Understanding Trauma and Mental Health in the Context of Domestic Violence Advocacy

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First, take a moment...

Why Think about Trauma in the Context of Social Justice & Domestic Violence?

Trauma is Pervasive

National Co-morbidity Study: N=5,877
- Lifetime trauma exposure: >60% men; >50% women

ACE Study: N = 17,377
- 10 Categories of childhood trauma: 63% at least 1; 25% 2 or more; 20% >3

Violence Against Indian Women
- 64% of Indian women are physically assaulted, victims of domestic violence; Indian women suffer from violent crime at a rate of three and a half times the national average
- Homicide is the 3rd leading cause of death for Indian women; 75% of Indian women murdered, were killed by an intimate partner

What Do We Mean by “Trauma”??

Individual Trauma: Trauma is the unique individual experience of an event or enduring condition, in which:
- An individual is exposed to actual or threatened death, serious injury or sexual and/or psychological violation by directly experiencing, witnessing or learning about a traumatic event or has first hand repeated exposure
- The individual’s coping capacity and/or ability to integrate their emotional experience is overwhelmed causing significant distress

Collective Trauma
- Historical, cultural, insidious and political/economic trauma that impacts individuals and communities across generations; structural violence, triple trauma

Interpersonal Trauma: Intimate and social betrayal; Cumulative burden; Ongoing risk

Trauma, Structural Violence & Social Relations of Power
Thinking About Trauma:  
Dimensions to Consider

- Single Event vs. Long-term Exposure
- Adult vs. Childhood Trauma
- Past vs. Ongoing
- What was intended; What was taken in
- Isolated vs. Shared Experience
- Intergenerational vs. Transgenerational
- Losses & Legacies
- Structural conditions: Acknowledgement vs. denial
- Sources of strength and resilience; Protective factors
- Implications for our work

Trauma, Oppression & DV  
Have Significant Health  
and Mental Health  
Consequences

Research shows that...  

- Experiencing gender-based violence increases  
  the risk of developing mental health and  
  substance abuse conditions
- Women are twice as likely as men to develop  
  posttraumatic stress disorder (PTSD) after  
  trauma exposure & to experience depression
- Adverse childhood experiences increase the risk  
  for health, mental health and substance abuse problems as an adult

2014/10/FactSheet_IPVTraumaMHChronicIllness_2014_Final.pdf

At the same time, experiencing  
the traumatic effects of abuse  
puts survivors at greater risk  
from an abusive partner and  
from the systems they turn to for help

High Risk for Abuse Among Women  
Receiving Mental Health Services

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>OP Prevalence</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult physical</td>
<td>42%-64%</td>
<td>87%</td>
</tr>
<tr>
<td>Adult sexual</td>
<td>21%-41%</td>
<td>76%</td>
</tr>
<tr>
<td>Child physical</td>
<td>35%-59%</td>
<td>87%</td>
</tr>
<tr>
<td>Child sexual</td>
<td>42%-45%</td>
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</tr>
</tbody>
</table>

Women living with chronic mental illness experience higher rates of abuse.  
Women abused in childhood experience higher rates of psychiatric symptoms, homelessness and sexual assault as adults.  
Women in inpatient settings experience high rates of DV.  
Across studies, lifetime prevalence rates average 30% OP, 33% inpatient, 60% psychiatric ER.  
Cross-setting studies have found current abuse rates of 26% and past year rates of 16%.

Why is this? Risk vs. Vulnerability

- Batterers use  
  MH & substance  
  abuse issues to  
  control their  
  partners

- Stigma, poverty, 
  discrimination &  
  institutionalization  
  compound these  
  risks, including risk  
  for incarceration

- Control of meds
- Coerced overdose
- Control of supply; Coerced use; Coerced illegal activities
- Control of treatment
- Undermining sanity, credibility, parenting & recovery
- “She was out of control”

WHY DOES THIS WORK?

- Reports of abuse attributed to delusions
- Symptoms of trauma misdiagnosed as MI
- Assumptions that having a MI precludes good parenting
- Internalized stigma

Warshaw 2009
Mental Health Coercion Survey
N=2,733
- 86% Ever called “crazy” or accused of being crazy
- 74% Deliberately did things to make you feel like you are going “crazy” or losing your mind
- 50% Partner or ex ever threatened to report to authorities that you are “crazy” to keep you from getting something you want or need (e.g., custody of children, medication, a PO)
- 53% Ever sought help for feeling upset or depressed
- 49% If “yes” Has your partner or ex-tried to prevent or discourage from getting that help or taking prescribed meds for those feelings

Substance Abuse Coercion Survey
N = 3,224
- 27% Pressured or forced to use alcohol or other drugs, or made to use more than wanted?
- 37.5% Threatened to report alcohol or other drug use to someone in authority to keep you from getting something you wanted or needed
- 24.4% Afraid to call the police for help because partner said they wouldn’t believe you because of using, or you would be arrested for being under the influence?
- 26% Ever used substances to reduce pain of partner abuse?
- 15.2% Tried to get help for substance use?
- 60.1% If yes, partner or ex-partner tried to prevent or discourage you from getting that help

Mental Health & Substance Use in the Context of Trauma & DV: Complex Picture

Trauma, Coercion & Discrimination Can Affect Access to Services
- Trauma can reduce access to services
  - Avoidance of trauma reminders; Reluctance to reach out when trust has been betrayed; Retraumatization in service settings; misperception of trauma responses and coping strategies
  - Coercive control, discrimination & lack of cultural attunement can reduce access to services
  - Without a trauma framework, services can be retraumatizing. Without an understanding of DV, services may be unsafe. Without attending to culture, services will not be relevant or accessible. Without a social justice framework, abuse and violence are likely to continue
  - Responding in welcoming, inclusive, trauma-informed ways can help to counteract these effects

Understanding the Impact of Trauma
Implications for an Accessible, Culturally Resonant, DV & Trauma-Informed, Social Justice Approach
How is a DV/Trauma Framework Helpful?

- Normalizes human responses to trauma
- Shifts our conceptualization of symptoms
  - Injury model; Symptoms as survival strategies
- Offers a more holistic approach
  - Multiple domains/multidimensional approaches
- Rehumanizes experience of dehumanization
- Fosters understanding of our own responses and their potential impact
- Recognizes the role of culture, social context & coercive control

Trauma-Informed or...Just Good Advocacy?

- What gets in the way of good advocacy
- Trauma-informed, not trauma-defined

What does it mean to incorporate a trauma-informed perspective?

- Understanding how trauma affects
  - Our bodies, minds and spirits
  - Our feelings about ourselves, other people and the world and our responses to those feelings
- Developing the knowledge, awareness & skills to
  - Manage our responses in ways that aren’t at the expense of other people, ourselves, our organizations or our communities
  - Transform those experiences into healing, growth and social change
  - Create the necessary organizational, community and funding supports to sustain our work

When we respond in culturally resonant, trauma-sensitive, person-centered ways, people feel safer talking about their experiences and are more likely to experience our services as both meaningful and helpful.

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Evolving Understanding of Trauma & Its Effects Implications for an ACDVTI Approach

- 1980’s PTSD
  - Injury model; Symptom constellations
- 1990’s Complex Trauma
  - Borderline reframe; Adaptations/survival strategies; Multiple domains
  - Development, attachment & parenting
- 2000’s Neuroscience Research
  - Circuits & pathways; neural architecture
  - Gene X environment; epigenetics; neuroplasticity

Trauma, Attachment & Brain Development

Key Concepts
Two key advances changing conceptualizations of psychiatric disorders
- Molecular genetics
- Functional neuroimaging
- Symptoms & Circuits vs. Disorders
- Transforming nature/nurture split

Stahl 2003, O’Connell et. al. 2009

Our brains are made up of billions of nerve cells with trillions of connections

Creating sophisticated “information highways”


Understanding the Traumatic Effects of Abuse

Why a Developmental Framework is Important
- Our brains grow in relation to our experience
  - Genes provide basic wiring. Experience stimulates neural circuitry. Those consistently stimulated are strengthened
- The nature and quality of those experiences help to shape our development
  - Fine tunes brain architecture.
- Brain development involves complex interactions between genes & environment over time
  - Connections develop through attunement. Learning brain vs. survival brain

Connell et. al. NAS 2009

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Creating sophisticated “information highways”


Epigenetics: Trauma, Development & Nature-Nurture Interplay

- Intrauterine environment
- Early caregiving
- Abuse & neglect
- Environmental stimulation
- Environmental Toxins
- Inter/Transgenerational Trauma
- Social & economic context
- Resilience factors
- Cultural & spiritual traditions

Brain Development Neuroarchitecture

Developmental Trajectories

*Alterations in gene expression

Understanding Complex Trauma: Importance of Early Attachment Relationships

- Emotional bond with caregivers: model for future relationships & trust
- Important source of resilience & ability to manage stress
- Template for developing self-regulating, integrative & empathic capacities
- Learning brain vs. survival brain
- Active throughout life

Stress & Trauma in the Context of Attachment

- **Positive stress**
  - Entry to school or child care, managing frustration, routine medical care, riding a bike
- **Tolerable stress**
  - Adverse experiences that occur for brief periods, such as a frightening accident
- **Toxic or Traumatic stress**
  - Stressful events that are chronic & uncontrollable; unrelieved activation of body's stress response system in absence of protective adult support.
- **Complex Trauma**

How Does This Translate? Impact of Trauma on the Brain

- **Stress**
- **Traumatic stress**
- **Complex trauma**

Normal Stress Response


What Does Stress Do?

Shifts people away from emotional balance and predictability and calls on our system to restore it.
What Does Traumatic Stress Do?

Shifts people away from emotional safety and predictability, and disrupts our system’s ability to restore it.

Traumatic Stress Response

Sensitized Nervous System: Under-modulation of Fear Pathways

Dissociative Subtype: Over-modulation of Fear Pathways

Stimulus

Thinking Cortex

Thinking

Cortex

Memory

Hippocampus

Sensory Nuclei

Alarm Medulla

Stimulus

LeDoux, 1996; Bremah, 2007

Sensitized Nervous System

Dissociative Subtype

Traumatic Stress Response

Sensitized Nervous System: Under-modulation of Fear Pathways

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LeDoux, 1996; Bremah, 2007

Sensitized Nervous System

Dissociative Subtype

Emotional Modulation, PTSD & Dissociation: Cortical Inhibition of Fear Pathways

Splitting off of memories, sense of self, feelings & connections with others

Lanius et al. 2010

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Lanius et al. 2010

Neurobiology & DV: Thinking about Relapse Triggers in the Context of Substance Use Coercion

Relapse triggered by:

- Exposure to addictive/rewarding drugs
- Conditioned cues from the environment
- Exposure to stressful experiences
- All involve activation of neural circuitry (reward, incentive salience, glutamnergic pathways), including those involved in the stress response

ASAM Definition of Addiction (Hajela et al 2011)

Complex Trauma: How this can affect us as adults

- Managing emotions: Affect dysregulation
  - Capacity to manage internal states in ways that do not create other difficulties; Avoidance of trauma reminders
- Trusting and valuing oneself & one’s community
  - Feelings of worthiness, right to protect self from harm
  - Center of gravity, collective impact, social fabric
- Trusting other people & systems
  - Harder to reach out for and respond to help; interpersonal challenges; trust that CAN protect from harm..
- Cognitive & integrative capacities
  - Solve problems, exercise judgment, take initiative, plan;
  - Working memory, mental flexibility, self-control
  - Accuracy of attributions; Emotional awareness, reflection, social emotional processing, being present

LeDoux, 2013

LeDoux, 2013

LeDoux, 2013

LeDoux, 2013
Resilience & Protective Factors

- **Resilience**: Capacity for successful adaptation despite challenging or threatening circumstances
- **Protective factors**: Promote resilience in those at risk. These include:
  - Response of caregivers and other caring adults
  - Secure attachment can be most important source of resilience & ability to manage stress
  - Social support, social fabric, community, spirituality/religion, traditions, epigenetic resonance; cultural identity; family and community preparation; sense of belonging
  - Individual factors such as capacities and talents; Ability to positively engage others
  - Food, income, housing, education, safety, & resources

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Summary

- Brain develops in relation to early relationships and experiences
- Neglect, stress and trauma particularly at hands of caregivers impact development
- Historical trauma and structural violence impact communities, caregivers and children
- There are many opportunities to counteract these effects & to change the conditions that create them

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How does this help survivors?

**Trauma Context:**
- Normalizes & makes sense of responses
- Offers alternative coping strategies
- Acknowledges importance & challenges of connection
- Prepares for trauma triggers
- Ensures choice; optimizes control

**Cultural Context:**
- Recognizes cultural values, strengths and resources; experiences of oppression; and strategies of resistance

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Trauma, Neurobiology & Social Justice

- Holistic and complex trauma approaches focus on the development and/or restoration of one’s ability to modulate emotional dysregulation and restore homeostatic balance
- They also support the development of integrative, reflective, empathic, and perspective taking capacities as well as executive, focused and goal directed capacities
- Being able to hold the realities of trauma and perpetration in our consciousness is critical to transforming its legacies and preventing future violence at both individual & societal levels
- Building the bandwidth to deeply hold that awareness is essential for healing at both the individual and collective level and for social change
- What is experienced as traumatic and what is necessary for balance to be restored varies among individuals and communities.
Thinking About Trauma, Oppression & DV

- **Trauma Theory**: Health and well-being determined by interpersonal experience not just biology (e.g., what supports healthy development; what disrupts it)
- **Ecosocial Theory**: Health and well-being determined by social, political and economic forces not just biology - Intersection of discriminatory ideologies and unconscious discrimination shape social relations of power and distributions of resources & social determinants of health.
- **Historical Trauma Theory**: Incorporates understanding of subjugation and loss, the impact across generations, deep connections to traditions that can be drawn on to restore balance & the need to change the conditions that continue to produce it
- All incorporate an understanding of what we internalize, how we resist, and what supports our resilience. Together they offer a more integrated social justice approach for how we think about our work

Treating Effects AND Changing Conditions

Implications for a Trauma-Informed Approach

Once we understand the impact of trauma and DV, then a culturally resonant, DV- and trauma-informed approach becomes a logical next step

An ACDVTI Approach: How Does this Translate into Practice?

- **Recognize the pervasiveness & impact of trauma**
  - On survivors, on staff, on organizations, on communities
- **Minimize retraumatization**
  - Counteract the experience of abuse and oppression: Relational, cultural, environmental & programmatic aspects
- **Facilitate healing, resilience & well-being**
  - Mitigate the effects of abuse: Culturally resonant, DV-trauma-informed and –specific approaches & interventions
- **Attend to impact on providers & organizations**
- **Address & transform social conditions that perpetuate abuse, trauma & oppression**

Trauma-Informed Practice: Attending to Trauma & Its Effects

- **Impact of stress/trauma on survivors**
  - Responses as adaptations; Trauma themes; Neurobiology, relationships & development
- **Impact of stress/trauma on providers**
  - Role expectations; Burnout; Transference & countertransference; Secondary trauma; Parallel process; structural violence; micro-aggression
- **Impact of stress/trauma on organizations**
  - When our organizations are under siege, we can inadvertently create traumatizing experiences or environments for survivors and staff

*From and Farnagher 2011
Parallel Process

- Impact of stress & trauma on organizations
- Impact on staff who work there
- Impact on people accessing services

Bloom, S. SAGE for Organizations, Warshaw 2009

DV- and Trauma-Informed Services

How Does this Translate into Practice?

ACDVTI Services & Organizations: Counteracting the Experience of Abuse; Mitigating the Effects

Service Domains
- Culturally Congruent, Physical, Sensory & Relational Environments
- Welcoming, Inclusive Intake & Assessment Process
- Culturally Meaningful Programs & Services
- Community Collaboration & Referral Relationships

Organizational Domains
- Organizational Commitment & Infrastructure
- Staff Training and Supports
- Feedback and Evaluation

Cultural Attunement

BE AWARE,
BE OPEN,
BE EMPATHIC,
BE FLEXIBLE

Creating Culturally Attuned, Trauma-Informed Service Environments

- Physical & Sensory Environment
  - Attentive to sensory impact: Soothing, welcoming, enlivening & safe; Culture and gender inclusive/responsive; Sensory stimulation; Quiet places; Choices

- Relational Environment: Restoring dignity and emotional safety; Countering abuser control
  - Respectful collaborative connections: Empowering information about trauma; Focus on resilience & strengths
  - Clarity, consistency, transparency, choice & control

- Programmatic Environment
  - Examine policies & procedures; Adaptation & flexibility
  - Emotional safety planning; Prepare for trauma triggers

Relational Environment

When trauma occurs in a relationship, the quality of the relationships we create is key......
**Trauma-Informed Assessment Process:**

Providing Information; Normalizing Experiences;

- Talk with survivors about
  - The effects of DV/SA and other trauma in ways that help to normalize and destigmatize their experiences and offer information, tools, resources & hope.
  - Common physical and emotional effects of trauma and DV and how they can affect accessing safety, processing information or remembering details.
  - Ways that trauma can affect our ability to trust and manage feelings and affect the ways we feel about ourselves, other people and the world
  - Whether there are other things they have experienced that may be affecting how they are feeling now. Respond empathetically to disclosures. Attend to potential impact.

**Trauma-Informed Intake & Assessment:**

Providing Information; Normalizing Experiences

- Talk with survivors about …..
  - Things that abusers may do to make their partners feel crazy or to undermine their sobriety & the ways abusers use mental health and substance use issues to control their partners. Ask about experiences of mental health and substance use coercion.
  - Sources of strength and resilience; Hopes, dreams, beliefs, priorities, strategies and goals

**DV- & Trauma-Informed Response to Mental Health Coercion**

- Remember that a partner who is abusive may try to find other people to agree that your mental health needs give him/her a right to control or abuse you. This is not so.
- Even if you have had many hospitalizations, or used medication for years, you have the same right to safety and dignity as anyone else.
- It might be helpful to think about which people in your life agree that you have a right to safety and dignity and who you can call on for support.

**Programmatic Adaptations to Support Emotional Safety**

- Talk with each person at intake about ways the service environment might be challenging for anyone, the kinds of issues that may arise, and what you can do to create a more comfortable supportive environment.
- Discuss the kinds of things people might find distressing, what each person anticipates might be difficult or challenging and what it’s like for them when they feel stressed.
- Discuss what is helpful, what is not and what they would or would not want other people to know or do

**Emotional Safety Planning:**

Traumatic Effects of Abuse

- Physical, psychological, and emotional abuse can affect our mental and emotional well-being
  - For example, a person may feel afraid all the time, or may find that loud noises startle them; they may have nightmares or trouble sleeping or they may have sudden, upsetting memories of abusive incidents that interfere with things they want to do.
- Being aware of your feelings can help you anticipate situations which are likely to evoke a trauma response (i.e. things that make you feel afraid or upset, or cause nightmares) and make decisions about how to handle them.
  - Let’s think about what might be helpful. What are some of the things that help you feel calm and grounded?

**Thinking About Trauma in the Context of DV**

- Recognize that perpetrators may look psychologically healthier than the partner they’ve been abusing for years.
- Be wary of having abusers provide collateral information; Ask about advance directives
- Do not focus on helping a person who is being victimized understand why they unconsciously “chose” to be abused.
- Incorporate questions about mental health and substance use coercion into safety planning
- Ask about suicidality in the context of trauma, abandonment, resistance and perpetrator threats
- Ensure survivor choice and control re: medication
- Consider impact of trauma & DV on ability to process information

Markham 2011

Warshaw et al. 2009

Markham 2008, ASN
Facilitating Healing, Resilience and Well-Being

Trauma-Specific Intervention in the Context of DV

Healing from the Effects of Interpersonal Violence often Begins by...

- Restoring a sense of safety and protection within a consistently nurturing and trustworthy relationship or relationships while honoring strengths and resilience
- Developing or reconnecting with supportive aspects of culture, community & spirituality and engaging restorative & meaningful activities.

For survivors of ongoing domestic violence, responding to trauma raises an additional set of concerns, particularly when the trauma is unremitting and symptoms also reflect a response to ongoing danger and coercive control and discriminatory social conditions.

How does one heal while still under siege?

Trauma Treatment in the Context of DV

- Symptom-focused vs. Holistic approach
  - PTSD treatment targets specific symptoms; Complex trauma treatment addresses multiple domains
- Past abuse vs. Ongoing risk
  - Most trauma treatment models focus on past abuse; Few are designed for survivors still under siege whether from DV or oppressive conditions
  - Some evidence-based treatments for PTSD can be harmful in context of complex trauma and/or ongoing abuse
  - Women experiencing DV often excluded from clinical trials
- Treatment should integrate both DV and trauma concerns

Warshaw, 2009

Trauma-Specific Treatment for Survivors of Domestic Violence

- PTSD Treatment
  - Robust evidence base: CBT, Prolonged Exposure, EMDR
  - Emerging evidence: Mindfulness-based interventions, Mind-Body therapies, Trauma-sensitive Yoga, Virtual therapies
- DV + PTSD Treatment
  - 9 RCTs but evidence still limited: Modified CBT, yoga-based therapy; often out of the relationship
  - Culturally Specific: Grady Nia Project; Healing our Women
- Complex Trauma Treatment
  - Hybrid EBPs for less severe complex trauma (e.g. STAIRS): Interpersonal and affect regulation skill building
  - Consensus Phase-Based for Complex trauma: EB modalities embedded in relational, developmental matrix; Safety & stability, integrating experience of trauma, reconnecting & rebuilding
  - Gender-responsive trauma & substance abuse treatments
- Culturally Specific Responses to Collective Trauma
  - Trauma Rocks, Namelahapono, Komokwe Council

Creating DV- and Trauma-Informed Services and Organizations

What else is involved?

In a Trauma-Informed Approach, We Are Also Part of the Equation

- Personal Beliefs & Experience
- Social, Cultural & Institutional Context
- Political & Economic Structures

Personal
Beliefs & Experience
Social,
Cultural & Institutional
Context
Political & Economic
Structures
Providers
Survivors
Impact of trauma
Resources & Supports

Attending to Our Own Personal Experiences & Responses

- Advocate
- Secondary or Vicarious Trauma
- Stress & Burnout
- Transference & Countertransference Responses
- Role Expectations

Being Aware of Our Own Responses:

- Fear of being overwhelmed or making bad decisions
- Reluctance to identify with "victim"
- Helplessness & inadequacy if can’t “fix” or predict outcomes
- Frustration with survivor for not responding to our needs to do a good job
- Lack of attention to personal history and vicarious trauma
- Avoid, dismiss, blame, label, control

When competence is tied to mastery & control

Vicarious or Secondary Trauma

- An inevitable process of change that happens because you care about the people you serve, resulting in changes in your psychological, physical and spiritual life affecting you, your family, and your organization over time

Greg Merrill LCSW in collaboration with LEAP adapted from Pearlman & McKay Headington Institute

Thinking about Transference & Countertransference

What May Be Below the Surface...
Transforming Secondary Trauma: ABCs

- **Awareness**
  - Be attuned to our needs, limits, emotions & resources
  - Heed all sources of information—cognitive, physical, intuitive
  - Practice mindfulness and awareness

- **Balance**
  - Work, play and rest

- **Connection**
  - To oneself, to others, and to something larger
  - To things that are meaningful

Saalvthe et. al. 2000 p. 173

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3-Step Mindfulness Practice
For Health Care Provider Burnout

1. Pause
2. Presence
3. Proceed

University of Wisconsin Department of Family Medicine
http://www.fammed.wisc.edu/

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Supports & Training for Staff

- Salaries, benefits, reasonable workload, personal development, staffing patterns that allow back-up, sharing responsibility and coverage
- Ongoing training; Integrated trauma-informed clinicians; Multidisciplinary team support; Community partnerships
- Reflective supervision: Create safe places to discuss feelings that arise in our interactions & develop our own understanding and capacity to address them
- Attention to burnout and secondary trauma: Opportunities to think about and address the impact of the work we do on our own lives
- Incorporating time for reflection and both quite and communal places; traditional, spiritual, cultural and/or mindfulness practices; time for restorative activities

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Supports & Training for Staff

- **Organizational culture** in which everyone feels valued, empathy is nurtured, hierarchy is limited, tensions are addressed openly, there are no hidden agendas and there is a collective sense of purpose

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Being trauma informed means embodying in our own lives and work the world we want to create

Warshaw 2008
NCDVTMH Resources

- ACDVTI Agency Self-Assessment Tool
  http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/03/ACDVTI-Self-
  Assessment-Tool.pdf

- Resources for Advocates on Trauma-Informed Practice
  http://www.nationalcenterdvtraumamh.org/publications-products/resource-for-advocates/

- A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors:
  http://www.nationalcenterdvtraumamh.org/publications-products/ncdvtmh-review-of-trauma-
  specific-treatment-in-the-context-of-domestic-violence/

- Mental Health and Substance Use Coercion Surveys Report
  http://www.nationalcenterdvtraumamh.org/2014/09/mental-health-and-substance-
  use-coercion-surveys-report-now-available/

- Special Issue of Synergy on Trauma in the Context of Domestic Violence
  http://www.nationalcenterdvtraumamh.org/2014/10/ncdvtmh-guest-edits-special-issue-of-
  synergy-in-honor-of-dv-awareness-month/

- Trauma-Informed Care for Mental Health Professionals:
  http://athealth.com/trauma-informed-care-for-mental-health-professionals/

- Tips for Supporting Children and Youth Exposed to Domestic Violence:
  http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/05/Tipsheet_Children-
  Exposed_NCDVTMH_May2012.pdf


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Strengthening Sovereignty, Working to End Violence Against Indian Women