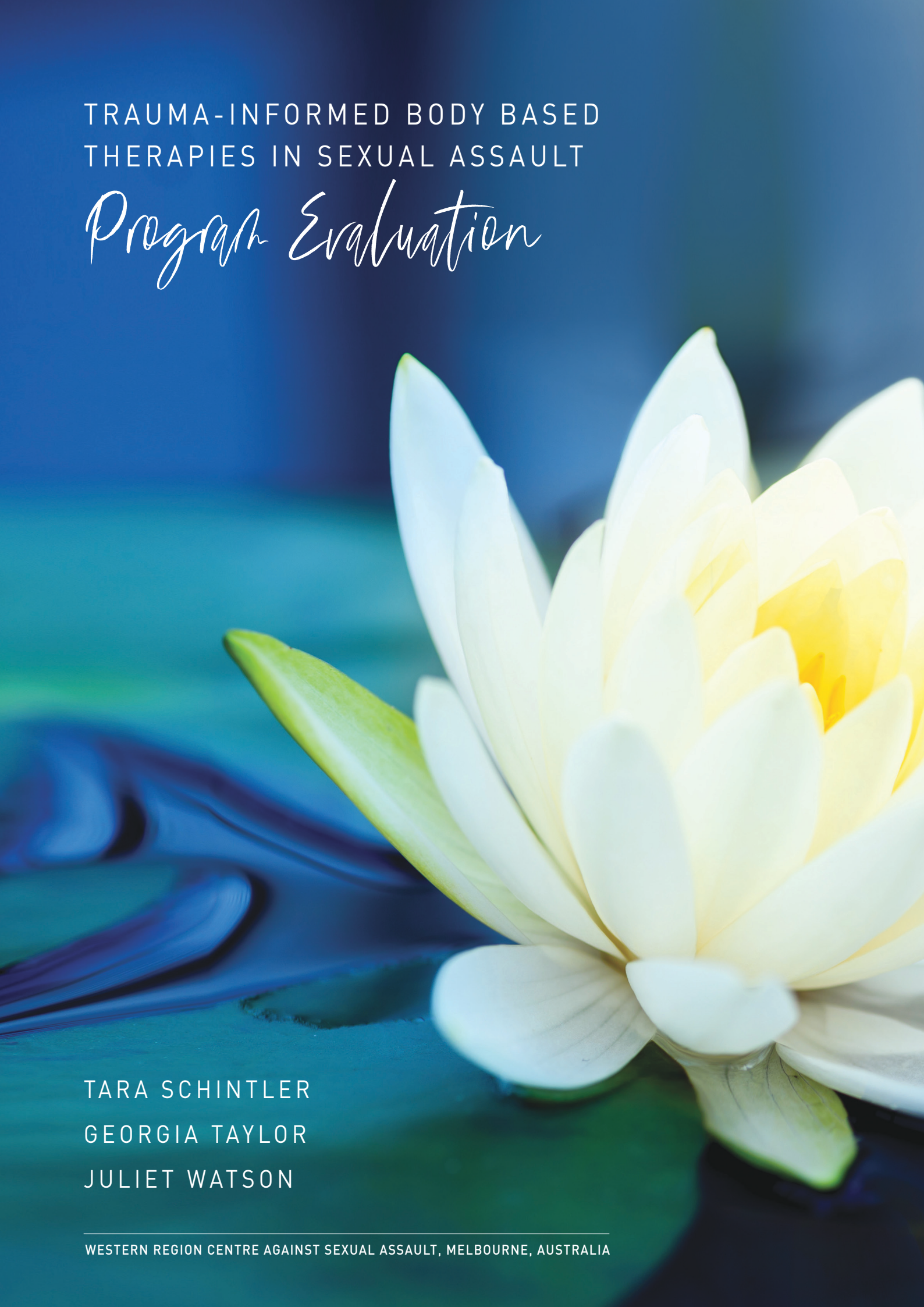
TRAUMA-INFORMED BODY BASED THERAPIES IN SEXUAL ASSAULT

Program Evaluation



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Executive Summary

This report outlines the findings of the evaluation of the Trauma-Informed Body-Based Therapies in Sexual Assault Program run by WestCASA.

The foundational principle of body-based therapy (BBT) at WestCASA is that it is practice that is trauma-informed. Practitioners, therefore, are sensitive to how experiences of trauma contribute to current difficulties, and how this might affect engaging in a therapeutic alliance (*Knight, 2015*). The program included yoga and shiatsu.

The evaluation was directed by the aims of the program which were:

- To provide a safe environment for victim/survivors to experience a body-based therapy intervention in relation to their trauma, to complement and enhance talk-based therapies.
- To facilitate a process to assist victim/survivors to restore, develop and strengthen their capacity to self-regulate emotional state and behaviour and build somatic (bodily) resources.
- To enhance body awareness and improve victim/survivors' relationship with their bodies.

The evaluation covers the three-year pilot program (2009-2011). Following this, the program was incorporated as an ongoing feature of WestCASA's service structure. The program has continued to be updated based on evolving research and practice innovations in the BBT field. Further research was undertaken in 2019 to capture these developments.

The evaluation was conducted using a qualitative approach that comprised a literature review, pre-and post-program questionnaires with victim/survivors, and focus groups and interviews with shiatsu and yoga practitioners and counsellor/advocates.

The key findings from the questionnaires, focus groups, and interviews reflect the experiences and observations of victim/survivors, BBT practitioners and counsellor/advocates.

Key findings of the evaluation include:

- BBT improved affect regulation and management of anxiety for victim/survivors;
- Victim/survivors experienced increased body awareness and a more positive relationship with their body;
- Victim/survivors experienced a reduction of trauma symptoms;
- BBT and counselling complement each other for the benefit of victim/survivors;
- BBT must be responsive to individual needs and capacities;
- Co-location of BBT and counselling is beneficial for victim/survivors;
- Consolidation of BBT through ongoing funding would enable more options for service delivery.

This evaluation of providing a trauma-informed body-based program alongside talk-based therapy within a sexual assault service offers evidence of how such a holistic approach can alleviate the impact of trauma, and suggests the benefits of such a union.

Introduction

In 2009, the Western Region Centre Against Sexual Assault (WestCASA) expanded its program of support for victim/survivors of sexual assault to include a body-based therapy (BBT) pilot program, which has since been incorporated within the existing service structure. Shiatsu and yoga were the therapies selected. The inclusion of a BBT program at WestCASA reflected recognition within the agency that the mind and body are intrinsically linked in victim/survivors' experience of trauma and, as such, both mind and body require consideration and attention in therapeutic interventions aimed at healing and recovery.

WestCASA is currently the only Centre Against Sexual Assault with an ongoing integrated BBT program that has been in operation for the past decade.

Historically, the logic of the mind has been favoured over the body, with the body rendered inferior, ignoring the active relationship between the two (*Coffey & Watson, 2015*). This has been increasingly challenged, particularly by feminist scholars (e.g. *Budgeon, 2015; Butler, 1993 Grosz, 1994; Coffey, 2015*). Recognition of the intertwining of mind and body provides the opportunity to better understand connections between 'inside' and 'outside' the body (*Kuhlmann & Babitsch 2002*).

The sexual assault field has become increasingly open to the shift in therapeutic responses to trauma that recognises the impact the trauma of sexual assault has on the mind and body and the importance of attending to both in therapeutic work. 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 have been well-documented (*Fisher & Ogden, 2009; Levine, 1997; Rothschild, 2000; van der Kolk, 1996*). How much or little this knowledge is incorporated into counselling, however, seems dependent upon workers' individual interests, theoretical orientation, and training. Despite the correlation between trauma and the body, as a whole, the sexual assault field has been slow to develop programs that respond to this need.

This research report outlines the establishment and integration of the 10-year body-based program to complement current psychotherapeutic interventions, within a specialist sexual assault service. This includes the findings from an evaluation of the first three years of the program (2009-2011) and follow-up research done in 2019. The findings are based on qualitative research conducted with victim/survivor participants, BBT practitioners, and counsellor/advocates on the efficacy of the BBT program.

Background

ABOUT WESTCASA

WestCASA provides counselling and support to individuals in the Western suburbs of Melbourne aged 12 years and over who have experienced sexual assault, as well as providing support to non-offending family members and partners. The sexual assault may have occurred when the victim/survivor was a child and/or an adult. All services are provided to clients at no cost. Historically, therapeutic approaches for addressing sexual assault in Victoria has been based on a variety of psycho-social interventions including crisis care, information and advocacy, consultation, and counselling to provide an integrative response and approach to victim/survivors.

TERMINOLOGY

WestCASA uses language that reflects the socio-political nature of sexual assault.

Counsellor/Advocate is the term used to describe counselling staff at WestCASA. They have multi-faceted roles and responsibilities that include crisis intervention, counselling, structural advocacy, community development, and professional education and training (*Victorian Centres Against Sexual Assault Forum, 2008, p.124*).

Clients are referred to as **victim/survivors**. This identifies and reinforces the experience of sexual assault as not being the fault of the *victim*, thereby emphasising their innocence against the crime which has been perpetrated. The term *survivor* highlights the capacity of sexual assault victims to survive that experience (*Victorian Centres Against Sexual Assault Forum, 2008, p.124*).

Sexual assault is a widespread socio-political problem with complex and diverse effects on victim/survivors and the broader community. Sexual assault is a form of gender-based violence – acts of violence that are perpetrated predominantly against women and girls by men. It occurs within the broader context of gender inequality and oppression that is marked by entrenched power imbalances that also include socio-economic status, race, ability, place, sexuality, gender identity, and religion.

WestCASA understands **body-based therapies** (BBTs) to include touch and non-touch-based therapies that can encompass movement, posture, simple pressure, stretches and breathing to improve body awareness.

The two BBTs that WestCASA offer are shiatsu and yoga. These BBTs create an opportunity for victim/survivors to become mindful of their physical and internal experience to improve self-regulation of affect, draw clear boundaries, foster mind-body connection and promote a sense of safety in the body *(Itin, 2007, p.2*).

Background

IMPACTS OF SEXUAL ASSAULT

The gendered nature of the crime of sexual assault has been well documented with 93% of perpetrators reported to police being male (*Australian Bureau of Statistics, 2014*). Victims are predominantly female with one in five Australian women and one in twenty men having been sexually assaulted and/or threatened (*Australian Institute of Health and Welfare, 2018*). The impacts of sexual assault encompass the psychological and emotional, as well as the physical, financial, interpersonal and social spheres (*Boyd, 2011*). Feelings of shame, self-blame, guilt, and low self-esteem can persist for a protracted period after sexual assault and ongoing fears of harm may also endure. Where the victim/survivor has previously experienced the world as a safe and trustworthy place, this perception may be significantly altered and they may experience the world as intrinsically unsafe. Consequently, victim/survivors may limit their social involvement, including work, community and recreational activities (*Crome & McCabe, 1995*) leading to isolation and financial stress.

Furthermore, complex trauma is a common occurrence for people with experiences of repetitive and prolonged experiences of sexual abuse, and that has been perpetrated at critical periods of development such as early childhood through to adolescence. This can be compounded when accompanied by neglect and/or other forms of abuse by adult figures. As stated by *Courois and Ford* (2009, p.17), *'(I)n addition to hyperarousal and hyper-vigilance in relation to external danger, complex trauma poses for the person the internal threat of being able to self-regulate, self-organise, or draw upon relationships to regain self-integrity'*.

Victim/survivors may experience a range of health and medical issues related to sexual assault either as a direct consequence or as an outcome of its psychological impact (*Boyd, 2011; Briere & Jordan, 2004*). The physical impacts may include headaches (*Golding, 1999*), gastro-intestinal problems and eating disorders (*Astbury, 2006; Drossman et al., 1995*), gynaecological problems (*Astbury, 2006; Campbell et al., 2006; Golding et al., 1998*), sexual problems (*Kelley, & Gidycz, 2019; Letourneau et al., 1996; Van Berlo & Ensink, 2000*), irritable bowel syndrome (*Leserman et al., 1996*), and chronic diseases such as asthma, arthritis and diabetes (*Golding, 1994; Santaularia et al., 2014*). The negative and adverse effects of sexual assault may culminate in a diagnosis of 'Post Traumatic Stress Disorder' (PTSD) (*Clum, Calhoun & Kimerling, 2000; Littelton & Breitkopf, 2006*). Moreover, sexual assault occurs within political, social and cultural contexts that can hold victim/survivors responsible for the violence perpetrated against them, and they can experience blame and disbelief when they seek legal, medical, mental health, and social assistance (*Campbell, Dworkin and Cabral, 2009*).

Background

TRAUMA AND THE BODY

The centrality of the body, and its significance in therapeutic work with victim/survivors of sexual assault, is now well recognised. In the last two decades, a growing catalogue of literature has made visible the impact of trauma on the body and on victim/survivors' experience of their body (e.g. *Courtois, 2004; Dana, 2018; Fisher & Ogden, 2009; Ogden, Minton & Pain, 2006; Porges, 2011; Rothschild, 2000*). The impacts are pervasive and complicated for those experiencing complex trauma. Victim/survivors may experience dissociation and develop a mind-body separation that involves a 'split between the "observing self" and the "experiencing self"' (*van der Kolk, 1996, p.192*).

Victim/survivors who have experienced sexual violence, particularly prolonged childhood sexual abuse, often feel alienated from their bodies (*Wenninger and Heiman, 1998*). Subsequently, many victim/survivors have a tendency to ignore their physical health and well-being, and neglect or harm themselves (*Golding, 1994, 1999; Noll et al., 2003*). 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 expression and behaviour is a common impact of trauma and frequent amongst those presenting with a sexual assault history (*Briere, 2002, van der Kolk, 1996*). Increasingly, scholars argue that therapeutic interventions with a focus on the body can assist in this affect regulation and therefore such approaches are understood to be critical for addressing the impacts of sexual assault (see: *Dana, 2018; Levine, 1997; Ogden, Minton & Pain, 2006; Porges, 2011; Rothschild, 2000; van der Kolk, 1996*).

THE USE OF YOGA AND SHIATSU FOR TRAUMA

Research has emerged about the benefits of clinical application of yoga in mental health settings and in the treatment of PTSD (*Emerson et al., 2009; Shapiro & Cline, 2004; Sparrowe, 2011*); however, very little literature relates to its use specifically in the treatment of sexual assault. Studies exploring yoga and trauma indicate that yoga, with its emphasis on physical alignment, integrated posture, and movement, can significantly reduce trauma symptoms, specifically dissociation and intrusive re-experiencing symptoms (*Emerson et al., 2009; Sparrowe, 2011; van der Kolk, 1994*). *Fischer and Ogden (2009, p.315)* suggest that the dual focus of yoga on mindfulness and mastery of body movement may address phenomena such as bodily awareness and '*loss of control over the body and body movement*' that are common to most traumatic experiences including sexual assault.

The combination of postures, regulated breathing and deep relaxation are understood to assist in the regulation of a part of the nervous system that is responsible for the control of bodily functions such as breathing, the heartbeat and digestive processes (*Porges, 2011*).

Research investigating the use of shiatsu in the treatment of trauma is limited, however there are studies emerging that demonstrate its efficacy.

Background

Shiatsu practitioner Cliff Andrews (*2018, p.15-16*), drawing on the work of Van Der Kolk, Porges and Levine, argues that '*shiatsu is an ideal bodywork system to treat stress and trauma*', and that '*shiatsu touch can provide a life-enhancing resource for our clients – who need literally to get "back in touch" with their body-mind connection due to undischarged freeze dissociation responses*'. Bill Palmer (*n.d., p.5*) has developed the practice of Movement Shiatsu for working with individuals experiencing trauma whereby '*touch provides the focus for awareness*'. The integration of movement with shiatsu provides victim/survivors with '*a way of exploring and taking responsibility for oneself*' (*Palmer, p.5*). Shiatsu therapist Pamela Ferguson (*2011, p.2*) describes the benefits of how '*giving patients a measure of control over trauma related pain*' alongside '*creative visualization*' soothes pain centres of the brain.

Itin (*2007*) suggests that shiatsu may assist in the treatment of trauma by easing and reducing physical symptomatology, increasing emotional stability, wellbeing, life joy and life quality, releasing energy blockages and cultivating connections, strengthening body awareness, self-esteem and the development of clear boundaries. Supporting Itin's observations of the benefits of shiatsu for treating trauma is a study by Ferguson, Persinger and Steels (*2010*) that investigated the impact of shiatsu on young people who had experienced war. The study indicated that the young people '*learned positive, empathic ways to connect with each other*' and '*bridged the gap between conflict and trauma-associated patterns of behavior*' (*Ferguson, Persinger & Steele, 2010, p5*).

Building on previous studies, and in order to address a significant research gap in the use of BBTs in addressing the impacts of sexual assault, this research report focuses on the experiences of trauma-informed BBT alongside counselling for victim/survivors of sexual assault. This research report is informed by, and supports, previous studies that have demonstrated that because the trauma of sexual assault involves the victim/survivor's mind and body, effective treatment of trauma requires the integration of somatic memory treatments (e.g. *van der Kolk, 1994*).

THE TRAUMA-INFORMED BODY-BASED THERAPY PROGRAM

WestCASA established the Trauma-Informed Body-Based Therapy Program in 2009.

The aims of the program included:

- To provide a safe environment for victim/survivors to experience a BBT intervention in relation to their trauma, to complement and enhance talk-based therapies.
- To facilitate a process to assist victim/survivors to restore, develop and strengthen their capacity to self-regulate expression and behaviour and build somatic (bodily) resources.
- To enhance body awareness and improve victim/survivors' relationship with their bodies.

Victim/survivors were consulted through an anonymous survey, made available in the WestCASA waiting room, to ascertain their interest in BBTs and which ones they would prefer. The results indicated there was strong interest for BBTs to be available within the existing service structure at WestCASA. Yoga and shiatsu were noted as the two most favoured BBTs and in 2009 they were incorporated alongside the provision of counselling.

The BBT program was provided free of charge to victim/survivors. One-hour shiatsu sessions were offered fortnightly to four individuals over a fourteen-week period. Yoga began as an eight-week class (60 minutes/class) for six victim/survivors. Feedback from victim/survivors and advancement in the yoga practitioner's training meant this later evolved to four, 45 minute individual sessions being offered fortnightly to four participants over two terms.

BODY-BASED THERAPY PRACTITIONERS

In order to provide a safe environment and gender sensitive response to victim/survivors, female practitioners were selected to deliver the shiatsu and yoga programs. This was based on statistics generated by WestCASA that indicate 91% of clients of the service are female identifying and this was likely to be reflected in participation rates across both programs (*WestCASA, 2011*). The shiatsu and yoga 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.

The Program

BODY-BASED THERAPY: SHIATSU & YOGA

Shiatsu is a form of bodywork with a historical basis in Oriental Medicine. It is also informed by current information about human physiology. The aim of the treatment is to balance the body's energy system. Each treatment is tailored specifically to the individual.

Trauma Informed Shiatsu involves the practitioner applying gentle pressure throughout the body to slow the mind, breathing and heart rate. Shiatsu techniques can help clients to gently and safely release retained or stagnant energy, balancing the system (*Caldwell, 2019*). The sessions may also incorporate diet, exercise, relaxation and breathing techniques (*Caldwell, 2011*). Safety, choice and control for clients are prioritised in Trauma Informed Shiatsu. Clients are supported to identify 'no go' and 'okay' zones of the body. They are offered a range of non touch-based techniques and can choose to receive shiatsu seated or lying on a futon. Clients remain fully clothed throughout the shiatsu session.

Trauma Sensitive Yoga is a form of yoga that employs the central tenets of hatha yoga focusing on physical movements, basic breath awareness, and guided restoration that are modified to foster choice, mastery and a positive relationship to one's body (*Sparrowe, 2011*). Rather than being given direct instruction, participants are invited to make choices about how they explore movement to develop a sense of agency and reclaim and befriend their body. Power rests with the participants rather than with the facilitator. To maximise safety, no hands-on assistance or physical adjustments are used.

BODY-BASED THERAPY COORDINATORS

Two WestCASA staff members were selected to coordinate the programs. The coordinators' responsibilities included provision of information about the program to victim/survivors, room preparation, contacting participants regarding attendance, providing support and debriefing to participants and practitioners, and facilitating communication between counsellor/advocates and BBT practitioners. The coordinators were also responsible for managing the program schedule, and administering consent forms and pre- and post-BBT questionnaires. A BBT coordinator participated in the group yoga classes to ensure safety for the victim/survivors.

VICTIM/SURVIVOR PARTICIPATION IN THE BODY-BASED THERAPY PROGRAM

The counsellor/advocates assessed the suitability of victim/survivors interested in participating in the BBT program. Taken into consideration were the victim/survivors':

- Counselling goals
- Reliability in attending counselling appointments
- Level of stability/instability at time of the referral
- Current commitments
- Interest in the program

Participants in the program were required to be aged 18 years and over. They were also required to be current clients of the service to ensure they had support and to facilitate the integration of the mind-body therapeutic approach through counselling. The shiatsu program was offered to all victim/survivors regardless of gender, while the yoga program was only offered to women. The latter decision was based on the group nature of the yoga program and in recognition that one of the impacts of sexual assault for many women is a decreased level of trust and increased level of discomfort in the presence of men (*Boyd, 2011*). When the yoga program moved to individual sessions, people of all genders were invited to participate.

EVALUATION OF THE PROGRAM

AIMS

The aim of the Trauma-Informed Body-Based Therapy Program evaluation was to establish if the program complements and/or enhances psychotherapeutic aims of healing for victim/survivors of sexual assault trauma.

PARTICIPANTS

The participants included: victim/survivors who joined the BBT program, their referring counsellor/advocates, and BBT practitioners. The time period for this study was the pilot phase of the BBT program, which included the first three years (2009-2011). The BBT practitioners participated in further research in 2019. In total, 24 victim/survivors, seven, counsellor advocates, and two BBT practitioners participated in the evaluation.

Victim/survivor participants: YOGA Eleven victim/survivors participated over the duration of the three-year pilot program. The mean age was 38.5 years (range 21 – 63) and the mean counselling history at the service was 21.2 months (range 9-41).

Victim/survivor participants: SHIATSU Thirteen victim/survivors participated in the three-year pilot program. Although no restriction was placed on participating in the shiatsu program based on gender, during this time it was only taken up by women. The mean age was 43.7 years (range 26 – 60) and the mean counselling history at the service was 20.5 months (range 8 – 32).

Counsellor/advocates. Seven counsellor/advocates participated in the evaluation of the BBT program. Two were psychologists, three were social workers and two had qualifications in counselling. No counsellor /advocates had prior experience in working alongside BBT practitioners.

BBT practitioners. The shiatsu practitioner had a Bachelor of Arts in Psychology, a Diploma in Social Studies, and a Diploma in Shiatsu and Oriental Medicine. The yoga practitioner had a Bachelor of Arts in Women's Studies and was a certified Iyengar teacher and a certified trauma sensitive yoga facilitator. She had also previously worked as a counsellor/advocate in a Centre Against Sexual Assault.

METHODOLOGY

Qualitative evaluation was considered the most appropriate method for capturing the multiple experiences of the different parties involved in the BBT program. A qualitative approach allows for in-depth exploration of the complexity of people's lives and experiences. For this project, specifically, it was seen as a way of affording a meaningful contribution to a group of women who historically through their sexual abuse experiences had been robbed of a strong voice in their lives. A combination of open-ended written questionnaires and focus groups for victim/survivors and counsellor/advocates, as well as interviews with the BBT practitioners, were selected to elicit data.

Evaluation

QUESTIONNAIRES: PRE- AND POST- BBT

Prior to beginning the shiatsu and yoga programs, victim/survivors completed written questionnaires. These questionnaires aimed to capture the participants' previous experiences of shiatsu or yoga, to explore their motivations and hopes for the BBT program, to understand their relationship to their bodies, and to explore any perceived challenges in their participation. The questionnaires were shared with the BBT practitioners to enhance treatment outcomes for victim/survivors.

At the conclusion of the shiatsu and yoga programs, the victim/survivors completed a written questionnaire enquiring about their experiences of BBT. It explored the benefits and challenges of participating in the BBT program and any perceived impacts on counselling, changes in victim/survivors' relationship with their body, their experience of the BBT practitioner, any barriers to attendance, and feedback about practical issues. The post-evaluation questionnaires were anonymous. During the evaluation period, fourteen pre-evaluation and eight post-evaluation questionnaires were submitted for the shitasu program from a total of fifteen participants. For the yoga program, all eleven participants submitted the pre- and post-evaluation questionnaires.

In addition, the shiatsu and yoga practitioners provided victim/survivors with assessment questionnaires to assist in tailoring the delivery of the program to meet individual need. Information collated through these assessment questionnaires contributed to the BBT evaluation.

FOCUS GROUPS

Focus groups can be an important aspect of the evaluation process (*Department of Health and Human Services, 2008*) and through these we were able to elicit rich and interactive feedback from group participants. The focus groups brought together participants who otherwise had limited opportunities for interaction. Much like group therapy, a focus group '*offers a direct antidote to the isolation and social disengagement that characterize post traumatic stress disorder (PTSD) and complex Traumatic stress disorders*' (*Ford et al., 2009, p.415*). The purpose of the focus groups for each program was to provide a space for victim/survivors to share their experiences, thoughts and feelings about the program, the impacts of the program, and to gather feedback for improvements in the program.

All victim/survivors were invited to participate in a focus group. Two shiatsu and two yoga focus groups went ahead and included in total, seven shiatsu participants and seven yoga participants. The focus groups were held a few weeks after completion of the BBT programs and were 60 minutes in duration. Participation was voluntary. In 2009, the focus groups were conducted by a WestCASA counsellor/advocate with a BBT program co-ordinator taking notes. It was decided after this that, in order to preserve impartiality, the program co-ordinators would no longer be involved in the focus groups, so in 2010 and 2011 they were facilitated by counsellor/advocates. The program coordinators developed the questions used to guide the focus groups to evaluate the aims of the program. The BBT practitioners did not attend the focus groups and, after the first year, these were facilitated by an independent staff member rather than a coordinator.

Evaluation

These processes were designed to ensure maximum levels of safety for victim/survivors to share their thoughts and feelings about the program and its delivery. Feedback was collated by recording devices and note taking, and victim/survivors were not individually identified.

In the third year, separate focus groups for the counsellor/advocates were undertaken, including one each for shiatsu and yoga. These ran for 60 minutes. The rationale for seeking feedback from the counsellor/advocates arose from the shiatsu practitioner's desire to increase connectedness and collaboration between the shiatsu and counselling programs, and to hear feedback about ways that the shiatsu may impact upon the counselling work with the shared client.

INTERVIEWS

Face-to-face, semi-structured interviews were conducted with the BBT practitioners. This method of research offers interviewees the opportunity for reflection, and for questions that were not included in the interview schedule to arise organically. This makes the interview an 'exchange of ideas' (*Bauer & Gaskell, 2000, p.45*).

The BBT coordinators conducted individual interviews with the BBT practitioners to gather feedback about potential improvements in each year of the pilot program. They were interviewed separately again by an independent researcher in 2019. The interviews were recorded using a digital device and note-taking to ensure accuracy of the findings.

DATA ANALYSIS

Thematic analysis of data was undertaken in reference to evaluating the aims of the BBT program and with a consideration of how the program could be improved. Data from the questionnaires, focus groups, and interviews were reviewed. Open coding was used to analyse the themes, whereby the range of themes was unrestricted and, instead, was allowed to emerge before labels were applied (*Gale et al., 2013*). The themes were then compared across the different data sources to substantiate and refine the findings.

Findings

PERSPECTIVES OF VICTIM/SURVIVORS, BBT PRACTITIONERS AND COUNSELLOR/ADVOCATES

Consistent with the aims of the BBT program, the perspectives of victim/survivors are central to the research findings. The views of counsellor/advocates and BBT practitioners have been included to further contextualise these experiences.

VICTIM/SURVIVORS' PERSPECTIVES PRE-BBT

The pre-BBT questionnaire revealed that prior to participating in the program, the majority of victim/survivors had not previously experienced shiatsu or yoga. The main barriers to accessing BBT in the community identified by the victim/survivors were: affordability, issues with trust, work and family commitments, lack of awareness of BBT, fear of touch, fear of group situations, and 'nerves'.

> *"I normally wouldn't have the money to access this in the community."*

Doubt regarding physical ability was a factor cited by victim/survivors in the yoga program.

> *"I have never thought that it was something I would be able to do."*

When asked about their motivation to participate in the BBT program, victim/survivors noted: a need for mind-body connection, improved mental health, pain management, relaxation and stress relief, increased self-care, and weight loss. In particular, a key theme to emerge from the pre-BBT questionnaire was the victim/survivors' negative perceptions about their bodies. Victim/survivors described feelings of shame, a sense of disconnection, fear and neglect.

> *"I don't have a relationship with my body – I don't like it very much at all."*

For some participants, learning *'to trust again'*, *'become me again'*, *'start to love myself again'* and *'know who I am'* were further goals.

The shiatsu practitioner described hearing a range of motivations for victim/survivors engaging in BBT:

> *Intimacy issues, body awareness, help with dissociation, 'I hate my body', 'I feel sick all the time', specific pain, chronic pain, [...] sleep issues, digestive issues, a lot of issues associated with PTSD.*

The yoga practitioner further stated:

> *People come because they think it might help to decrease the symptoms or the impacts of trauma that they've experienced.*

POST-BBT: PERSPECTIVES OF VICTIM/SURVIVORS, BBT PRACTITIONERS AND COUNSELLOR/ADVOCATES

BENEFITS OF THE PROGRAM

This research revealed several benefits attributed to the BBT Program. Themes that emerged included: emotional regulation and relaxation; mindfulness and present awareness; improved relationship with the body; developing healthy boundaries; and pain management, physical and health benefits.

:: Emotional regulation and relaxation

A number of victim/survivors identified that shiatsu and yoga assisted them in building personal resources to self-regulate affect, to manage anxiety and tension, and to feel more in control.

> *"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."*

Victim/survivors observed shiatsu assisted with making them calmer.

> *"...all of my base anxiety and fear just disappeared."*

Another victim/survivor credited shiatsu with making her more relaxed, which in turn reduced her intake of cigarettes and coffee. It also improved her interactions with her children.

> *"For me, everything is go, go, go, go. After I had the shiatsu for a few days I didn't need so many cigarettes, coffee and I didn't growl at my kids for the smallest things. I felt more peaceful and more sensitive. More like who I want to be rather than the monster that comes out of me at times when I've just had enough."*

From a counselling perspective, one counsellor/advocate reported an increase in a victim/survivor's capacity to self-regulate uncomfortable emotions when they arose.

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.

:: Mindfulness and present awareness

Victim/survivors spoke of experiencing an increased awareness and acceptance of their emotions, as well as a quieting of the mind. One victim/survivor discussed how BBT had supported her to be less judgmental and more tolerant of her emotions, without needing as much external confirmation.

> *"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."*

A further benefit of BBT identified by a victim/survivor was the space it provided away from intrusive thoughts associated with sexual assault. This allowed the victim/survivor to regain her identity as separate from that of a victim of abuse.

> *It gave me time out…it distracted me from my thoughts about court and about the abuse and helped me to have some time out for myself.*

Moreover, victim/survivors described how the BBT enabled them to *'**feel stronger**', '**more resilient**', '**have greater clarity and feel more grounded**'*. One victim/survivor specified that she felt *'**more centered and clearer in my mindset**'*, while a counsellor/advocate *'**noticed it helped to ground my client**'.*

:: Improved relationship with body

Overall, the participants reported increased positive feelings towards their bodies and some mentioned feelings of appreciation and gratitude. One victim/survivor articulated a transformative process whereby she moved from hatred towards her body to acceptance.

> *Before I did shiatsu I couldn't look in the mirror without hating myself or saying horrible things about myself. Even though the rest of the world doesn't see it that way, that's how I saw myself. Whereas now I can sort of stand in front of the mirror and sort of be ok with who I look like and what I am and if the world can't accept that then that is their loss not mine; whereas I couldn't have done that before.*

The yoga practitioner noted that a victim/survivor's body could be experienced as an enemy, and that BBT enabled this to shift to a sense of befriending the body:

> ***The body can really be the enemy. […] Noticing all of the negativity that they throw at themselves and that idea of befriending the body. 'I can think about this differently, I can make different choices'. […] This is revolutionary, 'I can like my body, I can like being in my own skin', which is really something quite profound.***

It was recognised by the victim/survivors, however, that movement to bodily acceptance took time and was an ongoing process.

> *At present I am slowly making some inroads with accepting, loving and nurturing my body.*

A crucial element for improving the relationship with the body is victim/survivors having choice and control over what transpires during BBT.

As described by the yoga practitioner:

> ***There's a very clear message, you're in charge of your body, it's a sort of handing back of power and ownership and this opportunity to sort of meet your body, experience your body in a way that you're choosing to explore the sensations.***

:: Improved relationship with body

Central to choice and control is BBT that is tailored to the needs of individual victim/survivors. A strategy employed by the shiatsu practitioner is:

> ***I also give the clients a body outline and they can or not [...] choose to communicate about the needs of the body, how they feel about it, what areas are painful etc., what areas not to touch.***

The yoga practitioner remarked that while there were benefits to holding group yoga classes such as ***'creating the rhythm of the group being together, stepping into a space that traditionally maybe would feel not available to someone',*** the individual sessions meant that '**every single session looks different**'.

A greater sense of connection and integration due to BBT was also described, and for some this involved greater knowledge and experience of the body's capacities. One victim/survivor spoke of this connection between mind and body through using calming techniques to reach bodily achievements she did not previously think possible.

> *"I became very calm within myself. I reached limits I did not think I could reach i.e. balance and flexibility and awareness of my body."*

This integration was echoed by the counsellor/advocates and BBT practitioners as they witnessed the changing relationship the victim/survivors had with their bodies.

The yoga practitioner observed of a victim/survivor that *'she had much improved body awareness and self-care'*, while a counsellor/advocate commented on another victim/survivor that:

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

:: Developing healthy boundaries

For some victim/survivors the BBT program assisted them to develop healthier physical boundaries. One victim/survivor identified how she now felt better equipped to assert her personal space.

> *"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."*

Putting in place boundaries was not solely physical; preservation of emotional safety was also a factor. As the shiatsu practitioner observed, this could include victim/survivors negotiating boundaries with other people:

> ***She spoke more about boundaries that she was able to put into place. She stood up to her family.***

:: Pain management, physical and health benefits

A number of victim/survivors reflected on the positive impact their participation in the BBT program had in managing pain:

> *"It helped my back heal slowly and it's given me a new way to manage my back pain. I am finding that the aches and pains aren't as bad when I am sitting with them and knowing them, not carrying them."*

Feedback from the shiatsu practitioner in relation to one victim/survivor's progress affirmed how BBT assisted with pain management:

> ***'Her pain has become more concrete. While she still has pain she is more able to deal with it'.***

Other health impacts noted by the BBT practitioners included victim/survivors reporting fewer headaches, improved sleep, posture and flexibility, and making more positive dietary and lifestyle choices. This was reiterated by one victim/survivor who said:

> *"I started eating breakfast and drinking water since doing the shiatsu – I only used to drink cups of tea all day."*

Another victim/survivor connected the health benefits with a broader sense of self-care:

> *"They teach you to eat well and love your body which I never did until now."*

The shiatsu practitioner summarised the overall benefits to participants:

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

:: Victim/survivors' experience of the BBT practitioners

The victim/survivors spoke of positive experiences of the BBT practitioners. The BBT practitioners' gentle manner, attunement to the victim/survivors' individual needs, management of group process, and clarity in instruction allowed a high level of safety and trust to develop between BBT practitioners and victim/survivors.

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

The attention given to individual circumstances and abilities was highly valued by another, again underlining the importance of a personalised approach to BBT:

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

:: Impact on counselling

Victim/survivors understood the BBT to positively influence their experience of counselling. This was recognised by victim/survivors through their capacity to expose their vulnerability in counselling and thus achieve more through the process.

As one victim/survivor described, BBT improved her sense of safety in counselling:

> *It gave me another stepping stone to open up more and feel safer in my counselling. Like I was taking off another mask I had held up before.*

For another, BBT assisted her with facing difficult issues when they surfaced:

> *I felt more open to ideas and to tackling issues I'd previously tried to avoid or change the subject when it arose.*

Counsellor/advocates noticed increased presence, greater containment, less dissociation and more confidence in victim/survivors' presentation in counselling: One stated:

> *She was much calmer. Sitting up solid in her body. Separating herself from the problem. Clear direction and responsible for self.*

Counsellor/advocates also reported changes in the content of the counselling work as a result of the victim/survivors' participation in the BBT programs. As noted above, changes included an increased focus on health, less avoidance, deeper emotional processing, increased responsibility and less blame, enhanced boundaries, and increased trust in self.

The timing of BBT and counselling was also noted as important by some victim/survivors. When offered on the same day, there were differing views of which should occur first.

Where shiatsu and counselling were offered on the same day, victim/survivors preferred 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.*

Whereas another victim/survivor expressed a preference for attending counselling following the yoga because:

> *Due to the calmness experienced during yoga I was able to be more present in the counselling.*

:: Co-location of BBT and counselling

Conducting the BBT program onsite at WestCASA presented benefits and challenges. Feelings of safety and support due to co-location were highlighted by victim/survivors.

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

Furthermore, having a BBT coordinator participate in the group yoga sessions provided victim/survivors with an additional sense of safety and comfort. A victim/survivor stated:

> *Having a counsellor/advocate in the room helped, I knew she understood sexual assault and stuff and could help if anything came up.*

Some disadvantages of conducting the yoga at WestCASA included limited space for the group and traffic noise infiltrating the yoga area. Space ceased to be problem when the individual yoga sessions were introduced. Room availability could be a hindrance for shiatsu because session times were dictated according to when rooms were not otherwise occupied with counselling appointments. This had a negative impact on some of the victim/survivors' experiences, specifically those who needed to travel from outer suburbs.

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

Timing of the yoga program was adjusted from afternoon to morning sessions in 2011 to address this issue. The change in time also reduced the noise of traffic heard in the yoga room.

CHALLENGES FOR THE BBT PROGRAM

As a new program, BBT presented some challenges for victim/survivors. Most who participated in the yoga program expressed some initial unease at being in an unfamiliar group space, however their comfort increased as the program progressed.

> *At the time I was nervous to meet new people but we became familiar and comfortable.*

When the yoga program was changed to individual sessions, in part to manage the anxiety participants might feel in a group setting, this ceased to be a concern.

Findings

The BBT program was designed as a safe space for victim/survivors; however, this could also intensify vulnerabilities for some. One victim/survivor stated that shiatsu challenged how she had previously managed her emotions associated with sexual assault.

> *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.*

Other challenges described by victim/survivors included difficulties with the physicality of the yoga poses and some physical, emotional, and psychological discomfort as a result of the body-based therapies. The shiatsu practitioner contextualised how the mind and body respond to the challenges of BBT.

> *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.*

The shiatsu practitioner suggested 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.*

A final challenge for the BBT program is full integration into WestCASA's service delivery. Ongoing funding is unavailable, meaning that WestCASA needs to self-fund the BBT program alongside other vital services. The limited funding places restrictions on how the BBT program is offered. The practitioners are employed through short-term contracts and this affects how often sessions can be held, and time available for consultations between BBT practitioners, BBT co-ordinators, and counsellor/advocates. This can contribute to the BBT practitioners feeling somewhat isolated from the other work conducted at WestCASA. The yoga practitioner reflected:

> ***Obviously uncertain funding and that vulnerability around that means that there's this sort of a sense of isolation sometimes. [...] I come in and then I've gone and I'm not in those meetings. [...] I've always felt that the program is valued by WestCASA, absolutely, but funding – it's on, not on.***

Discussion

This report evaluates the aims of the BBT program, which was established to enrich the psycho-therapeutic interventions offered at WestCASA. The intertwining of mind and body through trauma-informed BBT changed victim/survivors' bodily connections in multiple ways that were positive.

- **The first aim of the BBT program was to provide a safe environment for victim/survivors to experience a BBT intervention in relation to their trauma, and to complement and enhance talk-based therapies.**

  It was found that the BBT program was successful in delivering this safe environment as indicated by co-locating the BBT and counselling programs. The practitioners were critical to making the victim/survivors feel secure in their practice, with a key component being the tailoring of BBT by the practitioners to meet their individual needs. BBT was further found to make experiences with counselling more meaningful and focused. As a result of BBT, victim/survivors were observed by counsellor/advocates to be less dissociated, less avoidant, and more confident, as well as able to undertake deeper emotional processing and having improved boundaries.

- **The second aim was to facilitate a process to assist victim/survivors to restore, develop, and strengthen their capacity to self-regulate and build somatic resources.**

  Clear benefits of BBT included improved emotional regulation and relaxation through the development of personal resources to manage anxiety and affect. Victim/survivors also experienced greater awareness and acceptance of their emotions through the mindfulness practices that accompany BBT. The positive impact that yoga and shiatsu had on victim/survivors emotional regulation and capacity to relax is consistent with outcomes of a pilot study conducted in the United States by The Trauma Centre, Justice Resource Institute. They found that 'yoga appears to positively affect self regulation and decrease hyperarousal' (*Emerson et al., 2009, p.125*) in people with PTSD.

- **The third aim was to enhance body awareness and improve victim/survivors' relationship with their bodies. Victim/survivors reported experiencing their bodies in new and accepting ways.**

  They became more adept at nurturing themselves and attending to self-care practices. This, in turn, offered physical and health benefits such as improved pain management, better sleep, fewer headaches, and the ability to make better dietary and lifestyle choices. Moreover, BBT enabled victim/survivors to challenge their bodies in new ways, giving them a greater appreciation of their capabilities.

  These findings suggest that the provision of BBT alongside talk-based therapy conducted within a sexual assault service is a beneficial combination.

Discussion

IMPLICATIONS FROM THE EVALUATION

Importance of collaboration between BBT practitioners and counsellor/advocates

One of the changes implemented in the third year of the shiatsu program was greater collaboration between the shiatsu practitioner, and counsellor/advocates. This change was introduced following feedback from the shiatsu practitioner to ensure that the counselling and shiatsu complemented each other, by creating greater transparency about themes and issues emerging for participants. This enabled a more integrated and holistic model in the treatment of trauma and provision of care. The above changes support shiatsu practitioner Peter Itin's (*2007, p.8*) view that *'if the client is in psycho or trauma therapy simultaneously, we should talk with the respective therapist to find out how we can support their work. We shouldn't do anything that contradicts their concept'.*

Need for shared understandings between victim/survivors, counsellor/advocates and BBT practitioners

As the BBT program developed, the need for clarity and a shared understanding about expectations, limits and boundaries of information sharing and confidentiality for participants, counsellor/advocates and the shiatsu practitioner became increasingly apparent. Greater collaboration between counsellor/advocates and BBT practitioners to address these issues has enabled an increased understanding and valuing of the BBT program by counsellor/advocates as part of the core therapeutic work. This has had a flow on effect to victim/survivors, whose experiences of therapy reflected a more integrated experience of mind and body, thus creating more options for recovery from sexual assault.

Further integration could include salaried rather than contracted BBT practitioners providing ongoing rather than sessional program delivery. This may also include BBT practitioners having access to individual and team-based supervision processes and increased team involvement. Singer & Adams (*2011, p.317*) highlight two critical ingredients in the success and maintenance of Complementary Therapies Programmes which include *'full integration of these therapies within the agency service delivery and ongoing commitment to funding'*. Whilst further integration of the BBT program at WestCASA is a goal, this remains dependent upon recognition by government and funding bodies and their valuing of, and commitment to, resourcing such programs.

Conclusion

While there is growing research suggesting the importance of integrating both mind and body in the treatment of trauma, currently within Victoria there are limited programs in the sexual assault field with a focus on the body. WestCASA's BBT program provides leadership and innovation in the development and integration of these programs in sexual assault service delivery.

Findings from this evaluation of the three-year BBT pilot program and the subsequent interviews with the BBT practitioners in 2019 suggest a range of positive outcomes which are congruent with the aims of the program to reduce trauma symptoms, improve victim/survivors relationship with their body, enhance body awareness, and support emotional regulation. Feedback from victim/survivors, counsellor/advocates, and BBT practitioners has demonstrated the significant benefits that trauma-informed BBT can offer victim/survivors of sexual assault.

This program evaluation supports the importance of working collaboratively to integrate body-based programs alongside talk-based therapy to reunify the false binary between mind and body that prevails in the current treatment of sexual assault. The findings are representative of a small-scale study and, therefore, further investigation and evaluation of this program would be worthwhile to better understand the long-term effects of trauma-informed BBT. Recognition and funding of BBT programs in the sexual assault field will assist in providing an integrated and holistic mind-body framework to promote the healing and recovery of victim/survivors.

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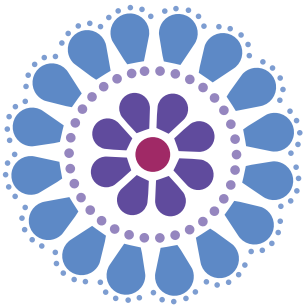

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