



The comprehensive resource on domestic violence

***TRAUMA-INFORMED
APPROACHES
PROMISING PRACTICES AND
PROTOCOLS FOR OHIO'S
DOMESTIC VIOLENCE
PROGRAMS***

THIRD EDITION, 2016



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Third Edition, 2016.

Funding for this manual was made possible in whole by cooperative agreement grant number 5U79SM057460-04 from SAMHSA. The views expressed in written materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Reprinting for this manual was made possible with a Family Violence Prevention and Services Act grant through the Ohio Department of Public Safety, Office of Criminal Justice Services.

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Introduction

Victims of domestic violence, both adults and children, are survivors of traumatic experiences. Being hurt by someone you love and who is a part of your family can have serious consequences on how survivors of domestic violence think, act, and feel. In a 2010 survey of Ohio's domestic violence programs, over 90% of respondents responded that most or all adults and children who experience domestic violence have a traumatic experience that impacts their thoughts, feelings, or behaviors. Therefore, helping professionals working in domestic violence services and programs need a basic understanding of how traumatic experiences impacts survivors. Understanding trauma and trauma reactions will inform and guide domestic violence staff in their interactions and decision-making process with adults and children who seek services.

In the 2010 survey about trauma, only 14% of respondents from Ohio's domestic violence programs stated that they felt that all staff and volunteers in their organizations had a working understanding of trauma reactions and regularly incorporate that knowledge into their service provision. Due to the generous support of the Ohio Department of Mental Health, Ohio Domestic Violence Network (ODVN) developed this manual to assist Ohio programs in improving their response to survivors who have experienced trauma. This document, Trauma-Informed Care Protocols and Best Practices, has been developed to assist domestic violence programs become more trauma-informed when providing services to survivors of domestic violence.

In the past decade much has been written and researched in both areas regarding trauma and domestic violence. We now have validated reasons to incorporate this knowledge into our work with both adult and child survivors. If we, as domestic violence workers, fail to incorporate this new information and internalize trauma-informed responses, then we become guilty of causing secondary victimization to the women, children, and men that we serve.

The idea, design, and creation process for this manual, Trauma-Informed Care: Best Practices and Protocols, has been one which has involved numerous individuals from around the state of Ohio who have dedicated their time and expertise to ensuring that the voices of women, children, and men who are victimized by the traumatic experiences of domestic violence are a central part of this document. The time for trauma-informed care is now! It is the right, ethical and just approach to utilize in domestic violence programs, trainings and services because we serve people with histories of violence, repeated harm and trauma.

This project would not have been possible without the generous support of the Ohio Department of Mental Health, who partnered with us and supported us in every way possible. Without their support, this manual never would have been developed. Special thanks go to Leslie Brower and Carrol Hernandez at the Ohio Department of Mental Health for their thoughtful feedback and dedication to transforming systems for trauma survivors. We also thank the Ohio Domestic Violence Network for their focus on trauma and the materials and resources developed by ODVN on trauma. Much of the trauma information in this manual was taken from ODVN's publications and manuals on trauma.

Please join us in further improving and enhancing the services we provide and the care we offer by becoming a trauma-informed advocate.

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Second Edition Updates

The second edition of the manual was updated by ODVN Training Coordinator Rachel Ramirez, MA, MSW, LISW-S, co-author of the original manual, in 2013. Additions include information learned from Rachel's three years of extensive trauma training and research between 2010 and 2013, both within Ohio and nationally. Nothing has been removed from the original manual, but additions have been made to chapters 1 and 2, resources and bibliographies, and appendix G.

Third Edition Updates

The third edition of the manual was updated by ODVN Training and Technical Assistance Specialist Rachel Ramirez, co-author of the original manual, in 2016. The title was changed slightly to better align with language consistent in the field. Minor updates include addition of information on changes to the clusters of trauma symptoms for the diagnosis of Post-Traumatic Stress Disorder and clarification of best practices to include clearer language in protocols section. If you have any additional questions or comments about this manual, please contact Rachel at rachelr@odvn.org.

Note on Language

We acknowledge that perpetrators and survivors of domestic violence come from all backgrounds. They may be of any age, race, ethnicity, socio-economic status, or sexual orientation. We also know that women are at a much greater risk of being victimized and that sexism promotes violence against women in our society.

In 2005 women accounted for 84% of spouse victims and 86% of victims of violence at the hands of a boyfriend or girlfriend. (*Family Violence Statistics: Including Statistics on Strangers and Acquaintances. 2005. U.S. Department of Justice, Bureau of Justice Statistics*). In addition, the vast majority of individuals who access domestic violence services are women; women and their children make up nearly all of the individuals housed by domestic violence shelters. For these reasons, we describe victims/survivors as females and perpetrators of domestic violence as males throughout this manual. This is not intended to deny or minimize other abusive situations but rather to reflect the majority of domestic violence cases. All survivors of domestic violence, including women, children, and men deserve our support and advocacy.

Throughout this manual, the term “survivor” and “victim” will be used to describe the person who has experienced domestic violence at the hands of his or her partner. We use the term “victim” to remind us of the violence and control that victims in abusive relationships face, while “survivor” reminds us of the ways in which individuals who experience domestic violence are surviving every day and working hard to stay safe.

The term advocate, helpers, and staff will be used interchangeably throughout this manual. It serves to represent the domestic violence worker in various roles and titles.

UNDERSTANDING TRAUMA

This section will provide you with a base of knowledge in trauma and will assist you in understanding the many different ways in which trauma can impact survivors of domestic violence. This chapter defines trauma, explains the concept of trauma-informed care and highlights characteristics of trauma-informed services, and provides information on ways in which trauma impacts the beliefs, emotions, feelings and behaviors of individuals.



WHAT IS DOMESTIC VIOLENCE?

Domestic violence is a **pattern of coercive and assaultive behaviors** including physical, sexual, and psychological attacks, as well as economic coercion, that adults and adolescents use against their intimate

Domestic violence is not a single isolated attack, but rather a pattern of multiple tactics and repeated events. Domestic violence impacts people much differently than stranger violence, due to the fact that an abuser uses tactics such as intimidation, isolation, coercion, control, emotional abuse, financial control, and often physical and sexual violence against their partner. While physical assault may occur infrequently, other forms of coercive behavior may occur daily. Anything that happens in the relationship builds on past interactions and has a significant impact on the future. All tactics of the pattern interact with each other and have profound effects on the victims.

Domestic violence includes a wide range of coercive behaviors with a wide range of consequences, some physically injurious and some not; however, *all*


are psychologically damaging. Some parts of the pattern are clearly chargeable as crimes in most states (e.g., physical assault, sexual assault, menacing, arson, kidnapping, harassment), while other battering episodes are not illegal (e.g., name calling, interrogating children, denying access to the family automobile, control of financial resources). While sometimes professionals working with domestic violence victims must attempt to make sense of one specific incident that resulted in an injury or was frightening enough for the survivor to seek help for the situation, the victim is dealing with that one episode in the context of a pattern of both obvious and subtle episodes of coercion.

From “Understanding Domestic Violence: Preparatory Reading for Trainers” by Anne L. Ganley, Ph.D. in Domestic Violence - Child Protection Curriculum by Susan Schechter, MSW. 1995.


Survivors of domestic violence often report that the psychological impact of domestic violence has been even more damaging in the long term than physical incidents of violence.

*Survivors often state,
“Bruises heal, but internal scars seem to stay forever.”*

WHAT IS TRAUMA?



A hallmark of traumatic experience is that it typically **overwhelms** an individual mentally, emotionally, and physically.



When working with survivors of domestic violence, an advocate's first concern is often that of establishing physical safety for the survivor and helping the survivor work through the immediate crisis. Focusing on physical and emotional safety is important and effective work that advocates do, and our approach to advocacy should be informed by a thorough understanding of trauma. Although it is obvious that experiencing abuse at the hands of an intimate partner is traumatic, it can be difficult to view domestic violence through the lens of trauma during daily advocacy activities. Certainly, advocates will be more effective and responsive to the needs of survivors if they understand domestic violence in the context of trauma. The following section of the manual will discuss traumatic responses survivors of domestic violence experience, as well as helpful advocacy interventions.



So...What is Trauma?

According to Judith Herman's book, Trauma and Recovery, traumatic stress is characterized by:

- Involves a threat to emotional or physical safety
- Results in feelings of vulnerability and loss of control
- Leaves people feeling helpless and fearful
- Interferes with relationships and beliefs

The common denominator of psychological trauma, according to the Comprehensive Textbook of Psychiatry, is a feeling of “intense fear, helplessness, loss of control, and threat of annihilation.” Survivors of domestic violence certainly experience these feelings as they encounter violence at the hands of their partners. In addition, trauma typically involves threats to harm a person or an encounter with violence. Again, this certainly applies to the situations of domestic violence survivors.

Traumatic events are so devastating to people that they interfere with our ability to cope with what life throws at us. These events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning, and leave people feeling powerless.

People are often changed by trauma in many ways, and those changes can be pretty significant. Trauma often impacts all parts of a person's life, at least for a period of time. The following sections of this chapter explain some of these changes that may occur for survivors as well as how traumatic responses may manifest in our interactions with the women we serve.

*Traumatic events produce
profound and lasting
changes in physiological
arousal, emotion,
cognition, and memory.*



So...What is it about an event that makes it traumatic?

Peter A. Levine, Ph.D, describes in his book, Healing Trauma, that the determination or source of the trauma is based *in the individual's perception* of the event and these events are not always huge and catastrophic. A person can become traumatized when his/her ability to respond to a perceived threat is in some way overwhelmed. A traumatic experience can impact a person in obvious and subtle ways. Trauma is “in the eye of the beholder.” What one person may consider traumatic may not be traumatic to another person.

*Traumatic
reactions are
NORMAL responses
to ABNORMAL
situations.*



So...Who gets traumatized?

The following pages will present information on common responses to trauma. It is important that advocates understand that no two survivors will respond to the traumatic experience of domestic violence in the exact same way. Even when a family experiences the same traumatic event, individual members of one family might have very different responses.

There is another equally important concept for advocates to understand about traumatic responses: traumatic reactions are NORMAL reactions to ABNORMAL events. Traumatic reactions are not a sign of emotional or psychological weakness, but are typical reactions to the traumatic experience of intimate partner violence.

Judith Herman also indicates that, “The most powerful determinant of psychological harm is the character of the traumatic event itself. Individual personality characteristics count for little in the face of overwhelming events. There is a simple, direct relationship between the severity of the trauma and its psychological impact.” In other words, anyone could experience some of the symptoms discussed on the following pages if they experience a traumatic event.



A trauma-informed approach is based on the recognition that many behaviors and responses expressed by survivors are directly related to traumatic experiences.

The Center for Mental Health Services National Center for Trauma-Informed Care



What impacts how individuals respond to trauma?

Many people who have studied the responses of individuals to traumatic situations have noticed that different people have vastly different responses to trauma. Researchers have identified several factors that impact how people respond to trauma. It is important to note that the impact of a traumatic event that occurs once (such as a natural disaster or a car accident) is often very different than the common responses to ongoing chronic traumatic stress, such as situations of abuse at the hands of a family member. The following factors influence how people respond to trauma.

1. History and current functioning

When people are experiencing stress and are having difficulty functioning, and/or have a history of trauma or abuse, trauma reactions may be more severe.

2. Characteristics of the traumatic event

When traumatic experiences are chronic and severe and sometimes occur across the lifespan, trauma reactions may be more severe.

3. Culture

How a particular event is viewed or understood by a specific cultural group may impact the ways in which people respond.

“Prolonged, repeated trauma only occurs in the circumstances of captivity.”

“While the victim of a single act of trauma may feel after the event that she is “not herself”, the victim of chronic trauma may feel herself to be changed irrevocably, or she may lose the sense that she has any self at all.”

4. When the trauma occurred/began occurring in life

When trauma occurs at a young age or when the source of trauma is someone the person knows and has a close relationship with, trauma reactions are more severe.

5. Nature of relationships and social supports

When early relationships in life were difficult and the person has limited social support, trauma reactions are more severe.

The factors above generally influence how trauma impacts survivors. It is important to remember that trauma is in the eyes of the beholder, and the people that we work with all have unique situations and histories.

Information adapted from SAMSHA'S “Homelessness and Traumatic Stress Training Package” available at <http://homeless.samhsa.gov/resource/hrcs-homelessness-and-traumatic-stress-training-package-33070.aspx>

What is Trauma-Informed Care (TIC)?

Trauma-informed care views service provision through a lens of trauma. It involves having a basic understanding of trauma and how trauma impacts survivors, understanding trauma triggers and unique vulnerabilities of trauma survivors, and designing services to acknowledge the impact of violence and trauma on people's lives. Finally, a trauma-informed approach is sensitive and respectful: advocates seek to respond to traumatized individuals with supportive intent and consciously avoid re-traumatization. It is critically important for trauma-informed services to strive to do no harm.

The Center for Mental Health Services National Center For Trauma-Informed Care (NCTIC) cites that a trauma-informed approach is based on the recognition that many behaviors and responses expressed by survivors are directly related to traumatic experiences. Often behaviors such as hyperarousal, constriction, and other responses to trauma are viewed as symptoms of a mental health condition, when in fact these are normal responses to traumatic experiences.

*Trauma-informed care shifts the philosophical
approach from*

“What’s wrong with you?”

To

“What happened to you?”

Characteristics of Trauma-Informed Services

Trauma-informed services are not specific types of services, but share a set of principles that place trauma at the center of our understanding of survivors we are working with. Any agency, regardless of the services they provide, can become trauma-informed. In fact, it is wise to consider trauma-informed care as a “universal precaution” because a huge percentage of people we serve in a wide variety of social services have experienced trauma, and many have long histories of traumatic stress. Likewise, regardless of your agency, your position or what type of work you do, you can become a trauma-informed service provider.



Trauma-informed services:

- *Focus on understanding the whole individual and context of his or her life experience*
- *Infused with knowledge about the roles that violence and victimization play in the lives of women*
- *Designed to minimize the possibilities of victimization and re-victimization*
- *Hospitable and engaging for survivors*
- *Facilitates recovery*
- *Facilitates growth, resilience and healing*
- *Respect a woman’s choices and control over her recovery*
- *Form a relationship based in partnership with the survivor, minimizing the power imbalance between advocate and survivor*
- *Emphasize women’s strengths*
- *Focus on trust and safety*
- *Collaborate with non-traditional and expanded community supports (such as faith communities, friends and families, etc.)*
- *Provide culturally competent and sensitive services*



**Information from this page was taken from the Women, Co-Occurring Disorders, and Violence Study conducted by the Substance Abuse and Mental Health Services Administration.

Dynamics of Domestic Violence

The dynamic of domestic violence has been most accurately captured by the copy of the power and control wheel, which is included below. The perpetrator of abuse intentionally uses these tactics to establish power and control over the survivor, and intentionally targets and works to diminish the survivor's control over their life and their connections with others.



Source: Domestic Abuse Intervention Project, 206 West Fourth Street, Duluth, Minnesota, 55806, Telephone: 218.722.2781

The perpetrator is working towards dominating the survivor psychologically, which occurs by:

- Systematic, repetitive infliction of psychological trauma, which result in disempowerment and disconnection
- Sometimes the perpetrator uses violence, but sometimes not. It often isn't necessary to use violence to keep the victim in a state of fear, because of past experiences with abuser, so sometimes threats and intimidation work effectively.
- Inconsistent and unpredictable outbursts
- Yelling and belittling a survivor, and often insulting the survivor in extremely personal and painful ways
- Undermining her perception of her abilities and options

Domestic violence leaves victims feeling powerless, so it is critical to help trauma survivors regain control over the many areas of their lives that have been impacted by their traumatic experiences.

While the person is under psychological attack, the abuser is also doing things like sabotaging her financial situation, working to create problems between her and others important to her that result in isolation, and undermining her parenting. These tactics specifically target what people need to be able to make free choices in their relationships, which include such things as being able to provide shelter, housing, transportation, etc., ensure her and her children's physical safety, and have people and a support system to depend on. An extremely important tactic of abuse is isolation, which often destroys a person's options when situations get very scary or become too much to bear.

Research has shown people have certain characteristics and ways in which they cope that tend to be effective in addressing and recovering from trauma. These characteristics include feeling like you have control over what happens to you (known as an internal locus of control); active, task-oriented coping strategies that attempt to deal with specific situations; strong connections with others, and strong sociability. Domestic violence, which is a pattern of behaviors based on one person dominating the other, intentionally targets and damages all of the characteristics mentioned above. In addition, healthy coping strategies that people use to deal with stress and trauma (such as leaving a room when upset, talking through a problem, relying on your support system, etc.) can be targeted by abusers, which leaves survivors with even more limited options on how to make sense of what is happening with them, cope with their situation, and process through their experiences. This makes the process of coping with and healing from trauma all the more difficult when domestic violence is involved.

How Domestic Violence Differs from Other Traumatic Experiences

“The survivor’s feeling of fear, distrust and isolation may be compounded by the incomprehension or frank hostility of those who she turns for help. When the abuser is a husband or lover, the traumatized person is the most vulnerable of all, for the person to whom she might ordinarily turn to for safety and protection is precisely the source of danger.” - Judith Herman

Experiencing domestic violence is clearly traumatic to adult survivors and their children. Domestic violence certainly brings forth feelings of helplessness and powerlessness in the face of the abuser’s violence. In addition, all survivors of domestic violence will experience some typical, expected reactions to being violated by a loved one.

However, most of the research on trauma has focused on sexual assault, natural disasters, and combat experiences, not domestic violence. These events are certainly traumatic and victim responses may be similar to those responses by survivors of domestic violence; however, there are three major differences between most traumatic experiences and domestic violence.

1. Domestic violence is, by its nature, chronic

- There are not discreet episodes of trauma; rather, domestic violence is an ongoing traumatic experience for all members of the family.
- While the physical violence may be episodic and/or infrequent, the other forms of abuse are ongoing and complicate the survivor’s experience of trauma.

2. The perpetrator of the traumatic experience is a loved one with whom the survivor is connected to in multiple ways

- Most survivors will be interacting with their perpetrator on a regular basis.
- The violation of trust and disruption to interpersonal connections is more severe due to trauma occurring in context of an intimate relationship.

3. The abuser (the source of traumatic stress) often remains to be a part of a survivor's life, even if a survivor leaves a relationship. Often leaving the relationship causes an escalation in danger, both physically and emotionally.

- Most survivors will be interacting with the abuser on a regular basis for many reasons, whether still in the relationship or after leaving the relationship.
- In many models of understanding trauma, the traumatic event (war or an assault) is over and the person is no longer living in a situation where they are in danger. This is not true for domestic violence survivors.

How does this knowledge inform a domestic violence helper?

Because domestic violence involves a chronic experience of trauma, survivors may experience many trauma reactions. People who experience chronic traumatic stress have the most severe and intrusive trauma reactions, which are extremely difficult to manage.

Domestic Violence, Trauma, and Mental Health Symptoms

After learning more about trauma, it becomes clear that the experience of domestic violence can definitely cause trauma to survivors of domestic violence, though not all survivors of domestic violence experience trauma or the trauma reactions. It makes sense that those of us who work

Many of the symptoms that we so quickly want to label mental health symptoms are trauma reactions to abnormal events. Domestic violence survivors as often hurt in a multitude of different ways by the person you love.

in shelter environments see many trauma reactions, due to the fact that the majority of the survivors living in shelters have experienced severe abuse in several different areas of their lives (including physical, sexual, financial, and emotional abuse), as well as many other potential traumatic experiences, including possible childhood experiences of violence and abuse, experiences of oppression, living in poverty, homelessness, as well as many other events. Therefore, the trauma reactions detailed in this chapter should be expected in a shelter setting. Yet, what we see happening in many shelters is shelter staff assuming that women have diagnosable mental health conditions and need mental health treatment.

One of the fundamental principles of the battered women's movement is the belief that women who are in abusive relationships aren't in them because of mental illness or disorder. While some women do need additional services to address issues of depression, anxiety or other mental health disorders, a lot of women who we would call "depressed" find themselves feeling remarkably better when they are able to be in an environment where they are safe and feel supported. The potential consequences of being labeled with a mental

health diagnosis can have enormous implications in many areas of the survivor's life, particularly around issues of parenting and child custody.

Therefore, it is important to remember a few key points:

- Everyone deserves our high quality services, regardless of mental health condition
- Many individuals who have been diagnosed with mental health conditions were not asked about their relationships or trauma histories, and were diagnosed due to symptoms that could be trauma reactions
- Many normal responses to trauma (such as depression, anxiety or hyperarousal) are criteria used to diagnose mental disorders
- It is important to share information about trauma with survivors, so that their reactions and responses can be normalized; instead of feeling "crazy," survivors are validated rather than further stigmatized.

One of the fundamental principles of the battered women's movement is the belief that women who are in abusive relationships aren't in them because of mental illness or disorder.

Brain Processes During Trauma

The latest research on trauma has given us information about how trauma affects the brain. Although the action of trauma on brain processes is not fully understood, the following will give a brief overview of current knowledge about the brain's role in processing traumatic experiences. While brain processes are extremely complicated, we will provide a simple overview of how trauma impacts the brain. There are two important parts of our brain that are involved when we respond to danger:

- The **DOING** brain. Called the amygdala, this part of the brain is located in the limbic system where response to threat, extreme danger, and intense emotion occurs. This is designed to act as a smoke alarm that goes off when our brain thinks we are in danger. It is designed to help us take care of ourselves.
- The **THINKING** brain. This part of the brain, called the pre-frontal cortex or cerebrum, helps us plan, problem-solve, and organize the world around us. It helps us analyze situations rationally and make thoughtful decisions.

When the DOING brain alerts us that there is a danger present, the THINKING brain is designed to check things out. For example, when we hear a loud noise, the DOING brain sends a signal to the THINKING brain that you might be in danger. The THINKING brain then checks it out (and sees that the wind closed the door) and sends a message to the DOING brain that you are not in any type of danger.

However, if the THINKING brain determines that you really are in danger (as in the THINKING brain sees a gun and hears a gunshot), the THINKING brain sends a message to the DOING brain that the danger is real.

The experience of trauma actually changes the structure and function of the brain. Pathways in the brain can be disrupted by exposure to trauma, which causes some trauma survivor's brains to be altered forever.

The THINKING brain then shuts down to allow the DOING brain to do whatever it needs to do (run, hide, or take some other action) to keep ourselves safe. The DOING brain releases chemicals in our body to prepare us for action by first bringing the energy in the body up (sometimes referred to as an adrenaline rush). The DOING brain can also release chemicals that calm us down, and finally can release a chemical that helps regulate the body. The ways in which the DOING brain responds to events helps determine whether individuals will experience a fight, flight or freeze reaction in the face of dangerous events (see the following pages for a description of this).

Babbette Rothschild in Making Trauma Therapy Safe explains, “Hyperarousal in their bodies leads to physical symptoms that can include anxiety, panic, muscle stiffness, weakness, exhaustion, and concentration problems, sleep disturbance, etc.” These reactions are especially noticeable with traumatized children and people in situations of chronic stress.

Our body is designed to remember dangers, so if the same dangerous thing happens again, the body can respond quickly and efficiently. If a person is in constant danger or in danger quite frequently, this is a very efficient way in which the brain keeps us safe. But sometimes something will happen that reminds us of past events and makes us feel in danger even when we are not actually in danger in the present moment. These are “triggers”: they can be sounds, smells, words, tones of voice, approaches, etc. They can make a survivor respond as if they are in danger, even if the situation is safe.

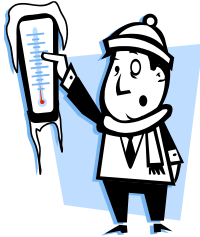
For further information, there are several excellent resources available, including Judith Herman and Bessel van der Kolk’s writings. Please refer to the bibliography at the end of this section as many of these resources are available through the ODVN clearinghouse.



When the experience of trauma is chronic, the brain continually responds as if under stress by preparing the body for “flight, fight, or freeze” even though the actual traumatic event has ended.



Fight, Flight, or Freeze Reactions



At the time when people experience traumatic events, a number of physiological changes immediately occur in their bodies. It is important to note that individuals do not control these instinctive reactions to signs of danger. Rather, it is a part of the way that our body is wired to respond to perceived danger and keep us safe. These changes are often characterized as “fight, flight, or freeze” reactions. These phenomena are explained in the following section.

When a person is threatened, the sympathetic nervous system (the DOING part of the brain) is initially aroused. This causes the person to feel a rush and go into a state of alert as adrenalin and other stress hormones flood the body. Danger also acts to concentrate a person’s attention on the immediate situations. When threatened, a person’s feelings will shut down and information taken in will become very focused on survival so that the person can make vital decisions. Other information is ignored.

There are other processes that happen at the time of acute trauma. These include:

- Ordinary perceptions may be altered – for example, a person’s sense of time may slow down
- Non-essential body processes will be disrupted – for example, a person may be able to disregard the need for food or sleep
- These changes described above are normal, adaptive reactions. They mobilize the threatened person for reaction to the traumatic event – the reaction of flight, fight or freeze

Fight

The person responds by fighting back when faced with traumatic event with physical or verbal resistance. A good example of this is the response of soldiers in combat.

Flight

In the face of trauma, the person's reaction is to flee the situation. The body mobilizes to leave the traumatic experience. Nature provides many examples of animals fleeing dangerous situations.

Freeze

This traumatic response involves a shutting down of physical reactions to the violence that is occurring. Survivors may have feelings of being unable to move and/or may instinctually "freeze" to endure the trauma. Women may be more likely to have this type of reaction as they are socialized by both culture and religion to yield in the face of powerful events.

It's important to recognize that survivors usually do not consciously "choose" their particular fight, flight, or freeze response. In addition, survivors may have very deep feelings of shock or shame about how they reacted in during moments of trauma.

When people are in a state of acute trauma, this is not the time to try to teach or provide new information. People are in their DOING brain and are focused on immediate needs. Helping people through this situation and calming down the reactions are important, and working to re-engage the THINKING brain will help survivors.

How does this knowledge inform a domestic violence helper?

Survivors might feel shocked or ashamed at their reaction to a traumatic event. Women might blame themselves if they "froze" and did not resist during an attack. How a survivor responds is outside of their control, so sharing this information with survivors can help decrease some of the negative feelings around how the individual responded to the traumatic situation.

Trauma Triggers or Reminders

The idea of there being certain “triggers” for survivors that will make them feel emotionally distressed is fairly well accepted by most domestic violence advocates. For example, advocates know not to yell at survivors or touch them without permission. We understand that controlling behavior on the part of the advocate may trigger the survivor to respond to us as though we are her partner. It is critically important for all advocates to understand trauma triggers.

What is a trigger?

Triggers are those events or situations which in some way resemble or symbolize a past trauma to individual survivors.

These triggers cause the body to return to the “fight, flight, or freeze” reaction common to traumatic situations. When triggered, survivors do not necessarily return to a full-blown traumatic response, but may experience discomfort or emotional or physical distress. This distress ranges from mild discomfort to feeling as if they are truly in danger and responding in that manner. If the person gets triggered, sometimes they will return to a less emotional state quickly. Yet for others, it might take them hours or days to calm down, due to the way in which their body responded.

Events or situations that might otherwise be insignificant become associated with the survivor’s trauma. Similar events or situations may become “triggers” that indicate danger to a survivor.

Sometimes a survivor is very aware of the ways in which certain events impact her, while other times she might not be unaware of what is triggering her reaction. We can help her understanding that the her response is her body’s natural way of keeping her safe and does not indicate that she is going crazy or is out of control.

Triggers are those events or situations which in some way resemble or symbolize a past trauma to individual survivors.

Common Trauma Triggers/Reminders:

Highlighted in “The Homeless Resource Center’s Homelessness and Traumatic Stress Training Package” are common scenarios and situations that can trigger survivors who experience trauma. Survivors might respond to triggers by fighting, fleeing, or freezing; responses that are difficult for both survivors and helpers. Being aware of these common triggers provides programs with information that can be used to make changes that will reduce triggers. Common triggers include:

- Reminders of past events
- Lack of power and control
- Conflict in relationships
- Separation or loss
- Transitions and schedule disruptions
- Feelings of vulnerability or rejection
- Feelings of being threatened or attacked
- Loneliness
- Sensory overload
- Smells
- Sounds
- Movements
- Objects
- Anniversaries
- Significant life events
- Any event that resembles or symbolizes the trauma

How does this knowledge inform the domestic violence helper?

As domestic violence advocates, we must be aware of common trauma triggers and work to avoid triggering survivors as much as possible. In a shelter program, we can acknowledge the difficulty of living in a communal living situation after experiencing trauma, and can work collaboratively with survivors to find ways to reinforce a survivor’s sense of control, connection, and choice. We can help survivors understand that events such as those listed above can create intense feelings and responses, and work with survivors to find ways to handle those reactions in ways that aren’t damaging or disrupt survivors and their lives.

Trauma and Memories

“There is evidence that trauma is stored in the part of the brain called the limbic system, which processes emotions and sensations, but not language or speech. For this reason, people who have been traumatized may live with implicit memories of terror, anger, and sadness generated by the trauma, but with few or no explicit memories to explain the feelings.”

Sidran Traumatic Stress Foundation

The general public lacks information about how traumatic memories are stored, accessed, and recalled by traumatized persons. What is clear is that memories of trauma are stored in the brain differently than non-traumatic memories. Elizabeth Vermilyea describes this in her book, Growing Beyond Survival. Information and thoughts, as well as emotions, behaviors, and physical feelings, are disconnected and stored in the brain in such a way that a person may not be able to remember the details of the traumatic event very easily.

Traumatic memories are probably encoded into the brain differently, due to the high levels of adrenaline and other stress hormones that are circulating through the body during the traumatic event. It is not that these memories are “forgotten” by the traumatized person, but they are stored in the brain differently and so survivors cannot access them as readily as other experiences.

Judith Herman explains that traumatic memories are encoded into the brain as vivid sensations and images rather than as a verbal narrative, or “logical story.” It may be that the language coding centers of the brain are

inactivated during trauma as part of the “fight, flight, freeze” response so that the memory is never encoded into language but rather remains as images and sensations. It is no wonder, then, that many survivors have difficulty “remembering” traumatic events in a way that enables them to verbally describe them to advocates or others. While this may seem to decrease the credibility of survivors and their accounts of abuse, it is simply a function of trauma and should not reflect on the credibility of the survivor.

This is not to say that some memories of trauma are not clear and survivors remember events vividly. For example, sometimes survivors can tell advocates the exact moment during a trauma when they decided they were leaving. But for others, they have an inability to recall important aspects of the trauma. This is a protective mechanism that the brain unconsciously employs to protect survivors. This means that the person cannot remember exactly what happened. As Patience Mason in The Trauma Gazette observes, “Many trauma survivors forget in order to survive.”

There are certain types of traumas that are more likely to result in a memory disturbance. Domestic violence as a chronic trauma fits into the category of experiences that may result in memory disturbance. Please review the chart below.

<p>Factors Influencing</p> <p>Continuous Memory</p> <ul style="list-style-type: none"> - <i>Single traumatic event</i> - <i>Natural or accidental cause</i> 	<p>Factors Influencing</p> <p>Dissociation/Amnesia</p> <ul style="list-style-type: none"> - <i>Multi-event (repetitive)</i> - <i>Deliberate human cause</i>
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Chart adapted from Factors Influencing Continuous Memory – Sidran Traumatic Stress Foundation.

This may explain the fragmented stories that advocates may hear from survivors. Rather than “playing detective” to get at the “truth” of what happened, it is important that advocates view memories of abuse through the lens of trauma to gain a fuller understanding of survivors’ experiences. Repetitive traumas often result in memory disturbance, and woman-defined advocacy requires us to start where the survivor is, which may not be with a fully detailed verbal account of abuse.

Dissociation

Dissociation is a “reduced awareness of one’s self and/or environment.” (Elizabeth Vermilyea, Growing Beyond Survival)

Above is a simple definition of a complex brain phenomenon that involves a continuum of mental states ranging from simple daydreaming while driving a car to the formation of separate personalities, or Dissociative Identity Disorder.

All people dissociate to some degree at different times of their lives (for example, when zoning out in front of the television), but during the experience of trauma, the survivor may experience a more significant degree of dissociation. For example, she may report feeling as if she was watching the assault from outside of her body.

The Sidran Traumatic Stress Foundation describes dissociation as a complex mental process during which there is a change in a person’s consciousness. This change in consciousness involves a disruption in the connections between the functions of identity, memory, thoughts, feelings, and experiences. The perception of time or memory may be distorted, such as time seeming to slow down during the trauma or pieces of the trauma being shut out of our awareness.

Dissociation is a protective, strategic mechanism employed by the brain to protect survivors as they experience abuse. It is a completely normal response to a traumatic experience and may become a common coping mechanism for survivors who also have childhood experiences of abuse. Dissociation, while adaptive, can cause problems for survivors if it becomes a daily coping mechanism.

The connection between dissociation and memory formation is complex as well. When a survivor dissociates to cope with the abuse, the memory of that abusive incident may be completely repressed or remembered in a

fragmented manner or remembered without any emotions attached to the experience.

Bessel van der Kolk suggests that during the abusive incident, survivors tend to dissociate emotionally and respond with a sense of disbelief that the incident is really happening. He also suggests that, to varying degrees, the memory of the battering incidents is dissociated, and only comes back in full force during renewed situations of battering. This hypothesis can help advocates understand why some battered women do not seem that fearful of their abusive partners shortly after a physically abusive incident. They may remember the actual incident, but the emotions of fear and terror felt during the event do not accompany the memory in the same way that others might expect.

Four Common Trauma Responses

There are four clusters of “symptoms” often connected with traumatic experiences. These responses are most associated with the diagnosis of Post-Traumatic Stress Disorder (PTSD); however, these reactions may occur whether or not a diagnosis of PTSD is appropriate. Each category will be discussed more in depth in the following pages of this manual.

The four categories of traumatic responses are not individual and discrete, however. They overlap and intertwine and may occur in a fluctuating pattern for survivors of violence.

1. Alterations (changes) in arousal and reactivity

This refers to the physiological (body) changes that occur in the brains of trauma survivors which prepare them for “fight, flight, or freeze” on a continuing basis. This causes survivors to startle easily, be constantly on the alert for danger, and be very sensitive to the reactions of others.

2. Intrusion or re-experiencing events

These symptoms refer to the experience of the trauma “intruding” upon a survivor’s life after the trauma is over. Intrusion may include nightmares, flashbacks, or intrusive images. There is a sense of re-experiencing the traumatic event that is out of the control of the survivor.

3. Avoidance reactions

This refers to the narrowing down of consciousness or “numbing” of feelings and thoughts associated with the traumatic situation. It also can include avoiding people, places, or circumstances a person associates with the traumatic experience and they may withdraw from others as they attempt to stay emotionally safe.

4. Negative alterations (changes) in cognition and mood

These reactions refer to the way in which trauma often impacts people’s thought processes, memory, and moods. It includes persistent negative beliefs about oneself and the world, often a distorted sense of self-blame, inability to remember key parts of the traumatic event, and feeling alienated from others.

Changes in Arousal and Reactivity



This refers to those responses to trauma that indicate that the body is overly aroused or agitated.

Alterations (changes) in arousal and activity is a physiological (body) response to trauma that has physical, psychological, and emotional consequences for survivors. It is an adaptive response designed to keep the survivor safe from further danger.

How does trauma affect the physical body?

Judith Herman observes that traumatic events appear to actually recondition the human nervous system. The body systems that are responsible for responding to traumatic events seem to go on “permanent alert” as if danger might return at any moment. In fact, survivors do not have a normal baseline level of alert, or a state of relaxed attention. Instead they have an elevated baseline of arousal: their bodies are

How does this knowledge inform a domestic violence helper?

While the function of hyperarousal is to keep the survivor safe from further danger, constantly being in a state of “high alert” is wearing on the body, both physically and emotionally. Survivors are not able to manage effectively when they are hyperalert to danger.

Survivors might feel this way regardless of whether there is real danger in the present.

always on the alert for danger. (Trauma and Recovery)

Another author, Frank Ochberg, describes the experience of hyperarousal “as though the alarm mechanism that warns us of danger is on a hair trigger, easily and erroneously set off.” (Ochberg, Frank. PTSD: Understanding a Victim’s Response Networks. National Center for Victims of Crime: Fall2003/Winter 2004). The body begins to respond to normal, safe stimuli as if it were imminent danger.

How do these changes impact survivors emotionally, mentally and in their relationships?

There are a number of responses that indicate that someone has experienced changes in their body’s physical response and how they react or respond to situations. These are a few reactions that are indicative of hyperarousal:

1. Hypervigilance – Survivors may be constantly on the lookout for danger.
2. Exaggerated startle reflex – Survivors may be easily startled or unable to get used to sudden sounds or movements.

Perhaps the most adaptive effect of hyperarousal is the ability of survivors to read the moods of those around them. That way they can adapt to the needs of their surroundings in an effort to keep themselves safe. This can often be misconstrued as manipulation but is, in effect, a very good safety planning mechanism.

What might hyperarousal look like?

- *Panic attacks*
- *Nightmares or trouble sleeping*
- *Having difficulty concentrating*
- *Irritability or aggressive behavior*
- *Self-destructive or reckless behavior*
- *Feeling constantly “on guard” or jumpy*



I

ntrusion or

Re-experiencing Symptoms

Intrusion includes a cluster of reactions that involve survivors reliving the traumatic events as though they are reoccurring in the present.

When intrusion is present, survivors feel as though they are actually re-experiencing the original trauma. This can be long after the danger from the abuser is past. This can often make the survivor feel “crazy” and result in seemingly irrational behavior that can be hard for advocates to understand. For example, a survivor might stay up all night, walking the halls, only to sleep all day. Some advocates would judge this as irresponsible and believe that the survivor is not motivated to change, but don’t know that she stays up all night because she was often raped by her partner at night, and being in her room in the dark brings back these painful memories.

Intrusive Thoughts

Intrusive thoughts involve the ways in which survivors find themselves spending a lot of time thinking about the traumatic event, regardless of whether they want to or not. They might be doing something else and all a sudden, have a flood of images or emotions related to the trauma that seems beyond their control. Some survivors may become preoccupied with the

trauma and feel unable to be distracted from the traumatic thoughts, or they might feel like they don't have the power to stop thinking or talking about the trauma.

Another aspect of intrusive symptoms is their exacerbation at times of anniversaries or by things that remind the survivor of the original trauma. For example, survivors may start to experience nightmares or intrusive thoughts at the same time each year. This typically corresponds with the anniversary of a significant aspect of the traumatic experience. Also, intrusive symptoms may be exacerbated around court dates, counseling sessions, or in other situations when the survivor will have to discuss the trauma or interact with the abuser.

There is an important distinction to make in terms of intrusive symptoms. Some intrusive symptoms are clearly thoughts or memories, and the survivor knows that they are simply recollections. However, flashbacks do not appear to be memories or thoughts to survivors. Rather, the survivor feels as if the trauma is actually occurring in the present.

Nightmares and Flashbacks

The intrusive symptoms of nightmares and flashbacks are both a function of how traumatic memories are stored and accessed differently than typical memories. Judith Herman describes that,

“The traumatic moment becomes encoded in an abnormal form of memory, which breaks spontaneously into consciousness, both as flashbacks during waking states and as traumatic nightmares during sleep.”

Therefore, we know that nightmares related to trauma are the mind's way of processing the

How does this knowledge inform a domestic violence helper?

Advocates need to recognize both the intensity of re-experiencing symptoms and how they impact survivors.

Validating these trauma reactions as normal responses to abnormal experiences may help survivors recognize these symptoms as adaptive responses, not signs that they are “going crazy.”

traumatic event. Judith Herman also describes that traumatic dreams are not like typical dreams. Traumatic dreams may include fragments of the traumatic experience which seem to be exactly as they were during the trauma. Traumatic nightmares may often occur repeatedly. Another characteristic of traumatic nightmares is they may be accompanied by feelings of terror as they are felt with a sense of immediacy, as if they are occurring in the present.

Flashbacks may be described as the survivor acting or feeling as if the traumatic event is actually recurring in the present. Memories of trauma that have been encoded as intense emotional or physical sensations may erupt into the consciousness in the form of flashbacks and physical pain or panic.

Flashbacks may be triggered by small, seemingly insignificant smells, sights, sounds, or other reminders; but the experience of having a flashback is intense, vivid, and typically quite scary for the survivor.

What might intrusion look like?

- *Survivors report that they think about their experience when they don't want to*
- *Sights, smells, or sounds cause the survivors to have a flashback, where they feel like they are in the traumatic situation again*
- *Survivors report nightmares or reoccurring dreams related to the trauma*

Avoidance Reactions

Avoidance refers to traumatic reactions that involve avoiding thinking about people, places or things associated with the traumatic event.

Avoidance reactions refer to the ways in which survivors of trauma attempt to avoid thinking about or feeling the emotions that are related to the trauma. This is a natural response that all people have when dealing with situations of stress. But when avoidance becomes extreme, it can impact a survivor's life in many different ways. This numbing of feelings works to protect a survivor from experiencing the overwhelming emotions associated with the trauma, such as terror, helplessness, distress, anger, etc.

In addition, survivors may restrict their lives significantly to create a sense of safety for themselves. They may avoid people, situations, and/or conversations related to the trauma. This can be difficult and frustrating for an advocate who needs information related to the experience of abuse to provide advocacy services, but it should be understood in the context of self-protection and coping. Advocates should understand that survivors are doing the best they can to manage the distress that thinking about their experience causes, and may not even be consciously aware that they are experiencing this.

How does this knowledge inform a domestic violence helper?

These reactions include ways in which a person tries to avoid thoughts, feelings, or memories of the traumatic event. While protective and helpful in coping with trauma, these reactions can also result in a general feeling of detachment from more positive or pleasurable feelings that survivors have. It can also interfere in a survivor's life if avoidance impacts their relationships or their healing.

Negative alterations in cognition and mood

How does this knowledge inform a domestic violence helper?

This refers to traumatic reactions that impact a survivor's memory and understanding of the traumatic event and their feelings about themselves and the world.

The way people understand themselves and their world might fundamentally change after experiencing trauma. After traumatic experiences, people often feel persistent negative emotions related to trauma (such as fear, horror, anger, guilt or shame) and have a difficult time feeling positive emotions. This reaction may encompass the numbing of both emotions and bodily sensations. Traumatic events may be remembered, but they may be distorted by lack of feeling or apparent indifference or emotional detachment. This numbing is very adaptive and protective. It can be viewed as the mind's way of protecting the survivor against unendurable information or feelings.

Effects of Constriction

Although coping is used for self-protection, constriction can result in withdrawing from others who could give support and assist in healing. It can also lead to avoiding anything associated with the trauma which can effectively limit positive,

It is a common reaction to trauma to have negative beliefs about the world and one's self, as well as distorted self-blame for the traumatic event. In addition, many survivors feel disconnected from the world around them and have a difficult time experiencing positive emotions. Often the numbness and the negative emotions are frightening and uncomfortable for survivors, who might not feel comfortable discussing this.

healing activities such as support group participation.

Although painful feelings are numbed through constriction, positive feelings are numbed as well. A survivor doesn't have the ability to pick and choose what feelings to repress – all feelings are numbed. This numbness can lead advocates to underestimate the severity of the trauma or a survivor's emotional reaction to the abuse.

Finally, the experience of numbness, or absence of feeling, can also be troubling to survivors. Some survivors may create high-risk or painful situations to counteract these feelings of numbness (i.e. self-mutilating behaviors). Conversely, when people are not able to detach or dissociate spontaneously, they may turn to other activities such as alcohol or drugs to produce a numbing effect.

What might this look like?

There are three "D's" associated with constriction:

- *Detachment- withdrawal from people and activities that are typically a part of a survivor's life; this can also include dissociative responses*
- *Disorientation- feeling dazed or as if her perceptions aren't quite on target*
- *Denial- an inability to "look at the hard facts" related to the trauma or rejection of the idea that something is wrong*



Emootional and Psychological Reactions to Trauma

After experiencing a traumatic event, survivors go through a wide range of normal emotional and psychological responses. Advocates should encourage survivors to view these reactions as **NORMAL** reactions to **ABNORMAL** events. For example, it is completely normal to “forget” important aspects of a traumatic event. It is also normal to have flashbacks or nightmares related to the trauma.

Although some of these responses feel “crazy” to survivors and to the advocates who work with them, they are predictable, adaptive responses to the overwhelming experience of being battered in a relationship. Some emotional and psychological responses to trauma are listed on the next page. Each survivor of domestic violence may experience some or none of these trauma reactions. Focusing on woman-defined advocacy, advocates will assist survivors by giving information about possible emotional responses to trauma and working with women to address those symptoms that are bothersome.

Remember, it is the experience of trauma that causes the following reactions in survivors, not their individual personality strengths and weaknesses.

Emotional Reactions to Trauma

Below is a list of ways in which survivors emotionally react to trauma. Historically, many helping professionals have viewed these reactions negatively, sometimes viewing them as evidence that something is wrong with the trauma survivor. A trauma-informed approach understands these reactions as the survivor trying to process their experiences, attempting to cope with extremely difficult situations, and does not view them as evidence of a survivor's problems, bad decisions, personal shortcoming, or weaknesses.

- ✓ Shock and disbelief
- ✓ Fear and/or anxiety
- ✓ Grief
- ✓ Guilt or shame
- ✓ Denial or minimization
- ✓ Depression or sadness
- ✓ Anger or irritability
- ✓ Panic
- ✓ Apprehension
- ✓ Despair
- ✓ Hopelessness
- ✓ Emotional detachment
- ✓ Feeling lost or abandoned
- ✓ Increased need for control
- ✓ Emotional numbing
- ✓ Difficulty trusting
- ✓ Mood swings
- ✓ Feeling isolated
- ✓ Intensified or inappropriate emotions
- ✓ Emotional outbursts
- ✓ Feeling overwhelmed
- ✓ Diminished interest in activities
- ✓ Hyper-alertness or hyper-vigilance
- ✓ Re-experiencing of the trauma
- ✓ Desire to withdraw
- ✓ Spontaneous crying
- ✓ Exaggerated startle response
- ✓ Feelings of powerlessness

As an advocate, you should be expecting to work with survivors who are having any of the feelings listed above. A key skill an advocate must develop is the ability to accept a wide range of emotions and feelings--even ones that are difficult to deal with, such as anger, irritability, or intense emotions. All of these emotions are normal responses to experiencing trauma, and helping survivors understand them that way validates survivors' experiences, empowers them and supports their healing and recovery.

Psychological and Cognitive Reactions to Trauma

Trauma also impacts how people think and the ways in which they process and understand information. Especially when people are accessing services, many survivors have recently experienced traumatic events and their body and brains are focused on survival and safety (the DOING part of the brain), not thinking and planning (the THINKING part of the brain). Being sensitive to the normal reactions to abnormal experiences will make services more effective and empowering to survivors. When working with survivors, taking the following trauma reactions into account is critically important to effective advocacy with survivors. Below are some of the ways in which trauma impacts how people think:

- ✓ Difficulty concentrating
- ✓ Slowed thinking
- ✓ Difficulty making decisions
- ✓ Confusion
- ✓ Difficulty with figures
- ✓ Blaming self or others
- ✓ Poor attention span
- ✓ Mental rigidity
- ✓ Disorientation
- ✓ Uncertainty
- ✓ Memory difficulties
- ✓ Difficulty with problem solving
- ✓ Nightmares
- ✓ Flashbacks
- ✓ Intrusive thoughts
- ✓ Distressing dreams
- ✓ Suspiciousness

Trauma can make everyday tasks such as concentrating, organizing, focusing on something for long periods of time, or remembering details overwhelming. Trauma can inhibit learning, problem solving and making decisions.

Advocates may need to help survivors compensate for this by using memory tricks, writing things down, having survivors repeat important information back, and using other strategies to support survivors in achieving their goals.

Physical Reactions

“Brain, body and mind are inextricably linked. Alternations to one of these three will intimately affect the other two,” explains trauma researcher Bessel van der Kolk. He further describes that an individual body expresses what cannot be said or verbalized. And so, traumatic memories are often transformed into physical outcomes.

Van der Kolk, B. (1996) *The body keeps the score: Approaches to the psychobiology of PTSD*. In *Traumatic Stress: The effects of Overwhelming Experience on Mind, body and Society*. B. van der Kolk AC McFarlane and L Weisaeth Eds New your City; Guilford Press

The body has a physical response to traumatic experiences, in addition to the emotional reactions discussed previously. Traumatic experience has a strong physiological component which affects both the psychological and physical body. These effects can manifest in both physical symptoms and as behaviors for survivors of abuse. The ways in which survivors are impacted by hyperarousal, intrusive reactions, and avoidance reactions does create physical responses for people, and domestic violence programs need to be aware of these physical reactions and make the services we provide accommodating to these realities.

Physical Reactions

- ✓ Sleep disturbance
- ✓ Appetite disturbance
- ✓ Fatigue
- ✓ Inability to rest
- ✓ Angry outbursts
- ✓ Rapid heartbeat
- ✓ Nausea or upset stomach
- ✓ Aches and pains
- ✓ Increased susceptibility to illness
- ✓ Fainting
- ✓ Dizziness
- ✓ Weakness
- ✓ Grinding of teeth

Because bodies express what cannot be verbalized, traumatic memories are often transformed into physical outcomes including**:

- ✓ Chronic pain
- ✓ Gynecological difficulties
- ✓ Gastrointestinal problems
- ✓ Asthma
- ✓ Heart palpitations
- ✓ Headaches
- ✓ Musculoskeletal difficulties

Chronic danger and anticipation of violence stresses the immune and other bodily systems, leading to increased susceptibility to illness.

Other Difficulties Associated with Traumatic Experiences**:

- ✓ Eating problems
- ✓ Substance abuse
- ✓ Problems in relationships
- ✓ Physical problems that doctors can't diagnose
- ✓ Self-harmful behavior, self-mutilation
- ✓ Sexual difficulties: promiscuity, dangerous sexual practices, or denial of sexuality

**This information was taken from the Women, Co-Occurring Disorders, and Violence Study conducted by the Substance Abuse and Mental Health Services



Behavioral Reactions

Trauma and the effects of trauma can impact trauma survivors in a multiple of ways. One of the biggest areas of life in which trauma impacts individuals is how they act with others, which directly relates to their relationships with other people, with helping professionals, and even their understanding of their self and the world. Because recovery from trauma occurs in the context of relationships, it is important for trauma survivors to be able to re-establish safe connections with others.

- ✓ Change in interaction with others
- ✓ Withdrawal or isolation
- ✓ Decrease of humor
- ✓ Irritation with others
- ✓ Lack of patience
- ✓ Change in how people relate with each other and the world
- ✓ Avoiding people, places and things that remind you of the event
- ✓ Impulsivity
- ✓ Self-injury
- ✓ Alcohol and drug use to cope with uncomfortable trauma symptoms
- ✓ Trying to avoid thoughts, feelings, or conversations about the trauma

Many of the behaviors associated with attempting to cope with trauma and the impact of trauma (such as alcohol and drug use, self-isolation, not wanting to discuss traumatic experiences, and making impulsive decisions) can be challenging for helpers in domestic violence programs. But by reinterpreting these behaviors as common trauma reactions and attempts to cope with their situation, helpers can better understand these reactions as normal and work with survivors in a spirit of collaboration and empathy.

Impact of Trauma on Belief Systems

A question that many people ask about trauma is whether after experiencing trauma people ever go back to “normal.” Generally, the best way to answer this question is that people absolutely do go on to live productive, fulfilling and exciting lives. Often people who have experienced trauma comment that while they never would have wished to experience something like this, they did learn new things about themselves, learned new coping skills, or learned how strong and resilient they are. At the same time, after trauma, people generally have a new “normal”, because their belief system is impacted and changed by the traumatic experience. Therefore, it is important to encourage survivors throughout their healing and recovery, and assist them with figuring out what the new “normal” is for them in their lives after surviving a traumatic experience.

Particularly in the context of domestic violence, survivors often report that their views of the world or their values have been fundamentally altered by their experiences. Often survivors have difficulty reconciling the reality that the person who promised to love them also hurt them deeply. In addition, if the survivor sought help from a system that she didn’t view as helpful or supportive (such as the police or a shelter), she might no longer believe that police, courts, or even shelter advocates are there to help her, and might decide that she must deal with anything in the future on her own. Survivors who stay with their partners might feel like they have disappointed advocates who are working with them, so they might not contact them in the future. Some survivors who have managed to escape an abusive relationship report that their trust in intimate partners has been destroyed, and do not want to enter other relationships.

Many people ask if people go back to “normal” after experiencing trauma. For most individuals who have experienced trauma, they develop a new “normal,” because of the ways in which their belief systems and views of the world have been fundamentally altered.

Others report that they have decided that they will never accept any disrespect or signs of control in a relationship, and are on guard for such signs. Some find their spiritual connection to be strengthened through the experience of an abusive relationship, while others lose their faith in both religion and a higher power. It is important for advocates to validate all of the various thoughts, feelings, beliefs, and questions that survivors have, and to assist them in finding ways to feel comfortable and safe in their new reality.

It is important for us to view a survivor as having made it through an amazingly difficult experience, and look to her strengths in surviving that experience and help her recognize the ways in which she has protected herself and her children. We need to celebrate both who she is and acknowledge and honor what she has been through, and support her in wherever she wants to go.

Cultural Issues in the Experience of Trauma

The manner in which a survivor experiences traumatic reactions will certainly be affected by the cultural group to which she belongs.

Both the culture of her immediate family and the larger society will give context to a woman's original experience of trauma, the resulting symptoms, and the meaning she attaches to her experience.

It is important that an advocate have a level of cultural competency when dealing with women who are victims of domestic violence. This does not mean that an advocate needs complete knowledge of all the different cultures in her community - (that is impossible!) - but rather has the skills and willingness to work sensitively with women from a variety of cultures. Violence and trauma can have different meaning across cultures, and healing can only take place within a specific survivor's cultural context.

Advocates can begin by exploring and discussing the meaning of violence within the survivor's family and culture. This should be done with all women as it should not be assumed that the advocate and the woman have the same cultural frame of reference, even if they come from the same cultural group. Advocates may need to work to reframe the survivor's experience of domestic violence while respecting her cultural norms and traditions.

Some considerations to keep in mind when working with all survivors:

1. Early Messages

What early messages did she receive about violence in general? About domestic violence? How does her family view domestic violence?

2. Political Trauma

Is she from a region or country where there has been political unrest or violence? Has she or other family members been subjected to wars or other civil unrest? What does this mean to her current trauma experience? Was she raped or tortured as a part of political oppression?

3. Environmental Trauma

Has she been exposed to other traumas by virtue of living in a particular region or country? Is she a target for racism, heterosexism, or ableism in addition to her experience of domestic violence? How do these other oppressions impact her experience of trauma and access to services?

4. Safety Planning

Safety planning is a unique process for every woman, and advocates need to attend to the implications of culture when discussing safety planning activities. A one-size-fits-all approach to safety planning may be dangerous for battered women from any and all cultures.

A thorough discussion of cultural issues for survivors is not possible in this manual, but advocates are encouraged to seek information about the particular cultural groups in their communities and develop skills related to cultural sensitivity and competency.

What Promotes Healing from Trauma?

In the immediate aftermath of trauma, rebuilding of some minimal form of trust is the primary task. Assurances of safety and protection are of greatest importance.

Judith Herman, Trauma and Recovery

Social support plays a critical role in the process of healing from trauma. Traumatic life events cause damage to relationships (both in people's natural support system and when working with helpers), so the response of the person's social support system can facilitate healing from trauma or cause more damage and make healing more difficult. Often trauma has damaged a person's sense of self, and that sense of self can only be rebuilt in the context of connection with others.

Often the survivor craves the presence of a sympathetic and empathetic person. Because trauma and domestic violence are such isolating experiences, survivors have had their belief in the world as a safe place shattered. Victims often need clear assurances that they will not be abandoned again. Often in the aftermath of domestic violence, a victim is still in danger. In many cases, a victim of domestic violence cannot assume that they will have a supportive social system or community that will help her.

If a survivor of trauma meets with a helpful response, the care and protection of family, friends, and helpers can have a strong healing influence. This helps a survivor re-establish a sense of trust and safety, and provides survivors with the opportunity to process through their experiences in ways that no longer dominate their lives. After a survivor regains a sense of basic safety, the survivor needs the help of others to rebuild a positive view of themselves.



Helpers must show respect for the survivor's fluctuating needs for closeness and distance, and respect for her attempts to reestablish autonomy and self-control.

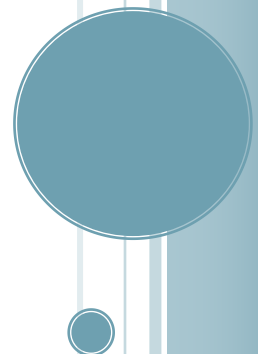
Judith Herman, Trauma and Recovery



RESPONDING TO TRAUMA SURVIVORS

Approaches and Interventions for Advocates

This section will provide advocates with some general concepts and ideas on effective ways to respond to survivors who have experienced trauma. It includes information on assisting survivors in coping with the impact that trauma has had on them, supporting trauma survivors, and how to become a trauma champion in your organization. In addition, there is a chart provided that will assist you in addressing the complicated feelings and emotions that trauma survivors have and how to respond to those feelings in a trauma-informed manner.



Suggestions from Survivors on How to Best Support Them

In Dr. Kim Anderson's book called Enhancing Resilience in Survivors of Family Violence (2010), Dr. Anderson highlights recommendations made by survivors of family violence to helping professionals. **The participants noted how working through trauma requires a safe, accepting, and trustworthy relationship, but unfortunately many survivors have reported that their suffering was exacerbated by unsupportive, judgmental, and controlling professionals. It is critical for helpers to validate the experiences of victimization without taking away a survivor's power.**

Dr. Anderson's research provides seven suggestions that center on supporting and honoring client strength, competencies, aspirations, expertise, and self-determination.

Lesson One: Support Client Strengths, Competencies, and Resourcefulness

- Don't treat survivors as people who are "different" or "damaged." This makes it more difficult to see survivors' strengths and to trust that they know what is best for them.
- The professional's role is to nourish, encourage, assist, support, and stimulate strengths within the survivor.

Lesson Two: Listen, Accept and Honor Stories of Suffering

- Sometimes helpers respond negatively to stories of traumatic experiences by doing such things as minimizing its significance, ignoring stories, or showing that they are uncomfortable with hearing the trauma. This can make survivors feel silenced.
- Create a safe, accepting and respectful space for survivors to share their stories.

Lesson Three: Convey an Outlook of Hope and Possibility

- Don't cast a shadow (from the past) on survivor's abilities to survive, persevere, and eventually thrive.
- Let survivors know that healing can occur for anyone.
- Remember that change is happening all the time and that survivors are in the healing process. Sometimes just showing up for services is an important step.
- Be patient with survivors and don't rush into "fixing" survivors; instead, provide survivors with hope and reassurance that they will discover the answer for "fixing" themselves.

Lesson Four: Communicate Empathy, Acceptance and Compassion

- Convey compassion through bearing witness to survivors' suffering and expressing a desire to relieve it.
- Show a willingness to understand the worlds that survivors navigate, which allows helpers to accompany them in their healing journeys.
- Helpers need to focus on understanding people, not "fixing" them.
- Think about trying to understand survivors from "within" the relationship as opposed to "outside" the relationship.
- Let go of professional expectations, assumptions, and the desire to judge a person's behavior/motives.

Lesson Five: Demonstrate Humility

- Both the helper's and the survivor's expertise are crucially important.
- Let go of the idea that helpers know more and thus are superior to the survivor.
- It might not be effective to say things such as, "You're the expert" without also offering input, guidance, or information. Helpers do not need to discard their background, skills, or knowledge. Your expertise is essential in helping and supporting survivors in their healing journeys.
- Draw from both the experiences of survivors and of helpers, and acknowledge that both of you have important roles and ways to facilitate healing.

Lesson Six: Support Self-Determination

- Support each survivor in discovering her own point of view, her own choices, and her own vision of the future.
- Acknowledge that survivors often have had their self-esteem and feelings of self-worth damaged, and they often need additional support and encouragement.

Lesson Seven: See the Person, Not the Diagnosis

- Remember that trauma symptoms often look like many symptoms used to diagnose mental health disorders. Only a licensed individual should be determining mental health diagnosis, but it is important to understand the ways in which mental health systems have often not incorporated a trauma-informed framework into providing treatment. Generally these systems have overemphasized symptoms and deficits instead of focusing on survivor competencies, capabilities and desires.
- A diagnosis should never be viewed as a crucial feature of a survivor's identity.

Information above was adapted from chapter 9 of Enhancing Resilience in Survivors of Family Violence by Dr. Kim Anderson.

For more information on supporting resiliency in domestic violence victims, Dr. Anderson's book is a wonderful resource for both clinicians and advocates.

HOW WE ARE IS AS IMPORTANT AS WHAT WE DO

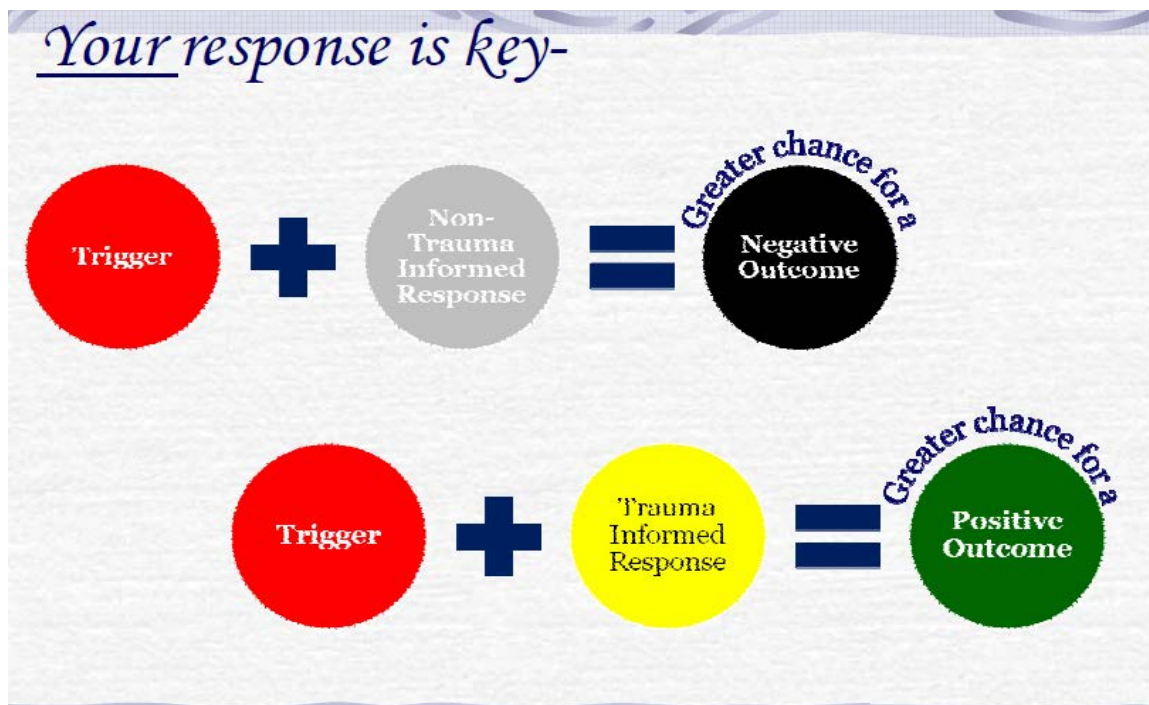
National Center on Domestic Violence, Mental Health, and Trauma

It is a common saying that people will forget what you said, people will forget what you did, but they will never forget how you made them feel. Often people think that using a trauma-informed approach to providing services involves certain activities and interventions. But it is critical to emphasize that the work that we do with survivors needs to be done with careful attention to *how* we are relating to survivors. It is important to remember that many domestic violence survivors access services soon after something traumatic has happened, so remembering that we are often working with people at an extremely vulnerable point in their lives is crucial to providing compassionate services. Trauma survivors have been through horrible experiences, and need to feel like their experiences are real, that the people who are trying to help them really care about them, and survivors can trust helpers to treat them respectfully and compassionately. Advocates can do many things to make survivors feel safe and respected, and that often involves HOW YOU ARE with someone, not only WHAT YOU DID with someone.

*An advocate's greatest resource
is their empathy.*

In a trauma-informed program, advocates understand that many of the survivors we work with have not only histories of ongoing traumatic stress, but often have had an extremely recent traumatic experience. This means that survivors need time, space, compassion, and understanding in order to feel like they can regain some sense of control over their lives and begin to feel safe again.

A trauma-informed approach allows for advocates to be more understanding and empathetic. For example, a survivor might become triggered by something beyond anyone's control, an advocate educated in trauma-informed care can understand why the survivor became angry, ran away, or zoned out, as these are examples of fight, flight and freeze reaction. Advocates recognize that many of the challenging behaviors, emotions, thoughts, and actions that are encountered when providing domestic violence services are directly related to a survivor's traumatic experiences. Advocates know these responses are normal trauma reactions that should be anticipated and expected when working with individuals who have recently experienced trauma at the hands of someone who they have a relationship with. This should be the advocate's primary view of survivors, as opposed to believing that survivors are "acting out", behaving unreasonably, taking advantage of services, or intentionally and purposefully "making things difficult."



Slide Adapted from Trauma-Informed Care Presentation for Oregon State Hospital

How we are with survivors

Effective advocates who work with trauma survivors behave in several important ways:

- **Be empathetic:** Survivors need to feel supported and understood, not pitied. This includes communicating an understanding of the person's feelings, and acknowledging those feelings are real and important.
- **Be flexible:** To demonstrate care and concern, advocates must be flexible. Some survivors need to talk for a long time about their experiences, while other survivors find this extremely painful. This can include being willing to change normal routines and procedures to accommodate the unique situations of individuals.
- **Be self-aware:** Being aware of your thoughts, feelings, and how they come across will make trauma survivors feel safer in sharing their feelings with you. This will lead to a stronger relationship.
- **Be able to regulate your own emotions:** Survivors may come to you unable to regulate their own emotions due to the trauma they have experienced, so it is your job to keep your emotions under control.
- **Be willing to learn from survivors:** Respect and acknowledge and celebrate that survivors are the experts in their lives. Providing survivors with opportunities to teach us about their world and their needs is the best way to become knowledgeable and make sure your help is actually helpful.
- **Be willing to connect emotionally with the trauma survivor's experiences of trauma:** Feelings and emotions play a central role in your work with survivors. Survivors will feel genuinely accepted and cared for when you can connect emotionally with them.
- **Be a good listener:** Actively listen to survivors and focus solely on what they are saying, which shows that what happened to them is important.

- **Be comfortable with the unknown:** No two people experience trauma in the same way. It is okay that you have not had the same experience as the survivor, but your empathy is still critically important.
- **Believe in hope and recovery:** As an advocate, you must believe that survivors can go on to live better days, and that people can recover from trauma and lead fulfilling lives after their experiences.

Adapted from Trauma-Informed Toolkit at www.trauma-informed.ca

W hat we do with survivors

This chapter and the chapter on best practices detail much information on creating a supportive and safe environment for survivors of domestic violence. Yet it is extremely important that advocates do the following with survivors:

Normalize

Survivors often come to us with very intense feelings, emotions, and thoughts. Often they have been told that they are crazy, and they might be feeling things they are very uncomfortable with. Helping survivors understand their responses as NORMAL responses to the ABNORMAL experience of domestic violence can help survivors put what they are experiencing in context and can decrease some of the shame, guilt and anxiety about some of the common responses to trauma.

Validate

Whatever survivors feel is okay. Often advocates find themselves uncomfortable with the intense emotions and feelings that come with having experienced trauma. Common trauma reactions can include feelings of anger, resentment, hopelessness, sadness, changes in mood, and alternately wanting to talk about the experience and then not wanting to talk about it at all. In addition, victims of domestic violence often have not had the freedom to express their feelings and emotions, so sometimes when survivors get to a place where they feel safe, lots can come out. Advocates can validate how all feelings that survivors have are okay and appropriate, and acknowledge the courage it takes to talk about their experiences come to you for assistance.

Supporting Safety and Stabilization in Trauma Recovery

One of the core goals that trauma survivors have is to recover from their traumatic experience, so the trauma and the impact of the trauma no longer dominates and shapes their lives. It doesn't mean that survivors will never experience issues related to their trauma, but it does mean regaining the understanding, support, and practical assistance so that trauma survivors can find within themselves a genuine basis for home, as well as personal, relational and spiritual renewal.

It is nearly impossible to heal from trauma without a survivor establishing a firm sense of physical and emotional safety. Domestic violence programs play a critical role in assisting and supporting survivors in this task.

Judith Herman, author of Trauma and Recovery, addresses three stages in the process of trauma recovery:

- Safety and Stabilization
- Remembrance and Mourning
- Reconnection

Domestic violence programs play a critical role in the first phase of trauma recovery, **safety, and stabilization**. Survivors often come to us feeling like they lack control over their emotions, thoughts, relationships, options, and opportunities in life. Helping survivors to realize what areas of their life are impacted by trauma and need to be stabilized and how that will be

accomplished will help the survivor move forward towards recovery. It is also important to recognize that many survivors find that speaking about their experiences can be emotionally overwhelming. At the same time, it also is true that a survivor's story does need to be told and processed in order to recover from trauma. Helping establish physical and emotional safety includes providing opportunities for survivors to tell their stories, but not forcing them to do so, and by being comfortable with as much or as little of a story that a survivor wants to share. More information about physical and emotional safety is available in other parts of this manual. In addition, the process of recovery from trauma is very difficult (if not impossible) for survivors if they don't have their basic needs met. If they are unsure how they are going to survive—where they are going to live, how they are going to get food, what is going to happen with their children, and what their future looks like. By working with survivors to meet their basic needs, both now and in the future, domestic violence programs provide importance assistance so survivors can continue on their journey to recovery.

When survivors have achieved a sense of stability and safety, the task shifts to recounting the trauma, putting words and emotions to it, and making meaning of it. This often happens with the assistance of a therapist or counselor, and can occur in group and individual settings. The stage of **remembrance and mourning** provides survivors with the opportunity to grieve losses that were associated with the trauma and also come to grip with the reality of the terrible things that happened to them.

The final stage of recovery and **reconnection** focuses on redefining oneself in the context of meaningful relationships. Trauma survivors gain closure on their experiences when they are able to review the things that happened to them with the knowledge that these events do not determine who they are. The events also become one of many life events and circumstances, and come to feel like a part of the survivor's past, but it no longer dominates their life.

*This section was adapted from “The Trauma-Informed Toolkit”, available online at www.trauma-informed.ca, and was heavily based on Judith Herman's work on trauma in *Trauma and Recovery*.*

General Principles When Working with Trauma Survivors

While traumatic responses are normal reactions to trauma, they can also be very uncomfortable for the survivor. Letting the survivor know that these responses are NORMAL can help relieve some of the distress caused by these symptoms. When a survivor learns tools to address symptoms related to trauma, she becomes empowered to better understand and manage her symptoms, which hopefully results in her feeling safer, calmer, and more capable to face additional challenges she might encounter.

What to Expect:

Letting the survivor know what to expect after experiencing trauma can help alleviate symptoms and help her to prepare to cope with them.

- Survivors of a traumatic event may alternate between periods of intense anxiety or re-experiencing the event and periods of depression and withdrawal. That is how our brain copes with trauma.
- Some situations may “trigger” the survivor to remember the trauma vividly.
- Anniversaries of traumatic events may cause post-trauma symptoms to recur or worsen.
- Events that are related to the trauma (court dates, counseling sessions, medical appointments) can cause these symptoms to worsen temporarily.
- Survivors may become impatient with the recovery process. It takes time to heal from trauma.
- There is a new “normal” after recovering from trauma. It is not the same as the “normal” experienced before the trauma but can be rich and fulfilling in its own right.

Assisting Survivors with Coping

As advocates, our role is both to affirm and validate the coping mechanisms that trauma survivors use and also to support survivors in developing new ways to cope with the impact of trauma.

Keep these goals in mind when discussing positive coping with trauma survivors:

- **Coping skills should support the survivor making new, safe connections with others.** Experiencing traumatic events undermines a victim's sense of safe relationships with others, and some coping should focus on helping survivors re-establish trust and connection with others and the wider community.
- **Telling the story of the traumatic experiences is essential to healing.** Our society encourages and reinforces silence around women's experience of trauma. Breaking this silence can be an important means of coping.
- **It's normal to be affected by trauma.** Having traumatic reactions is not an indication of individual pathology or weakness. Reactions are a body and mind's attempt to process and heal and should be honored as such.

Some coping strategies

- Talk about the traumatic experience with safe people
- Physical exercises (bicycling, aerobics, walking)
- Relaxation exercises (yoga, stretching)
- Journal about the trauma

- Listen to music
- Create music, draw, or create other forms of art
- Avoid caffeine, sugar, and nicotine – these are stimulants
- Use humor
- Prayer or meditation
- Take time for yourself daily
- Keep objects around you that make you feel safe
- Cry
- Call the domestic violence hotline
- Be good to yourself
- Maintain a balanced diet and sleep cycle as much as possible
- Treat yourself with respect
- Practice deep breathing
- Read – but not horror books or true crime
- Take a warm shower or bath
- Find hobbies you enjoy or play sports

Reframing Existing Coping Strategies

Survivors of domestic violence have a broad range of coping strategies that they use to survive and resist the violence in their lives. These coping strategies are adaptive and effective in many situations but may not be helpful as long-term responses to the experience of abuse.

As the Women, Co-Occurring Disorders, and Violence Study reports,

“Though many women display incredible strength, the coping strategies used for immediate survival in dangerous situations are often less effective in the long term and may even appear to others as inappropriate.”

Coping strategies such as drug and alcohol use, hyperarousal and being constantly aware of surroundings, sensitivity to being touched, jumpiness or defensiveness, a general feeling of apathy (where the survivor feels as if she doesn't really care about anything) can all be viewed as adaptive strategies to deal with currently occurring trauma.

Unfortunately, sometimes these coping strategies continue even when the survivor is safe from the trauma. This might start creating problems in the survivor's personal life, and the adaptive coping strategy may have negative consequences. Drug and alcohol use is a prime example of a coping strategy that can end up creating major problems in the lives of survivors. It is problematic if a survivor feels a lack of connection to her children, others who are important to her, or feels like she could never be in another relationship because she has lost the capacity to love and trust someone. Helping survivors understand the responses they have to trauma as trauma responses, as opposed to symptoms of a mental health disorder, can normalize the trauma responses and help survivors come up with more effective ways to cope with their situations. Reframing behaviors as coping strategies might also reduce some of the shame survivors feel about ways they have attempted to cope with the trauma, and can reduce the stigma around seeking help for those coping strategies.

While survival strategies can become maladaptive, it is important to understand these strategies as resourceful and effective responses to trauma; not signs of a mental health condition. Because so many trauma reactions are the same as some signs of mental health conditions, survivors can often mistakenly be diagnosed and treated (often with medication) for a mental health issue that really is a trauma reaction. Often survivors are looking for validation that they aren't "crazy," so educating survivors on trauma reactions as normal responses to abnormal situations can be very helpful for survivors.

Do's and Don'ts of Trauma **Recovery**

Do

Expect the trauma to
bother you

Talk and spend time with
friends and family

Maintain a good diet and
exercise

Spend time on leisure
activities

Normalize reactions to
trauma

Don't

Think you are crazy; stress
reactions are normal

Withdraw from friends and
family

Stay away from work

Drink or use drugs
excessively

Have unrealistic
expectations for quick
recovery

Tools for Coping with Traumatic Stress

In her book, Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress, Elizabeth Vermilyea outlines several tools for coping with traumatic stress reactions. These tools as well as her description of them are presented below.

Grounding

Grounding, present, here-and-now awareness is the process of connecting with the present moment so that a survivor can connect with her resources and options.

Reality Check

The process of accurately figuring out what is really happening in the moment versus what the survivor may think or feel is happening.

Feelings Check

Paying attention to and learning the natural cycle of increases and decreases in feelings and mood states.

Imagery

Using imagination and imagery to manage difficult experiences allows a survivor to plan or problem solve, to achieve a goal, and to comfort herself.

- May be used to help a survivor envision steps toward achieving goals.

Journal Writing

Writing to facilitate self-awareness, understanding, self-expression, healing and recovery:

- The journal serves as a road map, a support, and a method of internal communication and self-expression
- Level 1 – surface level – writings about events of the day in a present-focused way - records facts not feelings

- Level 2 – present focused – write about feelings, thoughts, or impulses, and how trauma is affecting the person
- Level 3 – involves writing about traumatic events and is only recommended for people working with a therapist

Artwork

Drawing to facilitate self-awareness, understanding, self-expression, healing, and recovery

Talking

Using words to describe your thoughts and feelings, and experiences to yourself and to others

This information taken from and adapted from Elizabeth G. Vermilyea's Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress. The Sidran Press: Baltimore, MD (2000).

Supporting Battered Women as Trauma Survivors

In the article, Posttraumatic Therapy, Frank Ochberg discusses four categories of interventions that are helpful to trauma survivors. Advocates can frame support efforts using these four categories.

Educate Survivors:

- Suggest books and articles on trauma
- Explain basic physiological reactions to trauma
- Discuss criminal and civil remedies
- Share information about legal resources
- Make education on trauma an important part of services provided and include information on trauma in support groups or house meetings

• • •
Focusing on education, holistic health, enhancing social supports and integrating survivors with others assist with the healing process.

Focus on Holistic Health:

- Physical activity
 - Vigorous use of the large muscles can ameliorate stress hormone activation
 - Daily walks are beneficial
- Nutrition
 - Avoid caffeine and other things that can contribute to anxiety and depression (another substance to avoid is alcohol)
 - Survivors may have disrupted typical eating rituals during abuse. Assist her in reestablishing eating patterns for herself.

• • •
For some survivors, therapy or clinical interventions with a trauma-informed therapist might be helpful.

- Spirituality
 - Capitalize on survivors' ability to benefit from their own beliefs
 - Share inspirational poems and quotes
- Humor
 - Have a discussion about the ways in which humor can assist in healing
 - Encourage the use of humor as a coping tool

Enhance Social Support and Social Integration:

- Provide opportunities for survivors to attend support groups. These groups can be very effective, particularly in those cultures that do not rely upon the extended family for support
- Victims cannot heal in isolation. Therefore, encourage relationship and community building
- Encourage friendships with other women in the shelter

When Necessary, Use Clinical Techniques:

- Not all trauma survivors will need therapy or a clinical intervention
- Make sure to provide a referral to a therapist or a clinician who understands both the impact of trauma and the dynamics of domestic violence, and can provide “trauma-focused interventions,” which are evidence-based practices specifically designed to reduce trauma symptoms and promote recovery
- Therapy can be useful to some survivors, especially those with complex trauma histories

Survivor Reactions and Advocate Interventions

Survivors respond to trauma in many different ways. Some advocates are uncomfortable with certain emotions or reactions. Below find some effective responses to common reactions trauma survivors' experience.

Survivor Reaction	Advocate Intervention
Fear	<ul style="list-style-type: none"> • Remain with the survivor • Give clear, concise explanations of what to expect • Allow extra time for expression of feelings • Without making unrealistic promises, reassure the survivor that she is now safe • Share relevant information to help alleviate her overwhelming fear
Guilt and Self-Blame	<ul style="list-style-type: none"> • Help her distinguish between her judgments, the batterer's judgments, and the batterer's responsibility for the assault • Redirect anger from the survivor to the batterer • Dispel myths that she may buy into, while explaining why she may believe them • Be especially aware of your own judgments
Anxiety	<ul style="list-style-type: none"> • Focus on here-and-now events and feelings; don't get caught up in the past or future • Be calm, kind, supportive, and reassuring; let her know that others have survived, and she can too
Compulsive Repetitions	<ul style="list-style-type: none"> • Let her know that nightmares and flashbacks are common responses and that they will pass • Provide appropriate referrals to long-term counseling with a professional therapist • Avoid interpretation of dreams, etc. • Continue to be patient and to encourage expression of feelings

<p>Mastery and Control</p>	<ul style="list-style-type: none"> • Refrain from arguing with the survivor; set appropriate limits, and don't respond with anger if she is verbally abusive • Support the survivor in making simple decisions and after she has made them, point out her control over her life • Empathetically relate to her need to control • Reflect her feelings and let her know how you feel about the way she might be treating you
<p>Shock, Disbelief and Denial</p>	<ul style="list-style-type: none"> • Acknowledge that it is difficult for her to accept the fact that she has been in an abusive relationship • Listen empathetically and help her to express her feelings • Let her know that her response is normal and she is not going "crazy"
<p>Sadness, Loss and Hurt</p>	<ul style="list-style-type: none"> • Show non-judgmental acceptance and understanding • Reassure her of her worth and value as a person • Tolerate silences and encourage her to cry (when she wants to) about her loss • Support and encourage efforts to reach out for help from friends and family • Encourage expression of feelings and convey your own feelings for the survivor such as concern, compassion, respect, etc.
<p>Anger and Resentment</p>	<ul style="list-style-type: none"> • Let her know that anger at the batterer is entirely appropriate • Explore channels for that energy and support her efforts to release it in healthy ways • Encourage appropriate expressions of her anger

Adapted from a publication by the Cleveland Rape Crisis Center

Become a Trauma Champion

*As a trauma
champion, you
think “trauma
first!”*

*When trying to
understand a
person’s behavior,
you will ask, “Is
this related to
violence and
abuse?”*

Regardless of whether your organization is interested in becoming trauma-informed, you can play an important role as an advocate for trauma survivors. A **trauma champion** is a front-line worker who thinks, “trauma first” and understands the impact of violence and victimization in peoples’ lives.

A trauma champion will also think about his or her own behavior as to whether it is hurtful or insensitive to the needs of the trauma survivor.

➤ As a trauma champion you will shine a spotlight on trauma issues.

- > In meetings, in advocacy, and in day-to-day routines, a trauma champion is the one reminding all other staff and volunteers about the significant role trauma and traumatic stress plays in the lives of survivors.
- > A trauma champion is the staff person who consistently is asking questions about trauma and suggesting ways to support victims of domestic violence in a trauma-informed manner.
- > A trauma champion influences others to consider the impact of trauma in everyday interactions and observations.
- > A trauma champion models appropriate respect, honesty, empathy and affords individuals their dignity in every interaction with women, children, and co-workers.

Using Trauma Theory to Design Service Systems (Harris, M. and Fallot, R.D. (Eds.). (2001) (p 8—9)

Go-To Domestic Violence and Trauma Resource



Sometimes it seems that there is so much information available that it is hard to know where to start. For more practical, easy-to-understand, accessible, free information on trauma, domestic violence, and assisting survivors of trauma when providing domestic violence services, the best place to start is here:

www.nationalcenterdvtraumamh.org

The mission of the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) is to develop and promote accessible, culturally relevant, and trauma-informed responses to domestic violence and other lifetime trauma so that survivors and their children can access the resources that are essential to their safety and well-being.

NCDVTMH produces a variety of written materials for domestic violence advocates, mental health and substance abuse providers, legal professionals, and policymakers that are free and available on their website. Some of these materials include fact sheets, tip sheets (including several series) conversation guides, manuals, policies, conversation guides, tools, etc. <http://www.nationalcenterdvtraumamh.org/publications-products/>

Take some time to browse around the website for both new and updated material on this topic, but make sure to check out the following resources:

- **Practical Tools for Domestic Violence Advocates:** These tip sheets provide practical advice on creating trauma-informed services at domestic violence programs and working with survivors who are experiencing trauma symptoms and/or mental health conditions.
 - [Understanding Traumatic Triggers](#)
 - [Self-Injury: Information Sheet for Domestic Violence Advocates](#)
 - [Impact of Trauma on Interaction and Engagement](#)
 - [Locating Mental Health and Substance Abuse Supports for Survivors: A Reference Sheet for Domestic Violence Advocates](#)
 - [Asking About and Responding to Survivors' Experiences of Abuse Related to Mental Health](#)

- **Creating Trauma-Informed Services Tip sheet Series:** These tip sheets provide practical advice on creating trauma-informed services at domestic violence programs and working with survivors who are experiencing trauma symptoms and/or mental health conditions.
 - [A Trauma-Informed Approach to Domestic Violence Advocacy](#)
 - [Tips for Creating a Welcoming Environment](#)
 - [Tips for Enhancing Emotional Safety](#)
 - [Tips for Supporting Children and Youth Exposed to Domestic Violence: What You Might See and What You Can Do](#)
 - [Practical Tips for Increasing Access to Services](#)
 - [Tips for Discussing a Mental Health Referral with DV Survivors](#)
 - [Tips for Supporting Survivors with Reduced Energy](#)
 - [Tips for Making Connections with Survivors Experiencing Psychiatric Disabilities](#)
 - [A Trauma-Informed Approach to Employment Support: Tools for Practice](#)

- **Conversation Guide Series:** The Conversation Guide Series is designed to provide guidance to domestic violence programs working to build their own capacity to provide accessible, culturally relevant, and trauma-informed services. Each guide in the series will provide instructions on how to lead discussions and activities with program staff. The activities can be modified or adapted for your specific program's needs.
 - **Increasing Emotional Safety in Domestic Violence Shelters**
 - [Increasing Emotional Safety in Domestic Violence Shelters](#)
 - [Action Steps to Increase Emotional Safety](#)
 - **Making a Connection when Trauma Affects Interaction and Communication**
 - [Making a Connection when Trauma Affects Interaction and Communication](#)
 - [Role-Play Cutouts](#)
 - **Creating a New Medication Policy**
 - [Creating a New Medication Policy](#)
 - [Model Medication Policy for Domestic Violence Shelters](#)
 - **Reaching for the Stars: Goal-Setting with Survivors of Domestic Violence**
 - [Reaching for the Stars: Goal-Setting with Survivors of Domestic Violence](#)
 - **Reflective Practice Activities: Reflecting on Unexpected Successes**
 - [Reflective Practice Activities: Reflecting on Unexpected Successes](#)

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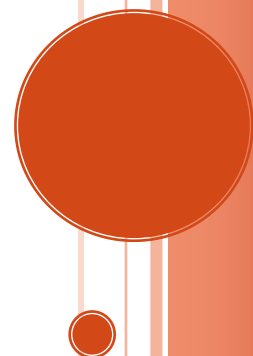
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www.trauma-pages.com

TRAUMA-INFORMED CARE BEST PRACTICES: CREATING A TRAUMA-INFORMED ATMOSPHERE

The following section illustrates suggested best practices, linking information about domestic violence and trauma to practical ways that informs the actual work of the domestic violence advocate. In other words, this section explains how to integrate trauma-informed concepts into service design and delivery. This chapter addresses philosophical approaches, physical space, and the advocate's attitude. You will find examples, tools and skills to create a trauma-informed atmosphere for advocates, volunteers and the domestic violence agency as a whole. Creating a trauma-informed atmosphere will benefit individuals victimized by their partners by enhancing daily practices that may foster healing and connection and reducing opportunities to revictimize and trigger survivors accessing services. These concepts can be applied towards working with either children or adults. Each best practice is provided with an explanation and detail, but for a one-page list of best practices, see appendix B.



“*ABOVE ALL ELSE, DO NO HARM.*”

~~Physician's Credo~~

Becoming trauma-informed in every aspect of service delivery and design means that agencies and advocates will not re-victimize women, men and children seeking services in various domestic violence agencies. It will support survivors in their healing and recovery.

The following themes characterize abusive relationships:

- Betrayal occurs at the hands of a trusted caregiver or supporter.
- Hierarchical boundaries are violated and then re-imposed at the whim of the abuser.
- Secret knowledge, secret information and secret relationships are maintained and even encouraged.
- The voice of the victim is unheard, denied, or invalidated.
- The victim feels powerless to alter or leave the relationship.
- Reality is reconstructed to represent the values and beliefs of the abuser. Events are reinterpreted and renamed to protect the guilty. (Harris and Fallot, 2001)

Intrusive practices (such as those listed on the following pages) can be damaging to adult and child survivors of domestic violence in the present and can also trigger painful reminders of past abuses and intimidation.

Advocates who provide services need to be aware of the dynamics that characterize abusive relationships.

Agencies and advocates need to ensure that those same dynamics are not being unwittingly replicated in helping relationship and in the service design.

Intentionally reviewing policies and procedures to determine if practices and interactions are hurtful or even harmful to trauma survivors is an important part of providing trauma-informed services.

(Using Trauma Theory to Design Service Systems by Harris and Fallot)

EXAMPLES OF HOW DOMESTIC VIOLENCE PROGRAMS CAN REVICTIMIZE PEOPLE SEEKING SERVICES

- A shelter does not have locks on doors, leading to a lack of privacy that makes the individual feel unsafe in using the restrooms.
- The kitchen is closed down and locked up during the day to keep it clean.
- A group facilitator expects adult victims to sit still and wait their turn while there are 15 other women in a small room with no windows.
- In the shelter's office there is a bulletin board with a list of women's names and their dates of arrival in public view. Their names are listed beneath the case manager's name to which they are assigned, thereby visually establishing a hierarchy of power.
- Shelter policies prohibit women from buying "junk food" while advocates are permitted to carry in food from area restaurants thereby elevating the status and importance of staff over the woman.
- Children are not permitted to check on their mother when they feel anxious. It is seen as an "interruption."

Woman-defined advocacy and trauma-informed services complement one another with similar philosophical stances.

Women are the experts on their lives. She knows what has helped and what has hurt; she knows what has worked in the past and what hasn't worked. Women know their experience.

We should be partners with women and not see ourselves as the experts in their lives.

We are advocates and facilitators working in collaboration with her in her goals.

In areas of service, the individual decides the focus of her recovery, goals and healing.

An abusive partner takes away power. The experience leaves a person feeling helpless and powerless. The individual experiencing domestic violence should be in control of her life. We should not choose her goals.

Helping survivors identify goals is proactive and focuses on recovery and healing. The decision-making process helps her feel empowered and remain focused on the future.

A commitment to non-violence is essential in a domestic violence service agency. Because advocate-survivor relationships are based on equality, an advocate will not use punitive or coercive interventions because they emphasize power differentials.

Key point: Adopt an agency-wide view that non-violence is the foundation of all programming, practices, and interactions between survivors and domestic violence staff and volunteers.

The element of staff culture is crucial in modeling a non-violent approach in their interactions with others. Advocates must share a philosophical approach as a team that embraces the practice of non-violence in their words, tone, gestures, and actions with one another and with survivors.

A domestic violence organization must adopt the belief of non-violence and equality between all people, including:

- ✓ the individual seeking services and the all advocates
- ✓ parent and child
- ✓ advocate and child
- ✓ survivor and survivor
- ✓ supervisors and workers
- ✓ volunteer and survivors
- ✓ administrators and the community at large

Putting it into Practice:

“You must talk the talk and walk the walk.”

Non-violence is a philosophy and strategy for social change that rejects the use of violence. It is the practice of rejecting violence in favor of peaceful tactics as a means of interacting and connecting to one another.

Non-violence values justice and skill in dealing with other people through communication and building relationships.

Each individual seeking services has her own unique history, background, and experience of victimization. Treat each survivor as an individual.

Key point: It is important to understand that each individual seeking services is an individual—whether they are a teen, child or adult, whether they are male or female. Each person has their own unique history, background and experience of victimization.

Advocates need to be attentive when listening to a survivor's story because most advocates have listened to many women describe their experiences of abuse and harm.

Listening to hard stories over and over can result in a lack of sensitivity to the survivor in front of you. Although the tactics batterers use can be similar, we must listen carefully to the way that each survivor has experienced domestic violence, so we can properly support and assist her in obtaining safety.

Remembering each person is unique and deserving is a trauma-informed approach. Listening with a fresh perspective to each account is essential.

For instance, one approach in working with survivors is to remember that each woman comes with her own "herstory". She arrives through the doors with a personal, original, individual story and her own life experience that brought her to this point in her life. Her journey is unique.

Putting it into Practice:

The advocate needs to actively listen to the survivor's sharing of her experience as if it is the first times she has listened to a survivor describe victimization.

While the advocate is listening, she should be incorporating her knowledge about batterer characteristics, trauma and trauma reactions in order to assist the individual in normalizing her experience and providing support.

Advocates need to hear what is unique about each survivor's experience and recognize each survivor's experience as distinct.

Healing and recovery is personal and individual in nature. Each survivor will react differently. Programs and advocates need to be consistent yet flexible.

Key point: Women and children will heal in their own way. Healing and recovery is a personal and individual process.

The survivor of traumatic experiences will benefit from a consistent but flexible approach. Judith Herman (1992) outlined three stages of recovering from complex post-traumatic stress: (1) establishing safety, (2) remembering and mourning, and (3) reconnecting.

Individuals coping with trauma reactions and repeated exposure need to feel safe in order to share their memories (both good and bad), to mourn in their own way, and then to reconnect again to others with support and compassion.

- To be trauma-informed, it is imperative to respond to each individual seeking service in an individualized and flexible way while providing consistent and predictable programming.

However, it is important to have the capacity to respond with flexibility in regards to a survivor's specific situations, family, culture or environmental obstacles.

- In the manual, The Long Journey Home the writers describe that an agency cannot become so consistent that the staff does not respond with flexibility.
- There has to be a balance between flexibility and consistency so that the agency does not become so flexible that it is inconsistent and without structure, or so consistent that it becomes rigid and punishing.

Putting it into Practice:

Some survivors will require extensions for work, school or child care, while other women may take longer in leaving the shelter after arriving or changing rooms. Some survivors may be more comfortable eating alone. When necessary or helpful to a survivor, make exceptions to normal ways of doing things.

Advocates need to provide safety and consistency yet respond to each survivor in an individual way as she journeys through her emotions, losses, strengths, goals, and obstacles.

Establishing a connection based on respect and focusing on an individual's strengths provides the survivor an environment that is supportive and less frightening.

Key point: *An individual who has experienced repeated acts of harm and degradation to her sense of self and is seeking services will most likely feel nervous, hyper-vigilant and/or concerned for her present safety.*

When a survivor reaches out for help and arrives at the shelter, court or a support group, greet her with compassion and kindness. The use of empathy will set an atmosphere of caring and respect which can enhance an individual's sense of safety.

For instance, when a survivor arrives at a shelter, advocates need to greet and welcome her with warmth and caring as she walks through the door. The advocate needs to be calm and accepting despite the fact that shelter is hectic with a donation drop off, a new volunteer starting, and a safety plan needing to be completed.

- Meeting the person with your attention focused on them and communicating in a calm manner will display respect and create a sense of safety for this person during a difficult and perhaps risky journey to the doors of the domestic violence agency.
- Use “people-first” language. Advocates need to shift their language because they do not have personal ownership over clients. For instance, rather than saying, “*My client...*” the advocate should say, “*The person I work with...*” Each survivor merits *person first* language.

Putting it into Practice:

When advocates have a welcoming and calm demeanor, this provides a sense of safety for the survivor. It also sets the tone for the helping relationship, which is a relationship based on respect.

This helps a traumatized individual feel less anxious, which assists in put the individual at ease in their new environment facilitates a safe, trusting relationship.

Change your language from “domestic violence victims” to “individuals who have experienced domestic violence.”

The experience of domestic violence violates one's physical safety and security. Programs need to provide safe physical spaces for both adults and child survivors.

Key point: Survivors will be scanning their environment for potential threats. It is critical that programs incorporating trauma-informed care into their service provision promote physical safety.

A safe physical space requires the program or service to provide basic needs and a safe environment. Predictability and structure help to ensure a sense of consistency, which is lacking in a chaotic and abusive environment. Some examples include:

- ✓ Security measures in shelter with fire and police alarms
- ✓ Quiet spaces with comfortable chairs and music
- ✓ Confidential group locations
- ✓ Safety gates for children and covered electrical sockets
- ✓ Private lockers with keys
- ✓ Restrooms with locks
- ✓ Meeting basic needs of access to food, warmth, water, and beds
- ✓ Clean rooms, clean beddings and kitchen
- ✓ Uncluttered group room
- ✓ A “no weapons” policy
- ✓ Lock procedures for medications in residential shelters

Also, neat office space, desks and group rooms not only models respect for others but contributes to an environment that conveys harmony. Clutter breeds a feeling of disorder and turmoil. In most shelters, it is expected that residents keep their space clean and orderly, so staff should as well.

Keep in mind that survivors can trigger one another through accounts of their abuse and harm or by the ways they respond to stressful situations. This can create a “contagious” effect where the entire environment becomes emotionally charged.

Putting it into Practice:

An advocate should be monitoring physical spaces in the immediate environment for safety. It is important to remember the many reasons a survivor might not feel safe or secure.

Completing safety checklists daily helps ensure physical safety.

Both front line staff and supervisors are accountable to provide measures for the survivor's physical safety.

Emotional safety is imperative so that survivors can feel more secure and comfortable. They need to live in an environment where their worth is acknowledged and where they feel protected, comforted, listened to and heard.

Key point: It is vital that practices promote emotional safety by reducing potential triggers and that advocates are trained in awareness of hyper-arousal, intrusive memories and other trauma reactions.

Advocates trained in trauma-informed care will be knowledgeable of trauma triggers and be able to recognize physical reactions, behaviors and responses in their work with individuals. Listed are examples of ways to provide emotional safety:

- Recognize when an individual may feel anxious or startled and acknowledge this as a possibility: this will help the survivor to become aware, less confused by their internal state and potentially more hopeful in their present moment.
- Limit intrusive actions of others such as loud voices, threats, and entering private bedrooms without consent, which is harmful and violating.
- Establish predictable programming schedules and routines. These provide structure and help ensure a sense of emotional safety. By contrast, abusive environments typically are chaotic and lack predictability.

Putting it into Practice:

Each advocate and/or volunteer needs to understand they are accountable for promoting emotional safety in their actions and interactions with individuals seeking services.

Their choice in verbal tone, language and use of physical proximity can feel safe or it can feel intimidating to an adult or child who has experienced domestic violence.

Healing and recovery cannot occur in isolation but happens within the context of relationships. Relationships fostered with persuasion rather than coercion, ideas rather than force, and empathy rather than rigidity will encourage trust and hope in survivors.

Key point: This relationship between the individual and the advocate is crucial in breaking down barriers the survivor has faced and in decreasing the isolation she has suffered.

- Fear and mistrust linger because of the batterer and the tactics he imposed upon his partner.
- Re-victimization can occur by family, police, emergency rooms, and other service providers. This affects a woman's ability to relate and trust others.
- Repeated losses and isolation can also affect her desire to be vulnerable to new relationships.
- Identifying your role, including limits and responsibilities, will help to define your supportive relationship.

Putting it into practice:

Engaging survivors with a non-judgmental attitude will create an opportunity for dialogue.

Advocates need to build a relationship characterized in the following beliefs:

- ***persuasion rather than coercion***
- ***ideas rather than force,***
- ***mutuality rather than authoritarian control***

Persuasion, sharing of ideas and, mutuality are precisely the opposite of the tactics a batterer uses in an intimate relationship, according to trauma expert Judith Herman.

When a trauma survivor understands trauma symptoms as attempts to cope with intolerable circumstances, this understanding takes power away from abusers and an individual's abusive experiences.

Key Point: When an advocate provides a sense of emotional safety through active listening and validation she is able to “meet the individual where she is” as the survivor expresses feelings, makes decisions and develops new strategies for coping with trauma, extreme stress, and challenges.

Many abusive partners even go as far as to convince the adult victim that “we” in the community cannot be trusted with information.

When an advocate provides “reframing”, a survivor of domestic violence has confusion replaced by comprehension and her world can begin to make sense. This can lead to feeling empowered and in control. She can feel like she is not “crazy” despite the fact that the abusive partner twisted love and abuse and created chaos.

With this new frame, a woman is validated and her symptoms/reactions can be understood within the context of the abuse she experienced. Reactions and feelings begin to be seen as attempts to cope with the trauma she has experienced.

Putting it into practice:

The ways in which an individual attempts to cope with the impact of trauma may appear destructive or confusing.

Advocates understand that the individual's behaviors come from attempts to cope with past traumatic events, but behaviors continue in the present, even in the absence of the original source of the trauma.

By understanding the behaviors of people who have been traumatized as adaptations to past threats, advocates can begin to conceive of new ways of interacting and connecting with individuals seeking services.

Despite a survivor's experience of abuse, women and children may still feel an attachment to the person who has harmed them.

Key point: An advocate must understand the connection a survivor has to her partner is real for many survivors of domestic violence.

The advocate must understand the complexity of victimization along with attachment to the abusive person in order to authentically and holistically support the survivor.

- In order to hear the survivor's life experience in all its complexity, it is inherently necessary to listen for and actively bring forth the full range of feelings associated with these relationships. Acknowledging out loud that many survivors miss their partners and the relationship is important.

An advocate can talk with the survivor by naming a range of possible feelings and thoughts that many women/survivors have expressed. Women have shared feelings confused by the partner's actions, stating,

- *"I just want the violence/harm to stop. I still love my husband, (my baby's daddy, my partner or boyfriend...)"*

Validating these feelings creates trust. This connects the information to her feelings in a way that may enhance her trust in your relationship. You may have "opened the door" enough to allow for the opportunity for the survivor to talk about her feelings of love, intimacy and fond memories. Here is a sample statement:

- *"Some women have shared with me that they feel torn--torn between wanting to leave the fear and hurt but still caring about their partner and not wanting to lose him. Do you have times when you might feel this way?"*

Putting it into practice:

Advocates can genuinely dialogue and name the feelings of confusion and ambivalence for women.

Missing her partner and grieving the relationship is natural.

Survivors may feel more open to processing their feelings with an advocate who is comfortable and accepting of a wide range of emotions.

The administration of the agency must make a commitment to incorporate knowledge about trauma into every aspect of service delivery and to revise policies to insure trauma-sensitivity.

Key point: All staff members of the agency, regardless of their training, education or position will be trained in basic trauma knowledge to insure that advocates perform their duties in a trauma-informed manner.

The agency understands trauma as a defining and organizing experience that impacts many areas of a person's life. The agency understands that behaviors, reactions and symptoms that result are adaptations to past traumatic assaults and attempts to cope in the present day.

Consequently, domestic violence supervisors need to provide training, supervision and skills development on such topics as:

- ✓ complex post-traumatic stress responses
- ✓ the impact of past traumas on how women experience the present
- ✓ physical, emotional, psychological, and spiritual impact of trauma
- ✓ how to identify triggers and respond to them in a trauma-sensitive way
- ✓ the relationship between trauma, substance use and mental health
- ✓ developmental milestones of children, including the nature of secure attachments and how both are impacted by trauma

Likewise, policies and procedures should be reviewed by survivors of domestic violence, advocates, and supervisors to see if policies are hurtful or helpful to the survivor of trauma.

Putting it into practice:

Interventions should be carried out wearing “trauma-informed lenses”. An advocate should ask oneself:

~Is the interaction I am about to have necessary? ~What purpose does it serve? ~Who does this help? ~Who may this hurt? ~Does this interaction facilitate or hinder the inclusion of individuals impacted by domestic violence? ~Is the survivor included?

Advocates need to look at the “big picture” and not just view the adult or child victim as only their “behaviors and symptoms.”

Key point: Often, advocates will describe the individual/survivor as out of control, manipulative, or she has mental health diagnosis, such as being borderline or bipolar. This can be damaging to survivors and to your relationship with them.

Sometimes advocates do this because individuals have received a mental health diagnosis or been prescribed medications. Consequently, advocates may modify their approach and interaction with a survivor based on this.

However, consider that perhaps a comprehensive assessment and screening did not occur, resulting in an improper or incorrect diagnosis. Complex trauma reactions or repeated exposure to harm might not have been part of the assessment. Therefore, the advocate needs to incorporate knowledge about trauma and its impact on individuals or she limits her relationship with the survivor and misses a potential connection.

Additionally, if an individual presents with mental health issues, the objective remains the same. The advocate will interact with the person in a trauma-informed manner expressing empathy and compassion, while providing support and options and connecting trauma reactions to present day functioning.

Putting it into practice:

Advocates can respond with compassion and understanding and encourage the individual to manage and explore overwhelming feelings.

A trauma-informed service system would consider the individual's behaviors or diagnosis as adaptations to the experience of domestic violence.

The intention is to treat the “whole individual” and not merely react to behaviors or diagnoses.

The manner in which a survivor experiences traumatic reactions will certainly be affected by the culture to which she belongs.

Key point: Both the culture of her immediate family and that of the larger society will give context to her original experience of trauma, the resulting symptoms, and the meaning she attaches to her experience.

It is important that an advocate have a level of cultural competency when working with women who are survivors of domestic violence.

- This does not mean that an advocate needs complete knowledge of all cultures in their community. This is impractical. But the advocate does need to possess the skills and willingness to sensitively work with women from a variety of cultures and consider cultural knowledge to be a continuous learning process.

This is central to trauma-informed care, as violence and trauma can have different meanings across cultures, and healing can only take place within a specific survivor's cultural context.

Cultures can be positive for woman and children. Many survivors have strong family connections, religious practices, and community support which may be the factors that have helped to sustain her throughout her relationship.

- Discover and inquire about what has worked for her in the past. What has helped her within her culture and family?

Putting it into practice:

Advocates can begin by exploring and discussing with survivor's the meaning of violence and harm within her family and culture.

This should be done with all women and it should not be assumed that the advocate and the survivor have the same cultural frame of reference, even if they “look the same”.

Advocates may need to work to reframe the survivor's experience of domestic violence while respecting her cultural norms and traditions.

Collaborating with a survivor places emphasis on survivor safety, choice, and control.

Key point: Trauma-informed care places emphasis on collaborating with the survivor and focuses on survivor safety, choice and control. This fits with the strengths-based empowerment model used in domestic violence programs.

Domestic violence programs are funded to provide services, such as completing intakes, and facilitating required groups. They also need to attend to the basic needs of survivors, such as providing meals and shelter. Often survivors in shelter have little or no control over the policies and processes of the shelter. Be mindful of how the lack of control at the shelter can mimic the same feeling of powerlessness she felt when her partner treated her abusively.

- Individuals living in a shelter setting may become resentful of being mandated to participate and attend group meetings. They have no say in this matter and their stay or departure is based upon program participation and compliance.
- If she airs her frustrations about attending a meeting she doesn't find helpful or interesting, she risks alienating or angering shelter staff. If she attends she might feel powerless or resentful.
- Involving participants in the selection of topics for the group is inclusive. You are giving power to their voices.
- Similarly, you model caring about what information matters the most to them and validate their needs and concerns.

Putting it into practice:

Give the survivor as much choice and control as possible. For example, when completing intakes, ask a survivor when the best time is for her to complete paperwork. This shows her that her opinion matters. Offering a drink or a snack also conveys care, nurturance and respect.

In support groups, providing individuals an opportunity to select from multiple topics for peer groups (or create their own topics) encourages participation, and helps survivors feel like they have a voice.

Key point: A domestic violence agency must establish directives and genuine approaches in which a survivor's privacy is protected. Her rights have often been violated at the hands of the abuser; and perhaps, by others as well.

Consider the following questions:

- Are agency policies on boundaries and privacy established in a manner that respects adult and child victims? Is this information shared with the survivor? How is it shared?
- Does the program have a process for recording communication between staff and different shifts that is private?
- Is personal information discussed in open areas where a survivor may not wish to disclose or process information, such as talking about living in shelter in the hallway of a courthouse?
- Are there policies on entering private living spaces in shelter?
- Has the advocate considered how she is proceeding and if she is imposing her differential power?

For instance, entering a person's bedroom is an intrusion of privacy, but there may be times when it is necessary. If it is determined that the program must enter a person's living quarters, is the advocate entering the person's room in a trauma-informed manner? ~Has the advocate decided along with the individual the best way to do a room inspection? ~Can the individual be present when the staff person enters the room? ~Are there others sharing the room and has their privacy been considered as well?

Putting it into practice:

The agency needs to establish a framework for privacy and confidentiality, considering the power differential between the advocate and the survivor.

An advocate should proceed in a trauma-informed manner regarding issues of privacy and boundaries, while considering past violations and potential triggers.

From time to time, these types of intrusions must occur but they can occur with sensitivity, inclusion and respect.

Assume information will need to be repeated from time to time. Survivors of trauma and loss may have difficulty retaining and processing information.

Key point: A trauma-informed advocate will understand a survivor may not recall information about many things, due to her experiences with trauma. Remember that for many survivors, meeting their basic needs such as safety, food and shelter are more essential to the survivor's functioning than remembering rules or guidelines.

Advocates need to recognize that the survivor is not purposely forgetting information. She has many “matters” to manage and may be at her worst in the first days after arrival. Trauma reactions can cause foginess, disrupted sleep and eating patterns, and difficulty concentrating or absorbing information. She may need cues to help her memory and a lot of patience from staff while she adjusts. A common example is illustrated below:

- Upon arrival at a shelter, a family is given a tour, provided with bedding and personal care items, and introduced to other residents, staff and volunteers. They haven't slept in beds for several days because they have been hiding at a friend's house. They are worried about their cat they had to leave at their house. It is not realistic to expect her to remember all the shelter rules.

This is a chance for the helper to discuss the impact of trauma on memory and recall, and normalize this response to trauma.

Putting it into practice:

A trauma-informed approach will assume that survivors will need information repeated and not judge the individual by thinking they are manipulative or scheming to take advantage of the program.

Advocates will be sensitive to survivors and will inform the survivor that during times of traumatic experiences or stress memory difficulties are normal.

Programs will institute both written and verbal guidelines for survivors in order help clarify policies and guidelines.

Secondary traumatic stress can cause advocates to lose perspective and slip from understanding to blame.

Key point: Secondary traumatic stress affects advocates and can result in a loss of sensitivity to the women and children they serve. Advocates can lose perspective on individuals and their traumatic reactions when doing domestic violence and crisis oriented work.

The staff's daily routine of dealing constantly with crisis, answering difficult phone calls, discussing traumatic events, responding to residents' needs and the needs of their children, mediating conflicts between shelter residents, and managing the operations of the shelter can become overwhelming.

- Advocates can forget to look at an individual's behavior through a trauma-informed lens and may miss how an individual's behaviors are connected to their traumatic experiences or are being triggered by members of the group or by the shelter setting.
- Advocates begin to feel jaded, burdened, and tired. This can lead to impatience with the job and cause the advocates to become judgmental of residents and co-workers.
- Individual supervision is highly recommended to maintain a fresh perspective and to support an advocate who is cynical, burned out, or experiencing vicarious trauma (see chapter 5).

Putting it into practice:

A culture of trauma-informed awareness will include respectful communication that allows co-workers to point out when a fellow advocate is reacting too aggressively or judgmentally toward an individual.

Another way of having checks and balances in the agency or program is to provide advocates a dedicated time to de-brief with one another after group session, house meetings, court appointments or perhaps in case conference meetings.

Peer support groups with staff members as co-leaders may provide support to staff. The objective is to meet outside the shelter or office space and spend time talking, debriefing and supporting one another.

Qualities and Characteristics Essential for Working with Survivors of Domestic Violence

Utilizing supportive interviewing techniques can validate the survivor's experience and will help to facilitate a connection with the both adult and child survivors. Listed below are essential concepts and core skills which will help establish trust and rapport with a person who has been victimized.

A batterer chooses to be superior in his thinking, often silencing the voice of his partner & disregarding her feelings.

Utilizing basic interviewing techniques will counteract her experience with her partner. Her voice will be heard & her feelings validated.

Empathy

Empathy is about showing someone that you care about their feelings and experiences. An advocate will demonstrate empathy by identifying with and understanding the survivor's emotions, feelings, and situation.

For example an advocate could say, "I get the sense that you are feeling angry or disappointed by what you are sharing."

This type of statement demonstrates an understanding of possible feelings and gives the individual the option of agreeing, rejecting and/or feeling validated by the service provider's understanding of what is occurring.

Regulate Your Own Emotions

An advocate must be able to demonstrate the ability to stay grounded and regulate their own emotions internally as they listen to descriptions of the individual's experiences, which often include details of harm, terror and fear.

Some tips include:

- Grounding through breathing
- Interrupting eye contact momentarily
- Periodically drinking water
- Being aware of your own memory triggers

Use Active Listening Skills

An advocate will demonstrate attentive listening skills by listening to the individual while observing the survivor's non-verbal body language. Using active listening skills helps engage survivors and show that you are present and listening to them

- Leaning forward a bit, nodding your head in agreement, and repeating the last two words of the person's sentence shows you are listening. However, be aware of cultural differences with eye contact and body proximity.
- Pitfalls include looking at paperwork, your cell phone, or the computer while the individual is talking with you. This conveys dismissal and disrespect to that person.
- Limit interruptions in your work environment and if interrupted ask people to wait until your time with the survivor has ended.

Use Paraphrasing

An advocate can demonstrate active listening and validation to the survivor by using the skill of paraphrasing taken from counseling techniques.

- Paraphrasing involves restating what you have heard the survivor say, but in a shortened manner. Always clarify with the survivor if you understand her correctly. You can use expressions like,
 - *"It sounds like..."*
 - *"What I hear you saying is....."*
 - *"I hear you sharing that you felt scared and alone during that time....is that close?"*
- Paraphrasing is a technique that allows the individual to feel heard, which builds a trusting relationship that facilitates sharing and safety.
- Often survivors have been re-traumatized by other service providers who have not fully listened to her life experience, been very judgmental, or have assumed they understand the survivor's situation without having fully listened to her.

Reflecting Meaning

This type of interviewing technique requires the advocate to reflect back the possible meaning a survivor has attached to her statement. Some examples:

- *“In other words, you feel....”*
- *“It seems you feel....”*
- *“I gather you are....”*

Questioning

Open-ended questions provide the survivor with the opportunity to share more details. Open ended questioning can elicit someone to begin sharing their story. Below are several examples:

- *“How are you feeling now?”*
- *“Can you tell me how you are managing right now with all that you are going through?”*
- *“Is there anything that I can help you with right now...?”*
- *“What’s going on?”*

Closed-ended questions elicit a yes, no, or maybe response. Closed-ended questions result in short answers and do not encourage the survivor to continue their dialogue. However, closed questions clarify information directly.

- *“Are you feeling safer?”* is an example of a closed-ended question.

Gently Challenge

An advocate can use challenges to sensitively and respectfully confront an individual with discrepancies in feeling and behavior. For instance,

- *“One the one hand, I hear you sharing that you are confused about your appointment while on the other, you appear to be very organized with your calendar. Can you describe where this feeling may come from?”*

Minimal Encouragers

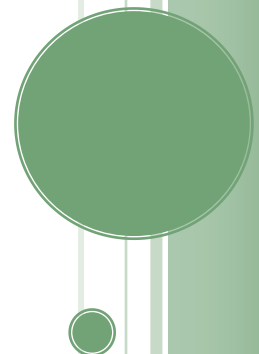
Minimal encouragers are simply prompts which entice the survivor to continue speaking. Minimal encouragers indicate to the survivor that you are listening. Examples include: *“and...., then..., hmmm..., ummm, or right...”*

PROVIDING TRAUMA- INFORMED SERVICES: SERVICE PROTOCOLS

The service protocols in this chapter give domestic violence program staff an outline for providing trauma-informed services to survivors of domestic violence. This section offers guidance on how to put knowledge about trauma into practice when working with survivors who have experienced trauma.

Domestic violence programs offer key services to survivors. This section provides detailed information about answering hotline calls, completing intakes, facilitating support groups, and doing exit interviews with domestic violence survivors. There are also sections on providing parenting support and safety planning with survivors in a trauma-informed manner.

The protocols on service provision include three key parts: A sidebar that provides a general outline on the provision of the service, a segment on “*key trauma knowledge*” that highlights relevant trauma knowledge, and a section entitled “*tips*” that offers advocates more detailed recommendations for providing services in a trauma-informed manner.



HOTLINE CALLS IN A TRAUMA-INFORMED MANNER

“I want you to understand how hard it is for me to call.”

A survivor of trauma

Domestic violence agencies use hotlines for many different purposes. Often, survivors are looking for safe shelter to escape a dangerous situation. However, people also call the hotline for information, referrals, validation of their thoughts and feelings, or simply because they need someone to listen to them. Individuals also phone hotlines to see what type of help is available in their community.

When a survivor calls a hotline, it may be the survivor’s first connection to a helping professional trained in the nuances of domestic violence. Conversely, she may have asked other helping professionals for assistance with her situation and didn’t receive help or was not treated well. An advocate must remember that calling a hotline is a courageous act for many domestic violence survivors.

Because talking on the phone with someone does not give you the opportunity to read each other’s body language or establish a face-to-face connection, it is imperative to remember how trauma impacts a person victimized by domestic violence.

The trauma the caller may have suffered might impact her help-seeking behavior and her responses to you. For example, she may hesitate to trust you or to share private information with you. A trauma-informed response would be to recognize her reaction as a protective response to her traumatic experience instead of an attempt to manipulate or keep information from you.

During hotline calls, the advocate needs to focus on the feelings and needs of the caller. Domestic violence victims have a wide variety of feelings about their situations, ranging from anger to conviction to apprehension to fear to ambivalence to sadness. All of these feelings are normal responses to domestic violence, so advocates must be comfortable with this wide range of feelings and emotions.



*Your voice on the
other end of the line
can be the voice
that either engages
the individual to
continue seeking
help for her
situation or causes
her to feel further
victimized and stop
seeking help.*





Key Trauma Knowledge to Remember while Answering Hotline Calls

The hotline advocate must be sensitive to the impact of trauma on a survivor as well as the potential danger involved with her calling. The survivor and her children are often in danger, both physically and emotionally.

- ❖ **Trauma impacts how memories are stored and recalled.**
 - Stories survivors share with you might not follow a clear, step-by-step recollection of events.
 - Validate that sharing this information is difficult and that it is normal to feel scattered or anxious when talking with a stranger.
- ❖ **Trauma impacts how people experience feelings and emotions.**
 - There is no single way a survivor should feel about her experience of domestic violence. Some may be sad, some may be angry, and some might not express much emotion.
 - Expect to hear a wide range of emotions when answering calls.
 - Be aware that the emotions or feelings a survivor expresses might not be what you expect, especially about something as serious as danger in the home. For example, the caller's tone of voice or words may not convey the intensity of what she is sharing with you.
- ❖ **Anger is an appropriate response to traumatic experiences.**
 - An advocate may need to work on being okay with anger from a caller/survivor. Allow the caller time to process and share her experiences. Inquire about what you hear in a trauma-informed manner. For instance,
 - *"I seem to hear some feelings of frustration or even anger in your voice. Can you describe to me what is going on for you?"*
- ❖ **Processing traumatic events takes time.**
 - Expect callers will need time to process their situation. Be patient and compassionate as a caller shares what she needs to.
- ❖ **Domestic violence survivors have often been traumatized by someone who has had power over them. Be aware that you have power over the caller and that this power imbalance may impact your relationship with the caller.**
 - Your power comes from your ability to accept or decline a survivor's request for shelter or other services. You have information about important referrals that you can share or not share.

❖ **The way you ask questions can be traumatizing. Think through the impact the questions you ask may have on the survivor.**

➤ Do not ask the question, “why”. The question “why” makes a caller feel defensive by implying her guilt. Rather, ask questions in a sensitive manner, such as “*Help me understand about....*” or “*Would you describe to me what....*” This approach conveys a non-judgmental attitude and provides the opportunity for the caller to share openly.

❖ **The person on the phone didn’t call to answer your questions. They called for support and empathy.**

➤ Be aware that the “intake questions” on the hotline form may not be a priority for the caller.

➤ Many experienced advocates collect information by allowing the caller to share her story. As the story unfolds, the questions on the agency’s intake are often answered.

❖ **Many agencies have questions that they must ask, because of grant reporting requirements or other reasons. Ask these mandatory questions in an appropriate and sensitive way, with awareness as to how they might sound to a survivor.**

➤ Use a pleasant tone in your voice that expresses sincerity and explain what you are asking and why.

- For example, “*I need to ask you a question that may not seem so important right now with all that you are sharing with me. I have to ask you and every person that I talk with what their zip code is, because the people that fund our services want to know what part of the state people are calling from. Are you comfortable telling*

IMPORTANT STEPS IN ANSWERING A HOTLINE CALL

1. *Warmly greet callers and thank the individual for calling.*
2. *Establish physical safety.*
3. *Establish a connection with the caller and build rapport.*
4. *Pay full attention to the call-the same way you do when doing an intake.*
5. *Ask intake questions sensitively.*
6. *Have the caller repeat instructions back to you.*
7. *Remember to thank the caller again for taking the time to call and talk with you.*

me your zip code?”

❖ **Avoid re-traumatizing or re-victimizing the caller.**

- The last thing we ever want to do is to harm a caller. Being aware of how things can be interpreted from the caller’s point helps prevent this from happening.
- Even if it is unintentional, revictimization can occur through your tone, language and/or approach. This can have a devastating impact on a traumatized individual. Her partner may have told her that no one will help her if she tells anyone what is happening. If she feels that you aren’t helping her, this reinforces her partner’s statements and control over her, which is exactly the opposite of what we want to do.

❖ **Use language that the caller understands.**

- Especially when communicating important information (such as the shelter being full), make sure you use language that the caller can comprehend.
- When sharing something that might be difficult for the caller to hear, validate the important step she has taken in calling as well as the potential feelings she may be experiencing if you can’t help her with her needs.
- For example, if you must explain to the caller seeking shelter that there is no space available right now, you could say:
 - *“I know that you are calling because you need a safer place to stay. I am sorry to tell you that the shelter is full right now. I can talk with you about other ideas and about what you have tried that has worked for you in the past and what has not worked. Maybe we can think of some other possibilities together. Would this be okay with you?”*
 - *“Also, I can place your name on a waiting list if you think you would like to come to the shelter when someone leaves. Do you want to do this?”*



Tips for a Trauma-Informed Hot-Line Call

- ❖ **As you hear the hotline phone ringing and you decide to pick up the call, it might help to take a cleansing breath, inhaling a deep**

breath through your nose, holding for two seconds, and then exhaling through your mouth.

- This exercise will help to prepare you for the call you are answering by creating distance from what you were doing prior to the call and focusing completely on the caller.

❖ **At the onset of the call, answer according to your agency's greeting.**

- For instance, *"Hello, this is Jane at the domestic violence helpline...how may I assist you today?"*

❖ **Find out the caller's first name, if she is willing to share it with you. If she doesn't want to share it, don't push.**

- Repeating a person's name can help to engage them in a trusting relationship as well as to show that you are attentive and listening to details.
- For example, you can say.... *"Tonisha, tell me a bit about what is going on...."*
- Utilizing open-ended questions provides an opportunity for the caller to feel invited to share her experiences, needs, and concerns.

❖ **Establish physical safety with the caller. This shows the caller that you understand possible risks to her safety.**

- Inquire, *"Before we talk about what has been happening, let me first ask you if you are safe to be talking on the phone?"*
- *"Are you alone or is someone near you?"*
- Trust that survivors are aware of their safety and know its importance.

❖ **Take the time to thank her for her call. Even though she may feel unsure and/or confused, it is important to acknowledge the strength she showed by calling.**

❖ **Offer the caller your full attention, just as if the person were actually sitting with you.**

- Reduce distractions so you can focus only on the hotline caller and the information she is revealing.
- Put all of your other work away (such as your cell phone and paperwork) while talking with the caller.

❖ **People who are traumatized need to feel a sense of safety while they are expressing feelings and memories. Silence can give callers space and time to gather their thoughts.**

- Becoming comfortable with silence is an acquired skill. To help you

TRAUMA- INFORMED CARE IN MY ORGANIZATION

Hotline phones should be in a location within the agency that provides a quiet space for the caller to be heard.

The advocate needs to ensure that the atmosphere within the area is conducive to providing full attention to the caller.

Hotline areas can be designated quiet zones by agency administrators and supervisors alike. This will establish the space as a trauma-informed zone.

Playing quiet music and having water available for advocates can help build a calming space to answer calls.

wait quietly, you might try focusing on your breathing while awaiting the survivor's thoughts.

❖ **Intimate partner violence disrupts both heterosexual and same-sex relationships. The terms you use and your agency's paperwork should reflect this.**

➤ Do not make assumptions about whom the abuser is. Use the term "partner."

➤ Be mindful that male victims of domestic violence may call in for assistance and support. All victims of abuse deserve our advocacy and compassion.

❖ **Someone who has been victimized by an abusive person may have physical limitations or life issues that necessitate special accommodations.**

➤ Inquire with sensitivity if the survivor and/or her children need special accommodations while they reside in the shelter or attend other services. For example, she may not be able to see from an eye injury, may have trouble walking or eating, or may need special accommodations like a bottom bunk bed if she has a high-risk pregnancy.

❖ **If the person has specific cultural or religious practices, the agency needs to be accommodating with regard to space, dietary needs, etc.**

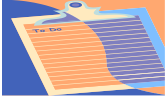
➤ Listen for her to state her needs.

- ❖ **Remember the caller is in crisis while she is on the phone with you.**
 - You can rephrase and summarize what she has shared with you by using statements such as “*so what I hear you saying is...*”

- ❖ **When ending the call, you are terminating a helping relationship.**
 - Express compassion and empathy and share that she is welcome to call again and that the hotline is available around the clock. Tell her what assistance your agency provides, and provide referrals for other relevant services.
 - Callers often become attached to the initial advocate they speak with if the advocate has served as a positive helper who has provided trauma-informed care. The caller often feels connected if you have offered respect, hope, and information in a caring way. While taking this into account, make sure you share with the survivor that if she chooses to call the hotline again, she can talk with any advocate who answers.

- ❖ **If you are arranging for transportation to shelter, arrive at the time you agreed upon. Do not leave a traumatized individual alone and waiting. This could result in re-traumatizing her and her children.**
 - If, according to agency policy, a survivor is to be transported via police, take time to explain this procedure as it may cause anxiety for the survivor and her children. Share the reason for using this transportation to the caller. Be aware that if the victim’s partner is a police officer or has ties to the police department, this will not be a safe option.
 - Be open to other transportation alternatives.

- ❖ **Remember that in a matter of minutes, you must regain the ability to listen to another caller with renewed empathy and compassion.**
 - Hotline advocates can practice a grounding exercise to renew energy:
 - Begin by breathing in and out through your nose, while simultaneously raising your shoulders as you inhale and releasing you as you exhale. Repeat this several times.
 - For additional information, refer also to the section on vicarious trauma.



Intakes in a Trauma-Informed Manner

To receive services, most programs require that survivors complete an intake. Domestic violence programs have various intake forms, but all have a common thread. Intakes inquire about extensive, detailed, personal, information on a subject that is very sensitive for most individuals. Some survivors find this process extremely painful, and there are many opportunities to trigger a survivor or retraumatize someone seeking services. Therefore, advocates need to be vigilant and keenly aware of ways to make this process as trauma-informed as possible.

There are many shapes and forms an intake can take, including:

- a) An advocate doing an intake with a new resident at family shelter
- b) A justice system court advocate doing a type of intake with an adult survivor who is involved in a court proceeding or has experienced an assault
- c) A group facilitator conducting an intake with a survivor who is attending a support group
- d) A youth advocate speaking with a child entering shelter and/or a community group
- e) An advocate conducting an intake with a parent on behalf of a child victim of domestic violence

Intake questions are often shaped around grant reporting requirements and require gathering lots of information that may seem unnecessary and even insensitive to a survivor in crisis. Advocates must remember this and remain empathetic about how survivors may feel about the process.

Intakes inquire about private and detailed personal information.

The victim is most likely in crisis and anxious about seeking help.

Remember to stay focused and calm, and aware of her needs. Follow her lead in listening to what has and has not helped her in the past.

It is vital advocates perform intakes with trauma sensitivity to diminish the impact that repeated questioning may have on a survivor.



Key Trauma Knowledge to Remember When Conducting Intakes

- ❖ **The experience of domestic violence creates trauma responses in most adult and child survivors.**
 - Recalling how trauma impacts a survivor is critical as an advocate begins the process of engaging with her to complete the intake. Review chapter one for more information.
- ❖ **Victims of domestic violence may not wish to disclose information if it is going to be written down.**
 - This is a normal response and should not be interpreted as a lack of cooperation.
 - Detailed questions can feel intrusive.
 - Because her partner might have threatened her to remain silent, a survivor may feel scared or ashamed about revealing personal information.
 - Acknowledge the difficulty and risk involved with sharing.

IMPORTANT STEPS IN INTAKES

1. *Ensure that she and her children have settled in before moving forward with the process.*
2. *Always offer the survivor choices regarding the time of the intake. Empower her with options.*
3. *Validate the survivor's ability to "walk through the door."*
4. *Are you leaning forward, nodding, and conveying interest?*
5. *Perform an environmental scan and be mindful of your space and how it may feel to the survivor.*
5. *Explain the intake process with sensitivity and share that you will be asking questions about difficult topics.*
6. *Show empathy during the process to build trust.*
7. *Convey your understanding of trauma triggers and responses to build a sense of safety.*
8. *At closing of the intake process, ensure that the person is not leaving feeling emotionally vulnerable.*

❖ **The adult and/or child may feel overwhelmed, anxious, and frightened as a result of the ways her partner has intimidated her in the past.**

- Be aware of your environmental space.
 - Is this space where you are doing the interview quiet and private, or are you constantly interrupted by others or have people passing by in the background?
 - Do you have tissues and water available? Is the room too bright or too dimly lit?
 - Allow the individual to modify the lighting and perhaps even offer quiet music as an option.

❖ **Individuals who have been emotionally and/or physically threatened may have a wide range of feelings about coming to seek services, or may even feel ambivalent.**

- These emotions come from a combination of love, familial obligations, cultural values and/or religious beliefs. Many individuals talk about still loving their partner but want the abuse to stop.
- The effective advocate will be open to these feelings, hear and validate them, and work with the survivor without judging her. If you are open to hearing these feelings, you create an opportunity to build a stronger rapport.
- The advocate's openness will provide an emotionally safe space to explore the impact manipulation and harm has on her and her current functioning. With this support, she may then be able to explore how the twisting of love and abuse has affected her life, feelings and future.

Individuals doing intakes will have a wide range of feelings (including gratitude, confusion, fear, and even anger) about their situations and coming to seek services. Be ready to deal with these feelings.

❖ **Extreme separation anxiety is a factor for children who experience domestic violence and trauma.**

- Be aware that children will need to check on the whereabouts of their mother in this strange, new setting.
 - Have you talked to the mother and child about this? Can you help the child find their mother if she is with you?
- Show the child where their mother will be located and vice versa and expect "interruptions" from children who feel scared.



- ❖ **Tell the survivor about the intake process and what types of information you are going to be discussing. Inform her that she has the right to “put on the brakes” by asking to stop the process. This communicates that she has the power to manage the situation if she becomes triggered, exhausted or needs to take a physical or emotional break.**
 - This approach shows care and concern for the survivor and facilitates empowerment.
 - If the advocate must continue to ask many descriptive questions during the intake process, do so with compassion and empathy and with awareness of potential trauma reactions.

- ❖ **Individuals who are fearful and suffering from trauma reactions may not remember everything in order and might even forget information that might seem impossible to forget, like their child’s birth date.**
 - Repeated traumas and/or experiences of domestic violence may affect individuals’ recall and memory. A survivor may appear scattered and forgetful with regard to important information.
 - Verbally talking about a traumatic event does not necessarily mean that she will remember everything from beginning to end. This is a common response to trauma.
 - Be careful not to judge the survivor or assume she is making things up if information changes or she can’t remember something.
 - Validate this trauma reaction and help her see it as a normal response.

- ❖ **People who are traumatized very seldom sit with their back to the doorway. Always provide a way out by not blocking the door.**
 - Be mindful of glass windows, where some survivors may not feel safe. This is a result of being always prepared to “take action” at a second’s notice to ensure safety.
 - An advocate can actually name this trauma reaction to the survivor and it will help her understand her response and normalize it.

- ❖ **The survivor is seeking help and forming new connections while facing an increased risk to her safety by leaving her relationship.**
 - At the time of the intake procedure the survivor has many changes

- going on in her life.
- An advocate needs to understand that the many shelter rules and procedures like chores, curfews, and food policies discussed at intake may not be remembered.
 - Many programs in Ohio have developed orientation booklets or packets that help to further explain the shelter, group or other services offered. These need to be available in whatever foreign languages are used most commonly in your area.



Tips for a Trauma-Informed Intake

- ❖ **Engage the individual (adult or youth) in a welcoming approach.**
 - For example, an advocate might say, *“I was wondering if you and I might have time to sit down and talk so that I may get to know you a little better and so that you have an opportunity to ask questions and tell me about how you are doing with all that you are going through.”*
 - Or, *“Would you be open to choosing a time when we can sit down and talk about how you are feeling and some of your thoughts about your plans? When would you like to do this now or a bit later?”*
- ❖ **Attentive listening skills include being mindful of your body language.**
 - Are you leaning forward, nodding, and maintaining eye contact while conveying interest?
 - Be aware of your physical boundaries. Boundaries around space and closeness can be related to both cultural norms and individual comfort levels.
 - Give the survivor time to settle into the shelter. If you need to gather critical information, explain this to her, while understanding she might feel like she has more pressing issues at the moment.
 - If she and her family arrived in the middle of the night, you may immediately only need names, ages and medical information for her and her children. Take a few minutes to gather the necessary information and talk with her more in the morning.
- ❖ **The intake is required paperwork, but it can also be a time to engage the survivor while she shares her experience.**
 - This connection will build a trusting relationship and hopefully lead her to more positive experiences in the future.
 - Fully explain the release of information and any other documents you are asking her to sign.

- Inform the survivor what you are writing down and why you are documenting what she is sharing with you.
 - State the intent of the intake process by describing what will occur. For example, *“We are going to spend some time together so that you can have some space to share with me what has been going on. You (name) can stop and ask for breaks if you wish and you may decide what you share and when you would like to share it.”* This informs the individual that they have power in this process despite the fact that you must do an intake.
- ❖ **An advocate can alter how he/she asks a question on an intake to seem less intrusive or abrupt.**
- Many intake procedures require that an advocate must ask about sexual abuse, harm and assault in both her adult life and childhood. You should think about why you need this information and if this question might do more harm than good. But if you do decide to ask it, you can ask sensitively. For example:
 - *“Often, in intimate relationships, a person who takes power and control in the relationship also can be hurtful during intimacy. Some women have shared with me they have been forced to have unwanted sex or have felt humiliated by being mistreated and called names. I know this may feel difficult to talk about, but I am wondering if your partner has ever hurt or threatened you in any of these or other ways.”*
 - This is an example of how to “trust-talk” with a survivor who has been victimized by domestic violence and/or intimate partner sexual assault.
 - Establishing trust by normalizing feelings is trauma-informed care at its best.
- ❖ **During the intake process, you need to discuss confidentiality and the limits to confidentiality.**
- While explaining that information will be kept confidential, it is important to clarify to survivors what information you can’t keep confidential, due to ethical, professional, or legal obligations. This often includes information about imminent harm to a child or credible threats to hurt another individual or oneself.
 - It is necessary for the advocate to explain the concept of informed consent. Survivors have the right to know what can be kept confidential and what can’t, so they can make decisions about what they want to share. This empowers the survivor to make decisions she feels are best for her and her children.

- When you are upfront about informed consent, this decreases the chance of damaging the trust relationship you are establishing with the survivor. For example, you might state to the survivor,
 - *“All of the information that you share during this intake will remain confidential except if you tell me that a child has been hurt or may get hurt. I am required by my (code of ethics, agency policy, or law) to directly inform children services or assist you in making the call.”*
 - *“Also, if you share that you are feeling suicidal or may be a danger to another I am obligated to share this, too. Do you feel I have explained the limits of confidentiality with you clearly and do you understand what I am required to share?”*

- ❖ **When concluding an intake process, ask the individual how she is feeling in the present moment. Make sure you are not letting her leave feeling vulnerable.**
 - How is she feeling both physically and emotionally?
 - How is she feeling inside?
 - Does she have any questions she wants to ask?
 - Offer future assistance if she needs to talk more.
 - Close with a discussion about her strengths and hopes.



Facilitating Support Groups in a Trauma-Informed Manner

Support groups for individuals who have experienced domestic violence can take many forms. Groups for survivors of domestic violence can be held within the shelter or community. They can be peer-led, led by a professional, or psycho-educational. They can be either closed groups with the same group participants, or open-ended groups with new participants joining at any time.

Treatment groups are designed to treat trauma-specific reactions with therapies such as cognitive behavioral therapy and will be led by a trained clinician. Survivors of domestic violence/trauma who experience post-traumatic stress disorder would most likely benefit from a treatment group.

“The day I did group I learned that separation from the abuser is like mourning a death. But it is the death of the relationship. This changed my outlook and made it bearable. I then understood and moved on and didn't want to go back.”

Support Group Participant

Post-traumatic stress disorder (PTSD) is just one of many ways that trauma impacts survivors. People who are seriously impacted by trauma can experience depression, severe anxiety, dissociation, anger, and more. Anyone who is severely impacted by trauma might benefit from trauma-focused therapies, but not all survivors will be helped by a group format.

Treatment groups with trauma-specific interventions are beyond the scope of this manual. However, referring survivors of trauma, sexual assault or intimate partner violence might be an

option. Likewise, substance use programs provide treatment and hope in recovery for survivors who have used drugs and/or alcohol as a means of numbing the pain of their trauma and abuse.

Many individuals accessing domestic violence services will be participating in some form of a support group. Advocates or counselors most often facilitate support groups within domestic violence programs. However, some agencies rely on volunteers to facilitate support groups. Consequently, it is necessary for agencies to train their advocates and volunteers in basic trauma information.

The design of the group needs to provide consistency, structure and predictability as well as guidelines for emotional and physical safety.

Support groups can also provide information to normalize trauma reactions, to safety plan, to enhance coping and self-regulating skills for survivors impacted by fear and domestic violence.

The concepts and suggestions below are applicable to trauma-informed support groups for adults, teens or young children.

Types of Groups

There are fundamental differences in the design of groups that are process-oriented and flowing as opposed to a group that is designed to be psycho-educational in structure.

*A **process-oriented group** flows with the topic and energy of the group. The facilitator is knowledgeable of group dynamics and the impact of trauma and domestic violence, while comfortable in functioning as a role model and facilitator of safety for group members.*

*A **psycho-educational group** design is one that has a determined topic and focuses on educating survivors and providing them with information. The topic can be selected by the members of the group, which fosters empowerment. The information shared in this group can involve sharing by participants about the topics or can be conducted in a lecture style. This type of design can offer predictability and structure that may benefit individuals whom suffer traumatic reactions.*

***Mandatory groups** (or any type of mandated services) often cause participants to feel resentful or controlled. Domestic violence programs are prohibited from mandating any survivors to participate in services. When a victim of abuse does not have choices about their activities, this can interfere with healing and cause revictimization. Having choices taken away is very common in abusive relationships. This may mirror or trigger past experiences of abuse.*



Key Trauma Knowledge to Remember When Conducting Support Groups

- ❖ **Establishing emotional and physical safety is paramount in order for survivors of domestic violence/traumas to establish trust and build rapport with group members and facilitators.**
- ❖ **Survivors who have had traumatic experiences often have been rendered helpless and powerless at the hands of the batterer.**
 - Established guidelines within the group will promote a sense of equality and healthy boundaries among group members.
- ❖ **Individuals who have survived repeated threats to their life and emotional safety might experience triggers from other group participants and be flooded with intrusive memories or become hyper-aroused.**
 - The facilitator must establish this by naming “triggering” as a possibility and have participants practice grounding techniques to establish more control of their feelings and reactions.
- ❖ **The batterer has often isolated victims of domestic violence from family, friends, and other sources of support. Support groups provide powerful opportunities for survivors to form healthy connections.**
 - The process of group work is powerful in nature. The experience of being among others who have experienced similar feelings, traumas, and fears breaks the silence and isolation surrounding domestic violence. This helps survivors re-interpret their reactions as normal responses to abnormal events.
 - The feeling of “*I am not alone*” is powerful and liberating. This empowers many survivors to engage in group work with passion and commitment.
- ❖ **Many batterers tell their partners that no one can know about his violence and harm. For some survivors, sharing about their relationship will feel intimidating and frightening, and they**

might be retraumatized by their group experience. Not all individuals will feel safe within a group work design.

- Be mindful that the group experience can feel overwhelming, risky, or foreign.

- ❖ **Group participants in a communal living environment (such as a shelter or transitional housing) may not feel emotionally safe to discuss their most intimate thoughts, feelings, and memories.**
 - Some survivors have described not trusting others in the group or feeling scared that group members might reveal their personal information to someone else. Do not pressure a survivor to share her life experience if she doesn't feel comfortable. Respect survivors and give them the time they need.

- ❖ **Be constantly scanning the emotional responses and body language of group members. Talk with group members about trauma responses and reactions and normalize responses to trauma.**
 - Providing information in the form of handouts and dialogue that re-frames the experiences of domestic violence and traumatic responses and normalizes the participants' reactions and feelings.



Tips for Facilitating Trauma-Informed Support Groups

- ❖ **An advocate/facilitator can begin “setting the stage” for any type of group by acknowledging the purpose of the group, greeting participants, and inquiring about their feelings in the form of a “check-in.” A check-in is a quick question that everyone in the group answers to start the group session, for instance, “A word that describes me today.”**
 - A group check-in helps to put each person’s voice in the room. Acknowledge that people have the right to pass.
 - Beginning and ending on time helps pace individual participants.
 - Be comfortable with movement and allow survivors to doodle, draw, and even knit. These activities may help regulate emotions.
 - Let participants know they have the freedom to walk or move around if they wish.

IMPORTANT STEPS IN FACILITATING SUPPORT GROUPS

- 1. Understand the type of group you are facilitating. Consider structure, time frame, and content.*
- 2. Establish guidelines and incorporate input from group members empowers the participants to uphold the guidelines. Guidelines should include common values such as mutual respect for one another, acceptance of feelings and emotions, a commitment to non-violence, and informed consent.*
- 3. Provide a plan for group members that include self-regulation if someone becomes overwhelmed. Practice grounding techniques and calm breathing.*
- 4. Address interruptions during the group with kindness and sensitivity.*
- 5. Perform your environmental scan and be mindful of the meeting space and how it may feel to individuals.*
- 6. Role-model self-care and self-regulation while validating each individual’s experience.*
- 7. Focus on the strengths of group members. Allow group members to share resources and strategies for enhancing their lives.*
- 8. Convey your understanding of trauma, triggers, and responses to build a sense of safety within the group.*

- ❖ **Understand that some people may not wish to talk, especially the first few times they attend a support group.**
 - An advocate/facilitator can convey this understanding by stating, for example, *“Jessie, are you comfortable talking today or would you rather sit and listen?”*
 - It is important to provide times for “chit-chat” among participants and group facilitators so they may get to know each other. This will help to build a sense of commonality and trust.

- ❖ **Accept and validate ambivalent feelings. Her relationship with her partner has been ongoing and complex. Making decisions about leaving or staying in a relationship is a process with many obstacles, often involving children, others they love, their home, and treasured belongings.**
 - Abusive partners often show remorse after being abusive and offer to seek counseling, attend church, or never be abusive again. This can be a confusing time because many women don’t want the relationship to end but want the abuse to stop.
 - A trauma-informed advocate trained in domestic violence knowledge will be open to hearing the wide range of feelings victims have regarding their relationship.

- ❖ **Some domestic violence programs explicitly deny the adult victim the right to talk to their abuser. This is controversial and this policy should be reviewed, as this disempowers survivors and has the potential to place them in greater danger.**
 - Programs that are open to discussing the phone conversations between the batterer and the survivor will ally with the survivor. This creates an open dialogue, allows for effective safety planning, and provides the opportunity to analyze the tactics of the abusive person.
 - Domestic violence programs deciding who survivors can and can’t talk to may result in isolating the survivor even more than she currently is. She might not trust advocates or be open about her thoughts, feelings, and situations, thereby isolating her from advocates and others in the domestic violence program. An honest and open dialogue with her advocates can be critical when helping her discover tactics of manipulation and increased risks to her safety.

- ❖ **Safety planning and awareness should be a part of the group processes.**
 - Creating a safe environment within the group by describing that one of your roles is to maintain emotional and physical safety for participants.

- ❖ **Co-facilitators are beneficial when considering the impact of trauma and domestic violence.**
 - Two facilitators can be more aware and adapt to the group members' needs. If a survivor is in crisis, one facilitator can attend to that person while the other continues to lead the group. Co-facilitation also permits monitoring of each other's reactions and provide debriefing opportunities.

- ❖ **Typically, batterers disrupt eating routines and eating does not feel calm and peaceful as it should. Including snacks during group time provides not only nurturance but builds community and culture among people.**
 - Many women and children welcome the chance to eat in an atmosphere that is accepting and socially fun.

- ❖ **Incorporate ways to express feelings as a way of enhancing involvement.**
 - Use tools like check-ins and check-outs at the beginning and end of group.
 - The check-in can be a question that creates a common feeling among the group participants such as, "*What is your favorite movie?*"
 - Check-ins can also be related to feelings or emotions. Be aware that this style of checking in can become more self-disclosing and some may not wish to answer, especially if they are new to the group.
 - Checking out at the end of a group session provides closure for group members and can help regulate emotions as survivors are leaving.

- ❖ **Offer group participants the opportunity to choose discussion topics for the group. (If appropriate for the style of group being facilitated).**
 - This helps make the group relevant to survivors and creates ownership of the group and the group process.

- ❖ **Information is power, so giving survivors written materials increases their access to information, decreases isolation, and provides opportunities for empowerment.**
 - Bring in handouts for each member. Showing written words serves as another way to validate their experiences and feelings.
 - Be aware that sometimes survivors cannot take the information home with them because it is not safe to do so. The batterer may examine their belongings upon returning home. Acknowledge that you understand this but hand the information out during group time. Ask if there is a safe person that can keep the information for her. She most likely may already have a system in place for her important papers. Some facilitators keep folders for participants, with their permission.

- ❖ **Create a safe and calming atmosphere for all group members to reduce feelings of anxiety.**
 - Bring in aromatherapy or quiet music and think of other ways to stimulate sight, sound and smell in a safe and calming way.
 - Discuss how group members find support. Practice breathing and grounding techniques weekly in the group to enhance self-calming skills.
 - Offer supportive techniques for members in the form of journaling and/or poetry. This type of healing work is powerful and private. Be sensitive when describing the process of journaling as the process relates to emotional safety.

- ❖ **Ask participants to fill out evaluations. This gives them a voice in domestic violence programming.**
 - Agencies and advocates should periodically ask for feedback on services provided to evaluate satisfaction and monitor programs services.
 - Conduct this evaluation in a manner that is confidential for the participants.

❖ **Request supervision and debriefing to enhance your service delivery and to minimize re-victimization and compassion fatigue.**

- Supervision provided by agencies should be intentional and timely in order to provide front-line staff with a safe space to air their feelings of helplessness, frustration and positive experiences.



Exit Interviews in a Trauma-Informed Manner

Exit interviews are generally a formal procedure involving paperwork in which an individual typically fills out an agency form evaluating their experience and talks with an advocate about future plans.

Supervisors need to review evaluations and be mindful of suggestions and problems in order to incorporate the voices and experiences of women and children into providing services and making services more effective and helpful.

It is important to acknowledge the emotional significance of ending a relationship. There should be a dialogue occurring between the survivor and the advocate/s when a survivor decides to

IMPORTANT STEPS IN EXIT INTERVIEWS

1. Understand paperwork may not be foremost in the survivor's mind. Talk with the survivor who is about to leave the shelter and/or group, highlighting her connection and contribution.

2. Acknowledge the many feelings she may have about no longer being involved in your program.

3. Discuss with kindness and sensitivity reactions children may have when they experience grief and loss.

5. Be mindful of the space and how it may feel to survivors.

6. Focus on strengths of the survivor. Allow survivors to celebrate their relationships. Sign cards, create affirmation cards, or have a cake at a good-bye party.

7. Convey your understanding of trauma, triggers, and responses and validate she may experience some anxiety when leaving.

8. Create a list of ways to manage and/or cope with her and her children's feelings.

9. Find out if she needs any other assistance from you, your agency, or if you can help connect her to other needed services.

leave the shelter and/or a support group. This dialogue is as important as the formal procedural evaluation. After all, it is the human connection that matters most. Being able to “say good-bye” in a healthy manner models respect, empathy and lets a person attach meaning to the relationships they formed and gives survivors the experience of healthy closure of a relationship.



Key Trauma Knowledge to Remember When Conducting Exit Interviews

- ❖ **A termination of a relationship involves a range of emotions, with some being positive and some negative. Some survivors might re-experience grief and loss.**
 - Advocates must remember to consider the emotions involved in ending a relationship. Especially positive thoughts a survivor may have about her relationship with her abuser. Her experiences were probably not bad all of the time and she may have happy memories.

- ❖ **A survivor is leaving a space where she may feel safer and more supported than anywhere else she has been.**
 - Validate her range of feelings, from sadness to excitement, with regard to her future.

- ❖ **Residents of the shelter may feel a sense of loss as they observe other residents leaving. Likewise, children who have connected also need to process other people’s good-byes.**
 - Advocates need to be aware and able to verbalize these experiences.
 - Provide parties, make or sign cards and even hold a group with the topic of leaving shelter.

- ❖ **Anger and ambivalence may be a part of some survivors’ feelings as they leave.**
 - This may be due to being asked to leave because of inappropriate behavior/choices, or due to the fact that things didn’t turn out as a survivor wanted them to.

- An advocate's role is to maintain emotional and physical safety while respecting the survivor's right to her feelings regarding her experiences.
- ❖ **Leaving and/or moving (if the individual has resided in a shelter) can be considered another stressor for women and children who may impact their ability to organize and focus.**
 - Humans require a place to live as a basic need.
 - Advocates should frame the level of anxiety a family may be feeling.
- ❖ **Some children may not wish to go to their future destination.**
 - It is often the case that moving, staying, and going are stressful for children and their feelings may show up in behaviors or stress reactions.



Tips for Trauma-Informed Exit Interview

- ❖ **Agency paperwork may not be foremost in the survivor's mind.**
 - Advocates need to remember this as they are preparing for her departure. Departing a domestic violence shelter is a significant experience for most survivors, and many survivors might worry about feeling safe and supported in their new environments.
- ❖ **Acknowledge feelings and attach meaning to the relationships that has grown between shelter residents and survivors and staff.**
- ❖ **Validate strengths and accomplishments.**
- ❖ **Inquire about concerns and future anticipated needs for her and her family.**
- ❖ **Inform the survivor of services and programming in which she and her children may participate in after leaving shelter.**
- ❖ **Outline potential behaviors and feelings that she may experience after leaving the shelter or group.**

- Ask her how she is feeling physically and emotionally. Is she aware of any body sensations like stomach aches, jitteriness, or energy?
- ❖ **Talk with her about what children may experience during this change.**
 - Inquire how she anticipates dealing with her children's reactions to changes and their new situations.
 - For instance, sleep may be disrupted in a new environment, a child might have new routines that are difficult, or might need to change schools. Talk with the survivor about plans to address the feelings children will have about these new experiences.
- ❖ **Children's feelings around leaving shelter need to be addressed and supported by the advocates who have bonded with them during their stay or participation in a group.**
 - The same suggestions listed above will work in processing a good-bye with a child.
 - Some youth programs facilitate a youth exit as well, which involves safety planning.
 - **Discuss safety-planning aspects with her if she is going home. Ask her what has and hasn't worked for her in the past.**
 - Explore other possibilities with her if she is open to this.
 - Express to her that she may call the hotline for support anytime.
 - Inform her of services that she might be eligible for now or in the future.



Safety Planning in a Trauma-Informed Manner

Advocates can facilitate safety planning in many ways. Two types are addressed in the section.

1. Safety planning that takes into consideration the needs of the victims and strives to address the level of risk and danger.
2. Safety planning around emotional safety of survivors.

Safety planning seeks to build a partnership between the survivor victimized by domestic violence and the advocate assisting her with a safety plan.

The goal is to understand the survivor's perspective and to integrate knowledge about domestic violence, trauma and resources into the survivor's analysis and plans.

Safety planning also takes into consideration that leaving is not always the safest strategy.

Together with the survivor, you will identify those places where she most frequently encounters danger. Always include places, people or events that make sense to her.

Venues to consider include, but are not limited to, home, school, work, church, car, children's schools, daycare, appointments,

IMPORTANT STEPS IN SAFETY PLANNING

1. *The survivor is the best expert of her experience.*
2. *Always seek to build a partnership while assisting her with her safety plan.*
3. *Remember safety planning is fluid and the plan may change over time as circumstances change.*
4. *Consider the information she brings to the table:*
 - *Risks she faces*
 - *Information about her partner*
 - *What has helped her in the past*
 - *What hasn't helped*
 - *What she is not willing or not able to do*
 - *What are her resources*
 - *What are her coping mechanisms*
 - *What are her children's recourses and coping mechanisms*

etc. For each of these places, talk through the following:

- What are your risks in this location?
- Who are your allies in this setting (a person who can help you be safe there)?
- What action can you take to increase your safety in this setting?
- What are the barriers to your safety in this place?
- What solution can we come up with that may increase your safety in this place?



Key Trauma Knowledge to Remember When Assisting with Safety Planning

- ❖ **Safety planning should be led by the survivor, with the advocate listening and assisting with options based on the victim's experiences.**
 - Listen to her as she tells you what her potential risks may be.
- ❖ **In order to determine present safety, recalling events from the past may cause heightened arousal, resulting in intrusive memories of past harm and fear.**
 - Normalize this as a possibility for the survivor as you begin to discuss the safety planning process.
- ❖ **The batterer may escalate and become even more unpredictable after she has left. Her level of risk may increase, which may heighten her anxiety and fear.**
 - Expecting a survivor to recall plans, rules and details about her safety plan may be too much for her to manage, as she is focused on keeping herself safe, both physically and emotionally. Safety plans might need to be made simpler and more intuitive, due to the impact trauma has had on the survivor.
- ❖ **It is important for the advocate to understand a survivor's failure to access or follow through with services is not always an indication that the survivor is not interested in protecting herself.**



Tips for Trauma-Informed Safety Planning

- ❖ **Actively listen to the woman sitting next to you. Women who are experiencing domestic violence have actively engaged in their own safety planning long before seeking services.**
 - Advocates must listen to her strategic thinking and the processes she has engaged in.

- ❖ **It is important to understand that safety planning is fluid as circumstances change and a survivor's analysis and decisions are complex and change over time.**
 - Advocates must remember that for every action taken, there are consequences for the survivor and any option may result in an escalation of violence toward the victim, her children, family members, friends, or even pets.

- ❖ **Advocates often use jargon or abbreviations to describe options or resources to a survivor. This can be confusing to the survivor, who may feel overwhelmed and frightened.**
 - The advocate needs to describe what the options/resources entail by spelling out the steps involved, the timetable, and the roles of people involved. For example, if discussing the option of obtaining a protection order, the advocate should describe what a protection order is, what relief it can provide, how to apply for one, explain the process, direct her to who can assist her in petitioning for one, and discuss potential pros and cons of pursuing this safety option.

- ❖ **For an advocate to provide valid resources and options, the advocate must have pertinent knowledge about safety planning, batterer risks, and community resources.**
 - Agencies need to provide comprehensive training in safety planning, strategic risk assessment, and what community resources are available.

Resources:

Safety Planning With Battered Women: Complex Lives/Difficult Choices by Jill Davies, Eleanor Lyon and Diane Monti-Catania; Sage Publications, 1998.

Barbara J. Hart's, Esq. Collected Writings at Minnesota Center against Violence and Abuse www.mincava.umn.edu/documents/hart/hart.html

Emotional Safety Planning in a Trauma-Informed Manner

Emotional safety planning involves creating a plan to assist survivors with maintaining their emotional health and safety. Emotional safety planning with a trauma-informed approach requires an advocate to be versed in trauma reactions, body sensations, and when feelings become difficult to manage.

The advocate's goal when assisting with emotional safety planning with a survivor is to offer assistance to the survivor in developing healthy ways to handle trauma reactions and manage uncomfortable emotions. In addition, advocates can help normalize the survivor's experience and practice ways to feel more emotionally safe, which will provide the survivor with a sense of mastery over her feelings, reactions, and stressors.



Key Trauma Knowledge to Remember When Planning for Emotional Safety

- ❖ **Survivors residing in shelter, attending court proceedings, offering statements, or participating in support groups may feel many emotions, including anxiety, fright, anger, and/or relief.**
 - Writing down an emotional safety plan may enhance their feelings of being in control of situations and circumstances.

Potential Triggers

May Include:

- ❖ *People too close*
- ❖ *Having space invaded*
- ❖ *Bedtime*
- ❖ *Not being listened to*
- ❖ *Lack of privacy*
- ❖ *Feeling lonely*
- ❖ *Darkness*
- ❖ *Being teased or taunted*
- ❖ *Feeling pressured*
- ❖ *People yelling*
- ❖ *Room checks*
- ❖ *Arguments*
- ❖ *Being isolated*
- ❖ *Being touched*
- ❖ *Loud noises*
- ❖ *Not having control*
- ❖ *Being stared at*
- ❖ *Particular time of day/night*
- ❖ *Particular time of year*

- ❖ **The survivor should be the lead in identifying what triggers are affecting her present day functioning.**

- Providing a formal checklist or worksheet may be helpful in providing a framework for the survivor to identify and address triggers. This also helps validate survivor reactions by having them written down, which shows that a variety of triggers are normal responses experienced by other survivors of trauma and domestic violence.

Identifying Early Warning Signs

- ❖ *Agitation*
- ❖ *Sensation of tightness in the chest*
- ❖ *Sweating*
- ❖ *Clenching teeth*
- ❖ *Wringing hands*
- ❖ *Bouncing legs*
- ❖ *Shaking*
- ❖ *Crying*
- ❖ *Giggling*
- ❖ *Heart pounding*
- ❖ *Pacing*
- ❖ *Eating more/less*
- ❖ *Breathing hard*
- ❖ *Shortness of breath*
- ❖ *Clenching fists*
- ❖ *Loud voice*
- ❖ *Swearing*
- ❖ *Restlessness*
- ❖ *Other*

- **Working with a survivor on developing an emotional safety plan may help the survivor feel supported and empowered when managing her reactions and feelings. This may help reduce the impact her partner's actions have on her feelings about herself and her future.**

An advocate may help a survivor develop an emotional safety plan using these three steps:

1. Identify triggers for emotional safety
2. Identify early warning signs of emotional problems or dangers
3. Identify strategies or specific calming techniques

Identifying Triggers

An advocate will want to be familiar with discussing potential types of triggers with a survivor.

A trigger is something that reminds the survivor of difficult things that happened in her past and may cause the survivor to react with feelings of fear, panic, or agitation.

A domestic violence program can create a user-sensitive checklist to help a survivor begin to identify triggers that affect her. This also can be utilized for the survivor with respect to her children.

Identify Early Warning Signs

The next step in assisting a survivor with identifying triggers is to comprehend the bodily sensation or behavioral reaction associated with a specific trigger.

A signal of distress can be physical feeling or reaction that occurs before a potential crisis. An advocate can talk with a survivor regarding such possible body sensations as early warning signs or a trauma reaction.

When a survivor recognizes these sensations, she is more prepared to manage her reactions and behaviors. Some signals are not observable, but some are and are included on the list on the previous page.

Identify Strategies

Strategies are specific calming or grounding techniques that may help a survivor manage and minimize stress.

An advocate can offer the survivor suggestions listed in the box to the right, but as always, listen to her lead. The survivor has probably been coming up with strategies on her own to deal with the stress she has faced and has an idea of what has and hasn't worked. Incorporate these strategies when planning for future emotional safety.

Identifying Strategies

- ❖ *Talking to someone who will listen*
- ❖ *Singing*
- ❖ *Reading a book*
- ❖ *Pacing*
- ❖ *Taking a hot shower*
- ❖ *Taking a cold shower*
- ❖ *Deep breathing*
- ❖ *Cold or warm washcloth on face*
- ❖ *Laying down or resting*
- ❖ *Talking to other residents*
- ❖ *Crying*
- ❖ *Listening to music*
- ❖ *Time alone*
- ❖ *Calling someone*
- ❖ *Exercising*
- ❖ *Drawing*
- ❖ *Journaling*
- ❖ *Going for a walk*
- ❖ *Humming*
- ❖ *Speaking with a therapist*

Purpose of Identifying Triggers for Emotional Safety

- *To help survivors identify reactions during the earliest stages of escalation before a crisis erupts, hopefully avoiding the crisis.*
- *To help survivors identify coping strategies before they are needed.*
- *To help advocates plan ahead and know what to do with each survivor if a problem arises.*
- *To help advocates use interventions that may decrease the likelihood of a survivor being re-traumatized.*
- *Crisis plans should be developed collaboratively with the survivor, allowing her to take the lead.*

- ❖ **Identifying potential triggers is helpful for advocates because it provides them with the opportunity to assist survivors with managing a crisis before it escalates.**
- ❖ **The following page will illustrate a sample of an emotional safety plan that can be easily designed for use by any domestic violence service provider.**

Adapted from: National Association of State Mental Health Program Directors /National Technical Assistance Center. (2006). Personalized Safety Plan. Seclusion and Restraint/Trauma Informed Care Curriculum. National Association of State Mental Health Program Directors: Alexandria, VA.

My Plan for My Emotional Safety:

If I feel upset or depressed I will use my safety plan to help control my reactions.

Some of the things that trigger me are:

- _____
- _____
- _____
- _____
- _____

Some of the ways I know I am feeling triggered or vulnerable are when I:

- _____
- _____
- _____
- _____
- _____

I know I can manage my feelings by:

- _____
- _____
- _____
- _____
- _____

If I have to talk to my partner in person or on the phone, I can manage this by remembering:

- _____
- _____
- _____
- _____

My Plan for My Emotional Safety:

If I feel upset, triggered or worried, I can do the following to feel in control of myself. I will:

- _____
- _____
- _____

I can call or talk with these people for support:

- _____
- _____
- _____
- _____
- _____

If I am not able to talk with someone I know I can support myself by:

- _____
- _____
- _____
- _____

I can tell myself these things to make myself feel stronger:

- _____
- _____
- _____

Parenting with Children in a Trauma-Informed Manner

“I need to understand how to restore my family. My son and daughter are confused, scared, and miss their home. Where do I begin this?”

A mother in a community support group

Domestic violence can cause immense harm to mother and child and battering can have an enormous impact on parenting, but both topics are beyond the scope of this manual. There has been extensive research and writing in the past decade on these topics that illuminates the complexities in both overt and subtle ways. Refer to the following three references for more information:

[The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics](#) by Lundy Bancroft.

[Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as They Grow](http://www.lfcc.on.ca/little_eyes_little_ears.pdf) is available at http://www.lfcc.on.ca/little_eyes_little_ears.pdf
This manual illustrates how to provide services to mothers who are victimized by domestic violence.

In addition, the book [When Dad Hurts Mom: Helping Your Children Heal from the Wounds of Witnessing Abuse](#) by Lundy Bancroft, is a fantastic resource to share with mothers who have experienced domestic violence. It is written for mothers and provides guidance on addressing a child’s needs. This is an inexpensive book, available in a paperback version, and is a great resource for mothers working on addressing their children’s issues after living in a home with an abuser. Have copies of this available in your library or find ways to provide copies to survivors.

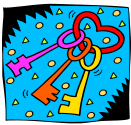
Abusive men (partners) not only choose to harm their wife (partner) with physical assaults and threats but also expose their children to this treatment along with other forms of verbal degradation or humiliation.

There is an atmosphere where Dad disrespects Mom, where her voice is silenced, where she is bullied or made to feel worthless or treated like a servant.

When a man repeatedly treats his partner in this manner, he sends shock waves through the whole family, in ways that not only bring distress to the children, but also can foster tense relationships between mothers and children and sows divisions among siblings.

This manual will provide a brief overview of how an advocate can respond to survivors who are also parents in a trauma-informed manner and provide trauma-informed parenting support.

Domestic violence agencies need to train advocates in this knowledge in order to provide a holistic trauma-informed approach when working with both mother and child.



Key Trauma Knowledge in Parenting with Children

- ❖ **The experience of domestic violence and trauma affects all aspects of life for both adult and children.**
 - You will be interacting with both children and adults. The advocate must recognize the separate effects of trauma and domestic violence on mothers and children.
- ❖ **Mothers who are victimized by their partners not only have their own personal fears, traumas, and triggers, but also carry the weight of the responsibilities, fears, and risks to her children.**

IMPORTANT STEPS

1. *Understand the impact of battering on parenting and how the batterer chooses to sabotage the role of adult victim and thereby intentionally damages the mother/child bond.*
2. *Become familiar with how a batterer interrupts, manipulates, and twists love and harm, which often causes confusion of rules, roles, and loyalties of the children.*
3. *Focus on mother's protective strategies, nurturance, and her bond with her children.*
4. *Establish a commitment to non-violence for both adults and children. This includes a non-threatening, no hitting, no spanking philosophy.*
5. *Be prepared to intervene on behalf of children when a mother becomes agitated or worn out.*
6. *Offer valid reasons for a non-violent philosophy with children. Connect all forms of hitting and harm to power and control.*
7. *Convey respect when intervening, allowing for space and dialogue. Be mindful of your space and how it may feel to individuals. Show empathy.*
8. *Offer healing types of play and interaction to restore the mother-child relationship. Create times for laughter and playing games.*

- A trauma-informed advocate will be open to listening to the grief, anger, and terror that a mother holds for her child's experience.

- ❖ **Abusive partners use parenting as a means to sabotage and even terrorize the mother. This affects her role as mother and the parent- child bond.**
 - When talking with a survivor about parenting, be sensitive to the power dynamic at play and treat her with respect. Most domestic violence survivors are capable parents. However, an advocate must be prepared to intervene in the event a child is being threatened, hit, or frightened.

- ❖ **For the mother, past traumatic experiences coupled with exposure to traumatic reminders and current stressors might result in overwhelming her and making it extremely difficult for her to effectively parent her children.**
 - The stress of parenting may also become very overwhelming as the mother tries to cope with the emotional and behavioral challenges presented by her children as a result of their exposure to domestic violence.
 - Each child living in the family will react in their own individualized manner.
 - Advocates need to be versed in trauma reactions of children in order to support the mother in her interactions with her children as she becomes frustrated, angered, or depressed.

- ❖ **Since children learn about managing emotions, language, and relationships from observing and mimicking what they see, sometimes children will speak to or become physically aggressive with their mother, just like the batterer did.**
 - This can occur with even very young toddlers. It is important that advocates help mothers understand the nature of how children learn how to behave, and that children can be re-taught healthy and nonviolent behaviors.
 - It can also be critical to help mothers understand their internal experiences when their children mimic or copy the batterer's behavior. This may be a traumatic reminder for the mother and make her feel like she is re-experiencing the abuse.

- An advocate can help a family immensely if he/she shares with the mother that this can be a normal reaction. It will support mom in becoming more aware of this type of traumatic reaction and help her plan ways to cope and manage these situations successfully.



TIPS FOR SUPPORT IN PARENTING IN A TRAUMA-INFORMED MANNER

- ❖ **Validate how difficult parenting is for everyone, and acknowledge how sensitive all of us are about our parenting decisions. Do not approach parenting as you giving expert advice, because you will alienate the survivor.**
 - Just about every parent is very sensitive to comments or criticism about their parenting. Acknowledge this at the very beginning of any discussion about parenting.
- ❖ **Mothers who are experiencing abuse face enormous challenges with being the best parents they can be, often due to the ways in which an abusive partner has interfered with the mother's roll as parent.**
 - Domestic violence can create enormous barriers to effective parenting, and acknowledging that the actions of the batterer have impacted the ways in which the survivor can parent is important.
 - Avoid judging mothers and their parenting decisions. Moms who have survived abuse often are doing the best job they can in an extremely difficult situation.
- ❖ **The manner, tone, and words you use when communicating non-violent parenting policies matter.**
 - It is possible to treat people with respect and unconditional positive regard while at the same time setting limits on what types of behaviors and parenting interventions are acceptable or unacceptable.
 - Below are examples of ways an advocate may wish to communicate parenting issues:

- *“Domestic violence puts your children at risk of learning that violence is the way to handle disagreements, anger, and to take power. One of the reasons we have a ‘No Hitting Policy’ is so our staff and shelter parents can partner together to teach children ways of dealing with anger and uncomfortable emotions that do not involve hitting others. Please let us know how we can support you in your parenting, as we know parenting is the hardest job any of us will ever have.”*
- *“The threat of violence against children is very serious therefore this agency has a ‘No Hitting Policy’. In order for all adults and children to feel safe parents are asked not to use physical punishment to discipline their children. Physical discipline is defined as hitting, slapping, or spanking. If you are having difficulty with addressing your child’s behavior, please talk to me or another advocate and maybe we can help think this through together. ”*

TRAUMA-INFORMED CARE IN MY ORGANIZATION

- ❖ *Be cognizant of the fact that parenting is a concept that is at times “taboo” to discuss.*
- ❖ *Domestic violence agency staff needs training on the impact of battering on parenting.*
- ❖ *Policies, services and interventions should incorporate the need for child safety along with respect for the adult survivor/parent.*
- ❖ *Agencies need to seek funding and provide programming that celebrates the parent-child bond. It would also be valuable to provide respite for tired or triggered parents/survivors.*
- ❖ *Domestic violence agencies need to adopt a non-violence philosophy, which advocates and volunteers must respect.*
- ❖ *Staff need to incorporate trauma-informed interventions to support mothers and their children.*

- Domestic violence programs need to provide healing play activities for mother and children offered by trauma-informed advocates.
 - Advocates, administrators and volunteers must adhere to a compassionate approach to parent-child interventions. Advocates must model empathy and respect by monitoring voice, choice of words and body language when intervening with mothers and/or children.
- ❖ **Engage the parent in a respectful manner when talking about parenting and children’s issues.**
- For example, *“I was wondering if we might take some time to talk about how you are feeling about your children. I know from other women that I have talked with that many partners have sabotaged their role as parent. Would you want to share how sabotage may have affected you?”*
 - Another example, *“Would you be open to choosing a time that we can sit down and talk about how you are doing and some of your thoughts about your children and how you think they are feeling and coping with change?”*
- ❖ **Convey respect for her in her role as parent. This will most likely be the opposite experience than the experience she has had with her abuser.**
- Remember to actively listen to the mother, which will help to build rapport and convey respect.
 - Pointing out parenting strengths and ways in which she is caring for her children can assist in building her confidence and her ability to parent.
- ❖ **Provide information for mothers on how trauma impacts children. Helping moms to see their child’s reaction as a normal response to an abnormal experience and is to be expected in situations of change and crisis will help her develop an accurate perspective of what her child is feeling.**
- Change is hard for children, and many children do act out when in new situations. Supporting mom in these difficult days and providing her with information on trauma will help her learn about the ways in which domestic violence has impacted her child and can direct her

towards effective ways to address these issues.

- ❖ **Parenting is a delicate subject. Many women see it as their “parental right” to parent their child as they see fit. This can be linked to culture, familial ties, or religion. However, domestic violence agencies must stand against threats, harm and hitting children.**
 - You, as the advocate, have the opportunity to normalize and validate her experience of parenting within the context of domestic violence.
 - Likewise, you have the chance to connect the value of respecting children as individuals and choosing not to harm them as a reaction.
 - This may cause tension between the individual and advocate. However, it is a necessary tension to experience and process in order to model a non-violent approach. A connection will build a trusting relationship and hopefully lead her to more positive experiences in her role a parent.

- ❖ **Focus on the mother’s strengths and her protective strategies. Validate her presence in seeking services, even though she may feel ambivalent about her future.**
 - Offering connection, empathy, and hope for a life free of mistreatment and harm is important to both the survivor and her children.

- ❖ **Provide opportunities to strengthen family bonding in programming.**
 - Reinforce the value of collaborative play in restoring normalcy in family living even within shelter.
 - The work of childhood is play.
 - Laughing, singing, running, rocking and interactive play with mother and child can be healing and restorative to the mother-child relationship.

- ❖ **Offer mothers trauma-informed care approaches in parenting.**
 - Let mothers know that if they raise their voice or become frustrated with their children, because they are worn out or for other reasons, they might be inadvertently triggering their child (even if they are not the abusive parent). Their tone, body language and non-verbal gestures are what the child is presently focused on.
 - Give children choices that are reasonable to empower the child.

Resources:

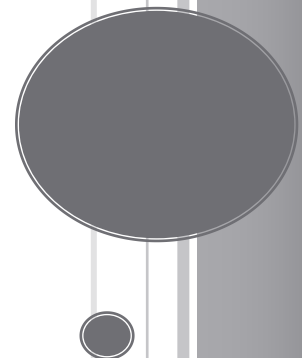
J.L. Edleson, Lyungai F. Mbilinyi & Sudha Shetty. Parenting in the Context of Domestic Violence. www.vaw.umn.edu. 2003.

Trauma Through a Child's Eyes: Awakening the Ordinary Miracle of Healing. Peter A. Levine and Maggie Kline (2006). A Long Journey Home

A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness available @ National Child Traumatic Stress Network Available at www.homeless.samhsa.gov

CARING FOR THE CAREGIVER: UNDERSTANDING AND ADDRESSING VICARIOUS TRAUMA

The following section will explore the health and emotional well-being of front-line advocates. Working in a domestic violence agency is an extremely difficult job, and involves constantly listening to stories of trauma and pain. Sometimes working with such difficult stories can negatively impact helpers and many advocates experience vicarious trauma. Vicarious trauma occurs due to repeated exposure to stories of harm and injustices others have suffered. The good news is that sufficient resources exist to assist both individuals and agencies in reducing the effects of vicarious trauma, which will create a healthier work environment and will benefit families receiving services.



Vicarious trauma is defined as a transformation in the helper's inner sense of identity and existence that results from utilizing controlled empathy when listening to clients' trauma-content narratives.

In other words, vicarious trauma is what happens to your neurological (or cognitive), physical, psychological, emotional, and spiritual health when you listen to traumatic stories day after day or respond to traumatic situations while having to control your reaction.

Vicarious Trauma Institute

Advocates do this work because they believe in helping people. Advocates dedicate themselves to supporting survivors of domestic violence in any way they can. We know that a key part of healing from trauma is sharing the traumatic experience, so advocates regularly listen empathetically to very difficult stories. But this constant exposure to traumatic experiences can have a negative impact on the advocate's well-being.

In this work, we hear- over and over-the many ways that lovers, partners and parents choose to harm, degrade, and cause tremendous fear in the lives of those in their families.

Each advocate hears countless stories of cruelty and harm. Research shows that in helping others who experience extremely stressful events, helpers are also exposed to both direct and vicarious sources of traumatic stress.

“Listening to the severity of the traumatic material to which the helper is exposed, such as direct contact with victims or exposure to graphic accounts, stories photos, and things associated with extremely stressful events, can impact helpers in a variety of ways.

—The Helper's Power to Heal and To Be Hurt-Or Helped-By Trying

**B Hudnall Stamm,
E.M. Varra, L.A.
Pearlman & E.
Geller**

This places advocates at risk for secondary exposure to traumatic stress. This impacts helpers, though each person has a unique response to difficult stories and their own coping strategies.

Many theorists working in the area of trauma theory have speculated that the emotional impact of this type of traumatic material can be contagious and transmitted through the process of empathy; because you care about people who have been hurt and you feel committed to help them.

To be an effective helper, the advocate controls their reaction to the horrific and terrifying situations the survivor shares with them. It is the process of controlling their emotions that can result in numbing, disconnecting and experiencing other trauma reactions, which are similar to the reactions that trauma survivor's experience.

Terms like compassion fatigue, secondary traumatization, and secondary stress disorder are all used to describe what is happening to the helper.

- **Compassion fatigue** is often used to describe exhaustion and desensitization to violent and trauma events. Individuals slowly lose their compassion for others over a period of time, usually after working in a helping profession for a long time.
- **Burnout** is described in three dimensions:

(a) Emotional exhaustion

(b) Depersonalization, defined as a negative attitude toward clients, a personal detachment from work or loss of ideals

(c) Reduced personal accomplishment and commitment to the work or profession. Individuals

***IN THE
WORKPLACE
VICARIOUS
TRAUMA HAS
BEEN
ASSOCIATED
WITH:***

- ✓ ***Higher rates of physical illness***
- ✓ ***Greater use of sick leave***
- ✓ ***Higher turnover***
- ✓ ***Lower morale***
- ✓ ***Lower productivity that may lead to errors with survivors***

and their work culture play a role in the process of burnout.

Families in Society: The Journal of Contemporary Human Services www.familiesinsociety.org

Jan Richardson at the Centre for Research on Violence against Women and Children states that listening to the stories of one inhuman act of cruelty after another impacts an advocate's thoughts and memories. This can create permanent, subtle, and/or marked changes in the personal, political, spiritual and professional outlook of the advocate. This might eventually affect their view of their world and their relationships with friends, family and the community.

There are also certain individuals working at domestic violence agencies that might be more at risk of developing vicarious trauma. Characteristics for these individuals include:

- A personal history of trauma
- Being overworked
- Having poor boundaries with survivors
- Working with too many trauma survivors
- Having limited professional experience
- Working with a high percentage of traumatized children
- Working with survivors who aren't able to get the support (such as housing, medical care, etc.) they need to be safe.

“Domestic violence advocates do this work because of a passion to incite change in the unjust treatment of people by their family members.

We have heard it said over and over.....

‘Home is where the heart is’

But, advocates know that home is where the heart can be broken...and where people can be most afraid....”

A Youth Advocate

Addressing the Signs of Vicarious Trauma

Often, domestic violence advocates overlook the symptoms of vicarious trauma and do not recognize the impact of their exposure to traumatic events. As stated by Jan Richardson it is much like a change in eyesight--the changes will go unnoticed while it is occurring. However, there may be shifts in an advocate's internal beliefs. Advocates may not recognize this shift until it becomes clear in one's behaviors.

The very thing that makes you a great worker in the field--your ability to connect and empathize--puts you at a greater risk of experiencing vicarious trauma.

By the nature of your work, it is impossible to avoid the impact of the trauma that often surrounds you.

These effects can be similar to those suffered by the primary victim of the event.

The secondary trauma may manifest as psychological stresses and even physical ailments.

Some signs of vicarious trauma include:

- **Minimizing survivor reactions**
- **Intrusive images**
- **Nightmares**
- **Dissociative experiences**
- **Feeling helpless and hopeless**
- **Diminished creativity in addressing problems**
- **Guilt when you experience good things in life**
- **Fear**
- **Anger and cynicism**
- **Inability to empathize**
- **Numbness of emotions**
- **Exaggerated startle response**
- **May lead to depression or alcohol and drug use**

Exposure Shifts a Persons' Frame of Reference...

*Exposure to
traumas
interrupts and
reshapes our
frame of reference
about ourselves
and the world in
which we live.*

*Some examples of
shifting frames....*

*Shifts our trust in
others or our trust
in our own
perceptions...*

*Shifts our desire
to be intimately
connected to
people; we
isolate...*

*Shifts our view
about families
and increases
fear about the
safety of our
children...*

Coping with Vicarious Trauma

Studies show the most effective way to diminish the consequences of being continually exposed to violence is to purposefully plan self-care into everyday life.

That is often a challenging goal for those who define their value by what they can give rather than define their value in who they are.

Reunion, Heal the Healer, Joyful Heart Foundation, (Issue 2)

You can address vicarious trauma by:

- 1) Anticipating that you will experience vicarious trauma
- 2) Developing self-awareness to recognize how your framework and behaviors are shifting
- 3) Creating a self-care plan

The Following Suggestions May Help Prevent Vicarious Trauma

Care for your physical health—Follow a proper diet, get adequate sleep, and engage in physical activities such as yoga or walking.

Care for your psychological health—know your limitations and your level of tolerance. Keep boundaries that you set for yourself and others. Identify triggers that may impact you. Use music, humor, and art to process your emotional responses. Seek therapy if you feel that is necessary.

Keep Socially Active—Engage in social activities outside work. Seek emotional support from safe friends, co-workers, or family members.

Pay Attention to your personal morals—clarify your own sense of meaning and purpose in life. View your role as a caregiver, as a coach, or guide as opposed to someone who fixes a survivor’s problems. Recognize that you can’t take responsibility for the healing of another person.

Incorporate knowledge of trauma into your professional life—become knowledgeable about the impact of trauma. Identify your personal reactions and plan the appropriate “antidote.” Normalize your reactions. Use a team for support, seek supervision, and take breaks during your workday.

Tips for Healthy Coping and Care

Many of the coping mechanisms suggested for survivors of trauma are helpful for those experiencing vicarious trauma. Here are suggestions that you can use to reduce your potential for experiencing vicarious trauma and/or even burnout.

Ask yourself the following questions: What do you do for fun and relaxation? How often? What helps you to relax? What makes you feel most comfortable? How do you know when you are stressed?

Coping strategies include:

- Pay attention to how you feel- physically and emotionally.
- Eat regularly
- Take mini vacations. Realize that a walk can be a 30 minute vacation.

- Get plenty of sleep.
- Drink plenty of water.
- Allow yourself to feel and express your emotions by talking, journaling, or accepting your “truth of the moment.”
- Utilize guided imagery such as Belleruth Naperstek’s compact discs to reduce anxiety. Her website is called Guided Imagery Center with Health Journeys tapes & CDs @ www.healthjourneys.com
- Physical calming includes awareness of physical signs of stress.
- Laughter is the best medicine! Always make sure your humor that is not hurtful.

The National Center for Victims of Crime Fact Sheets/Healthy Coping

Incorporating Knowledge of Vicarious Trauma into Agency Policies and Procedures

One way in which programs can respond to vicarious trauma is by recognizing and acknowledging the challenges of working with trauma and trauma survivors, especially in an environment of limited resources. Agencies can also provide information about vicarious trauma to their staff, and review staff policies and procedures to make sure they support and encourage employee well-being.

Supervisors and directors should establish a vicarious trauma prevention program that focuses on the well-being of front-line advocates and can decrease individual and organizational problems such as low staff morale, staff turnover, and burnout.

Ways to Protect Against Vicarious Traumatization

- *Social support*
- *Supervision and consultation*
- *Resolution of one’s personal issues*
- *Strong ethical principles*
- *Knowledge of theory*
- *On-going training*
- *Competence in your work*
- *Awareness of the potential for and the impact of vicarious trauma.*

The National Center for Victims of Crime-Fact Sheets/Healthy Coping

Below are some ways in which organizations can support their staff:

- Intentional training and education in trauma theory, victimization, and trauma-informed care techniques
- Training and education on understanding, identifying, and coping with vicarious trauma
- Using this manual's best practices and protocols will help advocates develop a comprehensive understanding of the challenging work they do each day
- Intentional supervision and staff-care should be at the forefront of supervisor's and director's minds. These practices must be built into domestic violence programs with the goal of preventing secondary/vicarious traumatization
- Resources, including peer consultation and support, are helpful for those who are front-line shelter advocates, hotline workers, and/or justice advocates

The Helper's Power to Heal and To Be Hurt-Or Helped-By Trying B Hudnall
Stamm, E.M. Varra, L.A. Pearlman & E. Geller

PEACE.

It does not mean to be in a place where there is no noise, trouble, or hard work.

It means to be in the midst of those things and still

be calm in your heart.

unknown

Appendix A

Trauma-Informed Practice Checklist

This *Trauma-Informed Practice Checklist* was created by the National Center on Domestic Violence, Trauma and Mental Health.

It is a comprehensive checklist that will aid the individual advocate or the domestic violence agency in approaching survivors of domestic violence in a trauma-informed manner.

This checklist encompasses critical aspects in sensitively connecting and speaking with a survivor.

The checklist engages the advocate to work with the survivor by addressing the complexities of experiencing domestic violence coupled with the effects of repeated traumas while she is seeking services at your agency.

This checklist can be an invaluable tool for advocates, supervisors, and administrators whom are committed to connecting with women and children victimized by domestic violence.

Trauma-Informed Checklist

1. We discussed ways that shelter living can be difficult for everyone and talked about the particular things that would make being here work for her.

____/____/____

2. We discussed the ways we view this shelter as a community and what that means for both residents and staff (i.e. supportive peer environment, shared responsibility, accountability to each other, notions of physical and emotional safety, any rules we have and why we need them, processes for addressing difficulties that arise, concepts of inclusive design and mutual respect)

____/____/____

3. We discussed what kinds of accommodations might be needed for her to feel safe and comfortable in the shelter and developed strategies for making this happen (e.g.) a quiet room, ways to reduce sensory stimulation, relief from certain chores, identification of potential trauma triggers, respite from childcare, addressing issues of stigma, concerns about sleep patterns, lights, locked doors, medication, additional time or repetition to process information, particular kinds of things she might find upsetting, what things are most helpful when she is feeling that way (being alone, having a quiet place to go, listening to music, contact with others, physical contact, no physical contact, ways to check to see if she is really "there" and what might help her reconnect, etc.).

____/____/____

4. We discussed some of the common emotional or mental health effects of domestic violence and what one can do about them.

____/____/____

5. We discussed the things abusers do to drive or make their partners feel "crazy".

____/____/____

6. We discussed the ways abusers use mental health issues to control their partners.

____/____/____

7. We discussed how she feels the abuse by her partner has affected her emotional well-being and/or mental health.

____/____/____

8. We discussed ways she has changed as a result of the abuse.

____/____/____

9. I asked if she is having any kinds of feelings that concern her.

____/____/____

10. We talked about how many of the things she's experiencing are common responses to abuse.

____/____/____

11. We talked about the links between lifetime trauma, DV, and mental health issues and whether she'd had other traumatic experiences that might be affecting her now.

____/____/____

12. We talked about how a survivor's own emotional responses to abuse can affect how she responds to her children and offered strategies for noticing and addressing those concerns.

____/____/____

13. I assured her that if her responses to any of the abuse or trauma she's experienced caused her suffering or get in the way of things she wants to do then we can help her access additional resources and services.

____/____/____

14. We talked about whether there were any mental health needs or concerns she might want to discuss (re: past interactions with mental health providers/mental health system, treatment medications hospitalizations).

____/____/____

15. I asked if her abusive partner interfered or has attempted to interfere with current or past mental health treatment or medication.

____/____/____

16. We discussed our medication policy and asked her to let us know if she has any particular medication related needs that we could be helpful with (e.g. has run out and needs new supply, is having problems with side effects, is not sure they're helping, she can't afford them/insurance or Medicaid won't cover them, etc.).

____/____/____

17. I provided links to information or resources to help her advocate for herself around medication issues.

____/____/____

18. We discussed her interest in mental health consultation and/or referral and her wishes and concerns about that.

____/____/____

19. While conducting support groups or house meetings at which she was present, I discussed mental health symptoms as being normal responses/adaptations to trauma and abuse.

____/____/____

20. I provided information, support and reassurance if/when she was uncomfortable with the mental health needs of other women in the program.

____/____/____

21. At her request (and with her written consent), I participated in conversations with her and her mental health provider/s about the issues she is facing and informed her mental health providers about domestic violence-specific issues they needed to be aware of, including appropriate documentation; safety and legal issues; abuser accountability and not involving her partner in treatment; the role of advocacy and any additional needed resources and supports.

____/____/____

22. I advocated with mental health providers/systems on her behalf if/when she requested this (and with her written consent).

____/____/____

23. I reflected on my own responses to and feelings about this particular person, where they come from and how they may be affecting me (i.e. vicarious trauma, transference/counter transference, evoking my own experiences of trauma) either privately or with trusted others (including supervisors, peers, family, friends, etc.)

____/____/____

24. I reflected on how my responses might be affecting her.

____/____/____

25. I noticed how difficulties among women in the shelter/agency community affect staff and how difficulties among staff or within the agency, affect women in the shelter/agency community (in general) as well as this particular woman.

____/____/____

26. I noticed instances when tensions among women in the shelter/agency community and staff related to this individual and found supportive ways to discuss this with her.

____/____/____

27. I discussed the process of healing from abuse and other trauma using empowerment-based approaches (e.g. offering a sense of hope; providing information; viewing symptoms as adaptations; thinking about what happened to you, not what's wrong with you; offering connection but understanding the effects of experiencing betrayals of trust; discussing "feeling skills" providing information and access to peer support resources).

____/____/____

28. We worked together on strengthening or developing new "feeling skills" (i.e. relaxation training, grounding, affect regulation exercises).

____/____/____

29. We worked on incorporating safety planning into other mental health recovery planning /peer support activities and/or helped her connect with peer support groups.

____/____/____

30. I feel that I have the supervision and support I need to reflect on and respond effectively and empathically to the issues that arise in my work.

____yes____no

31. I feel that my agency has created a culture that is welcoming to all survivors; supports openness and communication among both staff and shelter residents; promotes an atmosphere of mutual respect and shared responsibility; is attuned to policies and practices that may be re-traumatizing to survivors (and staff) and has thoughtful and respectful mechanisms in place to address issues as they arise.

____yes____no

Appendix B

Suggested Best Practices

1. A commitment to non-violence is essential in a domestic violence service agency. Because advocate-survivor relationships are based on equality, an advocate will not use punitive interventions because they emphasize power differentials.
2. Each survivor seeking services has her own unique history, background, and experience of victimization. Treat each survivor as an individual.
3. Healing and recovery is personal and individual in nature. Each survivor will react differently. Programs and advocates need to be consistent yet flexible.
4. Establishing a connection based on respect and focusing on a survivor's strengths provides the survivor an environment that is supportive and less frightening.
5. The experience of domestic violence violates a survivor's physical safety and security. Programs need to provide safe physical spaces for both adult and child survivors.
6. Emotional safety is imperative so that survivors can feel more secure and comfortable. They need to live in an environment where their worth is acknowledged and where they feel protected, comforted, listened to and heard.
7. Healing and recovery cannot occur in isolation but within the context of relationships. Relationships fostered with persuasion rather than coercion, ideas rather than force, and empathy rather than rigidity will encourage trust and hope with survivors.
8. When a trauma survivor understands trauma symptoms as attempts to cope with intolerable circumstances, this understanding takes power away from abusers and a survivor's abusive experiences.
9. Despite a survivor's experience of abuse, women and children may still feel an attachment to the person who has harmed them.
10. The administration of the agency must make a commitment to incorporate knowledge about trauma into every aspect of service delivery and to revise policies to insure trauma-sensitivity.

11. Advocates need to look at the “big picture” and not just view an adult or child victim as only their “behaviors and symptoms”.
12. The manner in which a survivor experiences traumatic reactions will certainly be affected by the culture to which she belongs.
13. Collaborating with a survivor places emphasis on survivor safety, choice, and control.
14. Personal boundaries and privacy are inherent human rights.
15. Assume information will need to be repeated from time to time. Survivors of trauma and loss may have difficulty retaining and processing information.
16. Secondary traumatic stress can cause advocates to lose perspective and slip from understanding to blame.

Appendix C

Suggested Best Practices for Child Victims of Domestic Violence

Creating trauma-informed Services is crucial so that children are entering a child-centered and trauma sensitive domestic violence program. It is imperative that all helpers are trained to holistically serve children and families.

By taking a few simple actions, domestic violence helping professional are in a unique position to positively impact the lives of many infants, youths, teens and families. All helping professionals and volunteers should know:

- ❖ All children who are exposed to domestic violence are affected by it in some way or another. A child sees it, hears it and walks into the aftermath of the harm.
- ❖ Children who live in a shared custody arrangement may be impacted by the battering adult's behavior while on visits.
- ❖ Children living with domestic violence often have complicated feelings about their parents.
- ❖ Children often worry that they are responsible for the violence in their homes.
- ❖ Children need validation for their experiences and feelings, not judgments regarding how they should behave or feel about their parent, parents, or care-givers. For example, a helper should never tell a child to not be mad at his mom or dad.

Below are some of the ways in which advocates can support young people exposed to domestic violence:

- ❖ Recognize the potential effects of trauma on youth seeking domestic violence services in such areas as attendance, attention, sleeping, and behaviors.

- ❖ Maximize the infant's, toddler's, youth's, or teen's sense of safety by responding to the needs of traumatized youth in domestic violence shelters, programs and services.
- ❖ Evaluate and understand the impact of policy decisions on youth programming and women's services and how this impacts parenting.
- ❖ Recognize the importance of an advocate's self-care and the potential impact of secondary traumatic stress when working with youth.
- ❖ Be aware of your approach, tone, and body language when interacting with children. There are many ways in which you could trigger trauma reactions.
- ❖ Be able to observe and identify youth in need of help due to trauma.
- ❖ Understand the power dynamics in your relationship and the batterer's tactics and impact. Be aware of your use of words and body language when working with children so as to not induce secondary traumatization.
- ❖ Assist infant, youth or teen in reducing overwhelming emotions and feelings.
- ❖ Provide interventions that help children make new meaning of their experience with domestic violence and help reframe their trauma experience, grief, and loss issues.
- ❖ Address how experiencing trauma can impact a child's behavior, development, and relationships.
- ❖ Advocate and coordinate with parents, staff, schools, and other agencies. Inform and educate others regarding the impact of domestic violence and traumatic stress on children.
- ❖ Support and promote positive and stable relationships in the life of the child by utilizing a child-centered and strengths-based approach.
- ❖ Be sensitive to the impact of traumatic stress on pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences.
- ❖ Include information traumatic stress, grief, and loss and what reactions look like in children of all ages. Recognize how abrupt changes, such as moving into shelter can impact children:

- New/ different bedrooms
- Living with others/sleeping with others in bedroom
- Not having their personal pillows, blankets, and toothbrushes
- Missing their toys, friends, and pets
- Eating different foods, possibly not culturally theirs
- Styles and mannerisms of different staff and volunteers

Mothers and Children

Be aware and minimize the potential of trauma during shelter arrival, intakes, when children are separated from mothers, and in shelter daily routines like chores,

- ❖ Provide anticipatory guidance for mothers and volunteers in interacting with infants, youth, and teens who are adjusting to living in a shelter environment that is often chaotic, unpredictable and not child-centered.
- ❖ Identify families and children that are potentially in more distress or at risk and provide supportive interventions to enhance and/or reduce their stress reactions.
- ❖ Provide cooperative play and planned fun activities in programming to enhance adjustment to shelter living, reduce stress and anxieties, and encourage healthy parent-child bond.
- ❖ Promote healing with laughter, collaborative play, and singing.
- ❖ Be aware that youth living in shelter may be exposed to verbal and physical aggression by other shelter residents and staff that can exacerbate fears or traumatic symptoms.
- ❖ Undertake systematic efforts in shelter programming and policies to implement trauma-focused interventions for youth.
- ❖ Protect youth from victimization while residing in shelter by intervening to secure safety if a mother or another resident becomes harmful in their tone, mannerism, or actions.

Appendix D

Similarities between the Empowerment Model and Trauma-Informed Care

Similarities between the Empowerment Model and Trauma-Informed Care

The majority of domestic violence programs within the State of Ohio have adopted the empowerment model, which is a strengths-based approach to working with individuals who have experienced domestic violence in their lives.

This chart illustrates the similarities between the empowerment model and principles of trauma-informed care. This chart highlights the ways in which trauma-informed care complements the services already being provided and shows that both models are based on a similar approach of valuing and respecting the role of the survivor in healing. Both approaches also emphasize the importance of understanding how things that have happened to you and situations that you have been in impact the way in which you think, feel, behave, react, and respond to life and its stressors. Trauma-informed care makes sure that we are continuing to maintain our focus on the ways in which trauma impacts the survivors we work with, while supporting and respecting the expertise survivors have in their own lives.

Empowerment Model	Trauma-Informed Care
<p>Values that individuals are experts in their own lives</p>	<p>Values experiences, central in a person's life, that impact their reactions and responses</p>
<p>Recognizes that batterer's tactics of power and control, and coercive harm is central in creating psychological & physical trauma reactions and batterer generated risks</p>	<p>Recognizes trauma as a central issue, and that psychological trauma can influence the mental, emotional, and physical well-being of individuals seeking service</p>
<p>It is different from the approach of many social service providers. This approach does not judge decisions she has made in the past and recognizes the fact that she has made the best decisions she could, given the circumstances.</p>	<p>Represents a shift in traditional thinking from, "What's wrong with you?" to "What has happened to you?"</p>
<p>Based upon the concept that it is important to work with the victim of domestic violence to help her regain control over her life and respect her ability to make her own choices</p>	<p>Knowledge based upon the concept that almost all individuals seeking services in the public health systems have trauma histories</p>
<p>Domestic violence can happen to <i>anyone</i> who has the misfortune of becoming involved with a person who seeks to maintain power and control over intimate partners or family members</p>	<p>Traumatic experiences can happen to <i>anyone</i>, either by experiencing trauma directly or by witnessing traumatic events</p>
<p>Individuals have the right to be supported in their decisions about their life choices</p>	<p>Individuals have the right to be involved in defining their goals and service objectives</p>
<p>Recognizes a survivor's individualized responses and provides flexibility as the situation and/or the survivor's perspective changes</p>	<p>Recognizes that individuals experiencing trauma may be triggered in the present and respond to their environment based upon past traumatic experiences</p>
<p>A strengths-based approach is the path to healing for a survivor of domestic violence</p>	<p>The path to healing is led by the consumer or individual and supported by service providers</p>

Appendix E

Resources

Trauma-Informed Care

Risking Connection: A Training Curriculum for Working With Survivors of Childhood Abuse. (Jan. 2000) by Karen W. Saakvitne, Sarah Gamble, Laurie Anne Pearlman, and Beth Tabor Lev

Sanctuary in a Domestic Violence Shelter: A Team Approach to Healing, Madsen, Libbe H., Blitz, Lisa V., McCorkle, David and Panzer, Paula G. MD. (Pages 155-171) *Psychiatric Quarterly*, Vol. 74, No.2, Summer 2003.

The Long Journey Home: Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness. The National Center on Family Homelessness, Prescott, Laura, Soares, Phoebe, Konnath, Kristina and Bassuk, Ellen

Using Trauma Theory to Design Service Systems (Harris, M. and Fallot, R.D. (Eds.). (2001)

Homelessness and Traumatic Stress Training Package By Volk, K., Guarino, K., & Konnath, K. (2007). Rockville, MD. Center for Mental Health Services Substance Abuse, and Mental Health Services Administration. Accessible online at: <http://homeless.samhsa.gov/resource/hrcs-homelessness-and-traumatic-stress-training-package-33070.aspx> (2007)

The Trauma-Informed Toolkit Clinic Community Health Center. Accessible online at: www.trauma-informed.ca (2008)

Trauma

Trauma and Recovery: The Aftermath of Violence. Herman, Judith, MD. Basic Books. (1997)

Women Speak Out video (Community Connections, 1999) is a powerful video that can be used to sensitive staff on the effects of trauma in the lives women.

Trauma through A Child's Eyes: Awakening the Ordinary Miracle of Healing. By Peter Levine with Maggi Kline. North Atlantic Books. (2007)

The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook--What Traumatized Children Can Teach Us About Loss, Love, and Healing. By Bruce Perry and Maia Szalavitz (2007)

Child Trauma Academy. CTA is a not-for-profit organization based in Houston, Texas working to improve the lives of high-risk children through direct service, research and education. We recognize the crucial importance of childhood experience in shaping the health of the individual, and ultimately, society. By creating biologically-informed child and family respectful practice, programs and policy, CTA seeks to help maltreated and traumatized children.

www.childtrauma.org

Substance Abuse and Mental Health Services Administration, Trauma and Justice Section.is dedicated to reducing the pervasive, harmful, and costly health impact violence and trauma. <http://www.samhsa.gov/trauma/>

Domestic Violence

Coercive Control: How Men Entrap Women in Their Personal Lives by Evan Stark, Oxford University Press (2007)

Safety Planning with Battered Women; Complex Lives/Difficult Choices by Jill Davies, Sage Publishing (1998)

Advocacy Beyond Leaving: Helping Battered Women in Contact with their Partners by Jill Davies (2009). Available for download at [http://www.endabuse.org/userfiles/file/Children_and_Families/Advocates%20Guide\(1\).pdf](http://www.endabuse.org/userfiles/file/Children_and_Families/Advocates%20Guide(1).pdf)

Vicarious Trauma

Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma Babette Rothschild with Marjorie Rand. W.W. Norton & Company. (2006)

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others By Laura van Dernoot Lipsky with Connie Burke. Berrett-Koehler Publishers, Inc. (2009)

The Headington Institute, whose mission is to care for caregivers worldwide by promoting the physical hardiness, emotional resilience, and spiritual vitality of humanitarian relief and development personnel. The Headington Institute has created a wonderful online training on vicarious trauma that is available at: <http://headington-institute.org/Default.aspx?tabid=2646>

Links and Websites

Ohio Domestic Violence Network @ www.odvn.org

On-line Trauma Focused Care @ www.musc.edu/tfcbt

The National Child Traumatic Stress Institute @ www.nctsn.org

The National Center on Domestic Violence, Trauma and Mental Health @ www.nationalcenterdvtraumamh.org/links.php

The National Institute of Trauma and Loss in Children @ www.starrtraining.org/tlc

Witness Justice @ www.witnessjustice.org

Appendix F

The Life Experience of Deborah, Antoine, Jeremiah & Alicia

Objective: To enhance advocates skills in identifying the difference between a trauma-informed approach and a traditional service approach in working with individuals impacted by domestic violence and victimization.

Background: Deborah arrived at the shelter at 4:15 p.m. on Wednesday, the night before she was taken by ambulance to the emergency room at local hospital following an incident of threats, menacing and violence perpetrated by her ex-husband. The ex-husband fled the scene before olice arrived.

The police called 911 due to her head injury and bloody nose. The officer transported her three children to the hospital, as there was no family near. The children sat alone in a waiting room, all night long, while their mother was being seen. She was treated for a concussion due to a head injury. She also was strangled and kicked in her ribs and legs.

Deborah described that the children's father threatened to hunt her down, to kidnap his children, and to kill their family dog, Jake. The hospital social worker called the domestic violence hotline and referred Deborah for shelter. Deborah spoke directly to the hotline volunteer and was accepted based upon safety concerns and threats. However, she was told she would have to wait to arrive until after 1 p.m. She was instructed to call the regional district police department and to tell them that she and her three children had been accepted to the shelter. She had to arrange a police escort to the shelter. The hospital social worker gave her bus tickets to get to and stay the day at a local community center. Since it was 6:30 in the morning, the children were going to miss school and daycare.

Arriving at the Shelter: Deborah and her three children, Antoine (age 13), Jeremiah (age 6), and Alicia (age 4) have been staying at the community center since 7 a.m. that morning. They arrived at the confidential shelter after waiting for a police escort for more than 5 hours. (Police escorts are a mandated standard safety policy of the agency.) The family had only eaten peanut butter sandwiches, juice and chips at the center around noon. Also, none of them had slept much during the night, because they spent all night at the hospital. They carried only a tote bag of items with them.

The family arrived at the shelter during shift change; when the day shift is leaving and the night shift is arriving. The office door typically remains closed, due to the confidential nature of information being shared by staff working the hotline and staffing the shelter. Deborah was given her room assignment and some personal care items by the advocate who greeted her at the door. The advocate was friendly and apologized for leaving her right after she came into shelter, but said she must return to her office and go over resident plans and results before 5 pm.

Case Management Meeting: The next day shelter staff held their case management meeting to go over the resident's progress, any house concerns and how people (residents) are doing with their chores as well as meeting their goals and objectives.

- Maya, an advocate, reported during the meeting that Deborah was seen pacing in the hallway and repeatedly looking out the dining room window. She makes the other women uncomfortable because she walks around humming and constantly checking on her children, insisting that they stay next to her in the room. If Deborah goes to the bathroom, she makes her children sit in the hallway beside the bathroom.
- Angelina, another advocate, said that Deborah was not very open to talking to her and that she just wanted to find a place to stay. Angelina said Deborah should be more respectful and thankful for her bed because the shelter has a wait list and there are others who need the space more than she does.
- Angelina thinks that perhaps Deborah is going through withdrawal because she was using substances, and that is why she is so paranoid and withdrawn and keeping information from the advocates.
- Mary, who works on the night shift, indicated that she believes Deborah needs a mental health assessment because she is rocking, listless, and non-responsive to staff. Mary says that Deborah is super-paranoid and hums all of the time.

There is some tension between staff at this meeting due to alternative views of Deborah's behavior. There is obvious disagreement about what is going on with Deborah and how to respond.

- Jessica, another advocate, asked if anyone had sat in a quiet space and talked with Deborah. She wants to ask Deborah if she feels unsafe, frightened or what she might need to help her.
- Mary and Angelina disagree with Jessica's approach, thinking that only mental health professionals should talk to Deborah about her feelings and fear.

- Maya is more concerned about how other residents are feeling with this new family's arrival.

Exercise:

1— Who is thinking in a trauma-informed approach?

- What makes their thought process trauma-informed?
- What is the potential impact of this type of approach for Deborah and her children?
- How will interacting with Deborah in this way most likely make her feel?

2— Which advocates are approaching Deborah in a traditional approach?

- What makes this approach more traditional?
- What is the potential impact of this traditional approach for Deborah and her children? That is, how will interacting with Deborah in this continued manner most likely impact her experience and make her feel?

3- What are some explanations for Deborah's reactions since she has stayed at the shelter?

- What effect did her "journey" to the shelter have on her?
- What may be the reason for her keeping her children close to her side?
- How have the threats and intimidation of the batterer impacted her in a communal living environment?
- What rules of the shelter may impede her needs at this time?
- What would be the best approach when speaking with her about her behaviors?
- Are "chores" the most critical issue that the shelter advocates need to address?

4- How can advocates be mindful of be new residents' perspective?

5- What are some of the children's and Deborah's potential trauma triggers from their abusive experience?

- What are ways you as an advocate can be a trauma champion for the individuals in this family?

Appendix G

Handout for Trauma Survivors

This handout was developed to provide basic information on trauma to survivors of domestic violence. It is a very simple explanation of what trauma is, how domestic violence and trauma relate to each other, common reactions to trauma, and ways in which trauma impacts individuals. It was developed to include in intake packets for survivors accessing services, for court and justice systems that provide information and resources to survivors of domestic violence, and to provide as a resource when organizations have tables at community events or are doing public education. If you would like a copy in Publisher, where you can insert your logo and contact information for your agency in the bottom corner of the second page, ODVN would be happy to provide it to you. Please contact Rachel at rachelr@odvn.org for more information.

Trauma and You

What is Trauma?

People who become victims of a stressful or life-threatening event or accident often experience the event as an emotional shock. Examples of traumatic events include being a victim of a crime, experiencing domestic violence or sexual assault, being abused as a child, surviving a natural disaster, or the death of a loved one. These events are beyond a person's control, and can happen to anyone.

The hallmark of a traumatic experience is that it typically overwhelms an individual emotionally, mentally, and physically. These events can cause feelings of terror, intense fear, horror, helplessness,

Trauma responses are NORMAL responses to ABNORMAL situations.

and physical stress reactions. The ways in which we cope with stressful events are ineffective in the face of traumatic experiences.

The impact of these events does not simply go away when the event is over. Traumatic experiences are profound and sometimes can change the way in which people see themselves and

the world. Traumatic events can often produce lasting changes in your emotions, your thoughts, and your body's stress response and how you body feels.

This handout provides information on common reactions to trauma, focusing on the trauma of domestic violence. We hope it will assist you in understanding the way in which your experiences have impacted you, and knowing that these reactions are normal, valid responses. We wish you the best as you move on your journey towards regaining a sense of safety and control over your life and work on healing and moving forward.

Domestic Violence and Trauma

When we experience trauma at the hands of someone we love and trust, it often impacts us profoundly and in many areas of our lives. Domestic violence involves a pattern of coercive and controlling behavior that your partner uses against you to obtain power and control over you and your life. By

using such tactics as intimidation, coercion and threats, economic abuse, emotional abuse, and using your children, your partner's actions might make you feel fearful, powerless, and hopeless, as you struggle to stay as safe as you can in a dangerous situation. Even if you decide to leave the

relationship, your partner might still pose a significant risk to your emotional and physical safety, which often means that healing from abusive experiences takes additional time and effort. Yet many victims of domestic violence do heal, and go on to live fulfilling and enriching lives. You can too.



Trauma symptoms:

- *Feelings of fear*
- *Feeling like you have lost control*
- *Having trouble concentrating*
- *Feeling guilty*
- *Feeling negative about yourself*
- *Depression*
- *Anxiety*
- *Problems in your relationships*



For more information, contact your local domestic violence program or ODVN at 800-934-9840 or www.odvn.org

How Do People React to Trauma?

There are three common “clusters” of the body and brain’s response to trauma. They include:

Hyperarousal: This refers to the physiological (body) changes that occur in the brains and bodies of trauma survivors, which prepare them to respond to perceived danger. You might feel like you are constantly on the alert for danger, startle easily, and feel like you are “on” all the time. These physical

responses can occur weeks, months or years after the event, when a person is reminded of the trauma.

Intrusion or re-experiencing events: These symptoms refer to the experience of the trauma “intruding” upon your life after a traumatic event is over. This involves having memories of a disturbing event when you don’t want to or weren’t even thinking about it. This often makes people feel that they aren’t in control.

Constriction or avoidance reactions: Often our brain responds to stress by trying to keep us safe through ignoring or avoiding anything related to the trauma. This can include “numbing” of feelings and thoughts connected with the traumatic situation. You might feel the urge to avoid all circumstances associated with the trauma and may withdraw from others as a way of seeking emotional safety.

How Can Trauma Impact Me?

Each person is impacted differently by their experiences with trauma. We do know that trauma can have a huge impact on many areas of your life. Trauma often impacts a person’s ability to control their emotions, make themselves feel better, make decisions, and develop plans. It is very

common for victims of domestic violence to feel like their relationship has changed their lives in multiple ways they would have never imagined. Survivors often talk about the ways in which abuse has affected their physical health, mental health, emotional health, feelings about themselves and

others, their relationships with loved ones and other people, their spiritual relationships, and their understanding of the world. Trauma often changes people, but we know that survivors of trauma are strong. We know that recovering and healing from traumatic experiences is possible and happens often.

What Can Help Me Heal?

Give yourself some time: It can take time to recover from traumatic events, but understanding it takes time to heal and process things does seem to help almost everyone. It helps to get some sleep and make sure you are eating and attending to your body’s needs.

Talk about your traumatic experiences: Telling your story to those who care about you is essential to healing. Breaking the silence about your experiences can be an important means of coping, and will help you process what happened to you.

Re-establish a sense of safety: Feeling safe is the first step in healing from trauma. Often this begins with regaining a feeling of control over your body. Pay attention to your body’s reactions and think about how you calm down when you are stressed.