



Body-Based Interventions in Sexual Assault: A Pilot Program Evaluation

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Abstract

The impact of a person's experience of trauma on the body and the limitations of talk-based interventions to adequately address all aspects of trauma has been well documented (Fisher & Ogden, 2009; Levine, 1997; Rothschild, 2000; Van der Kolk, 1996). Despite the correlation between trauma and the body, the sexual assault field has been slow to develop responses that have a body specific focus. This paper will outline a body-based pilot program that WestCASA delivered to female participants in 2009, comprising fourteen weeks of shiatsu therapy and an eight week yoga group. The experiences of participants, body-based practitioners and counsellor/advocates will be reflected and evaluation findings summarised. Outcomes indicated improved affect regulation, increased body awareness and reduction of trauma symptoms for participants. Learnings from providing a body-based program alongside talk-based therapy within a sexual assault service suggest the benefits of such a union.

Introduction

Western Region Centre Against Sexual Assault (WestCASA) is one of fifteen CASA's providing specialised sexual assault services throughout Victoria. WestCASA provides support to individuals in the Western suburbs of Melbourne 12 years of age and over who have experienced sexual assault, as well as providing support to non-offending family members and partners.

In 2009 WestCASA committed to delivering a body-based pilot program, alongside the provision of counselling. Shiatsu¹ and yoga² were the therapies selected. The inclusion of a body-based program at WestCASA reflected recognition within the agency that the mind and body are intrinsically linked in their experience of trauma and as such, both mind and body require consideration and attention in therapeutic interventions aimed at healing and recovery.

Throughout CASA's there is general recognition of the impact of trauma on the body and the importance of attending to body in the therapeutic work. How much or little this is incorporated into counselling however, seems dependent upon workers individual interests, theoretical orientation and training. As a whole, the sexual assault sector has been slow to develop programs that respond to this need. At time of publication across Victoria there are no other programs being delivered within CASA's that have a specific focus on the body.

Literature Review

The centrality of the body and its significance in therapeutic work with victim/survivors of sexual assault is now well recognised. In the last decade a growing body of literature (Courtois, 2004; Fisher & Ogden 2009; Ogden, Minton & Pain, 2006; Rothschild, 2000) has emerged illuminating the impact of trauma on the body and victim/survivors' experience of their body. The impacts are pervasive and complicated for victim/survivors of complex trauma who frequently

¹ Shiatsu is a form of bodywork with a theoretical basis in Chinese Medicine. The aim of this treatment is to balance the body's energy system and each treatment is tailored specifically to the individual. The therapist uses hands, thumbs and elbows to apply pressure to the body, working with acupressure points, energetic pathways as well as with the nervous system, circulatory system and musculature. The sessions also include diet, exercise, relaxation and breathing techniques. Clients remain fully clothed throughout the session.

² Satyananda is a form of yoga that places equal emphasis on hatha, pranayama and meditation yogic practices. Classes delivered in the satyananda style comprise an hour of hatha yoga, a practice focusing on physical postures and poses, followed by fifteen minutes of pranayama, a yogic breathing practice focusing on extending, controlling and regulating breath and a final fifteen minutes of meditation.

experience a *mind-body split* and are often in what Courtois (2004) calls a 'perpetual state of disconnect'. Women who have experienced sexual violence, particularly prolonged childhood sexual abuse, often feel alienated from their bodies. Subsequently, many victim/survivors have a tendency to ignore their physical health and well-being and neglect or harm their bodies. Given that sexual assault is a physical act inflicted against the body, it follows logically that the body is central to healing and recovery from sexual assault.

Impaired capacity to self-regulate affect is a common impact of trauma and frequent amongst those presenting with a sexual abuse history (Briere, 2002 & Van der Kolk, 1996). Therapeutic interventions with a focus on the body to assist in affect regulation are critical in work with victim/survivors of sexual abuse. Shiatsu and yoga create an opportunity for victim/survivors to become mindful of their physical and internal experience to improve self-regulation of affect, foster mind-body connection and promote a sense of safety in the body.

Aims of the Body-Based Program:

- Provide a safe environment for participants to experience a body-based intervention in relation to their trauma, to complement and enhance talk-based therapies;
- Facilitate a process to assist participants to restore, develop and strengthen their capacity to self-regulate affect and build somatic resources;
- Enhance body awareness and improve participants' relationship with their body;
- Facilitate somatic processing of trauma.

Process & Recruitment

Clients

Shiatsu and yoga yielded the greatest interest from clients who completed a survey in which they were asked to select from a range of non-talk based therapies. Budget considerations were established and the format of the program including duration, client numbers, staff and room availability was determined³.

Interested clients placed their names on a list. Where interest exceeded availability, client names were randomly drawn from a hat to ensure fairness. Participants were required to be current clients of WestCASA, to ensure support and facilitate the integration of mind-body therapies. A standby list was developed as a backup system when regular participants were unable to attend⁴.

Practitioners

In order to provide a safe and contained environment for participants and a gender sensitive response to clients, female practitioners were selected to deliver the shiatsu and yoga. The practitioners were recruited on the basis of past work experience in providing body-based therapies to individuals with a trauma history and complex client groups in a welfare setting. One practitioner had a qualification and past work experience in social work and the other was completing a degree in psychology.

³ One hour shiatsu sessions were offered fortnightly to four individual participants over a fourteen week period. Yoga was offered to five regular participants. Group sessions were one and a half hours in duration and conducted on a weekly basis over an eight week period.

⁴ For both shiatsu and yoga, telephone calls were made to participants on the morning of the session to confirm their attendance. Standby participants were contacted where required and WestCASA staff secured vacancies otherwise unfilled.

Coordinators

WestCASA staff were selected according to their interest in the program and their availability to coordinate the program. Coordinators were responsible for room preparation, ensuring that participants were contacted regarding their attendance and supporting and debriefing both the participants and practitioners where necessary. Coordinators also facilitated communication between counsellor/advocates and practitioners.

Evaluation

Evaluation was an integral part of the pilot program for a number of reasons:

- WestCASA values client input to improve service provision;
- To determine whether the program's aims and goals were met;
- To secure ongoing funding into the future.

Prior to beginning the shiatsu and yoga, participants completed written questionnaires⁵. Throughout the program, participants were encouraged to raise any issues of concern with the practitioner, their counsellor/advocate or the coordinator. At the conclusion of the shiatsu and yoga, participants completed a written evaluation.

Focus groups were conducted a few weeks after completion of the shiatsu and yoga⁶, providing opportunities for sharing amongst the women and an opportunity for coordinators to collate rich and interactive feedback.

⁵ As part of the shiatsu treatment, the practitioner also provided participants with an assessment questionnaire, to assist her in tailoring the delivery of the shiatsu to meet individual need.

⁶ The groups were facilitated by coordinators and shiatsu and yoga practitioners were not present during this process.

Coordinators sought feedback from the shiatsu and yoga practitioners as well as counsellor/advocates of involved participants.

Feedback from participants, practitioners and counsellor/advocates

Pre-Bodywork

Prior to participating in the body-based program, the majority of women had never previously experienced shiatsu or yoga. Affordability, work and family commitments, lack of awareness and nerves were identified as barriers to participation:

“I normally wouldn’t have the money to access this in the community”.

Women’s doubt in their own physical ability was a factor specifically relevant for the yoga participants:

“I have never thought that it was something I would be able to do”.

Overall, women’s narratives about their body prior to participating in the body-based program were overwhelmingly negative. Themes of disconnection, shame and neglect were present and reflected in the feedback:

“Sometimes I feel disconnected from my soul and my body. Sometimes I have to remind myself to put my body back in”.

“Ashamed and fearful of it. It has given me much trouble, pain and shame”.

“I don’t have a relationship with my body – I don’t like it very much at all”.

Benefits

Emotional regulation and relaxation

A number of participants identified that shiatsu and yoga assisted them in building personal resources to self-regulate affect and manage anxiety and tension:

“When I find myself getting tense I can sit and calm down whereas before I wouldn’t have. The yoga has really helped with my anxiety”.

“I had an incident yesterday where I could have honked the [car] horn but I didn’t. The yoga has helped me with not reacting so much”.

One counsellor/advocate reported an increase in a participant’s capacity to emotionally self-regulate:

“I’ve noticed that she is able to sit with and tolerate difficult emotions a lot better. Rather than ignore or avoid them, she is able to feel them on a deeper level”.

Participants talked about experiencing an increased awareness and acceptance of their emotions:

“I don’t have so much need to have others validate how I feel ‘If that’s how I feel, that’s how I feel’. It just is – not good or bad”.

Relationship with body

Counsellor/advocates witnessed the changing relationship the women had with their bodies:

“The women were more centered and in their own body”.

“She developed a capacity to move beyond the cognitive, to a deeper and more integrated processing involving both her mind and body”.

Participants also reflected upon the impact of the body-based therapies on their relationship with their body:

“They teach you to eat well and love your body which I never did until now”.

Boundaries

The shiatsu practitioner describes that the women:

“Developed stronger boundary awareness”.

Some of the participants were able to articulate specific examples to demonstrate this improvement in boundary setting:

“I never had any boundaries. I just hoped others would be kind. Recently I said to a woman ‘I don’t want a hug’. I didn’t just pretend. This has been empowering”.

In General

The shiatsu practitioner reflected:

“All clients accepted the treatments and came to trust the sensation of touch - experiencing relaxation of body and mind, describing ‘calmness, release, integration and a sense of cleansing’.”

At the end of the program the practitioner noted:

“The women spoke of emotional and physical relief, improved self esteem, better sleep, reduced medication, easier relaxation, increased flexibility and healthier lifestyle choices”.

This was echoed by one participant:

“I started eating breakfast and drinking water since doing the Shiatsu – I only used to drink cups of tea all day”.

Challenges

Some of the challenges faced by the participants included difficulties with the physicality of the yoga poses and some physical discomfort as a result of the body-based therapies. A practitioner contextualises these challenges:

“Soreness, vulnerability, the ambivalent desire to let go of memories and emotions long held tightly – these are some of the challenges that can present when the body achieves a state of deep relaxation/meditation and begins to unlock and rebalance itself”.

A practitioner suggests communication is the key where such issues arise:

“Generally such sensations resolve as the treatments progress, but it is particularly important at these times that there be sound communication between the therapist and the client’s counsellor, to enable the issues to be addressed from different perspectives”.

Difficulties in feeling safe and the vulnerability associated with this were mentioned by some participants as challenging aspects:

“Closing my eyes and feeling vulnerable to what may come out”.

“I’m not calmer; it brought out stuff – anger. I got triggered. Holding in was a coping mechanism that I was used to. Through shiatsu stuff became more pronounced, more ambivalent”.

Experience of practitioners

The women reflected positive experiences of the shiatsu and yoga practitioners. The practitioners' gentle manner, attunement to the women's individual needs, management of group process as well as clarity in instruction allowed a high level of safety and trust to develop in the relationship between practitioners and participants:

"I found it really good that she altered the yoga program to meet my needs in a way that was private and respectful".

"Knowing that CASA had picked her I knew that she could deal with anything that came up for people, like with trauma she would be able to deal with it, like she would manage it".

"I felt love and trust and I told her that".

Practitioner experience of participants' trauma

"As the shiatsu therapist involved in this project and given that I also work with clients who have experienced trauma as adults, I was struck by the extent of the lasting impacts that childhood abuse inflicts which are expressed in both mind and body. Consequently, from my perspective, a balanced healing path can be achieved when both body therapies and counselling techniques address the person as a whole".

Participation in counselling and bodywork on the same day

Where shiatsu and counselling were offered on the same day there was common preference amongst participants for counselling sessions to precede shiatsu:

“I had my counselling first and then shiatsu. This was good as I was processing in shiatsu. My feelings of loss and grieving were transformed through the shiatsu into an experience of lightness”.

“I tried shiatsu first and counselling second but this was a bad thing for me. I found that I felt nice after the shiatsu and then going into counselling doesn’t undo it, but activates the mind and relaxation is replaced by other feelings”.

Experience of the body-based program being delivered from WestCASA

Some of the drawbacks from holding the yoga at WestCASA included noise occurring from the traffic outside infiltrating the yoga space:

“The traffic pissed me off”.

Shiatsu session times were set and dictated by staff and (counselling) room availability. This negatively impacted on some of the women’s experience, especially those who lived in outer suburbs:

“Sitting in peak hour traffic undid some of the relaxation, so timing [was] important”.

Offering the body-based programs through WestCASA however, assisted participants in feeling safe and supported through the process. Having a counsellor/advocate present in the yoga sessions assisted in this:

“Knowing that I was at CASA helped. If something was to happen you knew you had someone there”.

“I was able to manage the flashbacks and if I was unsafe I would have reacted more. The ambiance of the room helped with that”.

“My trust was increased by having the shiatsu in CASA – it is the same space I am used to for my counselling”.

Learnings

Some of the learnings from the body-based program included process issues. Suggestions for improvement included:

- Increasing the standby list of participants;
- Utilising coordinators rather than administration staff to confirm attendance and to improve program coordination and relationship development between participants and coordinators;
- Importance of communication between practitioners and counsellor/advocates to ensure best possible treatment for participants.

Yoga specific:

- The practitioner appreciated the presence of a counsellor/advocate in the sessions to manage participant distress;

- The importance of running the yoga as a closed group because the inclusion of other attendee's unsettled the group and compromised feelings of safety amongst participants;
- Participants suggested a morning tea after the final session to interact with other participants, the practitioner and coordinator.

Shiatsu specific:

- Tailoring the frequency of sessions to meet individual need, rather than the session frequency being prescribed.

Conclusion

The body-based therapies have been a new and innovative program offered alongside verbal therapies to victim/survivors accessing WestCASA. Encompassing a “whole body” approach to sexual assault work through offering shiatsu and yoga has been an exciting and enriching experience for staff and participants. Feedback has demonstrated the significant benefits that bodywork can offer in building somatic resources and increasing body awareness. This has assisted with counselling aims to reduce trauma symptoms and support emotional regulation for victim/survivors. Findings highlight the importance of reunifying the false binary between mind and body that prevails in dominant talk-based therapies. Recognition of the benefits of body-based programs in addressing the toll trauma exacts on the body is required, as is the need for the funding of such programs to continue to provide a holistic mind-body framework for healing.

References

Briere, J. (2002) 'Treating adult survivors of severe child abuse and neglect: Further development of an integrative model.' In Meyer et al. (eds.) *The APSAC handbook on child maltreatment*, 2nd edition. Sage, Newbury Park, CA.

Courtois, C. (2004) Complex Trauma, Complex Reactions: Assessment and Treatment. *Psychotherapy: Theory, Research, Practice, Training*, 41, 412-425.

Fisher, J. & Ogden, P. (2009) 'Sensorimotor Psychotherapy.' In Courtois, C. & Ford, J. (eds.) *Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide*, Guilford, New York.

Levine, P. (1997) *Waking the tiger: Healing Trauma*. North Atlantic Books, Berkley, CA.

Ogden, Minton & Pain (2006) *Trauma and the Body: A Sensorimotor Approach To Psychotherapy*. Norton, New York.

Rothschild, B. (2000) *The Body Remembers: The psychophysiology of trauma*, Norton, Canada.

Van der Kolk, B. (1996) 'The Complexity of Adaptation to Trauma Self-Regulation, Stimulus Discrimination, and Characerological Development.' In Van der kolk et al. (eds.) *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*, Guilford, New York.