

NIWRC Advocacy Curriculum PART I: Violence Against Native Women: Root Causes, Dynamics & Trauma-informed Advocacy

SESSION 4: Trauma: Impact & Effects



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Trauma: Impact & Effects

1. What is Trauma?
2. Ongoing Impact of Trauma/ Violence
3. Connections: Domestic Violence, Mental Health & Substance Abuse
4. Impact of Witnessing Domestic Violence on Children

Before beginning...

These topics can be “trauma” reminders for many of us.

Identify ways you can take care of yourself, if you begin to react.

Know your response is “normal” and part of healing.

Being mindful of this is part of being trauma-informed!

1. What is Trauma? [aka violence]

Objectives

Participants will be able to:

- Define individual, collective/historical and intergenerational trauma
- List sources of trauma
- Describe neurobiological and other effects of trauma

What is Trauma? [aka violence]

Individual Trauma: The unique individual experience of an event or enduring condition, in which:

- The individual experiences a threat to their life or to their psychic or bodily integrity (or to a loved one)
- The individual's coping capacity and/or ability to integrate their emotional experience is overwhelmed

Collective And Historical Trauma: Cumulative emotional, psychological and spiritual wounding over the lifespan and across generations emanating from massive group trauma experiences.

Multiple Layers of Trauma

Higher Levels of Risk for Battering & Revictimization

Individual trauma: child abuse/neglect, sexual assault, poverty, childhood sex. assault, domestic violence, battering, witnessing violence, etc.

Co-occurring issues: PTSD, TBI and other physical injuries, poverty, mental health issues, disabilities, addictions etc.

Societal Abuse/ Oppression: institutionalized, historical trauma, systemic, stereotypes/internalized oppression

Historical Trauma Blankets Individuals and Tribal Nations

Historical trauma is the collective emotional and psychological injury both over the lifespan and across generations, resulting from cataclysmic history of genocide.

This trauma can be transmitted genetically and/or within families and communities.

Dr. Maria Yellow Horse Braveheart, PhD

Resilience & ability to heal is also transmitted genetically!

Intergenerational Trauma: Understanding Natives' Inherited Pain

By Mary Annette Pember; Indian Country Today excerpt:

Trauma experienced by earlier generations can influence the structure of our genes, making them more likely to “switch on” negative responses to stress and trauma.

Adverse Childhood Experiences and the Lifelong Consequences of Trauma:

“Never before in the history of medicine have we had better insight into the factors that determine the health of an individual from infancy to adulthood, which is part of the life course perspective—a way of looking at life not as disconnected stages but as integrated across time,”... The now famous 1998 ACES study ... showed that such adverse experiences could contribute to mental and physical illness.

Folks in Indian country wonder what took science so long to catch up with traditional Native knowledge. “Native healers, medicine people and elders have always known this and it is common knowledge in Native oral traditions...”

LeManuel Bitsoi, Navajo, PhD Research Associate in Genetics at Harvard University .

Trauma = Violence Sources

- Childhood sexual, physical, emotional abuse, neglect, and abandonment
- Domestic violence, Battering/IPV
- Rape, sexual assault, trafficking
- Violent crime
- Catastrophic injury or illness, death, loss, grief
- Institutional abuse and neglect
- Abuse using religion
- Chronic stressors like racism, poverty
- War/terrorism/combat
- Community and school violence, bullying
- Hate crimes
- Dislocation and sudden loss
- Historical/generational, targeted violence
- Natural disasters
- Invasive medical procedures
- Any misuse of power by one person or group over another

Survivors Experience Multiple Types of Trauma

- Individual and collective trauma can increase risk for victimization
 - Coping strategies can increase risk for harm
 - Not learning one has the right to protect oneself can increase risk for being harmed
 - Social conditions, discrimination and lack of human rights protections increase the risk of being harmed
- Abusers exploit these experiences

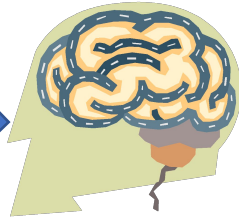
Fabri: Triple Trauma Paradigm; Root: Insidious trauma; Packard: Cultural and Historical Trauma;
Roberts et. al. Pervasive trauma exposure among sexual minorities, NCAVP Hate Violence

Trauma/ Violence Effects the Neurobiological Functioning of the Brain.

- This is a natural result of trauma
- It is organic – involving brain chemicals, hormones, neural paths ways, etc.
- It is automatic and involuntary
- Healing can happen fairly quickly or over the course of a lifetime
- The impact of neurobiological changes is often undiagnosed, misdiagnosed or treated as “character defects” or mental illness.

We are Wired for Survival

Information from
our senses and
internal state



We may be aware or
unaware.

Our responses may
be visible or invisible.



FLIGHT, FIGHT OR FREEZE

Moss 2013, Cave, Johnan and Curley 2015

The Flight, Fight or Freeze Responses are:

- Automatic and Involuntary
- Built into our brains, our neurobiology
- Intended to save our lives when threatened

Trauma, especially repeated or layers of trauma, can result in trauma responses happening when there is no present threat.

Past traumas may be relived or reacted to in the present. Sometimes these common, involuntary, automatic responses are called Post Traumatic Stress Disorder (PTSD), anxiety disorders, avoidance disorders etc.

This is a result of neurobiological changes in the brain.

The brain can often heal in a number of different ways.

All require safety, no additional stress, calm environments, limited activity and change.
AND TIME.



**In addition to the neurobiological impact, other
often unseen**

Injuries Resulting from Trauma can include:

- **Sleep deprivation**
 - Effects memory, mood & focus; can cause hallucinations
- **Concussion syndrome/Traumatic Brain Injury**
 - Can affect all functioning, senses, etc.
- **Nutritional Deficiencies**
 - Effects physical health, mood, sleep, mental status
- **Exhaustion**
 - See all of the above!

Co-occurring issues: PTSD, TBI and other physical injuries, poverty, mental health issues, disabilities, addictions etc.

Traumatic Brain Injury (TBI) is often Misdiagnosed

- Motor vehicle crashes, falls, assaults, violent shaking or whiplash, loss of oxygen to the brain, *includes strangulation*, etc.
- Many people with minor TBI *won't lose consciousness*.
- Many people seen for treatment go home following brief observation because they cannot afford treatment or believe they do not require medical attention.
- Visual, auditory, sensory impairments; paralysis, weakness of any extremity, balance problems, fatigue
- Apathy; silliness, impulsively, mood swings, irritability, decreased self-awareness
- Decreased ability to learn new information, retrieve old information, stay on topic, think in abstracts, set goals or plan tasks, sequence, initiate tasks, or monitor own behavior.

Any indication of TBI or SUFFOCATION = Medical Emergency



2. Ongoing Impact of Trauma/ Violence

Objectives

Participants will be able to:

- Describe range of responses to trauma
- Describe impact of trauma over a life span
- Explain how trauma responses, including mental health and substance use issues can increase coercive control and revictimization

Differences Between Stress and Trauma

STRESS

Shifts people away from emotional **balance** and **predictability** and calls on the system to restore it

TRAUMATIC STRESS

Shifts people away from emotional safety and predictability, and **disrupts the system's ability to restore it**

“At the core of traumatic stress is a breakdown in the ability to regulate internal states. This concept of self-regulation is critical for understanding trauma & its impact.”

Bessel van der Kolk, 1995

A Wide Range of Possible Responses to Stress & Trauma

- Not all stress results in trauma
- Not all trauma responses cause psychological difficulties
- Not all psychological difficulties that result from trauma are long-term

National Center on Domestic Violence
Trauma and Mental Health

Not everyone who is exposed to very serious events will be traumatized .

Sometimes...

We have a traumatic response.

- It is a common response to fear, horror and cumulative adversity
- Coping capacities are overwhelmed and people adapt in order to survive

How we respond to each other matters!

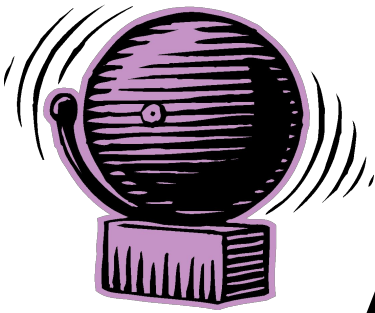
Until we understand that traumatic symptoms are physiological as well as psychological, we will be woefully inadequate in our attempts to help them heal.

- Peter Levine, Author of Waking the Tiger, and Healing Trauma



Resources:

- Understanding the Neurobiology of Trauma: Implications for Working Effectively with Adults and Adolescents by Janine D'Anniballe, Ph.D.
- Webinar: "Understanding Trauma & the Body: From Theory To Practice" www.nationalcentertraumadvmh.org



Alarm is constantly “on”

- For many of us who have experienced abuse and violence, our bodies and brains are on constant alert for danger
- *Reassurance that we are safe may not help turn off the alarm*

Trauma Can Lead to Many Different Kinds of Responses

Arousal

Hyperarousal  Numbing

Attention

Dissociation  Hyper-focus

Emotion

Absent  Overwhelming

N. Miller

Trauma.

How It's Experienced
and
What It Looks Like to Others

This may look like...

- Problems communicating; can not tell their “story”
- Being overwhelmed by or having strong reactions to seemingly “minor” irritants
- Scanning for danger, worry that something bad will happen
- Numbing, checking out
- Not being able to “get over” things that happen in day-to-day life
- Disengaging and avoiding interactions
- Minimizing or compartmentalizing
- Negativity; “crabbiness” - preparing for the next bad thing to happen

Trauma reactions can include:

- Anxiety, depression
- Inability to focus or concentrate
- Difficulty remembering
- Flash backs
- Dissociation
- Difficulty sitting still or relaxing
- Anger/over-reactions or under-reactions
- Sleeping a lot or not enough
- Difficulty making decisions
- Hyper-alert, difficulty dealing with crowds, loud noises
- Substance abuse

Ongoing Impact

Trauma can affect our capacity to:

- Feel connected to caring others
- Experience ourselves as deserving and worthwhile
- Manage and share feelings
- Stay present and connected; maintain self-awareness
- Comfort ourselves; be comforted by others
- Ability to remember; memories can be “snapshots” and/or disorganized
- Ability to feel relaxed, joy, happiness

Triggers or Trauma Reminders?

“Triggers” is a commonly used to describe things happening in the present, like a behavior, sound, smell, environment or tone of voice, that cause a person to react as if the trauma from the past is now occurring.

These involuntary, automatic reactions can be internal, physical and/or behavioral. *They are natural, resulting from the neurobiological impact of trauma.*

“Trauma Reminders” is language recommended by the National Center on Domestic Violence, Trauma and Mental Health. It makes the distinction that:

1. the trauma is past
2. the reaction is re-occurring in the present
3. builds a sense of control
4. supports healing practices like mindfulness & grounding

Trauma Reminders:

Sensing things in the environment and/or interactions that bring trauma responses to the surface.

For example:

- A particular smell or tone of voice can bring about the need to defend
- Dark lighting
- Being touched in certain ways
- Closed spaces
- Others?

I think I'm going crazy!

If you get punched, you expect bruises.

If you get an emotional/mental punch, the
bruises are neurobiological, mental, emotional
and spiritual –

it's a natural response to the chaos of violence.

Trauma Can Affect Survivors' Access and Response to Services

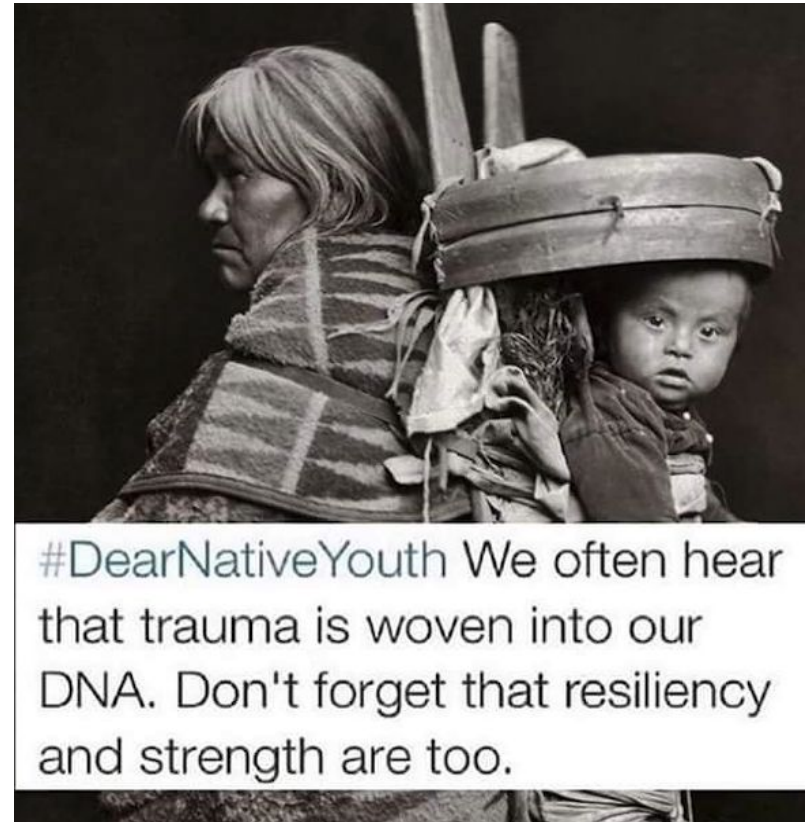
Including...

- Willingness to reach out and engage
- Mobilization of resources, decision-making
- Responses to domestic violence advocacy and supports
- Responses to law enforcement, testimony and legal case
- Appearance and demeanor in court

These factors should not be used to minimize the impact of poverty, racism, sexism etc., or the accountability of individuals, programs and institutions to respond.

Most people have a backstory...
that's still being told.

There are layers of trauma, but
also strengths and resilience.



#DearNativeYouth We often hear that trauma is woven into our DNA. Don't forget that resiliency and strength are too.



3. Connections: Violence, Mental Health & Substance Abuse

Objectives

Participants will be able to:

- Describe the impact of trauma on survivors, physically, mentally, emotionally
- Explain the co-occurrence of substance abuse and battering/domestic violence, and effects on safety

Abuse, Violence and other Trauma Across the Lifespan
play a key role
in the development and exacerbation
of health, mental health, and substance abuse conditions.

Abuse, Violence, and Trauma Across the Lifespan

- Gender based violence increases risk for health, mental health, and substance abuse conditions
- Women are twice as likely to develop PTSD and depression after trauma exposure and may use substances to manage the traumatic effects of abuse
- Adverse childhood experiences also increase the risk for health, mental health, and substance abuse problems as an adult

Adverse Childhood Experiences (ACE) Study

Participants: 17,337 Adults in HMO

- 50% had at least one ACE
- 25% reported 2 or more

A separate study (N=1,660) among 7 Native American Tribes found:

- 86% had at least one ACE
- 33% reported 4 or more

Correlation between number of ACEs and:

- Poor Health: Heart, liver, lung, and bone disease; cancer; 50 or more sexual partners; obesity and physical inactivity
- Substance Abuse: Alcoholism, drug abuse, smoking
- Mental Health: Depression, psychiatric hospitalization, suicide attempts, hallucinations
- Any ACE increased suicide risk by 2-5 times

Violence Increases Our Risk for Developing:

- Depression
- Post-Traumatic Stress Disorder
- Substance abuse
- Suicide attempts
- Sleep disturbances
- Anxiety disorders

Discrimination and oppression are connected to these risks.

**Up to 100% of people in treatment, both men & women,
have histories of domestic & sexual violence.**

Victimization is painful.

**Alcohol and other drugs are pain killers,
that can numb fear.**

Substance Abuse (SA) Connections

- Half of the men in batterer intervention programs appear to have SA issues (Gondolf, 1999) and are eight times as likely to batter on a day in which they have been drinking (Fals-Stewart, 2003).
- Between a quarter and half of the women receiving victim services for IPV have SA problems (Bennett & Lawson, 1994; Downs, 2001; Ogle & Baer, 2003).
- Average amount of alcohol consumed prior to a violent episode was only about an ounce, equal to a beer or glass of wine. (Pernanens, 1991)

- Between 55 and 99 percent of women who have SA issues have been victimized at some point in their life (Moses, et al., 2003) and between 67 and 80 percent of women in SA treatment are victims of IPV (Cohen, et al., 2003; Downs, 2001).
- While many people believe that men use their being drunk or stoned as an excuse for violence, research indicates that the criminal justice system no longer accepts this excuse. The reverse is true for victims, however; her use of alcohol and drugs increases the degree criminal justice professionals attribute responsibility to her for her own victimization

(Klostermann & Fals-Stewart, 2006).

... viewing intimate partner violence (IPV) as simply another trauma and sexual assault (SA) as simply another trauma-managing behavior are reductionist and ignore the gender and power elements in both SA and IPV.

Substance Abuse and Intimate Partner Violence;
Larry Bennett and Patricia Bland; VAWNet

Substance abuse can be:

- a survival tool
 - part of self-defense
 - self-medication
 - a form of suicide
 - a cry for help
 - coerced by batterer

The combination of battering/IVP/ sexual violence and alcohol/other drugs leads to:

- more intense and frequent violence
- increased substance abuse
- increased relapse

Substance Abuse:

- Increases vulnerability & risk for more violence and re-victimization
- Decreases access to services and safety
- *Stopping self-medication without proper supports can be life-threatening*

Each survivor will tell you what they need...

“When I was using, I didn't have the ability to reach out for help, nor did I feel I needed it. Not using made me feel again, and when I felt again, I knew I needed help, because the pain was there. And that's when I reached out (for help with the violence). If I would continue using, I would never have reached out.”

“Once I walked away from that abuse (violence), I knew the next thing I had to do was do something about the substance abuse. And then, when I made up my mind that I wanted to quit the drugs also, the advocates at the⁴⁷

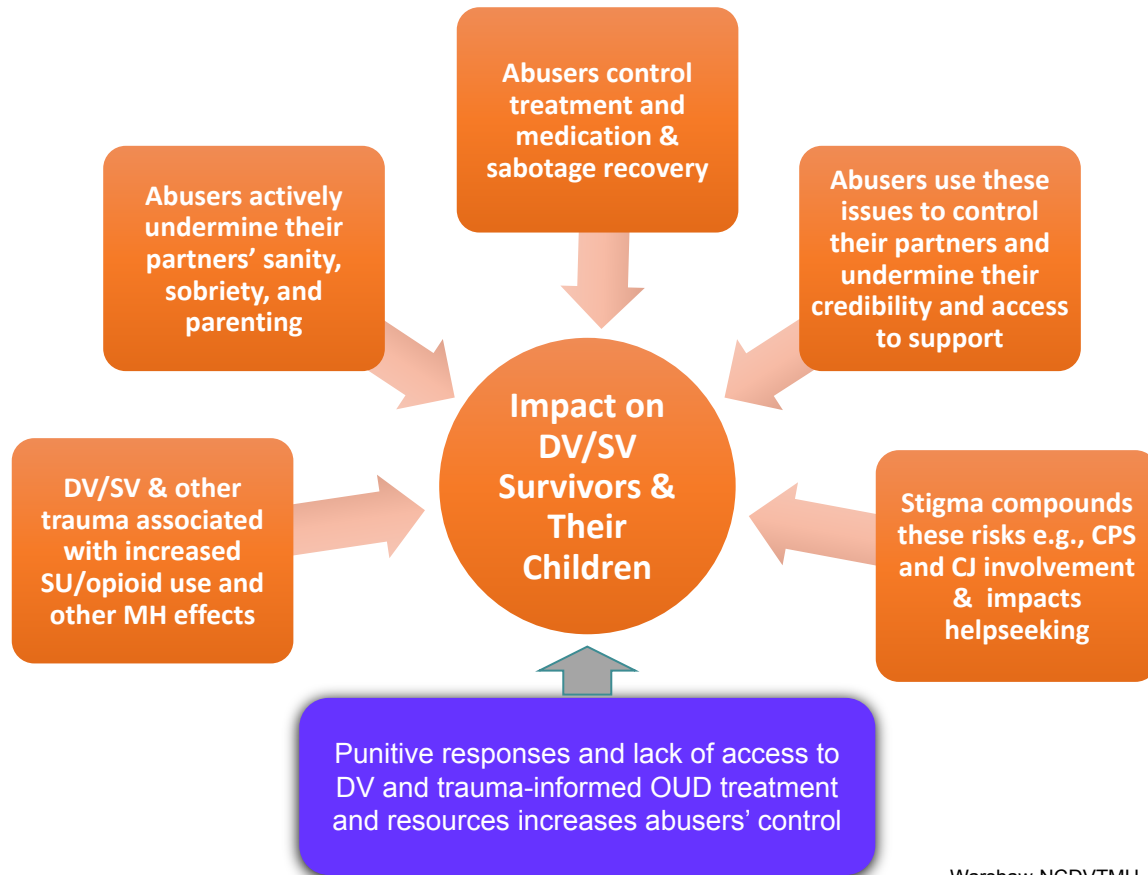
Gender Issues

- Women who use are often stereotyped as “sluts,” promiscuous, “bad women”
- Drunkenness by men is often framed as “normal” male behavior
- Using at the time of victimization are at great risk for victim-blaming, re-victimization & self-blame
- Men who use while violent, often have their violence minimized; collusion increases
- Childcare & custody issues prevent women, in particular, from going to treatment

At the Same Time...

- Experiencing a mental health or substance abuse condition puts someone at greater risk for being abused
- And symptoms, i.e., a trauma reaction or survival skill, may be a direct result of coercive control
- Why is this? How does this work?

Trauma, Opioid Use and DV: Examining the Connections



Traumatic Effects of Abuse or Coercive Control:

For example:

- **High rates of substance abuse** among women who have been victimized
 - Self-medication is common; may be symptom specific
- **High rates of victimization** among women in substance abuse treatment
 - May be coerced into using or dealing; using increases risk for coercion

Mental Health and Substance Use Coercion

Abusers use mental health and substance abuse issues to control their partners:

- Undermine sanity, sobriety, credibility, and parenting
- Coerced overdose, coerced use, coerced illegal activities, coerced sex
- Control meds; Control treatment; Sabotage recovery
- Use against survivor to prevent access to support, resources, protection & custody
- “She was out of control”

Why does this work?

- Stigma associated with mental health and substance abuse conditions
- Reports of abuse not taken seriously
- Assumptions that mental illness and substance use precludes good parenting
- Poverty, discrimination, isolation and fear

Women, Opioids & Trauma

- **Greater Risk for Over-Prescription:**
 - More likely to experience painful medical conditions. More likely to experience depression/PTSD
 - More likely to be prescribed opioids for chronic pain (physical and emotional pain), given higher doses, use for longer time
- **Greater Risk for Non-Medical Use**
 - More likely to initiate hazardous use, particularly after introduction by partner or spouse.
 - Women with OUDs more likely to have experienced DV,SV, and childhood trauma (CSA). Opioid use associated with depression and PTSD (3x).
 - More likely to self-medicate to manage distressing feelings.
- **Increasingly High Risk for Opioid OD**
 - Telescoping (shorter time to addiction, more cravings); 3x less likely to receive naloxone and to receive Tx; Additional barriers to care (stigma, childcare, transportation, DV)

Complex Connections: Substance Use, Mental Health and DV

- Higher rates of MH and SU conditions among people who experience DV
 - Cis Women: Substance abuse 2x-6x as high: Range from 18% to 72%; Increased likelihood of opioid use; Increased PTSD, depression, suicidality
 - Gay men: Higher rates of depression and substance use
 - Trans women: Increased SU associated with gender abuse
- High rates of DV among women accessing SUD treatment including OUD treatment
 - Lifetime DV: 47% to 90%; Past year DV: 31% to 67%; Women attending methadone clinic: 90% experienced DV
- High rates of substance use among people accessing DV services

Substance Use Coercion

- Undermine their partners' sanity and sobriety
- Control their partners' ability to engage in treatment
- Sabotage their partners' recovery efforts
- Discredit their partners with potential sources of protection and support and to jeopardize custody
- Exploit their partners substance use for personal or financial gain

Substance Use Coercion continued

National Domestic Violence Hotline & NCDVTMH Survey

N = 3,224

- 27% • Pressured or forced to use alcohol or other drugs, or made to use more than wanted?
- 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?
- 37.5% • Partner or ex-partner threatened to report alcohol or other drug use to someone in authority to keep you from getting something you wanted or needed?

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Substance Use Coercion & Opioids:

Mechanisms of Control

- **Introducing partner to opioids**
- **Forcing or coercing partner to use** (e.g. dirty needles, noxious substances)
- **Forcing partner into withdrawal**
- **Coercing partner to engage in illegal acts** (e.g. dealing, stealing, prostitution)
- **Using opioid history as threat** (deportation, arrest, CPS, custody, job)
- **Isolating partner from recovery and other helping resources**
- **Sabotaging recovery efforts; Stalking when accessing MAT**
- **Blaming abuse on partner's use and benefiting from:**
 - Lack of services for women dealing with OUD
 - Societal beliefs re: women & addiction

Safety Concerns for Survivors

- Impaired cognition may make safety planning more difficult
- Effects of substance may prevent accurate assessment of:
 - The level of danger posed by perpetrator
 - Capacity to defend against physical assaults
- Also, individuals impacted by substances may be reluctant to seek assistance or contact police for fear of arrest, deportation, or referral to a child protection agency

Safety Concerns cont.

- Compulsive use/withdrawal symptoms may make it difficult to access shelter, advocacy, or other forms of help
- A recovering survivor may find the stress of securing safety leads to relapse
- If a survivor is using or has used in the past, they may not be believed

Survivors are our teachers and guides:

- “I don't think I could deal with one issue alone. It was critical that I deal with the domestic violence, to get away from it, because it was just getting worse and worse. But I couldn't deal with the domestic violence if I was still getting all drugged up.”
- “You've got to be sober, at least a little bit, to be able to even look at the domestic violence. But if you get sober, and you don't look at those issues, you're not going to stay sober, not in the long run.”
- “I couldn't recover from substance abuse if I was still being physically abused, mentally abused, because I would be right back to using. So they walk hand in hand. I would not recover from one unless I address the other, and vice versa.”

WARNING SIGNS OF SUICIDE RISK

- Albany Rape Crisis Center, NY

- Is the person unusually depressed, worried, or anxious?
- Become isolated, more withdrawn from friends and family recently?
- Lost interest in friends, hobbies, or activities previously enjoyed?
- Recent loss for this person: a death? breakup of a relationship? loss of job? loss of self-confidence? loss of status?
- Recently withdrawn from counseling?
- Feel overwhelmingly guilty or full of self-hate? Afraid of losing control? Going crazy? Harming self or others?
- Abusing drugs or alcohol?
- Changes in sleeping patterns --- too much, little or not sleep? nightmares?
- Exhibit hostility, agitation, hyperactivity or restlessness; mask depression?

Suicide Risks continued

- Abusing drugs or alcohol?
- Changes in sleeping patterns --- too much, little or not sleep? nightmares?
- Exhibit hostility, agitation, hyperactivity or restlessness; mask depression?
- Apparent improvement after period of depression? (seriously vulnerable to reversal now; more energy to act on suicidal thoughts.)
- History of suicide in the person's family?
- Has a relative or friend completed a suicide recently?

Suicide Risks continued

- Has the person made previous suicide attempts?
- Is the person preoccupied with themes of death and dying?
- Has the person threatened suicide, or spoke about it with others?
- Does the person have a suicide plan? the means to implement it?
- Giving away favorite possessions? saying “good-bye” to others?
- Feel “hopeless” about the future? “helpless” inability to change bleak future or make any personal changes?



4. Impact of Witnessing Violence on Children

Objectives

Participants will be able to:

- Describe signs of trauma/ witnessing violence on children and youth
- Explain the importance of mother/child/ trusting relationships in safety

Why a Developmental Framework Is Important

- Our brains grow in relation to our experience
- The nature and quality of those experiences help to shape our development

Trauma Impacts The Development And Functioning Of The Brain

- This is why only “talking about it” isn’t the “cure.”
- See webinar: “Understanding Trauma & the Body: From Theory To Practice” (www.nationalcentertraumadvmh.org)

National Center on Domestic Violence, Trauma & Mental Health:

Children's experiences of domestic violence are individual, widely varied, and unique. Some children do well and may not need additional supports... children living in homes where they have experienced domestic violence from an early age... are at greater risk for developing trauma-related responses that may impact their growth and development.

The traumatic impact ...[effects] relationships ...that children rely upon for safety, nurturance, and protection from harm. Based on ... more than 30 years of practice wisdom, we have learned that the single most important resource for children in fostering resilience and healing from the traumatic effects of experiencing domestic violence is a ***secure attachment relationship with a loving parent or caregiver over time.***

www.nationalcenterdvtraumamh.org

In general, due to socialization, in reaction to trauma:

Boys – will externalize feelings resulting in hostility and aggression

Girls – will internalize feelings manifesting in depression and sleep disorders

School-age children – inability to self-regulate emotions vacillating between withdrawn behavior and aggressive behavior

Adolescents - exhibit risky behaviors such as substance abuse, self-harm

Infants, Toddlers, & Preschoolers

What You May Observe:

- Sleep disturbances
- Disturbances in feeding
- Feelings of helplessness and passivity
- Generalized fearfulness
- Specific new fears
- Loss of acquired developmental skills
- Clinginess and separation anxiety
- Inhibited play and exploration
- Thinking/talking about traumatic event
- Upset at reminders and try to avoid reminders
- Irritability
- Aggressiveness
- Scanning for danger

Infants, Toddlers, & Preschoolers

How You Can Help

(and Support Parents to Help)

- Support parents in keeping their children close to them
- Help the child anticipate what will happen
- Give choices
- Provide reassurance when the child needs it.
- Name the child's feelings
- Expect to need to do these things over and over again. It is normal for children to need repeated reassurance.

Adolescents: What You May Observe

- Detachment, shame, and guilt
- Self-consciousness about their fears and intense feelings
- “Acting out” and sensation-seeking behaviors that may include life- threatening reenactments
- Abrupt shifts in relationships
- Desire for and plans to take revenge
- Radical changes in attitude and changes in self- identity
- Premature entrance into adulthood or reluctance to leave home
- Upset at reminders of the trauma and try to avoid reminders
- Coping behaviors that may include self-endangering behaviors such as substance abuse and/or cutting

Adolescents

How You Can Help and Support Parents Help Their Teens

- Provide an environment in which the teen can talk about concerns
- Give choices
- Support parents in letting their teens stay close to them! Even relatively independent teens may need extra support after a traumatic event.
- Help teens anticipate what will happen next
- Answer questions honestly
- Help teens find ways to express their strong feelings by journaling, writing stories or poems, and art
- Expect to have to do these things again and again

**“When mothers are safe,
children are safe.”**

Battering and all the related trauma combined with changes shelter brings creates a unique blend of additional chaos.

Some women/men are not at their “parenting best.” Provide support, listen and respond in the most respectful way possible. Avoid judging.

SAFETY FIRST!

Until survivors and their children are safe,
healing may not begin.

Everyone has the right to decide what
makes them feel safe- physically,
mentally, emotionally, spiritually, etc.

People Respond to Violence as Individuals

- Get to know the person
- Assumptions and stereotypes hurt
- Be comfortable with anger, tears, fears, pain, grieving
- Keep your stuff separate from others
- Know other women's stories are a gift to you
- Take time for reflection and self-care.

Healing Is A Process That Takes Time!

Never under-estimate the healing power of just being with someone and listening.

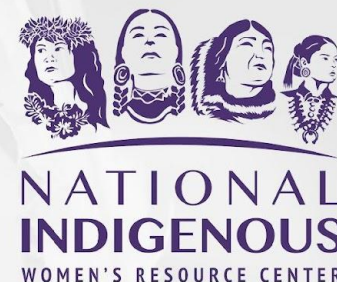
We are all healing and growing. We heal together!

If you think you must be “all healed” before you help others, then no one would answer the phone or open the door.

IN YOUR DEEPEST DARKEST HOURS,
DON'T FORGET ABOUT YOUR SUPER POWERS.
POWER TO CHANGE, POWER TO CHOOSE,
THE POWER TO LOVE THOSE AROUND YOU.
THE POWER OF THOUGHT, THE POWER OF WORDS,
THE POWER TO LIFT UP OUR HEAD WHEN WE HURT.
THE POWER TO MOVE ON AND LOOK AT OUR PAST,
AS LESSONS, NOT TROUBLES OR SORROWS WE'VE HAD.
WE CAN USE OUR POWERS TO CHANGE OUR MISTAKES
INTO A USEFUL TIP FOR THE NEXT CHOICE WE MAKE.
THESE POWERS THOUGH SUBTLE GET USED EVERYDAY,
JUST REMEMBER TO USE THEM IN A POSITIVE WAY!

MICHELLE BORE 04/22/2012





Thank you!

For more information go to
www.niwrc.org

niwrc.org

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