

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

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First, take a moment...

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

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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

©NCDVTMH Kessler et. al. 1995, Felitti et. al. 1997, Dube et. al. 2001, Weigh et. al. 2010, Ehlers et. al. 2007, Packard 2015

What Do We Mean by "Trauma"?

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

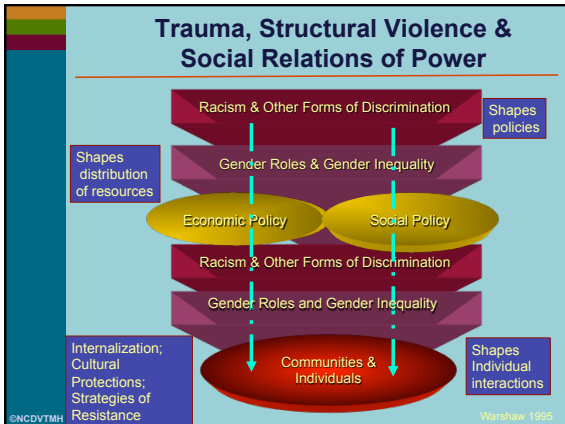
- An individual is exposed to actual or threatened death, serious injury or sexual and/or psychological violation by directly experiencing, witnessing or learning about a traumatic event or has first hand repeated exposure
- The individual's coping capacity and/or ability to integrate their emotional 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

©NCDVTMH Giller 1999, DSM VRoot 1997, Fabri 2003, Michaels 2010, Goosby 2013, Sotero 2006, Saul 2014, Packard 2013 5



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

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

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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

Kessler et al 1995, Weigh et al 2010, Rees et al 2011, Felitti et al 1998
http://www.nationalcenterdvtmhamh.org/wp-content/uploads/2014/10/Factsheet_IPVTraumaMHChronicIllness_2014_Final.pdf

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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

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High Risk for Abuse Among Women Receiving Mental Health Services

Type of Abuse	OP Prevalence	MI
Adult physical	42%-64%	87%
Adult sexual	21%-41%	76%
Child physical	35%-59%	87%
Child sexual	42%-45%	65%

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%.**

Jacobson 89, Lipschitz et al 96, Goodman et al 95, Friedman 2007, Cluss et al 2010, Oram 2013

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Why is this? Risk vs. Vulnerability

- Batterers use MH & substance abuse issues to control their partners**
 - 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"
- Stigma, poverty, discrimination & institutionalization compound these risks, including risk for incarceration**

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

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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

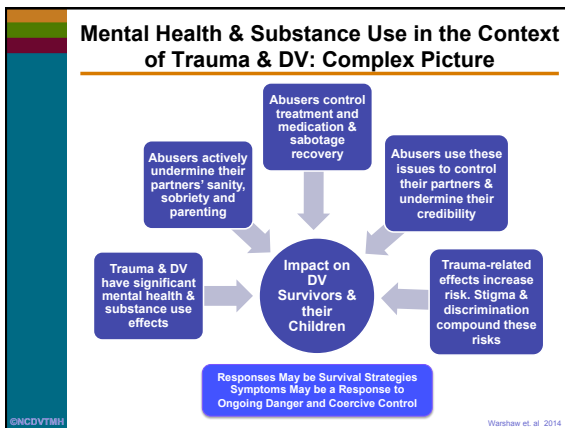
Warshaw, Lyon, Bland, Phillips, Hooper NCDVTMH/NDVH 2013

Substance Abuse Coercion Survey

N = 3,224

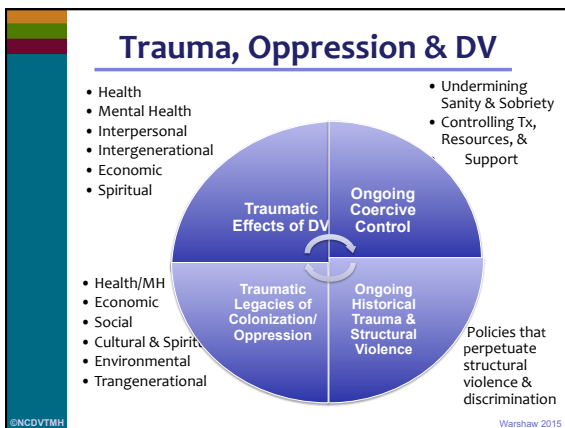
- 27% Pressured or forced to use alcohol or other drugs, or made to use more than wanted?
- 37.5% Threatened to report alcohol or other drug use to someone in authority to keep you from getting something you wanted or needed
- 24.4% Afraid to call the police for help because partner said they wouldn't 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

Warshaw, Lyon, Bland, Phillips, Hooper NCDVTMH/NDVH 2013



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**

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Trauma-Informed or...Just Good Advocacy?

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

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Saakvitne et. al. 2000, Harris & FalLOT 2001, NCDVTMH 2009

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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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

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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

©NCDVTMH

Herman 1994, 2009, Bloom 1997, van Der Kolk and Courtois 2005, Courtois 2009, Ford 2009

Trauma, Attachment & Brain Development

Key Concepts

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Advances in Genetics & Neuroscience: Changing Concepts of Mental Illness

- 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

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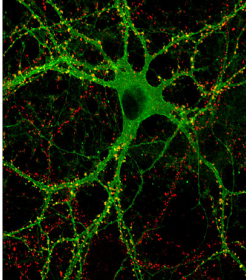
Understanding the Traumatic Effects of Abuse

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

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CIVITAS, Harvard Center on the Developing Child

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

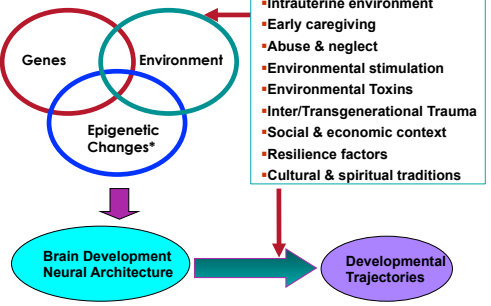


Creating sophisticated "information highways"

Thompson K, Gradinaru V, Deisseroth K, Stanford University
Copyright 2007 The New York Times Company

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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

*Alterations in gene expression

© NCDVTMH O'Connell et. al. NAS 2009

Early Experience & Brain Development: Mirror Neurons, Empathy & Attunement

- We develop neural connections through attunement
- Empathy & attunement are hardwired
- We learn by watching, imitating & matching
 - Mirror neurons, begin working at birth.
 - They are involved when a child observes an action and then practices performing it.
- We learn by attuning to others' responses to us
 - Sense of being seen and known; sense of self

Banissy & Ward 2007; Hunter et. al. 2013

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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

Van Horn, 2007 for DVMHPI, Lanius 2006, McLewin & Muller 2006,

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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**

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National Scientific Council on the Developing Child (2005), Courtois et. al. 2009

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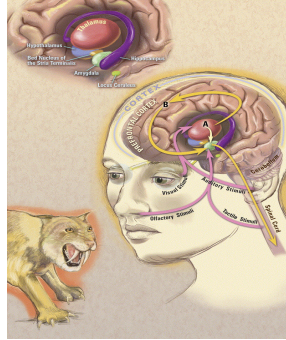
How Does This Translate? Impact of Trauma on the Brain

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

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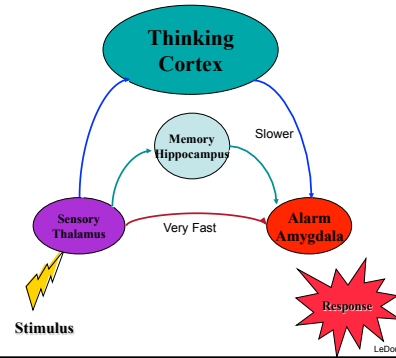
Normal Stress Response



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

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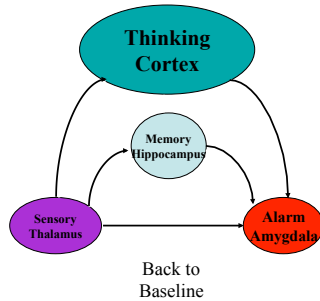
Normal Stress Response



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LeDoux, 1996; Bassuk 2007

Normal Stress Response



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LeDoux, 1996; Bassuk 2007

What Does Stress Do?

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

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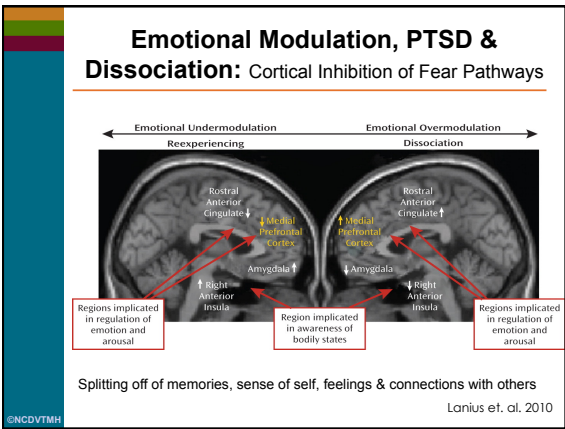
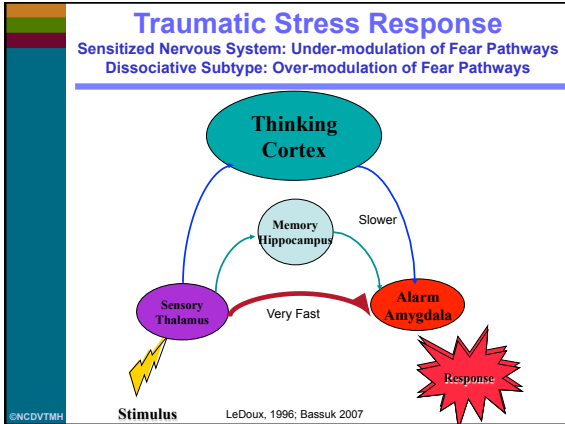
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What Does Traumatic Stress Do?

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

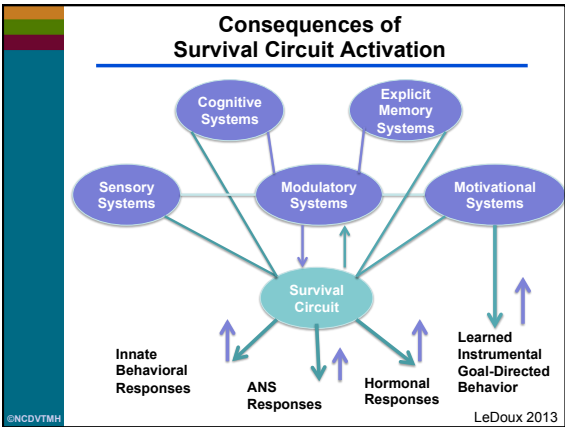
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Neurobiology & DV: Thinking about Relapse Triggers in the Context of Substance Use Coercion

- **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, glutaminergic 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

Teicher et. al. 2014, Horis 2001, Saakvine et. al. 2000, Lanius et al 2011, NDVTMH 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**

©NCDDVTMH McLewin & Muller 2006; Waller 2001; Bell 2006

HOW EARLY EXPERIENCES GET INTO THE BODY: A Biodevelopmental Framework

©NCDDVTMH Harvard Center for the Developing Child

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 Interventions Help

©NCDDVTMH LeDoux, 1996; Bassuk, 2007; Warshaw 2009

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 be **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.

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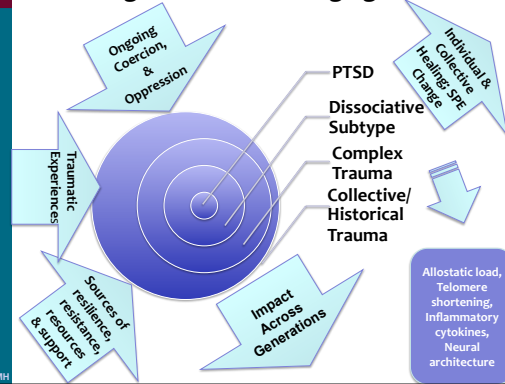
Thinking About Trauma, Oppression & DV

- **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

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Packard 2015, Krieger 1995, Sotero 2006, Van der Kolk 2014

Treating Effects AND Changing Conditions



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Implications for a Trauma-Informed Approach

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

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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**

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Saakvitne et. al. 2000, Harris & Fallot 2001, NCDVTMH 2009

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*

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*Bloom and Farragher 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 Warsaw 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

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Cultural Attunement

BE AWARE,
BE OPEN,
BE EMPATHIC,
BE FLEXIBLE

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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

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Relational Environment

When trauma occurs in a relationship, the quality of the relationships we create is key.....

©NCDVTMH NCDVTMH-ACDVTI, 2014

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 empathically to disclosures. Attend to potential impact.

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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

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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.

Markham 2011

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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

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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?

Markham 2009, ASRI

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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

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Warshaw et. al. 2009

Facilitating Healing, Resilience and Well-Being

Trauma-Specific Intervention in the Context of DV

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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.

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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.

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Warshaw 2009

How does one heal while still under siege?

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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**

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Warshaw et. al., 2009, 2013

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, Namelehuapono, Konon:kwe Council

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Cook 2013, Kaslow 2010, Wyatt, 2011, Sanchez 2014, Kanuha 2014, Foa 2005, 2013, Cloitre 2011, Courtois & Ford 2009,

Creating DV- and Trauma-Informed Services and Organizations

What else is involved?

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

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Attending to Our Own Personal Experiences & Responses

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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 Warsaw 2001

Thinking about Transference & Countertransference
.....
What May Be Below the Surface...

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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

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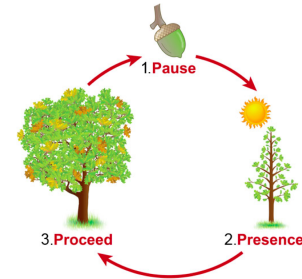
Transforming Secondary Trauma: ABCs

- **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

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Saakvitne et. al. 2000 p. 173

3-Step Mindfulness Practice For Health Care Provider Burnout



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 quiet and communal places; traditional, spiritual, cultural and/or mindfulness practices; time for restorative activities

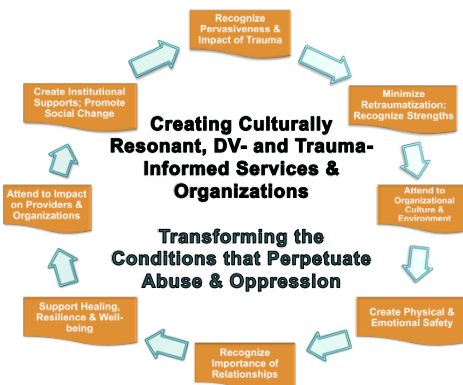
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Supports & Training for Staff

- **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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Warsaw 2013

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

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Warsaw 2008

NCDVTMH Resources

- ACDVTI Agency Self-Assessment Tool
http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/03/ACDVTI-Self-Reflection-Tool_NCDVTMH.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://althealth.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*

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