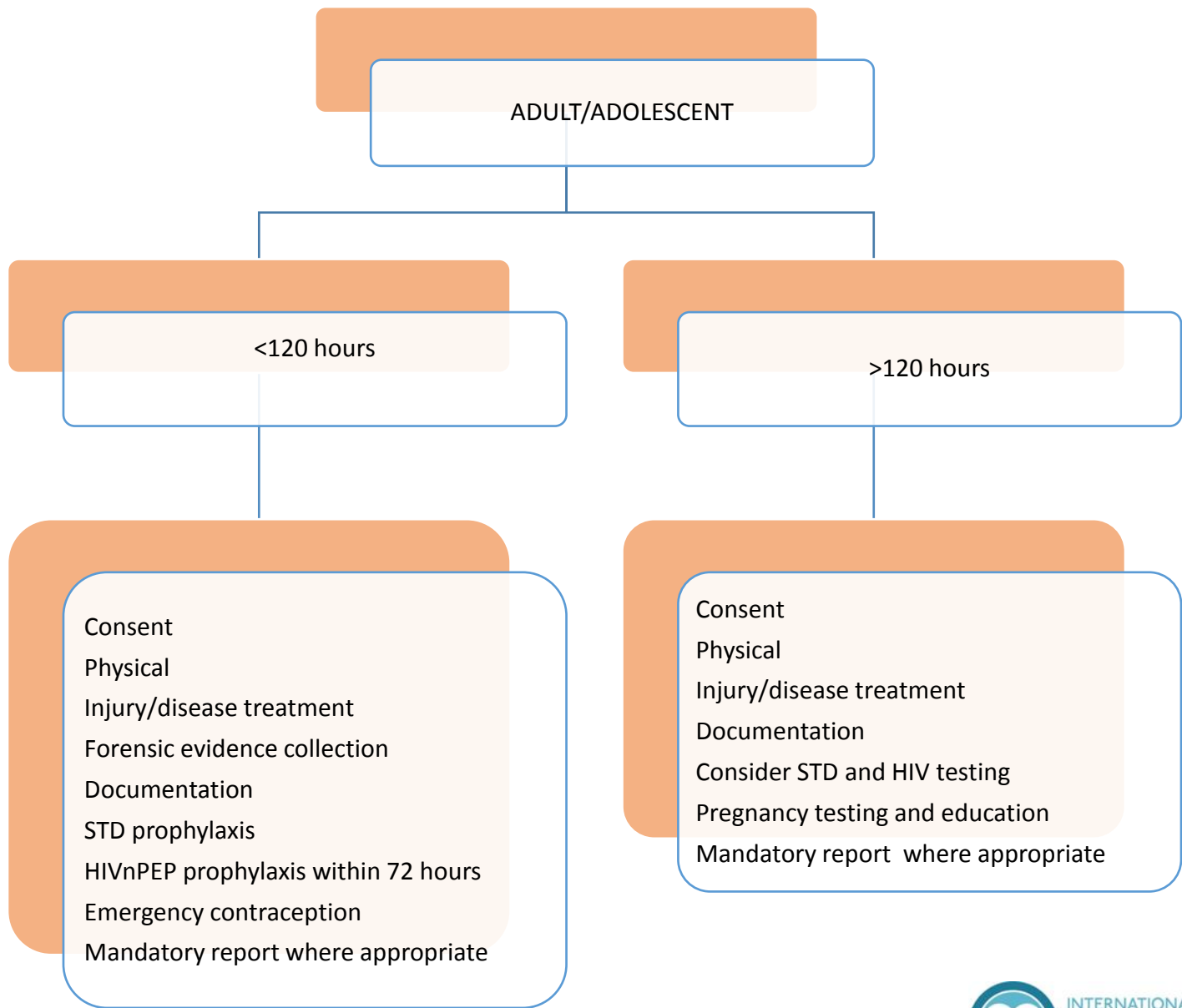
Acute Sexual Assault

- With 72 hours of contact
- Within 120 hours (5 days) of contact

Children

Adults / Adolescents





UNRESTRICTED OR ANONYMOUS OPTIONS FOR EVIDENCE COLLECTION



The Neurobiology of Sexual Assault Trauma

Dr. Rebecca Campbell
for the National
Institute of Justice



<http://nij.gov/multimedia/presenter/presenter-campbell/Pages/welcome.aspx>

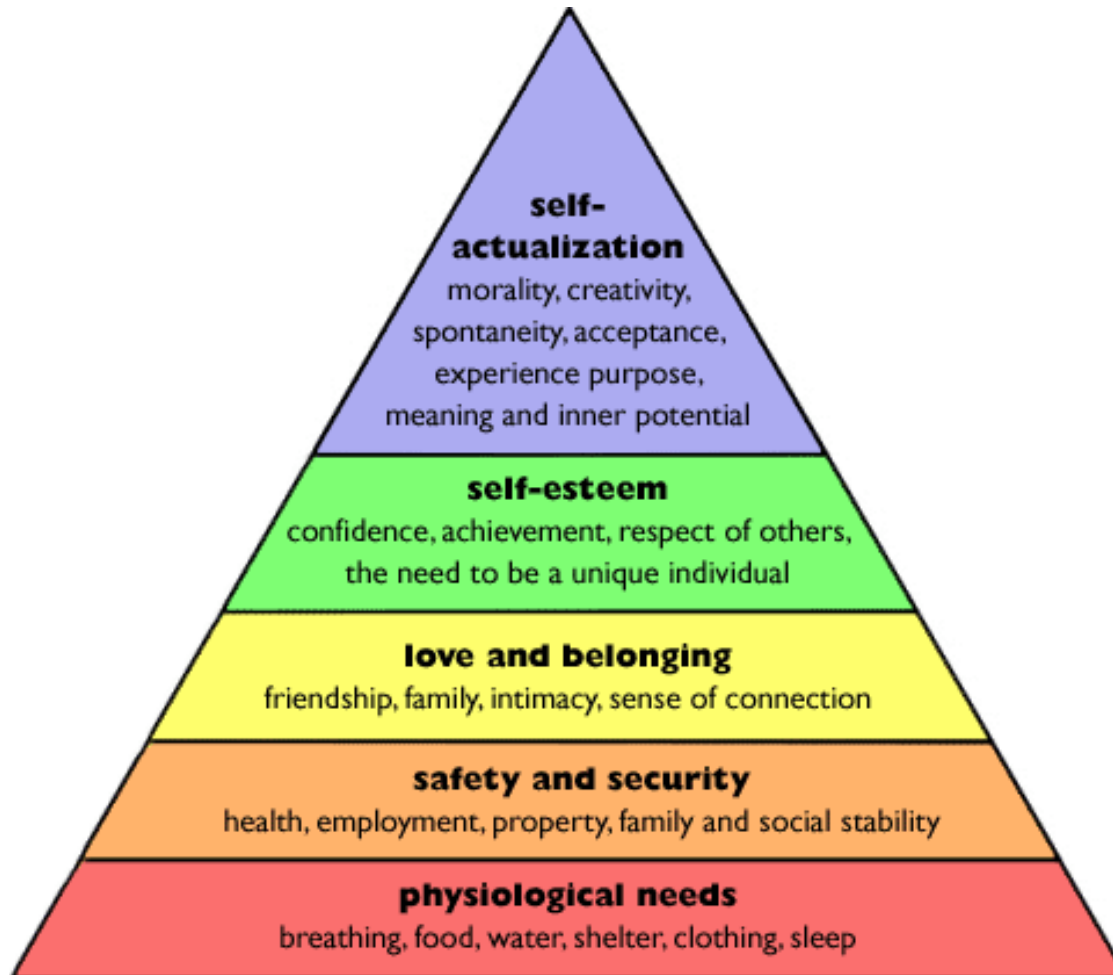
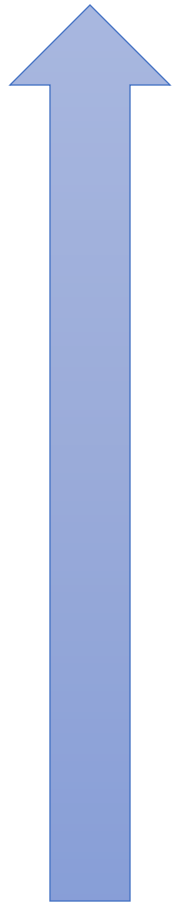
Regardless of time frame between the assault and the care being offered

TRAUMA-INFORMED APPROACH

Trauma Informed

- Trauma is pervasive
- Trauma should be identified and addressed as early as possible
- Provider's should seek to understand the connection between the trauma and the patient's symptoms and behaviors
- Provider's should incorporate interventions that take into account the patient's trauma

Maslow's Hierarchy



(Maslow, 1943)

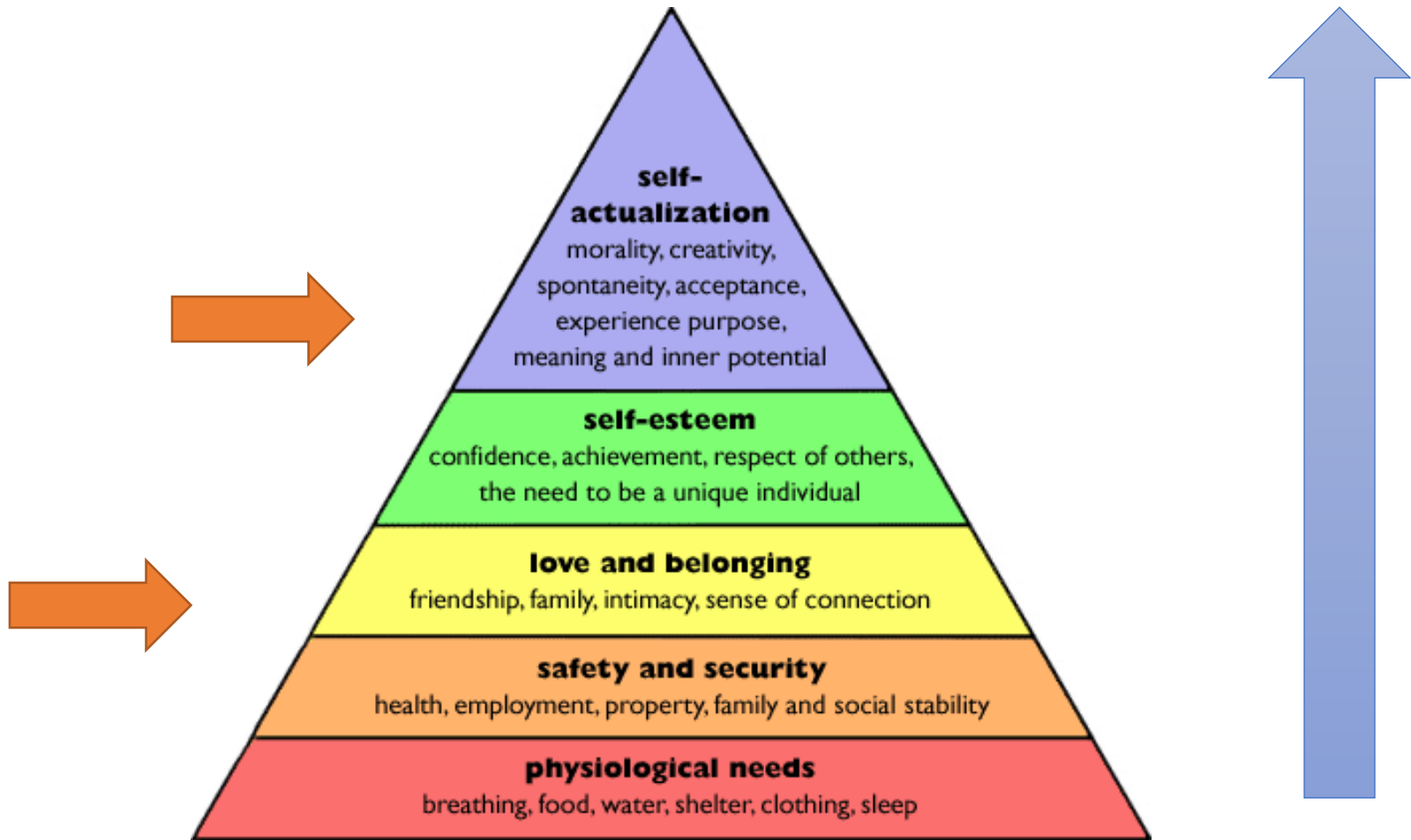
Safety

Attachment

Self Regulation

Self Esteem

Maslow's Hierarchy



(Maslow, 1943)

The Role of Advocacy

- Community-based (privilege)
- Victim/Witness
- Military



SAPRO

Sexual Assault Prevention and Response Office

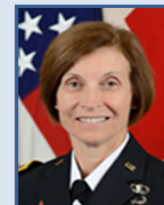
The Sexual Assault Prevention and Response Office (SAPRO) is responsible for oversight of the Department's sexual assault policy. SAPRO works hand-in-hand with the Services and the civilian community to develop and implement innovative prevention and response programs.

IMPORTANT ANNOUNCEMENTS

- Updated SAPR DoD Instruction 6495.02 Published:** The updated DoD Instruction 6495.02 has been published. The updates implement requirements outlined in the NDAA's, initiatives directed by the Secretary of Defense, formal recommendations from the Response Systems to Adult Sexual Assault Crimes Panel (RSP), and new substantive changes to address areas of need. The [updated DoD Instruction 6495.02 is viewable here](#), and an [Info Paper can be found here](#).
- New SAPRO Director Announced:** The Secretary of Defense names new DoD SAPRO Director, Maj. Gen. Camille M. Nichols, U.S. Army. [Find the DoD News article here](#), [view Maj. Gen. Nichols' biography here](#), and the [Director's Message here](#).
- SAPR.mil Expands D-SAACP Continuing Education Information:** Expanded online continuing education opportunities that meet Victim Advocacy Ethics or Advocacy / Prevention requirements to maintain D-SAACP certification can be found on the [D-SAACP Information page here](#).
- SAPR Policy Toolkit Updated:** The National Protocol for Sexual Assault Medical Forensic Examinations has been added to the [SAPR Policy Toolkit](#), found [here](#).
- Victim Assistance Section Expansion:** Guidance for those seeking sexual assault assistance for themselves, for a friend or colleague, or for someone they supervise can now be found [here](#).

DIRECTOR'S MESSAGE

Major General
Camille M. Nichols
U.S. Army
SAPRO Director



BIOGRAPHY



"I am truly honored to serve as the new Director of the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO)..."

[Read full message here.](#)

DoD

Safe Helpline

Sexual Assault Support for the DoD Community

safehelpline.org | 877-995-5247

SAPR NEWS

www.sapro.mil



DoD
Safe Helpline
Sexual Assault Support for the DoD Community

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PREVENTION

Primary

- aims to prevent the abuse before it ever occurs.

Secondary

- aims to reduce the impact of the abuse that has already occurred.

Tertiary

- aims to soften the impact of the lasting effects that may occur as a result of the abuse.

Prevention Institute

Level of Spectrum	Definition of Level
1. Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing injury or illness and promoting safety
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
3. Educating Providers	Informing providers who will transmit skills and knowledge to others
4. Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact
5. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
6. Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes

(Cohen and Swift, 1999)

Promising Prevention Efforts

- Safe Dates
- Shifting Boundaries
- Coaching Boys into Men
- Bringing in the Bystander

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Questions?

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4. Verify, correct, or add your information AND Select your profession(s).
5. Proceed and complete the activity evaluation
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8. After the website has closed, you can come back to the site at any time to print your certificate, but you will not be able to add any evaluations.

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Save the Date

Next DCoE Psychological Health Webinar: Therapeutic Risk Management

September 24, 2015
1-2:30 p.m. (ET)

Next DCoE Traumatic Brain Injury Webinar: Women's Health

October 8, 2015
1-2:30 p.m. (ET)

September 2015 TBI Webinar has been canceled

DCoE Contact Info

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resources@dcoeoutreach.org