

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

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**NIWRC Webinar**

**January 11<sup>th</sup>, 2012**



# **Introductions**

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**What do we mean by  
trauma?**

# What Do We Mean by “Trauma”?

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**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

# Historical Trauma

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1492 – recorded documentation of Spanish Contact

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

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

1684- Exploration and expansion of settlement

1607- Jamestown established

1776 – New Democracy and Declaration of Independence

1620 – Plymouth Rock and Manifest Destiny

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

# Historical Trauma

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

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

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

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

1871 – Congress terminates Making of treaties with Indian Tribes

1887 Dawes Act – Disastrous to family Unity while dissolving tribal systems

1684 1880 – Indian Wars

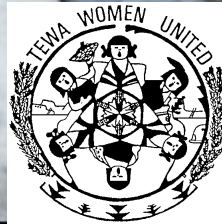


# **Trauma in the Context of Domestic Violence/Sexual Assault**

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**Particularly Against  
Indian Women and in  
Tribal Communities**

# Trauma Rocks





# Trauma-Informed DV Services

## Why Address these Issues?

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- **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**

# Trauma-Informed DV Services: Framing the Issues

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- **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..

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- **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


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

# Trauma Framework

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- 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

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Development, Attachment,  
Neurobiology & Social Context



# Emergence of Trauma Theory: Reframing MH Symptoms from a Trauma Perspective

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- **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?

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## PTSD

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

## Complex Trauma

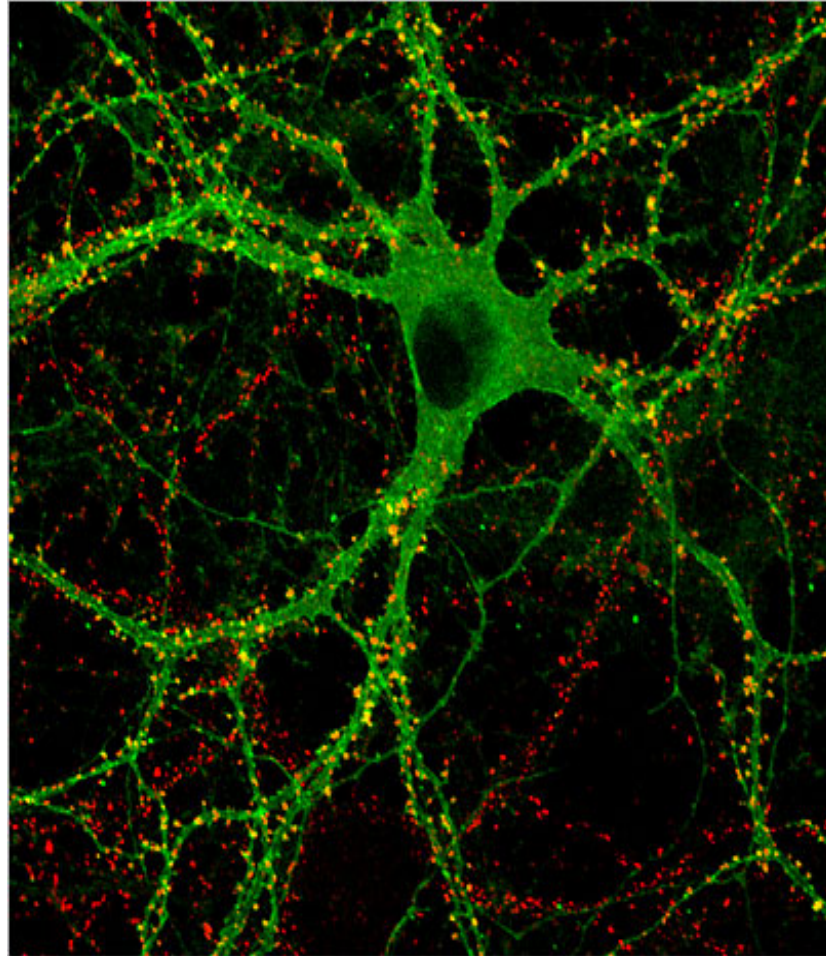
- Repeated trauma, often in childhood
- Core experience, organizes development
- Complex pattern of actions and reactions
- Continuing impact; multiple domains
- Borderline reframe
- **Meaning**

# **Understanding the traumatic effects of abuse: Why a developmental framework is important**

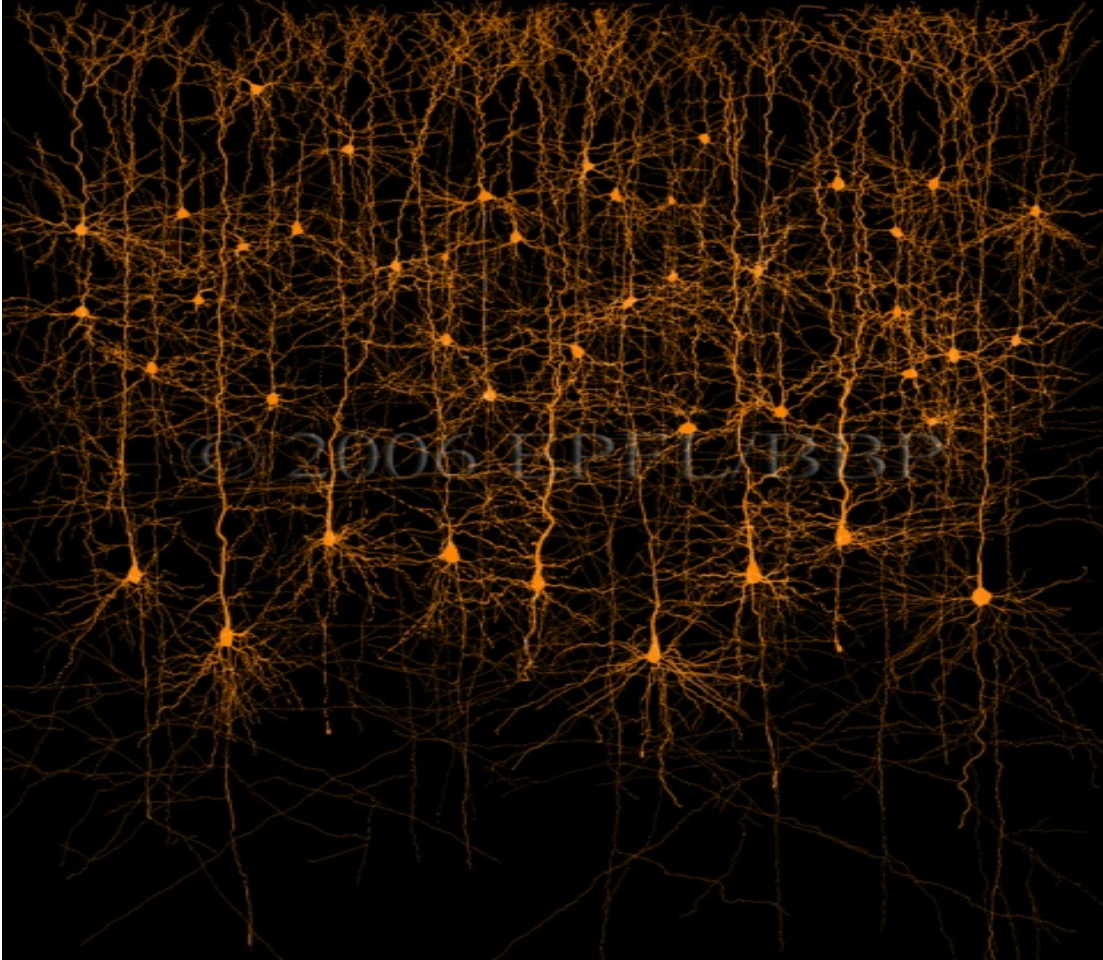
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- **Our brains grow in relation to our experience**
- **The nature and quality of those experiences help to shape our development**

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



Thompson K, Gradinaru V, Deisseroth K., Stanford University  
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# Understanding Complex Trauma: Importance of Early Attachment Relationships

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- **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?

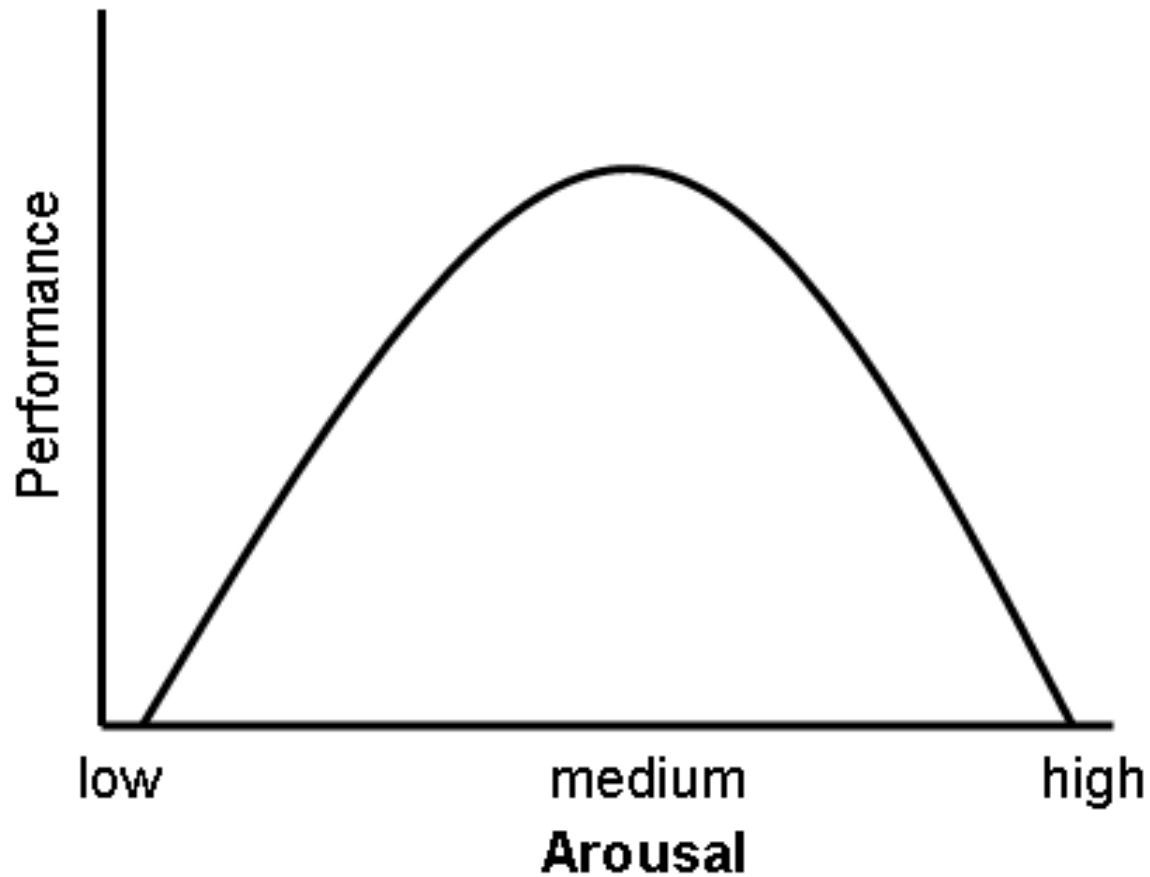
## Impact of Trauma on the Brain

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- **Stress**
- **Traumatic Stress**
- **Complex Trauma**

# Optimal Stress: Yerkes-Dodson Curve

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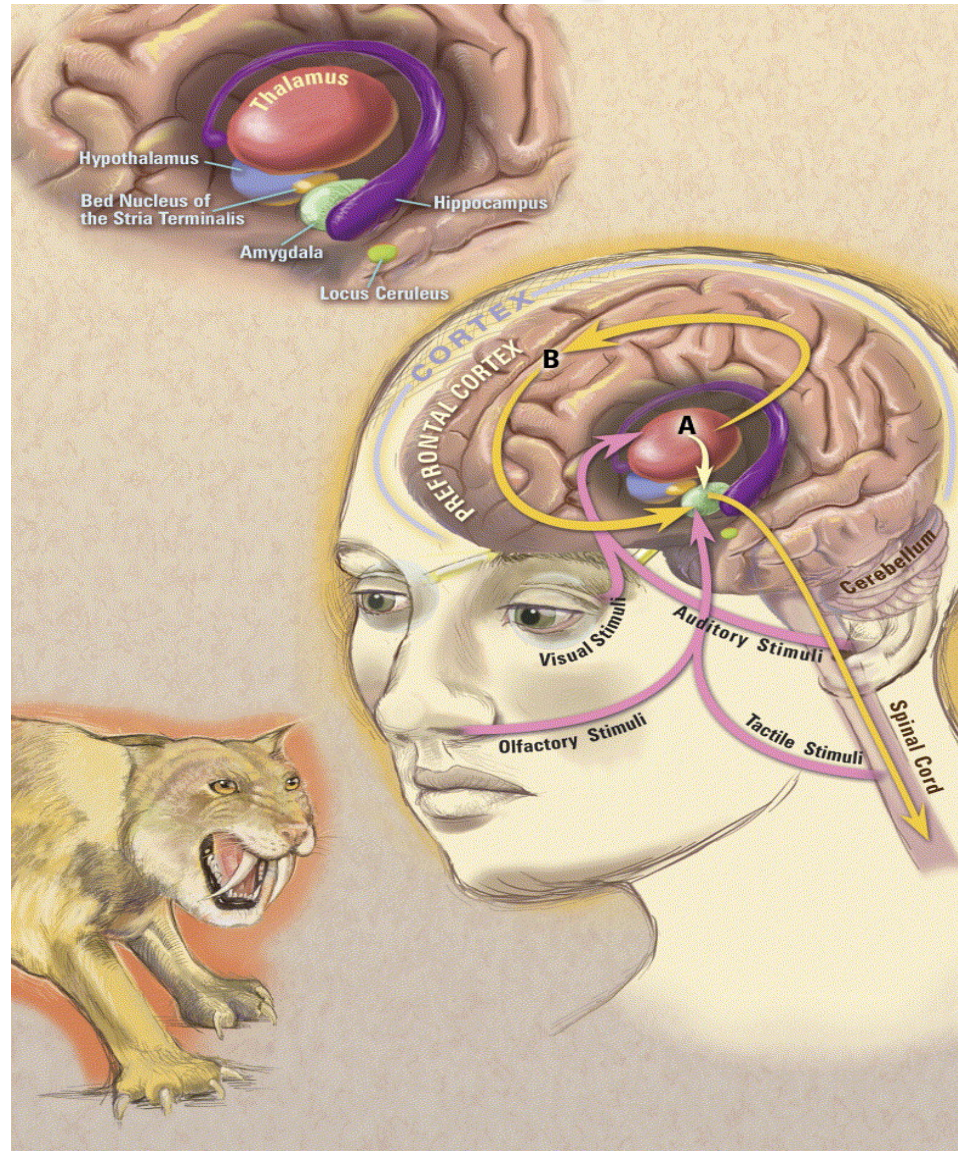


# Normal Stress Response

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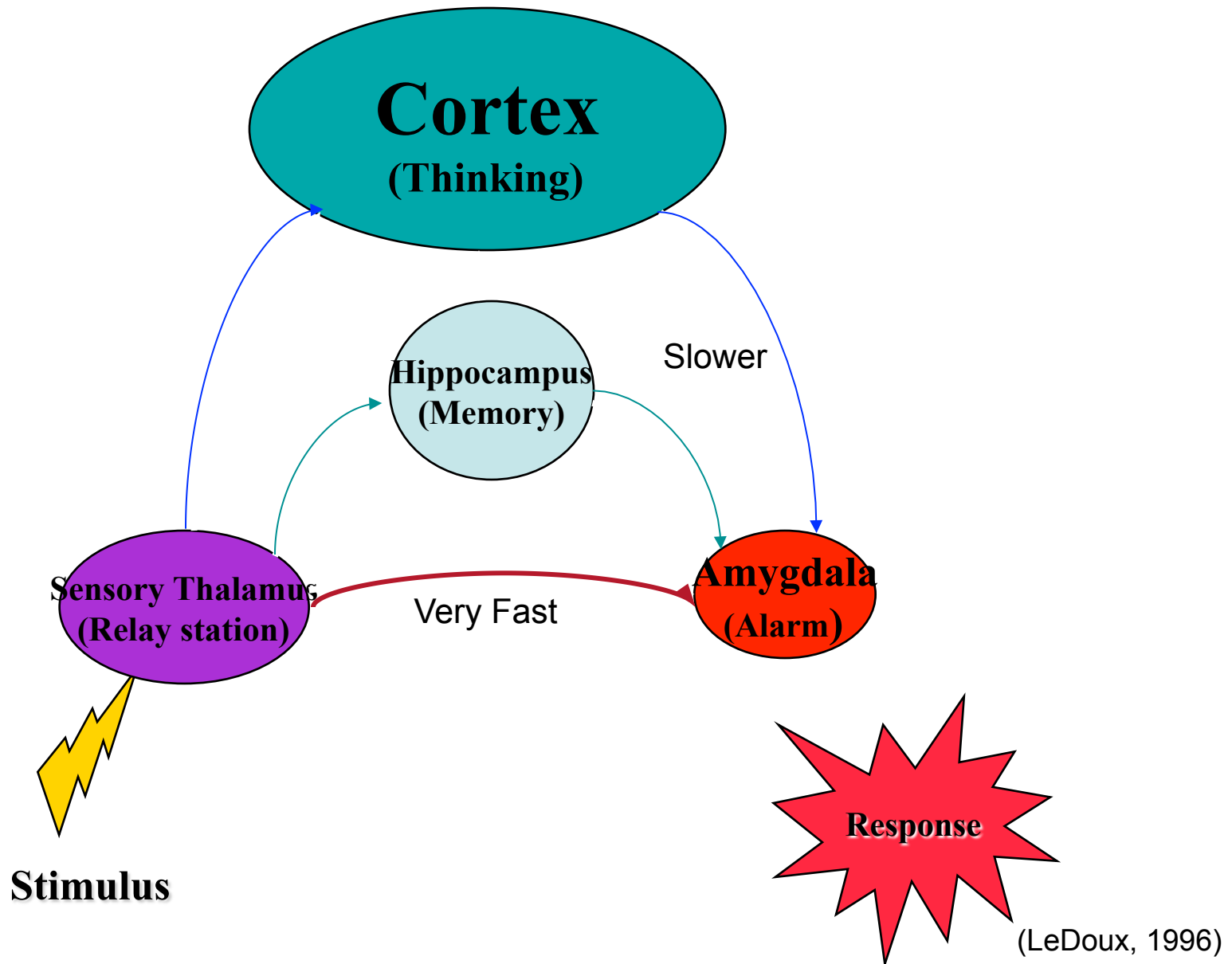
- **Necessary for growth and survival**
  - Sensory input of potential threat to brain
  - Mobilizes rapid response/state of arousal:
    - Fight, flight or freeze; intense focus on immediate danger and/or dissociation
    - Neurochemical cascade
  - Higher brain centers then evaluate threat, take appropriate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

# Stress Response

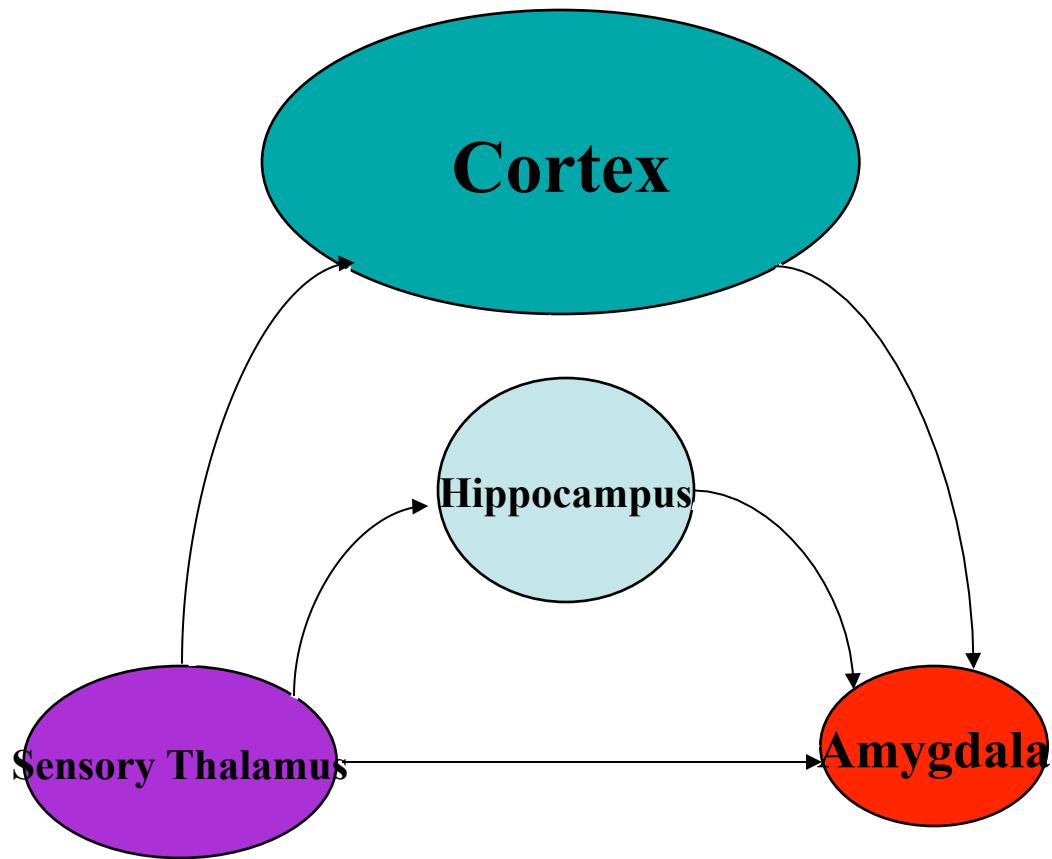


Body's response to a threat or perceived threat,  
*Time Magazine 6.10.02, Am J. Med. 2006.*

# How this works

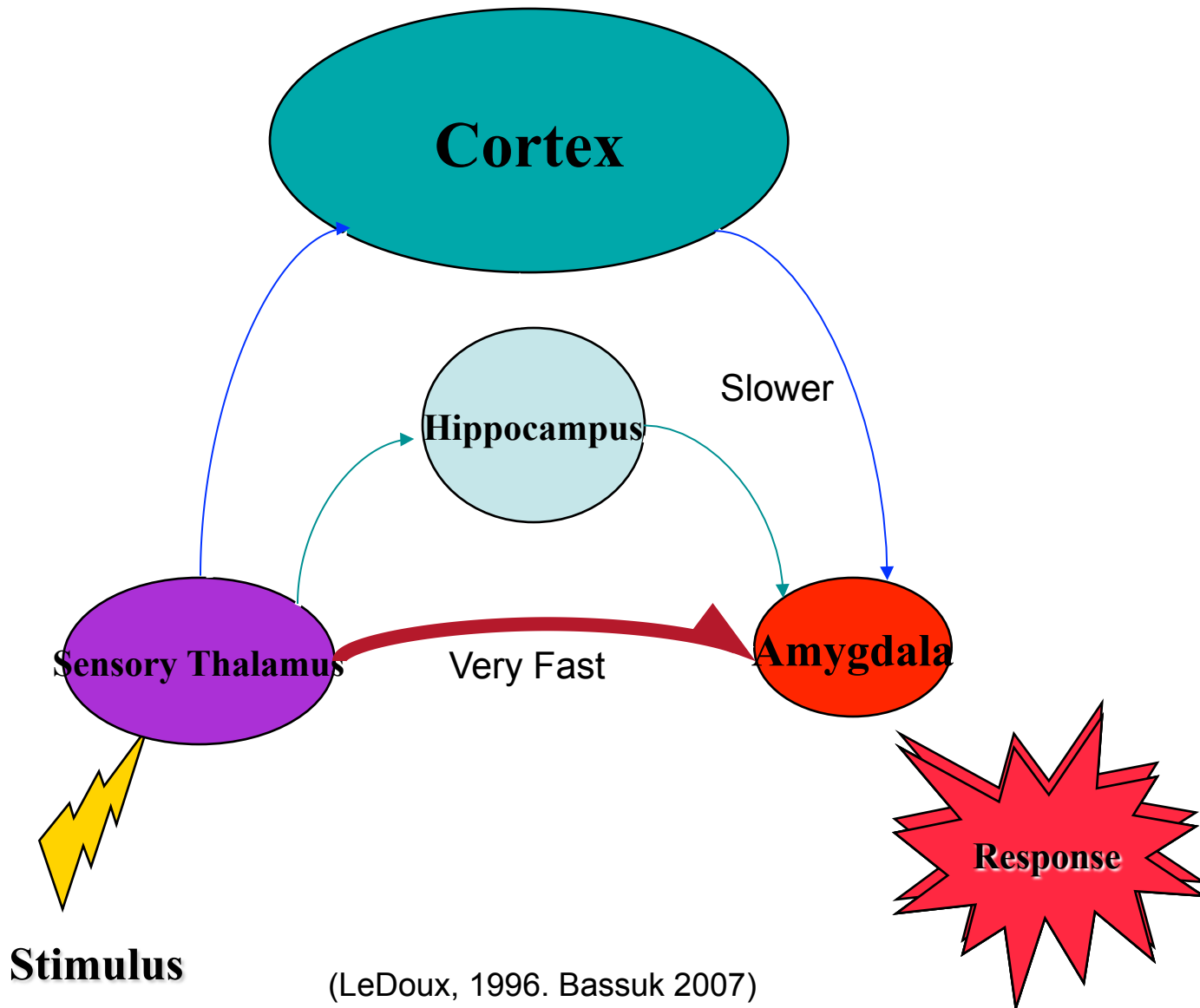


# Normal Stress Response



Back to  
Baseline

# Traumatic Stress Response



# Trauma & Dissociation

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- 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:

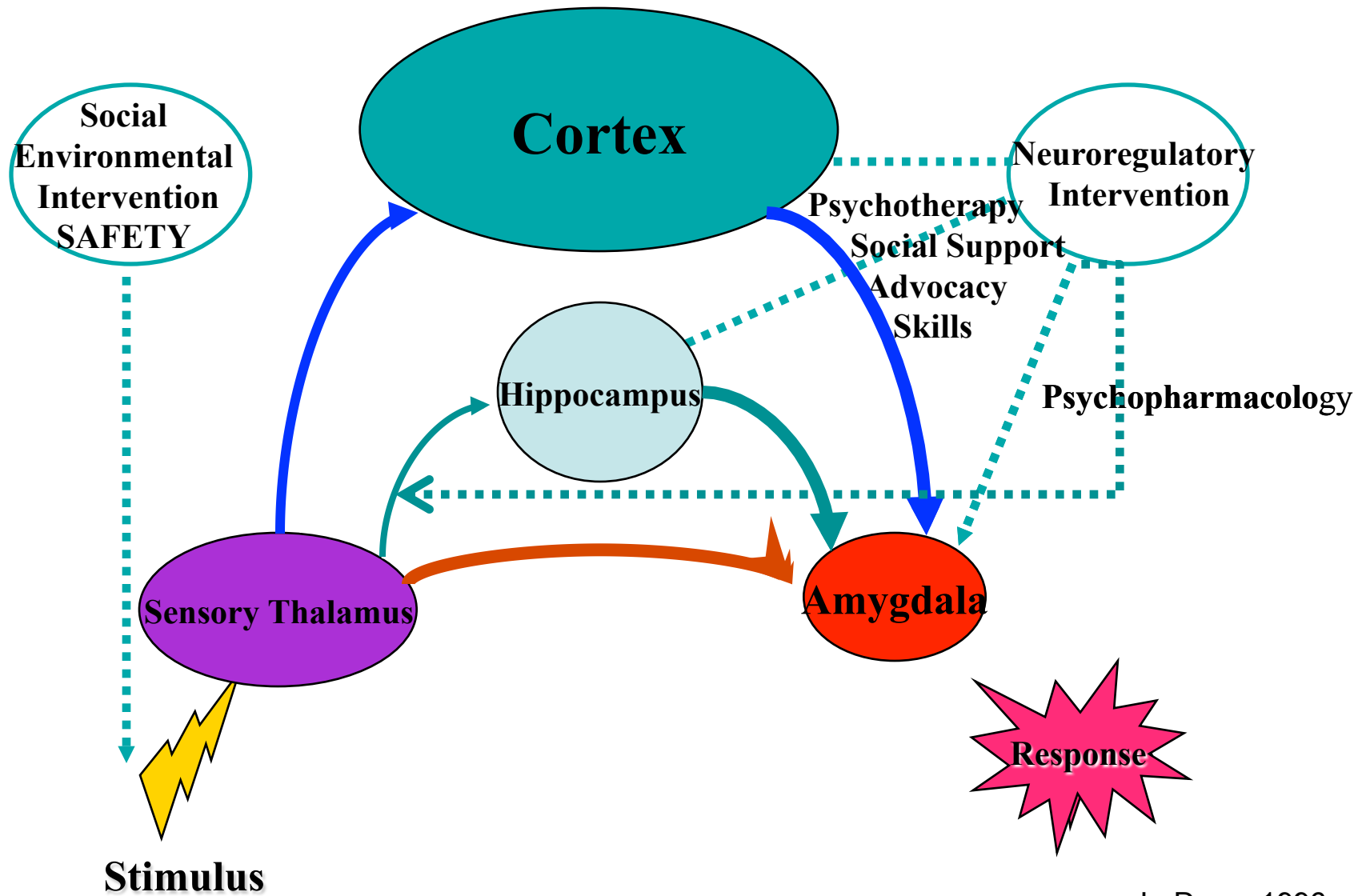
## Feelings about ourselves, others & the world

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### 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**

# How Interventions Help





# Resilience

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- **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

# Summary

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- **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

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



**How can we help to reduce further traumatization?**



# **Two-World Harmony Model**

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# Recognize & Attend to Trauma

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- **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



# Attend to the Environments We Create

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- **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**

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- **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

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- **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

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- **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

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- TEWA Women United
  - [www.tewawomenunited.org](http://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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**Tewa Women United**

**[www.tewawomenunited.org](http://www.tewawomenunited.org)**





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Funded by Family Violence Prevention and Services Program  
Administration on Children Youth and Families  
Administration for Children and Families,  
US Department of Health and Human Services



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