What is Trauma-Informed Work and Why Should We Care?

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Introductions
What do we mean by trauma?
What Do We Mean by “Trauma”?  

Trauma is the unique individual experience of an event or enduring condition, in which:

- The individual experiences a threat to life or to their psychic or bodily integrity
- The individual’s coping capacity and/or ability to integrate their emotional experience is overwhelmed*
- Cultural and historical trauma can impact individuals and communities across generations

*Sidran Institute
Historical Trauma

1492 – recorded documentation of Spanish Contact

1534 – recorded French contact “New World Exploration” help homeland lay claim

1607 – Jamestown established

1620 – Plymouth Rock and Manifest Destiny

Prior to 1684 – Tribes viewed as Independent nations by foreign entities. Spain viewed Native occupants as citizens.

1684 – Exploration and expansion of settlement

1776 – New Democracy and Declaration of Independence

1794 – Jay Treaty between US and Britian Guaranteed rights of British subjects, American citizens and Indians to cross freely
Historical Trauma

1832 – Laws to prohibit the drinking of alcohol by Indians. Did not make it a crime to sell alcohol to Indians.

1855 – Court of Claims: allowed private parties to sue US govt for contract violations.

1871 – Congress terminates Making of treaties with Indian Tribes

1684 1880 – Indian Wars

1879 – Carlisle Indian School established. Goal complete annihilation or assimilation.

1880 – 1930 – Assimilation and Allotment. Transition from communal land system to individual ownership.

1887 Dawes Act – Disastrous to family Unity while dissolving tribal systems
Trauma in the Context of Domestic Violence/Sexual Assault

Particularly Against Indian Women and in Tribal Communities
Trauma-Informed DV Services
Why Address these Issues?

- Women experience multiple types of trauma
- Trauma & DV can affect our mental health and well-being.
- Abusers use these issues to control their partners
- Stigma, poverty, institutionalization, oppression & discrimination compound these risks

Psychological Impact ↔ Context of Battering

Broader Social, Political, Historical Context

Kaysen Traumatic Context; Fabri Triple Trauma; Dabby State Sponsored GBV
Trauma-Informed DV Services: Framing the Issues

- Trauma & DV can affect survivors’ access to services
  - Avoidance of triggers, loss of trust, coercive control
- Trauma can affect our responses as advocates and as organizations
- Without a trauma framework, services can be retraumatizing
- Understanding and responding appropriately can counter these effects
Why use a trauma lens?
Research shows that..

- **Adverse Childhood Experiences increase risk** for health, mental health and substance abuse problems as adults.

- **Women are twice as likely as men to develop PTSD** after trauma exposure & to experience depression.

- **Experiencing Gender-Based Violence increases the risk** of developing mental health and substance abuse conditions.

Trauma Theory as a Bridge

What do we mean by trauma theory and how can it be helpful to our work?
Trauma Framework

- Normalizes human responses to trauma
- Shifts our understanding of symptoms & behaviors
  - **Injury model:** What happened? vs. What’s wrong?
  - **Symptoms as survival strategies:** Adaptations when usual coping mechanisms are overwhelmed
- Incorporates biological, emotional, cognitive, spiritual and interpersonal domains
- Multidimensional approaches to healing
  - Strength and empowerment-based
  - Relational and skill-building components
- Recognizes Impact on providers and organizations
How Does a Trauma Lens Relate to Work in Tribal Communities?
Understanding Trauma & Its Effects
Development, Attachment, Neurobiology & Social Context
Emergence of Trauma Theory: Reframing MH Symptoms from a Trauma Perspective

- 1980’s PTSD
  - Disabling effects of recent abuse
  - Vietnam veterans; Sexual Assault and DV movements

- 1990’s Complex Trauma
  - Developmental effects of chronic abuse
  - CSA/MH system survivors movement
  - Child trauma field
  - ACE study & CIDI studies
  - PTSD + Co-morbidities vs. Complex Trauma

- 2000’s Genetic & Neuroscience Research
  - Psychophysiological correlates

PTSD vs. Complex Trauma Paradigm?

**PTSD**
- Re-experiencing, Avoidance, Hyperarousal
  - Depression, substance abuse, guilt
- Discrete event; predictable impact; related domains; definable time course
- Symptoms

**Complex Trauma**
- Repeated trauma, often in childhood
- Core experience, organizes development
- Complex pattern of actions and reactions
- Continuing impact; multiple domains
- Borderline reframe
- Meaning

Maxine Harris and Roger Fallot, 2001 © DVMHPI 2009
Understanding the traumatic effects of abuse: 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
Our brains are made up of billions of nerve cells with trillions of connections.
Understanding Complex Trauma: Importance of Early Attachment Relationships

- Model for future relationships & trust
- Important source of resilience & ability to manage stress
- Template for developing self-regulating, integrative & empathic capacities
- Active throughout life

How does this translate?
Impact of Trauma on the Brain

- Stress
- Traumatic Stress
- Complex Trauma
Optimal Stress: Yerkes-Dodson Curve
Normal Stress Response

- Necessary for growth and survival
  - Sensory input of potential threat to brain
  - Mobilizes rapid response/state of arousal:
    - Fight, flight or freeze; intense focus on immediate danger and/or dissociation
    - Neurochemical cascade
  - Higher brain centers then evaluate threat, take appropriate action or disregard
  - Return to baseline
Body’s response to a threat or perceived threat, 
How this works

Stimulus

Sensory Thalamus (Relay station)

Cortex (Thinking)

Hippocampus (Memory)

Amygdala (Alarm)

Response

(LeDoux, 1996)
Normal Stress Response

Cortex

Hippocampus

Sensory Thalamus

Amygdala

Back to Baseline

(LeDoux, 1996), Bassuk 2007
Traumatic Stress Response

Stimulus

Sensory Thalamus

Cortex

Hippocampus

Amygdala

Response

Trauma & Dissociation

- A physiological response to danger and threat
- A separation of mental processes and contents (e.g., thoughts, images, and sensations) that would ordinarily be connected
- A psychological coping strategy used to protect oneself from overwhelming experiences
How This Can Affect Us as Adults: Feelings about ourselves, others & the world

Difficulties in:

- Trusting other people
  - Harder to reach out for or respond to help
- Trusting and valuing ourselves
- Processing Information
  - Make sense of experience, Solve problems, Exercise judgment
  - Take initiative, thoughtfully plan
- Capacity to manage feelings and states of mind in ways that do not create other difficulties
- Staying emotionally present & connected

Harris 2001, Saakvitne et. al. 2000
How Interventions Help

Stimulus

Social Environmental Intervention

Safety

Sensory Thalamus

Cortex

Hippocampus

Amygdala

Psychotherapy

Social Support

Advocacy Skills

Neuroregulatory Intervention

Psychopharmacology

Response

LeDoux, 1996; Bassuk, 2007
Resilience

- **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
  - Individual factors such as capacities and talents
  - Ability to positively engage others

McLewin & Muller 2006; Waller 2001; Bell 2006
Summary

- Brain develops in relation to early relationships and experiences
- Neglect, stress & trauma particularly at hands of caregivers impact development
- Resilience, caring supportive relationships, community, spirituality & self-capacities counter these effects
How Does Knowing this Help?
What Do We Mean By Trauma-Informed DV Services and Organizations?
Trauma-Informed Services

- Incorporate knowledge about trauma in all aspects of services
- Minimize further traumatization
- Facilitate healing, connection and empowerment; restore well-being

Fallot and Harris 2006
How can we help to reduce further traumatization?
Two-World Harmony Model
Recognize & Attend to Trauma

- Impact of trauma on survivors
  - Responses as adaptations; Trauma themes

- Impact of stress/trauma on providers
  - Vicarious Trauma; Compassion Fatigue
  - Burnout, Responses to survivors and to roles

- Impact of stress/trauma on organizations
  - When our organizations are under siege, we can inadvertently create traumatizing experiences or environments for survivors and staff

Bloom, S. SAGE for Organizations © DVMHPI 2009
Attend to the Environments We Create

- Physical & Sensory Environment

- Relational Environment: Restoring Dignity and Emotional Safety; Countering abuser control
  - Respectful caring connections; Empowering information about trauma
  - Clarity, consistency, transparency, choice & control
  - Focus on strengths & resilience

- Programmatic Environment
  - Examine rules, policies & procedures, adaptation, flexibility
  - Emotional safety planning & accommodation; Prepare for trauma triggers
Facilitate Healing & Recovery

- Healing from trauma involves restoring safety, connections, capacities, trust, meaning & hope
- Healing connections
- Empowering Information
- Strengths & resilience
- Emotional and interpersonal skill-building
- Culture, community & spirituality
Trauma-Informed Organizational Structure & Supports

- Survivor involvement in service design
- Ongoing training and consultation
- Ongoing reflective supervision
  - Staff receive regular supervision & feel supported
- Agency culture
  - Learning organization: reflective leadership
  - Staff supports: salaries, benefits, development
  - Staffing patterns & workload: attention to balance, self-awareness, community & room for feelings & “self-care”

- Community Partnerships
Summary: Trauma-Informed Services & Organizations

- Recognize the effects of both trauma & abusive control
- Understand survivors’ responses as adaptations and coping strategies
- Create welcoming, inclusive services
- Attend to physical, sensory, & relational environment
- Work with survivors on emotional safety planning: prepare for trauma triggers
- Offer programmatic flexibility & accommodations
- Provide empowering information & practical tools
- Recognize our own responses to trauma-related coping strategies
- Create organizational supports for TI work (HR practices, reflective supervision, attention to vicarious trauma)
Two-World Harmony Model
Closing Comments
For More Information

- TEWA Women United
  - www.tewawomenunited.org

- Tip Sheets and Conversation Guides on Doing Trauma-Informed Work
  - http://www.nationalcenterdvtraumamh.org/publications-products/
Women, Voices, Healing

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