



Trauma-Informed Approaches

**Promising Practices and Protocols for
Ohio's Domestic Violence Programs**



Sonia D. Ferencik, LISW-S, RA | Rachel Ramirez-Hammond, LISW-S, RA

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In this fourth edition, ODVN shifted focus emphasizing the link that exists between your service to survivors and your self-care in the section called "Caring for the Advocate". This section also shows how domestic violence agencies can incorporate approaches that address vicarious trauma in hiring, supervision, and training practices. Notable additions highlights informed consent, working with LGBTQ survivors, and how to advocate without practicing law: Guidance for non-attorney advocates (Appendix H). Lastly, ODVN's CARE Project is included which is an advocacy framework supporting survivors with complex needs. The framework is a relationship-based, proactive model of advocacy created specifically for effectively working with survivors who have trouble successfully accessing domestic violence services, they are currently designed.

ODVN would like to recognize Cathleen Alexander, LISW-S, for her contribution regarding incorporating vicarious trauma into organizational frameworks.

ODVN would also like to extend appreciation and credit to Michael Meiorow for his expertise in the graphic design refreshing this manual.

Fourth edition updates by Sonia Ferencik , LISW-S, RA.

Please contact Sonia Ferencik, Youth Advocacy & Trauma-informed Services Coordinator at soniaf@odvn.org if you would like more information.

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Introduction

Victims of domestic violence, both adults and children, are survivors of traumatic experiences. Being hurt by someone they love and who is a part of the 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 reported 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 Trauma Survey, 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 incorporated that knowledge into their service provision. With 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 Approaches: Promising Practices and Protocols for Ohio's Domestic Violence Programs, 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 may become guilty of causing secondary victimization to the many individuals both adult and children whom we serve.

The idea, design, and creation process for this manual, Trauma-Informed Approaches: Promising Practices and Protocols for Ohio's Domestic Violence Programs, has been one that has involved numerous individuals from around the state of Ohio who have dedicated their time and expertise to ensuring that the voices of survivors 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.

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

The Trauma-Informed Care Advisory Committee

Aisha Brothers, MSW, LSW, Victim Advocate, Artemis Center, Dayton

Kristine Buffington, MSW, LISW-S, Vice-President of Mental Health Services, Renewed Minds, Toledo

Annelle Edwards, MSW, LISW-S, Co-Executive Director, Eve, Inc., Marietta

Sonia Ferencik, MSSA, LISW-S, Child Trauma Services Coordinator, The Domestic Violence Center of Greater Cleveland, Cleveland

Shayna Jackson, MSSA, LISW-S, Executive Director, WomenSafe, Inc., Chardon

Teresa Lopez, Outreach Case Manager, YWCA Battered Women's Program, Toledo

Julie Lampe, RASS, Coordinator, Safer Futures, Kent

Krystal Martin, MSSA, LISW, Outreach Coordinator, Ohio Domestic Violence Network, Columbus

Melissa Pearce, Executive Director/CEO, Domestic Violence Project, Inc., Canton

Rebecca Born, MSW, LISW-S, Executive Director, Connections, A Safe Place, Cincinnati

Rachel Ramirez, MSW, LISW, Training Coordinator, Ohio Domestic Violence Network, Columbus

Second Edition Updates

The second edition of the manual was updated in 2013 by ODVN Training Coordinator Rachel Ramirez, LISW-S, RA. 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.

Third Edition Updates

The third edition of the manual was updated in 2016 by ODVN Training and Technical Assistance Specialist Rachel Ramirez. 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 to include clearer language in protocols section.

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.

In this edition, we have made every effort to remove gendered language, so as to accurately reflect the incidence of domestic violence across all populations. All survivors of domestic violence categorically 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 their 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.



Caring For The Advocate: Addressing Vicarious Trauma for the Individual and Within the Agency

It is intentional in design, beginning this manual with the subject of vicarious trauma. Comprehending vicarious trauma or secondary trauma exposure is as critical and necessary for the individual as advocate, for peers as co-workers and for supervisors as stewards of domestic violence programming. The impact of working in an active crisis setting daily, along with supporting individuals who are victims of crimes, is tangible. However, the topic of secondary trauma exposure usually comes near the end of a book, in passing, discussed as the last portion of a workshop, or perhaps mentioned in an advocate's job training.

In this edition, ODVN shifted the focus of vicarious trauma moving the section to the beginning of the manual. We show the link existing between your service to survivors and your self-care. **Balancing your self-care and wellness matters so that you feel physically and mentally energized to come back to this work daily.** Responding to the difficulties of this work gives way to balancing your interactions with each adult and child survivor you encounter. Equally, tending to your care is vital so that when you arrive home, you feel ready to participate in your life's circle of family, friends and community.

“Rest and self-care are so important. When you take time to replenish your spirit, it allows you to serve others from the overflow. You cannot serve from an empty vessel.”

Eleanor Brown

Addressing vicarious trauma appropriately creates intentionality in how you care for yourself and how you serve adults and children victimized by a battering partner.

Addressing vicarious trauma within a domestic violence agency is critical and necessary: creating this commitment within the agency demonstrates intention for the care and worth of the adult and child survivors along with the care and worth of the advocate.

Agency leaders focusing on the well-being of their staff fosters longevity, reduces sick days, and builds a sense of positive teamwork. Leaders and supervisors can actively incorporate wellness, care, and resilience strategies into supervision and in the overall design of services. Incorporating these trauma-informed practices into all aspects of training, supervision, and critical incident debriefing ensures a culture of care for survivors and advocates.

- **Ultimately, both adult and child survivors will experience better connections, interventions, and survivor-centered advocacy.**

Working in a domestic violence agency is an extremely difficult, yet amazing job. It involves constantly attending to people's trauma and pain while supporting the daily needs of adult and child victims.

- **It is critical to emphasize that advocates possess incredible reserves of resilience. Yet, it is essential that advocates take the time to care for their daily needs or an imbalance may occur.**

In recognition of the power of listening and the courage of advocates, this section provides guidance, resources, and promising practices to advocates and domestic violence service programs as they enhance their programmatic infrastructure to address the critical need for secondary trauma services for program staff. Sufficient resources exist to assist both individuals and agencies in reducing the effects of vicarious trauma, which will create a healthier work environment and benefit the individuals and families receiving services.

What is Vicarious Trauma?

“Stories have the power to create social change and inspire community.”

Terry Tempest Williams

Advocates, those who have chosen to dedicate their lives to anti-violence work understand the power of stories to both heal the hurting soul and build a powerful movement.

For it is from individual survivor stories told in whispers over the phone, through tears in hospital emergency rooms, through the drawings of second-graders, and late at night over a cup of coffee that victim services and societal change have flourished over the last four decades.

The movement to address domestic violence started with the stories told by survivors who found the courage to break the silence and talk about what often occurred in secret, behind closed doors. The grassroots shelter movement built on these stories, as safe spaces, were created from conversations at kitchen tables.

As the movement to end violence has grown and evolved into a multi-system, comprehensive set of prevention and intervention efforts, one thing has remained constant.

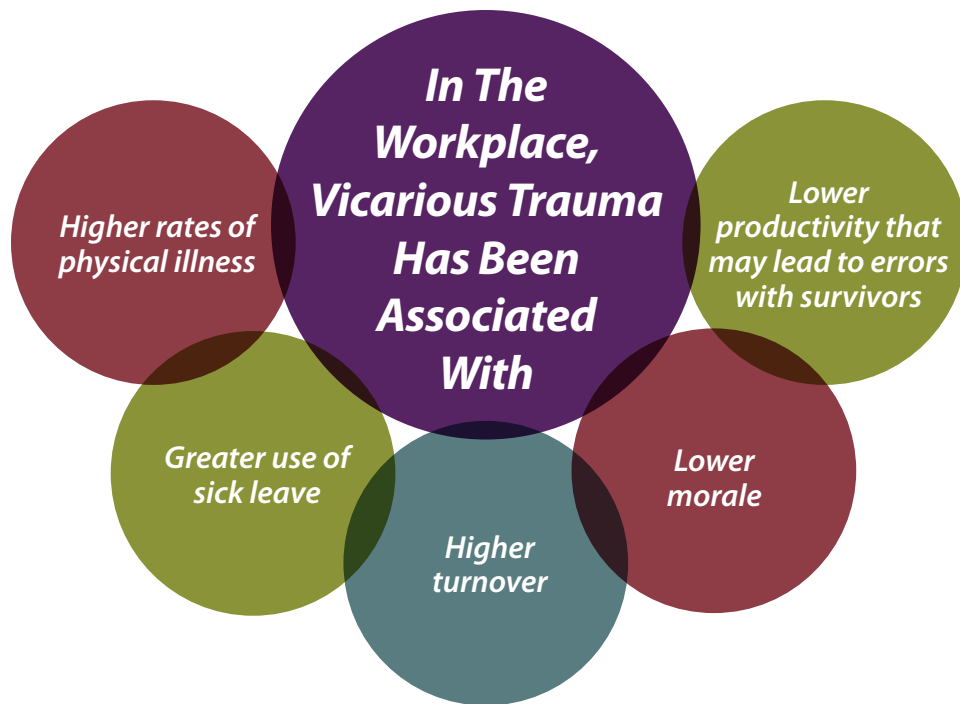
The stories. The lived experiences of adults, babies, toddlers, children and teens, in harm's way by way of someone in their family.

Connecting with survivors by sitting with them and hearing their stories is still a powerful intervention available to the advocates who work across our state. Yet, even as the stories continue to serve as the foundation for survivor healing, they also can accumulate and live on in the hearts and bodies of their advocates in the form of secondary trauma or vicarious trauma.

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.

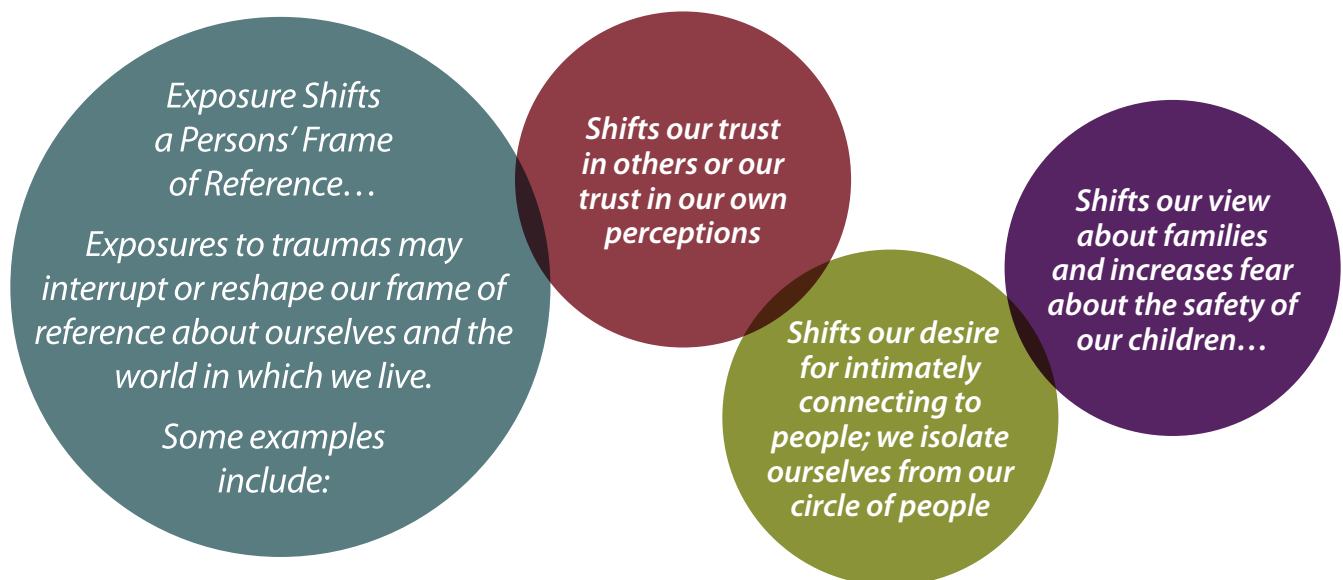
Vicarious Trauma Institute



Vicarious trauma is the energy that comes from being in the presence of trauma, and it is how our bodies and psyches react to the expressions of profound despair, rage, and pain. Personal balance can be lost for a moment or for a long time. The waves of agony and pain can bombard the spirit and seep in, draining strength, creativity, confidence, desire, friendship, calmness, laughter, and good health. Confusion, apathy, isolation, anxiety, sadness, and illness are all too often the result.

Advocates dedicate themselves to supporting adult and child survivors by listening empathetically to very difficult hurts and fears. This constant exposure to traumatic experiences can have a negative impact on the individual helper's well-being unless they actively engage in a plan for their self-care and balance.

Research shows that in helping others who experience extremely stressful events, helpers are also exposed to both direct and vicarious sources of traumatic stress.



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 advocates care about people who have been hurt and 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 survivors experience.

Terms like compassion fatigue, secondary traumatization, and burnout are used to describe what may be happening to the helper as advocate.

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, 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.

“Domestic violence advocates do this work because of a passion to incite change in the unjust treatment of people by a partner who is abusive.

We have heard it said repeatedly...“Home is where the heart is.” Yet, advocates know that home is where the heart can be broken and where people can be most afraid.”

A Youth Advocate

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

- Possessing 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 are not able to get the support (such as housing, medical care, etc.) they need to be safe.

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 they are occurring. There may be shifts in an advocate's internal beliefs, and individuals who are advocates may not recognize this shift until it becomes clear in one's behaviors and well-being.

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
- 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

Source: *Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers* was prepared by Jan I. Richardson of the Centre for Research on Violence Against Women and Children in London, Ontario for the Family Violence Prevention Unit, Health Canada.

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)

Coping With Vicarious Trauma: Solutions for Advocates

Your wellness matters. How you feel emotionally and physically can translate into how you treat and interact with others. Working with adult and child survivors requires the advocate to suspend their internal reactions and thoughts while holding a sense of space for the persons they are serving.

This work is not about you. It is about the individual survivor adult or child. Yet, how you are (feeling emotionally and physiologically) is completely important in how you relate to the individual who is the survivor, adult, or child that is in front of you.

“Although the world is full of suffering, it is also full of the overcoming of it.”

Helen Keller

Suggestions to Help Prevent the Effects of Vicarious Trauma

- Anticipate that you will experience vicarious trauma.
- Develop self-awareness to recognize how your thoughts, beliefs, and interactions are shifting both at work and at home.
- Commit to following an action plan of self-care for your emotional, physical and spiritual well-being.
- Care for your physical health by following a proper diet, getting adequate sleep, and engaging in physical activities such as walking, dancing, playing, or yoga.
- Care for your psychological health by knowing your limitations and your level of tolerance; keep boundaries that you set for yourself and others and identify triggers that may affect you.
- Use mind, body and spiritual practices to support your wellness like music, humor, and art to process your emotional responses; seek therapy to provide you a space for processing; try alternative therapeutic approaches such as yoga, mindfulness, meditation, drumming, horseback riding, forest bathing, art therapy, guided imagery and tapping.



- Keep socially active by engaging in social activities outside work. Seek emotional support from safe friends, co-workers, or family members.
- Clarify your sense of meaning and purpose in life by viewing your role as an advocate or guide as opposed to someone who fixes a survivor's problems.
- Learning the techniques of survivor-defined advocacy aids you in clear boundaries and understanding. Refer to Jill Davies book, *Domestic Violence Advocacy: Complex Lives, Difficult Choices*. Second Edition, by Jill M. Davies and Eleanor Lyon, Sage Publishing, 2013.

- Recognize that you cannot take responsibility for the healing of another person. You achieve this by understanding personal and professional boundaries as well as utilizing effective supervision when you are working with a survivor whose circumstances have affected your feelings.
- Incorporate trauma knowledge into your professional life by learning about the impact of trauma and secondary trauma.
- Identify your personal reactions, planning for the appropriate response by normalizing your reactions to events.
- Realize the importance of movement, centering breaths, and tapping as a means to discharge the physical energy inside your body during the actual moments when this is happening.
- Resist the urge to take what happens on your shift or with a survivor personally. The interactions are not about you but rather the survivor's experience (child, teen, or adult).
- Utilize your team for support by seeking supervision, taking breaks during your workday, and by seeking support and debriefing critical happenings in your work rather than toughing it out.

Healthy Coping and Resilience

Coping means to face or deal with responsibilities, problems, or difficulties with some degree of balance or success in a calm or adequate manner: Healthy coping is an intentional choice.

- This means you make deliberate choices throughout your day to maintain balance and process reactions.
- Coping is the process of managing what comes our way in life, at home and while at work.
- Deciding to cope in a healthy way means you reach a balance between positive and stressful events while managing stress reactions within your body.

Managing and balancing in life is a building block to your resilience. Resilience is the power to bounce back and recover readily from stressors or adversity.

- Creating your personal self-care action plan will positively influence your ability to cope in a healthy manner and foster your ability to mitigate difficult situations while remaining calm.
- Your resilience will flourish when you care for yourself while serving others.

It needs saying that paying attention to your wellness emotionally, physically, and spiritually is not selfish. For if you neglect nourishing your mind, body, and spirit, you are more likely to become exhausted, experience numbing, and decrease your ability to empathize with others.

Likewise, caring for yourself lessens the likelihood of negative choices in an attempt to make yourself feel better such as isolating yourself from others, not answering your phone, or texts, or even using alcohol or drugs to ease your stress levels. Sometimes, vicarious trauma reveals itself in your interactions with others by being hostile, harsh, judgmental, or cynical toward them (at home and/or work).

The National Center for Victims of Crime Healthy Coping Tip Sheet lists the following questions as a self-examination in how you are balancing your work and life. This inventory of questions illustrates ways your coping is going well and identifies areas to focus on. Notice if you detect a difference in when something may have changed for you and seek to take action to get yourself back on track.

- What do you do for fun and relaxation? How often?
- What helps you to relax?
- When was your last real vacation?
- Who makes you feel most comfortable?
- When was the last time you did something physical?
- What makes you laugh?
- How do you know when you are not taking care of yourself?
- What creates stress in your life?
- How do you know when you are stressed?
- What helps you cope with stress?
- Do your ways of coping with stress cause you any problems?

Additionally, *The Healthy Coping Tip Sheet* highlights the following examples of coping methods. These proven strategies are trauma-informed in that they connect your body, emotions, and mind while helping you manage your reactions.

- **Physical calming**, or decreasing the physical signs of stress by taking good care of yourself. Physical calming methods include getting enough sleep, being physically active every day, and eating regularly.
- **Emotional calming**, or finding ways to express and deal with your emotions. You can release your emotions by talking with friends, writing in a journal, receiving counseling, or crying.
- **Critical thinking and creativity** You can use your analytical and creative powers to identify how you can change the stressful situation (e.g., ending an energy-draining relationship or finding a new job) and then follow through on the course of action you think is best.

Reference Source: The National Center for Victims of Crime Fact Sheets/Healthy Coping
<https://victimsofcrime.org/library/publications/other-topics/resilience-project/fact-sheets/healthy-coping>

Advocate's Self-Care Wheel and Coping Activity

The following handout is a tool developed by ODVN's Vicarious Trauma, Hope and Resilience Project for Advocates in 2019. This Self-Care Wheel offers you a visual worksheet to use individually or in supervision.

The wheel provides you a tool to determine deliberate choices to create your self-care action plan. The four sections anchored in choices, resilience, replenishing, and action parallel with movement, inspiration, grounding and air: Each allows space to write your personal choices in designing a balanced life throughout the day. Several pages follow that will describe ways to utilize your plan.



- **Bring Into My Life** –What is it that I know? Am I listening to my inner voice telling me to do this?
 - I know it is time to listen in order to bring peace, joy, or wellness to my life. What am I missing or finding that I must do?
- **Drinking Water** –How much water do I consume daily, or do I drink any at all?
 - Begin with drinking more water every day as hydration has proven to increase your energy, flush out toxins and reduce headaches. Limit your intake of caffeine and nicotine as each act as a stimulant and increases stress.
- **Cleanse/Bathe** – Do I take the time to be still using water as a calming element?
 - Immersing your body in a shower or a bath while shifting your mind from racing through your “to-do list” is an effective approach to gain serenity. Using warm, sudsy water to refresh can provide a connection to your body, quieting your mind, and listening to where your tension may be. Your challenge, like most, will be in calming the chatter in your mind. Take deep cleansing breaths to come back to calm or try calming music.
- **Whom I Enjoy Being Near** – Am I spending time with my family, friends, or pets? Or have I noticed that I am retreating from activities I once enjoyed?
 - Purposely spend time with people whom you enjoy being with, and notice if you begin to cancel plans of getting together. Spending time with people whom support you, laugh with you, and care about you is important to your feeling of inclusion in the midst of this distressing work.
 - However, this is not disregarding the times when you truly need a retreat from others and the world at large. Being alone and quiet can provide you space to reenergize yourself too. Strive to find a balance between the two.
- **Song, Quote, or Prayer** – Do I understand the power of song, powerful quotes, or words in prayer or gratitude?
 - Determine the word or quote that anchors you to your purpose, or calms you during stressful experiences. Which prayer, mantra or song provides you with the feeling of peace, confidence or connects you spiritually? Singing, humming, and praying have shown to release tension in the body, regulating a person’s nervous system.
- **Noticing Beauty** – Am I mindful of my five senses; taste, smell, sight, hearing, and touch? Am I noticing the air by feeling a breeze, hearing the laughter of children, seeing the colors in art or nature, noticing the tastes of foods, or smelling the newness in the morning as each day awakens?
 - Engage your five senses seeing the beauty in this world. Look up and all around, noticing the feeling of a breeze touching your skin, hearing the birds singing, or seeing the smiles and laughter on people’s faces. It is essential that you take more than a glance at the beauties and kindness in this world.
 - This awareness of seeing beauty co-existing with suffering helps us to see the full view of this world.

- **Grounding Word** –What is my go-to word that brings me to a place of stopping or pausing when I need to calm my body and mind?
 - Pause and reflect on a word that grounds you in moments of distress. Pausing, inhaling a breath through your nose and then exhaling your breath through your nose or mouth is a method in grounding yourself. Your grounding word might be something like empathy, pause, wait, or even a phrase such as “I am okay.”
- **Restorative Sleep** –Am I sleeping well? Do I wake up feeling rested? Do I find it hard to fall asleep, sleep throughout the night, or do I wake up too early?
 - Restorative sleep is a deeper state of sleeping where your body repairs itself at a cellular level. Creating a plan of action steps to bring restorative sleep into your life nightly is vital to your well-being.
 - Steps include removing lights from the bedroom like clock lights, hanging blackout curtains that block lighting from the outside, limiting screen time several hours before bed, using weighted blankets or weighted eye pillows, using pure lavender essential oil to calm, or drinking chamomile tea prior to sleeping.
 - Other suggestions include using a fan to create white noise or listening to guided imagery that can lull you into a state of calm through progressive body relaxation techniques.
- **Nourishment and Food** – Do I eat well? Or do I allow my moods to determine my eating? Do I even take the time to eat?
 - Try ten days of food intake that does not include breads, pastas, soda, or fast food. There is no doubt the first days may be difficult. Creating a food plan that consists of water, fresh produce and fruits along with healthy options for breakfast, lunch, and dinner can make a difference in energy, focused thinking, and sleeping patterns.
 - Make a point to talk with your health care provider for proper guidance in nutrition.
- **Relaxing/Guided Imagery** –When I am home, do I find it as a comforting space for me to achieve rejuvenation? Is my space relaxing or is it cluttered and draining? Do I use music, or guided imagery to help me to find an inner state of well being?
 - Try focused relaxation that helps create harmony between the mind and body. This a scientifically proven approach towards reducing stress. This technique uses imagery, music and words, which creates calm, peaceful images in your mind, thereby providing a “mental escape.” You can access guided imagery through Spotify, Health Journeys.com, or through YouTube.
 - Similarly, removing clutter and cleaning your space will lend you towards feeling more positive and calm.

- **Air-Deep Breathing** – Do I spend most of my day unaware of my breathing? Am I a shallow breather meaning I breathe minimal air into my lungs, taking more breaths per minute? I am aware of how deeper breathing regulates my internal states like blood pressure and heart rate.
 - Improve intentional deeper breathing by shifting away from shallow, short breaths to longer inhales and exhales into your lungs. This intentional deeper breathing has many health benefits, one of which is to calm the parasympathetic nervous system, resulting in enhanced regulation.
 - You can also model and share this stress-reducing technique with child and adult survivors along with co-workers.
- **Movement** –Am I walking more or finding that I sit more now? Am I looking for ways to move my body between hotline calls, intakes or after a distressing interaction? Do I understand the health benefits of discharging stress or upsetting feelings?
 - Keep moving as movement helps calm the nervous system, which reduces vicarious reactions and stressors in your body and in your job. You can move in so many different ways. Physical activity does not necessarily have to happen in class or a gym.
 - You can stretch between intakes reaching your arms to the floor or pressing your hand on your thighs or by taking a walk through the shelter or agency.
 - Search YouTube for examples of how to incorporate eye palming, tapping, chair yoga, and restorative yoga poses throughout your day.

Note, this 2019 project invited advocates from across Ohio to participate in two days of restorative experiences addressing vicarious trauma. Opportunities for advocates in these two days included breathing, mindfulness, yoga, tapping, drumming, and creative art activities designed to bolster creativity, bonding, laughter, and resilience. If you would like more information, please contact Sonia Ferencik at soniaf@odvn.org.

This poem also created during ODVN's Vicarious Trauma, Hope and Resilience Project is rooted in resiliency and care, affirming the value of each advocate. It can be quite useful when read as a group as it builds community and connection with one another.



Advocate Be Well

I know I am who I am and that I am not what I do.

I know I need to lead a balanced life while at work and at home.

I know suffering and beauty co-exist in this world.

I know I need to nourish my body and soul with nutrition, love, inspiration, and being present in my whole life.

I know survivors, child, teen and adult, deserve my best in being present while supporting their choices.

I drink eight glasses of water daily.

I am practicing breathing and centering, knowing I can access my inner place of calm before responding.

I know it is okay to begin each day at work with an awareness of being enough and leaving at the end of the day with intention while honoring the babies, children, teens, and adults whom I serve and support.

I know having healthy boundaries is not selfish in order to come back to this work every day.

I know it is critical and necessary to have laughter, joy, tears, and people in my life.

I can close my eyes amidst the business of this work, center myself with three deep breaths in and out, and then respond.

I know I may write, journal, sing loudly, laugh hard, dance, and experience gratitude.

I know survivors, child, teen, and adult, deserve my best in being present while supporting each of them in their lives.

I hear what my body is telling me. I know to pay attention to these messages. I will act with loving kindness toward myself, making healthy choices even when I might not want to, noticing my resistance.

I know suffering and beauty co-exist in our world.

I know I am accountable for my choices, my words, my actions, and the care of my own life.

I know I have only to breathe in and out deeply to come back to my inner place of calm and peace, grounding me.

S. Ferencik, 2019



Wellness Resources

ODVN highly recommends Laura van Dernoot Lipsky's books, her website, and her Ted Talks. Lipsky is widely recognized in the field of trauma exposure. She offers hope in caring for self while caring for others in our communities. Her book, *Trauma Stewardship*, is a necessary read or perhaps view her Ted Talks. By doing so, you will learn to develop practical skills that will benefit your life and enhance your feelings of positivity in your work.

Books: *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*. Berrett-Koehler Publishers. 2009

The Age of Overwhelm: Strategies for the Long Haul. Berrett-Koehler Publishers, 2018

Website: Trauma Stewardship Institute at <https://traumastewardship.com/laura-van-dernoot-lipsky/>

Mindfulness Lifestyle/Practice-Oriented Websites

- www.calm.com
- www.coffitivity.com (ambient noise of coffee shop)
- www.focusatwill.com (scientifically optimized music)
- www.headspace.com
- www.mindful.org
- www.themindfulword.org
- www.naturesoundsfor.me (ambient nature sounds)
- www.rainymood.com (ambient noise of thunderstorms)

Self-Care Apps

- **Breathe2Relax iTunes | Google Play**
A portable stress management tool. Breathe2Relax is a hands-on diaphragmatic breathing exercise. Breathing exercises have been documented to decrease the body's 'fight-or-flight' (stress) response, and help with mood stabilization, anger control, and anxiety management.
- **Buddhify iTunes | Google Play**
This is a mindfulness and meditation app that is built around you. Buddhify is perfect for those who are ready to incorporate meditation and mindfulness into their entire day, with meditations that target every aspect of your life, from sleeping, to traveling, to being online.
- **Calm iTunes | Google Play**
Includes multiple guided as well as unguided sessions.
- **Headspace iTunes | Google Play**
This app is great for people getting started with meditation. The first level in the program teaches you meditation in easily digestible ten-minute sessions.
- **Insight Timer iTunes | Google Play**
A meditation timer that connects you with other meditators across the globe.
- **The Mindfulness App iTunes | Google Play**
This app allows you to select guided or silent meditations at the length of your choice so no matter what level of meditation experience you have you are covered.

“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

Incorporating Vicarious Trauma-Informed Best Practices Into Domestic Violence Agency’s Policies and Procedure

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, review staff policies and procedures to make sure they support and encourage employee well-being.

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

Below are ways in which a domestic violence agency can create an infrastructure for their staff by:

- Begin training and education in trauma theory, victimization, and trauma-informed approaches when connecting with child and adult survivors,
- Training on identifying vicarious trauma reactions and coping with vicarious trauma,
- Using this manual to guide advocates in developing a comprehensive understanding of the challenging work they do each day,
- Committing to intentional supervision and staff-care as a priority for supervisors and directors with the goal of preventing secondary/vicarious traumatization, and promoting a culture of care and safety,
- Developing agency resources, including peer consultation and support, which are helpful for those who are front-line advocates, youth advocates, hotline workers, and/or justice advocates.

Key Point:

Individuals as advocates are responsible for their own self-care. Yet, it is likewise ethical for agencies to address vicarious trauma for the staff who work with both children and adults victimized by harm.

Adapted from: *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

The following section are excerpts taken from ODN's Organizational Manual Resilience for Supervisors: Emerging Practices in Addressing Vicarious Trauma by Cathleen Alexander, LISW-S, Adult Trauma Training and Technical Assistance Specialist. This toolkit addresses vicarious trauma, including tools for program supervisors, human resources professionals, and advocates. Please contact soniaf@odvn.org or go to www.odvn.org for this valuable resource.

Considerations for Supervisors: Incorporating Vicarious Trauma-Informed Approaches into Agency Hiring & Orientation

Supervisors may be tempted to sidestep the issue of secondary trauma as they seek to fill vacant positions for unappealing shifts on short notice. Over the long run, however, introducing an advocate early to the concept of vicarious trauma and orienting them to available individual and organizational solutions, the more likely the employee is to adjust and flourish within the work environment.

Best practices highlighted below include approaches for creating a trauma-informed job description, interviewing and hiring job candidates, orienting newly hired advocates, designing protocols in supervising and peer supervision along with a brief description of critical incident debriefing.

Intentional Creation of a Job Description Addressing Trauma Work

Recruitment efforts start with the creation of a job description. When creating a formal job description, one should keep in mind the realities of the job. Some of the items to consider include:

- Accurately describing the skills and experience needed.
- Clearly explaining all of the duties associated with the position.
- Providing information on both the pros of this type of work like compassion satisfaction as well as the challenges such as exposure to trauma, and the emotional cost of caring.
- Conveying a culture of affirmation and caring, providing details on support and training for effective skill-building along with ensuring supervision and critical incident debriefing for staff's emotional support.

Interviewing and Hiring Practices

In addition to asking questions to learn about the applicant during the interview process, there are several points, which set the scene for the organization's supportiveness regarding work-related trauma exposure. Topics to highlight include:

- Emphasizing the infrastructure of support offered from supervisors, peers, and the legal team if required. An advocate should never feel alone in this work.

- Reiterating the realities of the skills needed and duties associated with the job and soliciting strategies for handling interactions with child and adult survivors.
- Conveying a culture of affirmation and caring in the midst of crisis, advocacy and relationship building.
- Providing in-depth information regarding supervision/critical debriefing protocols, and supports available like employee assistance program (EAP), wellness plans, and peer support groups.

“Sometimes, as a new advocate, you just kind of feel your training is based on sink or swim”

DV Shelter Advocate

Preparing for the Advocate’s First Days

Before a new employee starts, know the organization’s current climate and culture and this how this environment may affect a new staff’s beginning. Plan for any actions to prepare for this influence.

This includes the supervisors knowing the morale of seasoned staff and their typical interactions with new staff. Thinking this through can help identify who the mentors/peers may be. Utilizing peers as mentors to welcome and orient new staff encourages teamwork at the forefront. Mentors share realities of the job, including benefits and challenges of the work, which can help carry out the culture of affirmation and caring.

In addition to formal training on how to do the tasks the new position requires, the new employee should receive information on the personal impact the job may have and resources on how to prepare for that impact. Themes include:

- Introducing the concepts of primary/secondary trauma, vicarious trauma, and resilience
- Providing a welcome and wellness packet and reviewing the contents with the employee
- Orienting the employee to the facility and introducing them to coworkers
- Highlighting the importance of enhancing physical and psychological safety

Steps in Supervision

- **Introducing Vicarious Trauma** – An important part of the orientation for a new employee should include an introduction to the impact of vicarious trauma that may result from working in a trauma-exposed profession. While talking about the effects of trauma exposure is important, it is equally important to talk about the rewards of the job, reinforcing the idea that compassion satisfaction is a critical component of this work. The supervisor or a designated peer mentor can review these ideas and concepts with the new employee within the first weeks of the new position.

- **Vicarious Trauma: Signs and Symptoms** – The first three months is a beneficial time to review signs and symptoms of vicarious trauma. Set the expectation that vicarious trauma is an ongoing topic in supervision. Similarly, encourage the new employee to pay attention to their own reactions to the work.

Utilizing the ODVN's Self-Care Wheel (p 17) at this juncture promotes positive steps in managing or averting the impact of secondary trauma exposure. This visual tool sets an intention and gives examples of a self-care action plan.

- **Emotional Resilience** – Helping a newly hired advocate understand the concept of resilience in the workplace is another key component to creating a culture of affirmation and caring.
- **Ongoing Supervision** – Supervision is a complicated issue for advocates. There is often a lack of understanding and suspicion regarding supervision. Keeping supervision at the forefront in the midst of this crisis-oriented work is challenging. Supervisors are accountable for protecting scheduled supervision meetings with advocates. Missing or canceling set appointments conveys a lack of commitment and may raise apprehensions about the importance of the supervisory relationship. Advocates may even begin to question their value and worth in the agency. Ultimately, remember trauma-informed supervision affords adult and child survivors a climate of empathy and connection in service provisions.
- **Peer Supervision** or consultation is another approach within a domestic violence agency. Peer supervision provides a safe place for staff to unload, vent and debrief. The setting is usually in a group with a facilitator. This facilitator is versed in trauma reactivity and can serve as a resource for group members with examples of bodywork, reframing responses, journaling, and other approaches to reduce the impact of secondary trauma.

There is respect for confidentiality within peer support facilitation and is not linked to performance reviews. However, this is providing issues discussed within the group are within the boundaries of ethical behavior. Group meetings are not the place to discuss the power dynamics of the agency or do policy development work. Weekly peer consultation/facilitation groups might be necessary due to an intense or crisis-focused environment. Retaining an external facilitator to conduct peer consultation may be a productive option for some programs.

- **Critical Incident Debriefing** – Addressing the impact of vicarious trauma is necessary throughout all levels of the organization, and throughout the phases of the work. However, some circumstances occur in domestic violence agencies that lead to a need for an incident-based focus as well. Critical incidents in this line of work are events that happen outside the range of what is considered normal or usual.

California State University Fullerton researcher, Dr. Joseph Davis, Ph.D., (2013) describes critical incidents as any situation or event faced by emergency, public safety personnel or employees that cause a distressing, dramatic or profound change or disruption in their physical or psychological functioning.

Examples of a Critical Incident in Anti-Violence Work

- An adult, child or teen fatality
- Severe physical abuse
- Severe sexual abuse
- Homicide due to domestic violence
- Violence against staff
- Bereavement due to death of a staff member or survivor
- Unsafe visits between child and parent
- Death or serious injury of staff member's family member
- Community violence or world events

Below are key elements included in any program offering assistance to help overcome these challenges:

- Allow for debriefing by a neutral party, whenever possible: Debriefing should focus on current stress reactions experienced by staff, not on the details of the case.
- Allow the option for time off. This could include only those most involved or impacted by the critical incident, or an entire team if warranted.
- Develop a peer support team. The use of peer support interventions have shown to promote recovery from traumatic stress.

Model of Critical Incident Stress Debriefing (CISD)

CISD was developed by Jeffery Mitchell and George Everly for use with paramedics, firefighters, and law enforcement, but has been utilized with other groups outside of emergency service professionals.

The concepts of the model are appropriate for debriefing of a host of critical incidents. CISD is a small group, crisis-focused discussion of a traumatic event. Detailed information on *Critical Incident Stress Debriefing (CISD)* is available at <http://www.info-trauma.org/flash/media-f/mitchellCriticalIncidentStressDebriefing.pdf>

Psychological First Aid (PFA)

Supervisors might consider tasking each advocate to complete this free six-hour online learning opportunity in Psychological First Aid. PFA is an evidence-informed approach designed to reduce the occurrence of Post-Traumatic Stress Disorder (PTSD) that can be utilized in the aftermath of a disaster or significant critical incident.

The National Child Traumatic Stress Network (NCTSN) and the National Center for PTSD created this approach. The goal of PFA is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details.

Psychological First Aid Online at The National Child Traumatic Stress Network available at <http://learn.nctsn.org/course/index.php?categoryid=1>

Additional Resources from ODVN

Refer to ODVN's website at www.odvn.org to review E-learning Courses or contact Denise Kontras, Training Coordinator at denisek@odvn.org for a variety of training modules to assist your agency in supporting advocates.

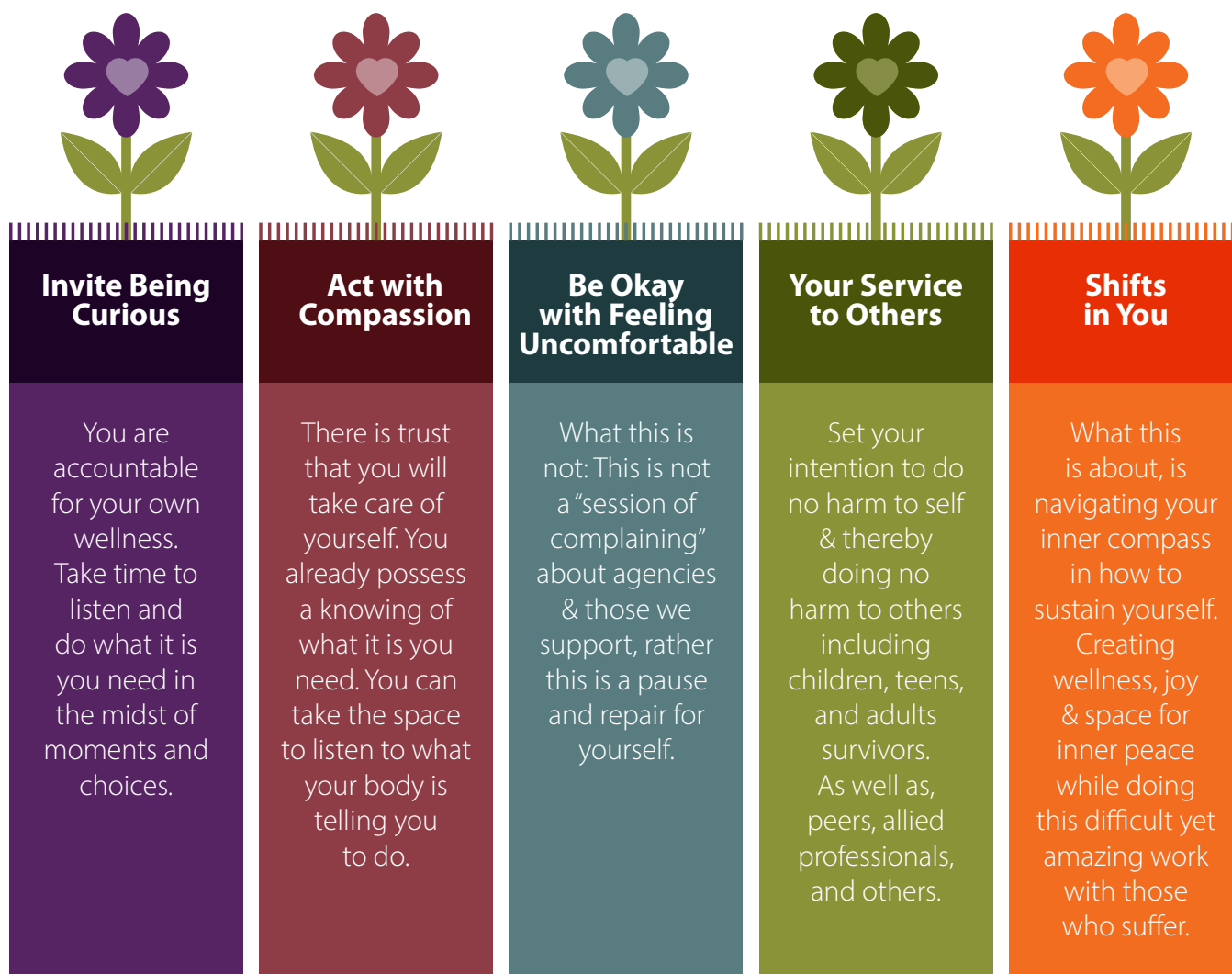
Also, see the *Advocate's Self Care Corner* on ODVN's website for additional resources on resilience and reducing the impact of vicarious trauma.

While you are on ODVN's website, check out *Just Breathe*, a booklet designed by Cathleen Alexander and Sarah Osmer. This printable workbook designed for survivors can also be a useful tool in self-care for advocates.

Below is a tool developed in ODVN's *Vicarious Trauma, Hope and Resilience Project 2019* entitled "Roots of This Work". This graphic provides clear guidelines demonstrating a culture of care and compassion within these guiding principles. Supervisors may use this before beginning team meetings or in supervision with an individual.

Roots of How We Interact with One Another

Setting the stage for safety, both emotional & physical whereby you create space for yourself.



Resource

ODVN's Trauma-Informed Roadmap for Ohio's Domestic Violence Programs can be found at odvn.org

This PDF document provides an assessment guide for domestic violence organizations to assist leaders in determining their progress on implementing trauma-informed approaches. Likewise this tool provides guidance in supporting fidelity to trauma-informed programming for funders and other stakeholders. The roadmap highlights small, realistic steps detailing hands-on tasks for organizations.

The areas of focus include commitment, training, and practice.

References

Source: *Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers* was prepared by Jan I. Richardson of the Centre for Research on Violence Against Women and Children in London, Ontario for the Family Violence Prevention Unit, Health Canada.

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

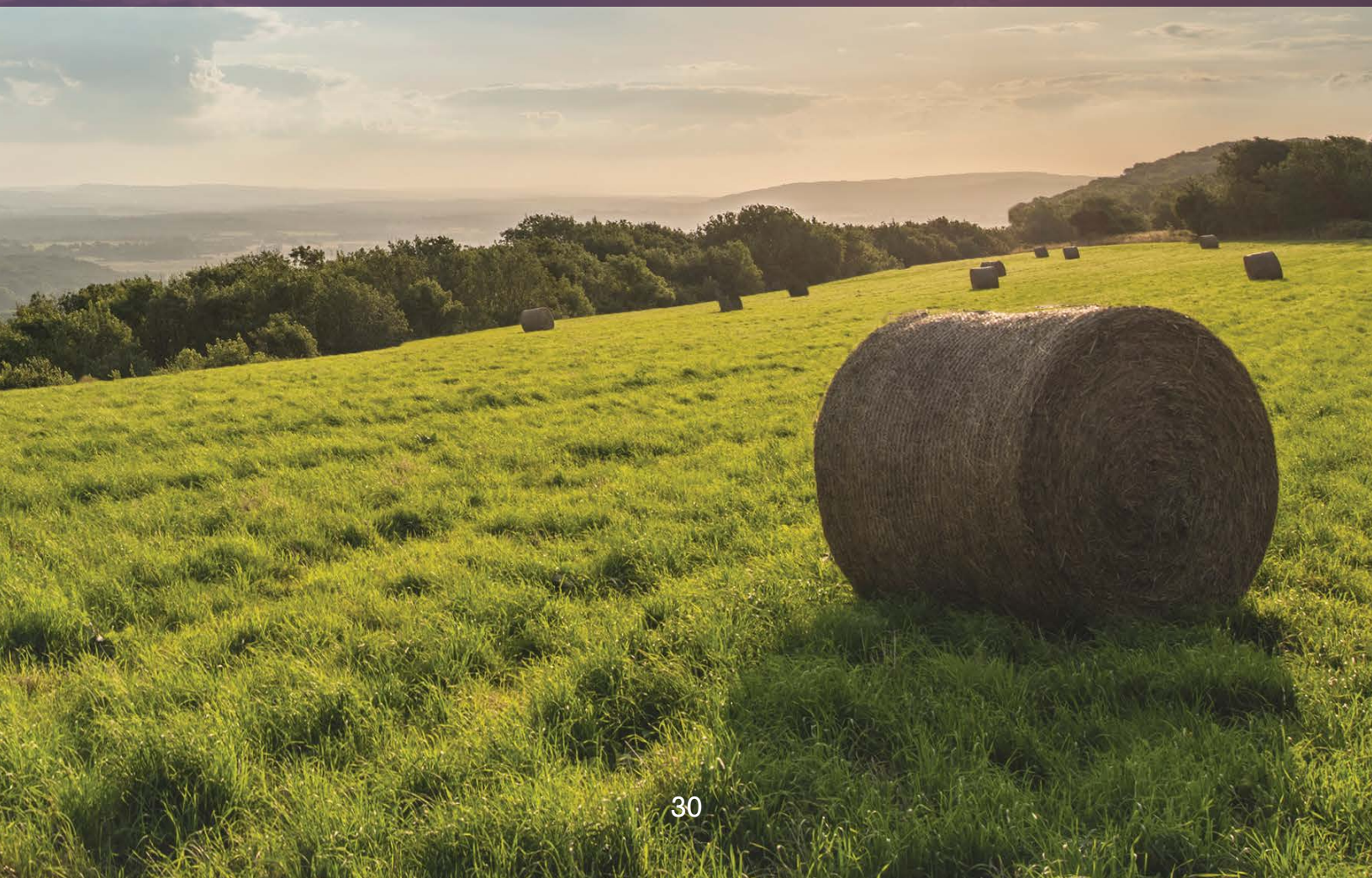
The National Center for Victims of Crime Fact Sheets/Healthy Coping

<https://victimsofcrime.org/library/publications/other-topics/resilience-project/fact-sheets/healthy-coping>



Understanding Trauma

This section provides you with a basic knowledge of trauma and assists you in understanding the various ways in which trauma can impact child and adult survivors of domestic violence. This chapter defines trauma, explains the concept of trauma-informed care, 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 not a single isolated attack, but rather a pattern of coercive control, using multiple tactics such as intimidation, isolation, coercive control, emotional abuse, financial control, and often physical and sexual violence leveraged against a partner. While assaults may occur infrequently, other forms of coercive behavior may occur daily. Anything that happens in the relationship builds on past harmful interactions and has significant impact on the future. All tactics of the pattern interact with each other and have profound impact on victims.

Domestic violence includes a myriad 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.



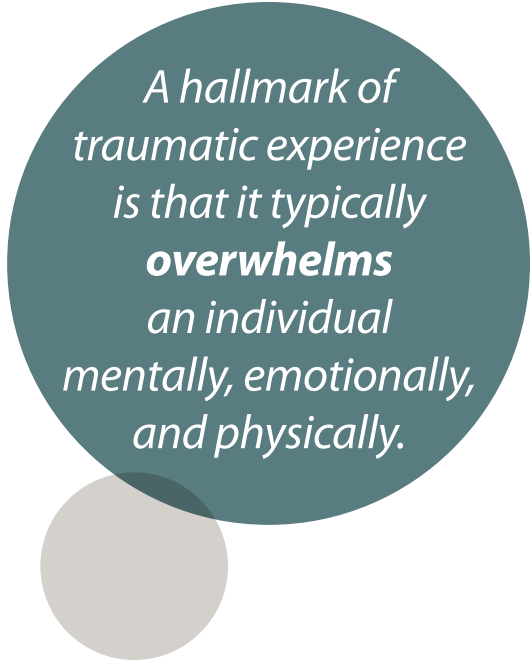
*Domestic violence is a pattern of **coercive and assaultive behaviors** including physical, sexual, and psychological attacks, as well as economic coercion, that adults and adolescents use against their intimate partner.*

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?

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.



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

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. This certainly applies to the situations of domestic violence survivors.

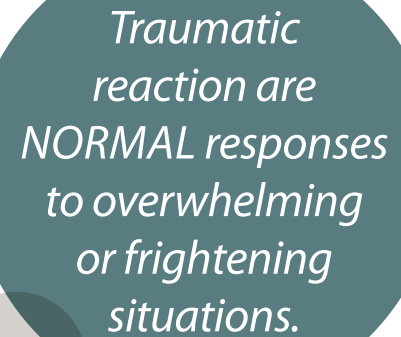
Experiencing traumatic events can be so upsetting to people that it interferes with the individual's ability to cope and find balance. These events can overwhelm a person's internal state, leaving people to feeling powerless, confused, with a loss of control, and connection. People struggle emotionally to find the meaning in what has happened to them and their children.

People are often changed by trauma in many ways, and those changes can be 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 adult and child survivors.

Traumatic events may 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 that events are not always huge and catastrophic. A person can become traumatized when their 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 reaction are
NORMAL responses
to overwhelming
or frightening
situations.*

So...Who gets traumatized?

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

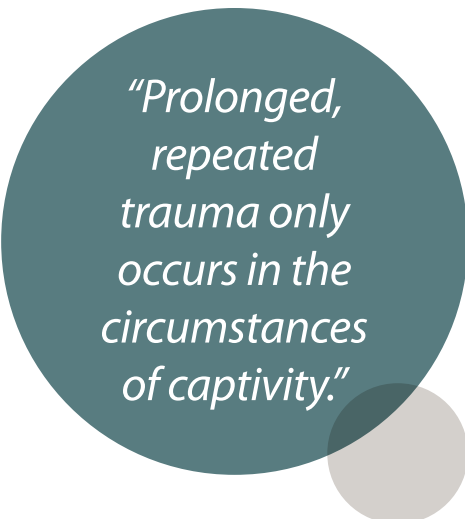
Judith Herman also indicates that, "The most powerful determinant of psychological harm is the character of the traumatic event itself. Individual personality characteristics count for little in the face of overwhelming events. There is a simple, direct relationship between the severity of the trauma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



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

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.

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 whom we work with all have unique situations and histories.

“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.”

Judith Herman, *Trauma and Recovery*

Information adapted from SAMSHA'S "Homelessness and Traumatic Stress Training Package" available at <https://www.homelesshub.ca/resource/hrca-homelessness-and-traumatic-stress-training-package>

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 in people's lives. Finally, a trauma-informed approach is sensitive and respectful: advocates seek to respond to traumatized individuals with supportive intent and to 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.



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. 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 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 their life experience
- Infused with knowledge about the roles that violence and victimization play in the lives of adults and children
- Designed to minimize the possibilities of victimization and re-victimization
- Hospitable and engaging for survivors
- Facilitates recovery
- Supportive of growth, resilience and healing
- Respects individual choices and control over their recovery
- Form a relationship based in partnership with the survivor, minimizing the power imbalance between advocate and survivor
- Emphasize individual’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 image of the power and control wheel, which is depicted 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.



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

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

- Systematic, repetitive infliction of psychological trauma, which results 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
- The undermining of personal 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 the financial situation, working to create problems between the victim and others important to them that result in isolation, and undermining of parenting. These tactics specifically target what people need in order to make free choices in their relationships, which include such things as being able to provide shelter, housing, transportation, etc., ensure them and their 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 escalate or become overwhelming.

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 and child survivors. 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 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. Notably, there are three 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 the abusive partner 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 the 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. This is true if children are a part of the family and court-ordered to have visitation or shared parenting arrangements.
- 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 advocate?

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. Advocates may observe a range of trauma reactions while supporting an adult or child survivor. A majority of survivors living in shelter or seeking services have experienced harm in various areas of their lives including physical, sexual, financial and emotional abuse. Additionally, there may be other potential experiences of trauma from their childhood or experiences of oppression or homelessness. Therefore, the trauma reactions detailed in this chapter should be expected in a shelter setting. Yet, what is often seen in domestic violence programming are wide-spread assumptions that survivors have diagnosable mental health conditions and need mental health treatment.

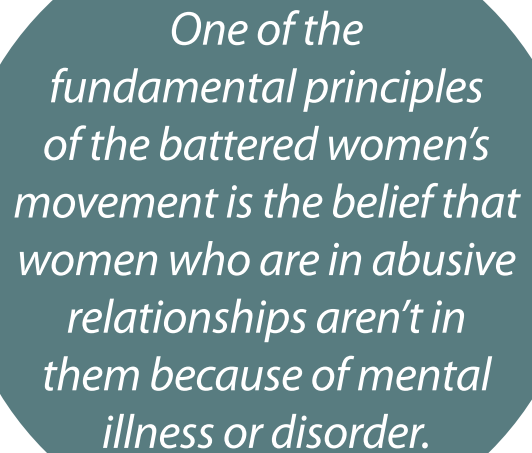
One of the fundamental principles of the anti-violence movement is the belief that victims who are in abusive relationships aren't in them because of mental illness or disorder. While some people do need additional services to address issues of depression, anxiety, or other mental health disorders, a lot of victims whom might be called 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.



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

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

- Every adult and child survivor deserves quality domestic violence services with respect to their person and their needs
- 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 may well be trauma reactions
- Many normal responses to trauma (such as depression, anxiety or hyperarousal) match criteria used to diagnose mental health 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.

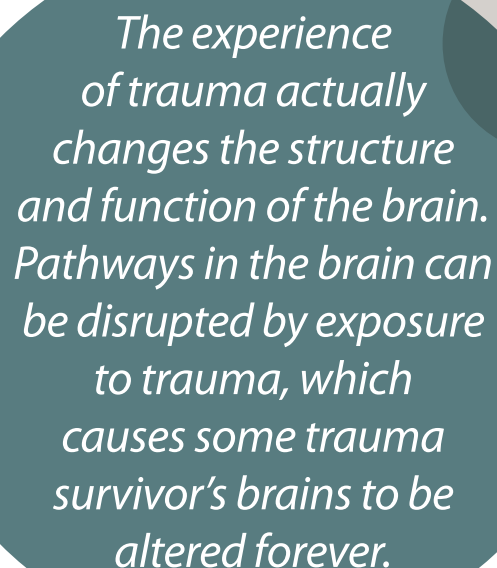


One of the fundamental principles of the battered women's movement is the belief that women who are in abusive relationships aren't in them because of mental illness or disorder.

Brain Processes During a Traumatic Event

The latest research on trauma has given 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, highlighted is an overview of how trauma impacts the brain. There are two important parts of the brain that are involved when an individual responds to danger or the perceived threat of danger:

- The **DOING** brain. This part of the brain is called the amygdala located in the limbic system which is where responses to threat, extreme danger and intense emotion occurs. This is designed to act like a smoke alarm that goes off when the brain believes the individual is in danger. It is designed to keep a person safe.
- The **THINKING** brain. This part of the brain is called the pre-frontal cortex or cerebrum. This area of the brain helps the individual plan, problem-solve and organize their world around them. Also, this is where decisions about situations are analyzed, rationally and thoughtfully.



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.

When the **DOING** brain alerts there is danger present, the **THINKING** brain automatically checks out what is occurring. For example, if a person hears a loud noise then the **DOING** brain sends a signal to the **THINKING** brain there might be danger. The **THINKING** brain responds by checking out the environment. In this example, the **THINKING** brain determined the sound was that of the wind slamming a door shut. The **THINKING** brain sends a message to the **DOING** brain that the individual is not in danger.

However, if the example from above is altered where the **THINKING** brain determines the sound came from a gunshot then the **THINKING** brain sends a message to the **DOING** brain that the person is in danger. The **THINKING** brain then shuts down to allow the **DOING** brain to take charge as the person is in survival mode in the amygdala. The **DOING** brain will respond doing whatever it needs to do to stay alive either by complying, running, hiding, fighting back, freezing, dissociating to cope, or some other actions to live through the situation.

Rapidly, the **DOING** brain releases chemicals (hormones) in the person's body to prepare for action by first bringing the energy in the body up. This is sometimes called an adrenaline rush. Additionally, the **DOING** brain may also release chemicals that calm the person down. This calming down may serve to help the body regulate or come back into a balance. The ways the **DOING** brain responds to events helps determine whether individuals will react in fight, flight or freeze reactions in the face of the dangerous situations or perceived dangerous situations.

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.

The human 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 the person safe. But sometimes something will happen that reminds the person of past events and makes them feel in danger even when they are not actually in danger in the present moment. These are called triggers, which can be caused by sounds, smells, words, tone of voice, physical proximity, and approaches. Experiencing a trauma trigger may cause a survivor to respond as if they are in danger even if the situation seems safe.

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.

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.

Fight, Flight, or Freeze Reactions

At the time when an individual experiences a traumatic event, a number of physiological changes immediately occur in their body. 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 the body is wired to respond to perceived danger and quest for survival. These changes are often characterized as “fight, flight, or freeze” reactions.

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

In a traumatic event or assault, the person responds by fighting back with physical and verbal resistance. An example of this is the response of a survivor using words to disrupt the harm or by defending their bodies from harm by blocking blows, hits or kicking.

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. Complying with an abusive partner during an assault means they survived through it. It in no way means acceptance of the abuse.

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 advocate?

Survivors might feel shocked or ashamed at their reaction to a traumatic event. The survivor 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

Comprehending the meaning of trauma triggers or trauma reactivity is important for the advocate's skill set. Knowing this informs the advocate regarding their awareness of boundaries, their use of word choice, their tone of voice, and even their body proximity when they are interacting with adult or child survivors. Likewise, with this trauma-informed understanding, services and interventions will center on creating a safer environment for survivors as opposed to behaviorally focused contracts.

Advocates generally accept the concept of how trauma triggers may cause a survivor to experience emotional distress. Yet, advocates must also remember that they cannot possibly know what sights, sounds, smells, etc., may evoke trauma reactivity. Trauma-sensitive approaches look for these possibilities rather than only focusing on the person's behavior.

Survivor-centered approaches are facilitated by:

- Sitting next to the person, not across from them
- Providing a space for calming down internally by using breathing techniques, which slows rapid breathing, reduces elevated heart rate, and lowers blood pressure
- Perhaps later, inquiring (if appropriate) what might have caused this reaction in order to identify the trigger

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

- Noticing with them and not asking the survivor, “why” did you react this way but rather “what” might have happened to cause this response

Trauma-informed approaches requires there is a connection made between the emotional, internal body response along with feelings and the behavioral response.

This type of support validates the survivor’s experience of distress, connects it to the possibility of past experiences and gives way to awareness of trauma reactions which empowers the survivor with managing through distress when/if it occurs again.

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 them, while other times they might be unaware of what is triggering the reaction. Advocates can help a survivor’s understanding that the response is the body’s natural way of keeping them safe and does not indicate that person is going crazy or is out of control.

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



How does this knowledge inform a domestic violence advocate?

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.

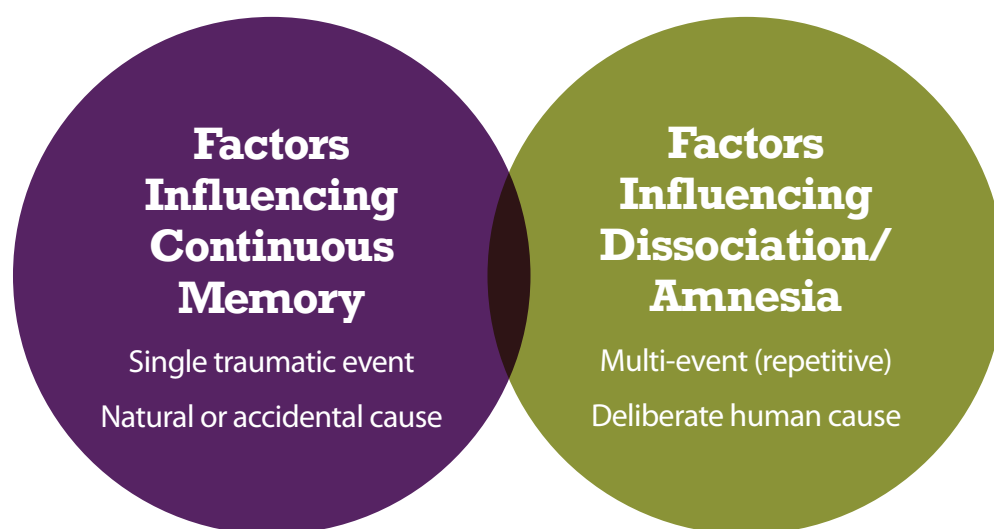


Chart adapted from Factors Influencing Continuous Memory – Sidran Traumatic Stress Foundation.

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 survivor-defined advocacy requires an advocate 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, they may report feeling as if they were watching the assault from outside of their 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 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 survivors 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 this knowledge inform a domestic violence advocate?

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 may not be able to manage effectively or focus when they are hyperalert to danger.

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

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 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.



Intrusion or Re-experiencing Reactions

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 they stay up all night because they were often raped by their partner at night, and being in their room in the dark brings back these painful memories.



How does this knowledge inform a domestic violence advocate?

Advocates need to recognize both the intensity of re-experiencing symptoms and how they impact survivors. Validating these trauma reactions as normal responses to overwhelming experiences may help survivors recognize these symptoms as adaptive responses, not signs that they are going crazy.

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 reactions 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 reactions 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 reactions. Some intrusive reactions 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 reactions 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 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.



Avoidance Reactions

Avoidance reactions refer to the ways that 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.



How does this knowledge inform a domestic violence advocate?

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.

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 having these reactions.

Negative Alterations in Cognition and Mood

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.



How does this knowledge inform a domestic violence advocate?

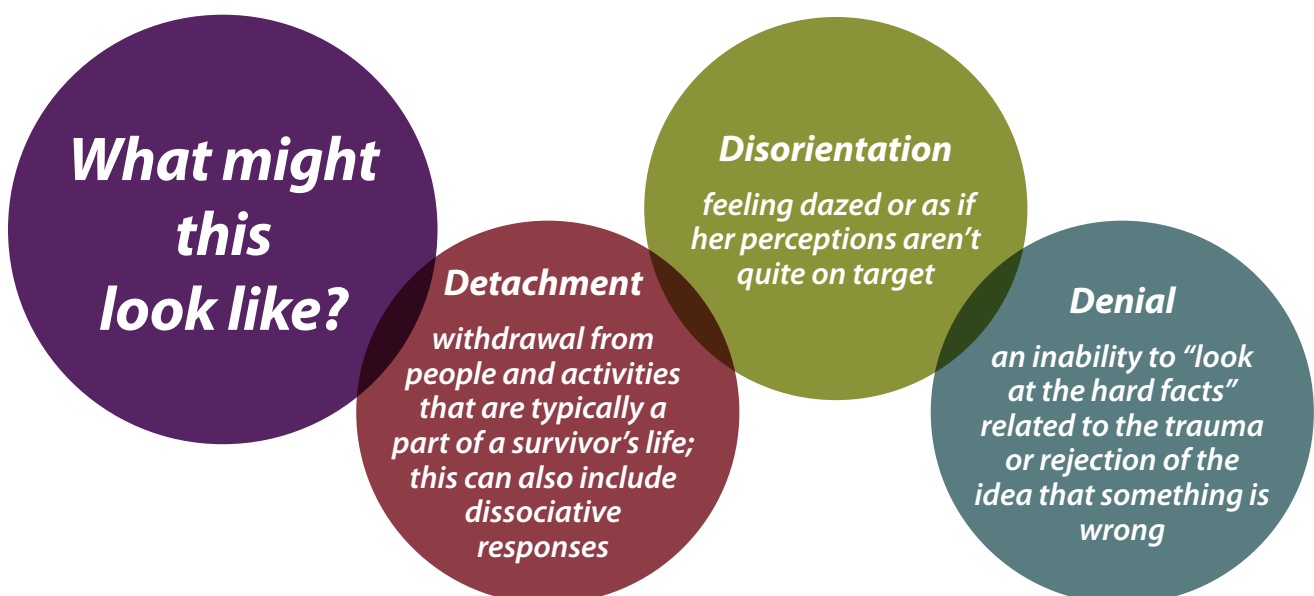
It is a common reaction to trauma to have negative beliefs about the world and one's self, as well as distorted self-blame for the traumatic event. In addition, many survivors feel disconnected from the world around them and have a difficult time experiencing positive emotions. Often the numbness and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

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, 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.

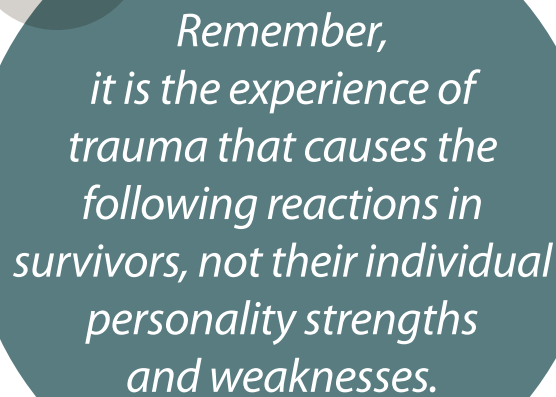
Finally, the experience of numbness, or absence of feeling, can also be troubling to survivors. Some survivors may create high-risk or painful situations to counteract these feelings of numbness (i.e., self-mutilating behaviors). Conversely, when people are not able to detach or dissociate spontaneously,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



Emotional 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 OVERWHELMING 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 unsettling 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 all, some or none of these trauma reactions. Focusing on survivor-defined advocacy, advocates will assist survivors by giving information about possible emotional responses to trauma.



*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's efforts 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 overwhelming 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’s 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 of 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. A 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: loss of sexual desire, risky sexual behavior, 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 ways that 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 advocates in domestic violence programs. But by reinterpreting these behaviors as common trauma reactions and attempts to cope with their situation, advocates 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.

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.

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 they didn't view as helpful or supportive (such as the police or a shelter), they might no longer believe that police, courts, or even shelter advocates are there to help them, and might decide that they must deal with anything in the future on their own. Survivors who stay with their partners might feel like they have disappointed advocates who were 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. 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.

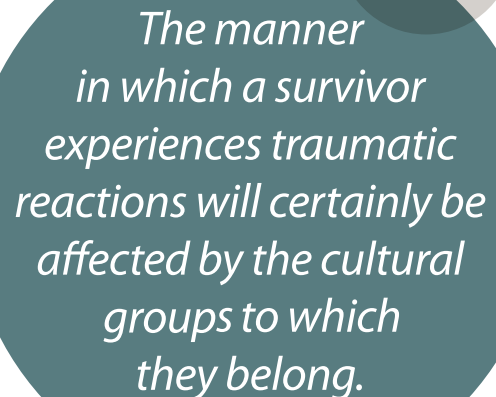
It is important for us to view a survivor as having made it through a shockingly difficult experience, and look to their strengths in surviving that experience and help them recognize the ways in which they have protected themselves and their children. We need to celebrate both who they are and acknowledge and honor what they have been through, and support them in wherever they want to go.

Cultural Issues in the Experience of Trauma

Both the culture of the survivor's immediate family and the larger society will give context to their original experience of trauma, the resulting reactions, and the meaning they attach to their experience.

It is important for an advocate to demonstrate cultural humility while interacting with each adult and child survivor. This does not mean that an advocate needs complete knowledge of all the different cultures in their community, but rather has the skills and willingness to work sensitively with survivors 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 survivors as it should not be assumed that the advocate and the survivor have the same cultural frame of reference, even if they come from the same cultural group. Advocates must be diligent in honoring the survivor's experience while respecting their cultural norms and traditions.



*The manner
in which a survivor
experiences traumatic
reactions will certainly be
affected by the cultural
groups to which
they belong.*

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

1. Early Messages

What early messages did the individual receive about violence in general? About domestic violence? How does the survivor's family view domestic violence?

2. Political Trauma

Are they from a region or country where there has been political unrest or violence? Have they or other family members been subjected to wars or other civil unrest? What does this mean to their current trauma experience? Were they raped or tortured as a part of political oppression?

3. Environmental Trauma

Have they been exposed to other traumas by virtue of living in a particular region or country? Were they targets for racism, heterosexism, or ableism in addition to their experience of domestic violence? How do these other oppressions impact their experience of trauma and access to services?

4. Safety Planning

Safety planning is a unique process for every survivor, 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 survivors 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 diverse 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 compassionate 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 them.

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 their 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 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 survivor strengths, competencies, aspirations, expertise, and self-determination.

Lesson One: Support Individual 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 helper'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 "restoring" survivors; instead, provide survivors with hope and reassurance that they will discover the answer for "restoring" 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 their own point of view, choices, and 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 qualified 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

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

Maya Angelou

Often advocates think that using a trauma-informed approach to providing services involves certain activities and interventions. It is critical to emphasize the work done 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.

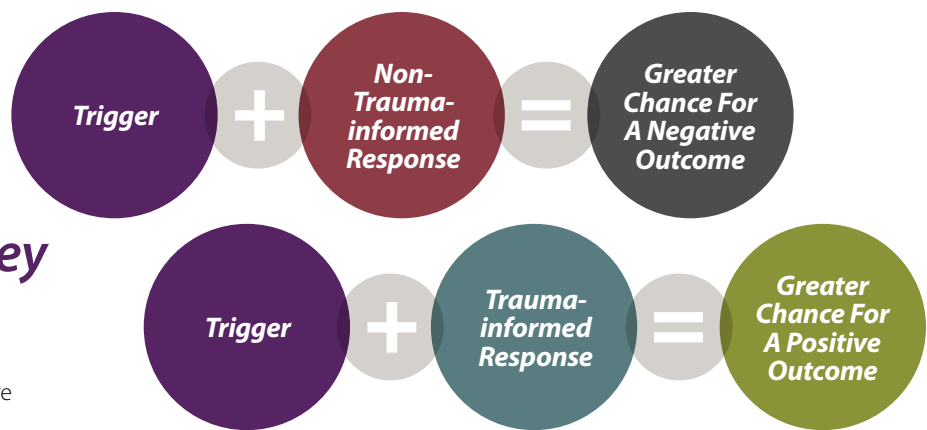
In a trauma-informed program, advocates understand that many of the survivors we work with have not only histories of ongoing traumatic stress, but often have had an extremely recent traumatic experience. This means that survivors need time, space, compassion, and understanding in order to feel like 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.”

Your Response Is Key

Graphic 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

What We Do With Survivors

This section and the one 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 overwhelming 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 and to seek 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 in *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 may arrive 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 (lived experience) can be emotionally overwhelming. At the same time, it also is true that a survivor's story (lived experience) 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 their 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 for survivors if they don't have their basic needs met. Present concerns and realities are true as well as what the future concerns and realities are. Concerns such as how they are going to survive, where they are going to live, where will they get food, what is going to happen with their children, what will happen to their family pets, are several paramount basic needs. 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.

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 reactivity related to trauma, they become empowered to better understand and manage their responses, which support feeling safer, calmer and more capable to face additional challenges.

What to Expect

Letting the survivor know what to expect after experiencing trauma can help them regulate and cope with traumatic responses.

- 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 the 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.
- **For some survivors, telling their lived experience (story) of the harm and abuse may be essential to healing, while for other survivors moving forward may be what they desire.**
- **It’s normal to be affected by trauma.** Having traumatic reactions is not an indication of individual weakness. Reactions are a body and mind’s attempt to process and heal and should be honored as such.

Some coping strategies

- Treat yourself with respect
- Talk about the traumatic experience with safe people
- Engage in physical exercises (bicycling, aerobics, walking)
- Utilize 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 as 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
- 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.”

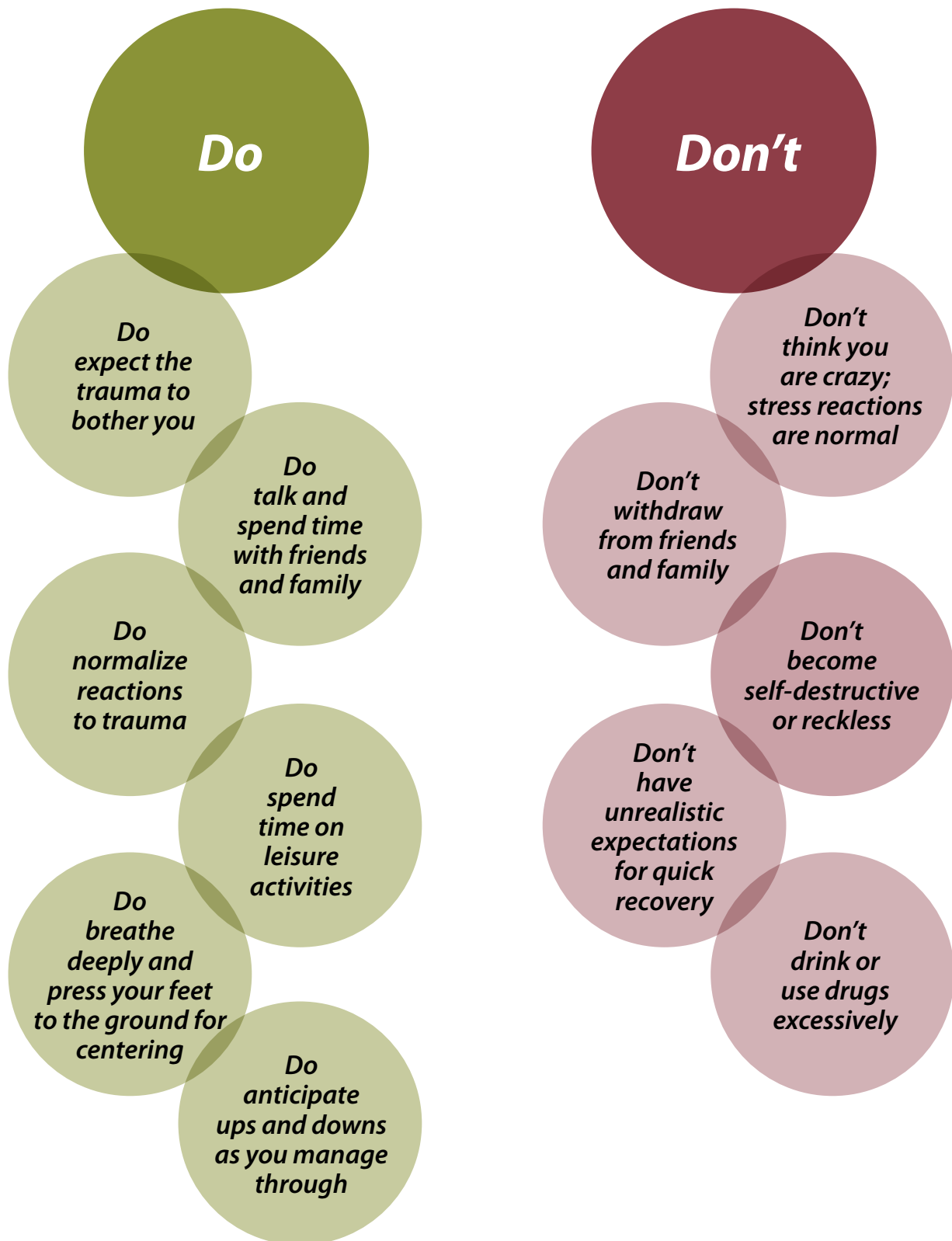
Coping strategies such as drug and alcohol use, hyperarousal and being constantly aware of surroundings, sensitivity to being touched, jumpiness or defensiveness, a general feeling of apathy (where the survivor feels as if they don't really care about anything) and can all be viewed as adaptive strategies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

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 their children, others who are or important, or feels like they could never be in another relationship because of the lost 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 recognize 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



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 their 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 themselves.

- 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 Individuals 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 (Refer to Appendix H)
- Make education on trauma an important part of services provided and include information on trauma in support groups or house meetings

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 (including alcohol)
 - Survivors may have disrupted typical eating rituals during abuse. Offer assistance in reestablishing eating patterns
- 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



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

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

Enhance Social Support and Social Integration

- Provide opportunities for survivors to attend support groups. These groups can be very effective, particularly in cultures that do not rely upon the extended family for support
- Healing in isolation may be difficult for individuals. Therefore, encourage relationship and community building
- Encourage friendships with others 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 are 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 they are now safe■ Share relevant information to help alleviate their overwhelming fear
Guilt and Self-Blame	<ul style="list-style-type: none">■ Help them distinguish between self judgments, the batterer's judgments, and the batterer's responsibility for the assault■ Redirect anger from the survivor to the batterer■ Dispel myths, while explaining why myths can seem believable■ 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 survivors know that others have survived, and they can too

Survivor Reaction	Advocate Intervention
Compulsive Repetitions	<ul style="list-style-type: none"> ■ Let victims know that nightmares and flashbacks are common responses and that they can learn grounding techniques like deep breathing when awaked from an upsetting dream or by keeping a note pad next to the bed to use to color on, or write down thoughts, returning to a place of calm; likewise, singing or repeating a mantra can help a person feel in control ■ Provide appropriate referrals to counseling with a professional therapist ■ Avoid interpretation of dreams, etc. ■ Continue to be patient and to encourage expression of feelings
Mastery and Control	<ul style="list-style-type: none"> ■ Refrain from arguing with the survivor; set appropriate limits, and don't respond with anger if they are verbally abusive ■ Support the survivor in making simple decisions and after making them, point out the control over their life ■ Empathetically relate to their need to control ■ Reflect feelings and let them know how you feel about the way they might be treating you
Shock, Disbelief and Denial	<ul style="list-style-type: none"> ■ Acknowledge that it is difficult to accept the fact they have been in an abusive relationship ■ Listen empathetically and help them express their feelings ■ Let them know that their response is normal
Sadness, Loss and Hurt	<ul style="list-style-type: none"> ■ Show non-judgmental acceptance and understanding ■ Foster their worth and value as a person ■ Support them in exploring their feelings of ambivalence, grief and loss by sitting next to them in spaces of silence and emotion ■ 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.
Anger and Resentment	<ul style="list-style-type: none"> ■ Share that survivors feel anger towards the individual/partner that hurt them ■ Explore channels for that energy and support their efforts to release it in healthy ways ■ Encourage appropriate expressions of anger

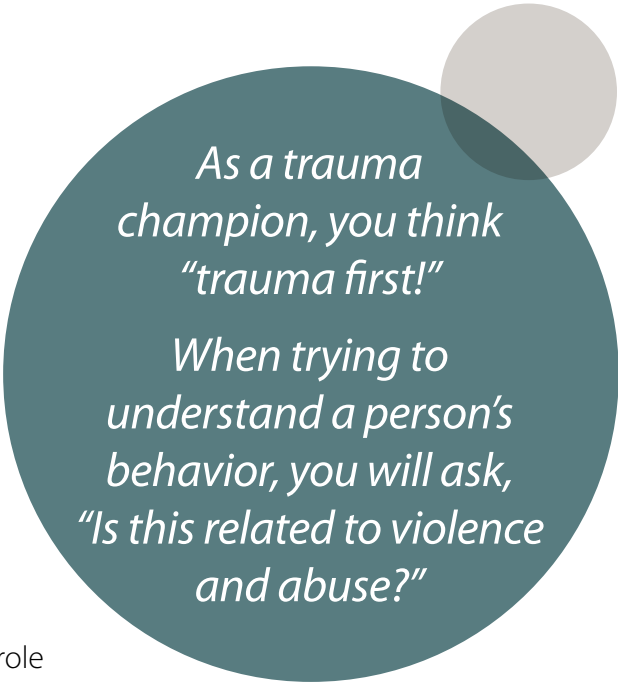
Adapted from a publication by the Cleveland Rape Crisis Center. www.clevelandrapecrisis.org

Become a Trauma Champion

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 their 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 adults, children, and co-workers.



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?”

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:

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
 - » Action Steps to Increase Emotional Safety
- Making a Connection when Trauma Affects Interaction and Communication
 - » Role-Play Cutouts
- Creating a New Medication Policy
 - » Model Medication Policy for Domestic Violence Shelters
- Reaching for the Stars: Goal-Setting with Survivors of Domestic Violence
- Reflective Practice Activities: Reflecting on Unexpected Successes

Online Resources

Klinic Community Health Center. "The Trauma-Informed Toolkit." www.trauma-informed.ca. 2008.

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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 daily 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. Refer to Appendix B for a one-page list of best practices.



“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 adults 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 survivors in a small room with no windows.
- In the shelter's office there is a bulletin board with a list of resident'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 survivors 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 survivor.
- Children are not permitted to check on their parent when they feel anxious. It is seen as an "interruption."

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

Survivors are the experts in their lives. They know what has helped and what has hurt; they know what has worked in the past and what hasn't worked. Survivors know their experience.

We should be partners with survivors and not see ourselves as the experts in their lives. We are advocates and facilitators working in collaboration with them in their goals.

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

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

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 their life. We should not choose their goals.

1

A commitment to non-violence is essential in a domestic violence service agency. Because survivor-advocate 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 adult and child 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.

2

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

Key point: It is important to understand that each survivor seeking services is an individual—whether they are a teen, child or adult, whether they are male or female, lesbian, gay, bisexual, transgender or gender fluid. 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 survivors describe their experiences of abuse and harm.

Listening to painful stories over and over can result in a lack of sensitivity to the survivor in front of you. The tactics batterers use can be similar, so we must listen carefully to the way that each survivor has experienced domestic violence, in order to properly support and assist them 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 person comes with their own lived experience. They arrive through the doors with a personal, original, individual story and their own life experience that brought them to this point in their life. Each person's journey is unique.

PUTTING IT INTO PRACTICE

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

While the advocate is listening, they should be incorporating their knowledge about batterer characteristics, trauma and trauma reactions in order to assist the individual in normalizing the survivor's experience and providing support.

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

3

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

Key point: Adults 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 rigid 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 others 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 they journey through emotions, losses, strengths, goals, and obstacles.

4

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 their sense of self and is seeking services will most likely feel nervous, hyper-vigilant and/or concerned for their present safety.

When a survivor reaches out for help and arrives at the shelter, court or a support group, greet them 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 them with warmth and caring as they walk 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 putting the individual at ease in their new environment and facilitates a safe, trusting relationship.

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

5

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

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.

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.

Key point: It is vital that interactions 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.

An advocate's choice 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.

7

Healing and recovery cannot occur in isolation but happens within the context of relationships. Relationships fostered with discussion 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 they have suffered.

- Fear and mistrust linger because of the batterer and the tactics they imposed upon their partner.
- Re-victimization can occur by family, police, emergency rooms, and other service providers. This affects a survivor's ability to relate and trust others.
- Repeated losses and isolation can also affect the person's 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:

- *discussion rather than coercion*
- *ideas rather than force*
- *mutuality rather than authoritarian control*

Discussion, 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.

8

When a trauma survivor understands trauma responses 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 they are able to “meet the individual where they are” 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.

When an advocate provides “reframing”, a survivor of domestic violence has confusion replaced by comprehension and their world can begin to make sense. This can lead to feeling empowered and in control. The survivor can feel they are not crazy or mixed up, despite the fact that the abusive partner twisted love and abuse creating chaos.

With this new frame of reference, a person is validated and their trauma reactions can be understood within the context of the abuse they experienced. Reactions and feelings begin to be seen as attempts to cope with the experienced trauma and abuse.

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.

9

Despite a survivor's experience of abuse, adults and children may still feel connected with and attached to the person who has harmed them.

Key point: An advocate must understand the connection a survivor has to their 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 survivors have expressed. Survivors have shared feelings confused by the partner's actions, stating,

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

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

- "Some people 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 them. 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 survivors.

Missing their 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 adults and children 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 merely view the adult or child victim as only their “behaviors and responses.”

Key point: Often, advocates will describe the individual/survivor as out of control, manipulative, or mentally ill, such as bipolar or borderline. 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 they may limit the 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.

12

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

Key point: Both the culture of the survivor's immediate family and that of the larger society will give context to their original experience of trauma, the resulting reactions, and the meaning they attach to their experience.

It is important that an advocate demonstrates cultural humility when working with people 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 victims 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 adults and children. Many survivors have strong family connections, religious practices, and community support which may be the factors that have helped to sustain them throughout their relationship.

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

PUTTING IT INTO PRACTICE

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

This should be done with all persons 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 demonstrate cultural humility by respectfully interacting with each survivor, their lived experiences, and their cultural norms and traditions.

13

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 they felt when their partner treated them abusively.

- Domestic violence federal funding prohibits mandating participation in services. Domestic violence services, as well as program extensions or exceptions, should never be based on program participation and compliance with staff expectations. If this is currently the case at your organization, it warrants changes in policies and procedures in programming.
- Survivors often feel stuck if they aren't getting what they need from programming. If they air their frustrations about attending a meeting they don't find helpful or interesting, they risk alienating or angering shelter staff. If they attend, they 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 them to complete paperwork. This shows that their 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.

14

Personal boundaries and privacy are inherent human rights.

Key point: A domestic violence agency must establish directives and genuine approaches in which a survivor's privacy is protected. Their 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 they are proceeding and if they are imposing their differential power?

For instance, entering a person's bedroom is an intrusion of privacy. Yet, 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 survivor and the advocate.

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 occur but they can occur with sensitivity, inclusion and respect.

15

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 their 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. Survivors have many “matters” to manage and may feel overwhelmed, unsure and exhausted in their first days after arriving. Trauma reactions can cause foggy, disrupted sleep and eating patterns, and difficulty concentrating or absorbing information. People may need cues to help their memory and a lot of patience from staff during periods of adjustment. 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 them to remember all the shelter rules.

Many survivors also have been hit or hurt in the head, which can cause brain injury that further impacts memory.

- An advocate can also discuss how being hit in the head or choked can also impact survivors, especially their memory.

This is a chance for the advocate 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.

16

Secondary traumatic stress or vicarious trauma 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 adults and children they serve. Advocates can lose perspective for individuals and their traumatic reactions when doing domestic violence and crisis oriented work.

The staff's daily routine of dealing constantly with crisis, attending to helpline 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 advocates to become judgmental of adult and child residents, co-workers, and agency.
- Individual supervision is highly recommended to maintain a fresh perspective and to support an advocate who demonstrates cynicism, burn out, or signs of vicarious trauma.

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.

ODVN's CARE Project: An Advocacy Framework

Supporting Survivors with Complex Needs

The CARE advocacy framework is a relationship-based, proactive model of advocacy designed for effectively working with survivors who have trouble successfully accessing domestic violence services, as they are currently designed.

CARE's Beginning

Developed in 2017, CARE offers insights and practices when supporting survivors experiencing domestic violence, trauma, mental health, and/or brain injury. Together with a community of domestic violence agencies and allied professionals, ODNV created a framework that focused on identifying, connecting with, and accommodating the needs of individuals impacted by these issues.

CARE PROJECT RESOURCES

Just Breathe: A Workbook Guide to Emotional Well Being, featuring different strategies for identifying trauma reactions, managing needs, and strategies for emotional regulation and self-care.

CARE Head Injury Education Card, a short educational card with information on traumatic brain injury and strangulation, including warning signs of possibly life threatening injuries.

Invisible Injuries, a domestic violence specific resource explaining traumatic brain injury and strangulation, what causes a head injury, what happens after a head injury, tips on recovery, and common problems after a brain injury and ideas for managing symptoms.

The CARE framework offers advocates specific tools for collaborating with survivors who experience multiple challenges and barriers that affect their ability to access services or resources they might need. Survivors may have physical, cognitive or behavioral issues resulting from the impact of the following:

- Traumatic brain injury
- Strangulation
- Physical or mental health challenges
- Substance use or addiction
- Other traumatic situations or circumstances

Understandably, because of these realities, survivors might find it difficult to receive interventions that are truly meeting their needs within domestic violence services and in other programs.

Correspondingly, domestic violence programs may find they are ill equipped to meet survivors' complex needs who have suffered and sustained repeated injuries to their body. These complexities in survivors lives are a consequences resulting from their victimization by the batterer.

CARE created strategies that enhance domestic violence program services through training and core approaches that engage survivors where they are. CARE fundamentally believes that survivors with complex needs are deserving of intentional strategies as well as proactive, flexible approaches to engage and retain survivors in life-saving services.

CARE offers trauma-informed strategies in a practical and hands on manner with survivors, staff, and other community partners. It reminds advocates that one of their primary roles is to meet each survivor where they are with genuine care and concern. The acronym CARE stands for connect, acknowledge, respond, and evaluate.

CONNECT

Survivor-centered advocacy, in domestic violence programs, means services are “people first.” The CARE framework offers ideas for building **connections** with survivors who may have difficulty relating to others, often due to impact of their traumatic history. Establishing a relationship is the foundation for effective advocacy. This is true even when survivors find making connections difficult, upsetting, or challenging. The survivor may begin to feel more connected when an advocate checks in regularly and seeks them out by offering to talk with them in their spaces, shows genuine interest in their children or other things important to them, celebrates their victories as well as sits with them when they experience difficulties. Deciding to have a cup of tea or eating a meal with them also encourages support, and creates a safe space for them to be themselves. Strong connections help people begin healing from trauma and breaks down the feeling of isolation that batterers create. Effective advocacy is **connection**.

ACKNOWLEDGE

The individual survivor is the expert in their life. Fundamentally, advocates need to **acknowledge** this while providing connections, essential tools and resources for the survivor. CARE emphasizes the importance of listening to each individual's unique experience while respecting their right to move forward on their own terms or pace. Advocates play an important role in highlighting survivors' strength and courage in surviving their situation and seeking services.

Advocates need to also acknowledge that domestic violence is often one of many interrelated challenges in the lives of survivors. The survivor might feel they have other pressing issues, barriers or priorities. Essentially, advocates must feel comfortable discussing and supporting survivors around the many harms caused by domestic violence including other traumatic events like the physical, emotional, and spiritual

injuries, the loss and grief survivors experience when leaving their homes and lives, and the betrayal of trust that is often caused by trauma. This might include struggles with substance abuse or mental health, thoughts of suicide, or the impact related to an unidentified brain injury caused by blows to the head or the mental and physical experiences of strangulation.

A trauma-informed approach involves helping survivors identify the role domestic violence and coercion plays in their challenges. It means normalizing, validating, and helping survivors realize they are not alone, that many people who experience domestic violence struggle, and that they are resilient and did what they needed to do to survive. It also involves asking about, raising awareness and providing education on important topics including suicide and head injuries that survivors might be unaware of or may not bring up on their own. Discussing the impacts and challenges of these experiences is necessary. Missing a discussion of this vital information often creates additional challenges and ill serves the survivor. Using the handouts developed in CARE such as the *Head Injury Education Card* or *Invisible Injuries Card* or *Just Breathe Workbook* gives advocates a tool to create this intentional discussion.

RESPOND

Acknowledging situations and circumstances alone is not sufficient. Advocates also need to **respond** by ensuring that survivors can access all programming and obtain any additional resources, services, and helpful supports. CARE emphasizes the importance of identifying and providing tangible resources like helping children get enrolled in school, providing clothing, or assisting with transportation. CARE stresses the necessity of identifying the physical, emotional, and cognitive difficulties survivors might experience by incorporating this knowledge into service planning. This involves advocating for appropriate evaluation and possible treatment for people who might be struggling with symptoms of brain injury, have physical or mental health needs, struggling with substance use, or thinking of suicide.

Responding includes advocating within systems to deliver services in a different way. This includes advocating within domestic violence programming as well. This way involves providing accommodations, which means offering services in a manner that takes into account the person's unique situation. Accommodations ensure that services are accessible for every survivor. For example, if a person is having a hard time concentrating, then an advocate offers an option to limit meetings making them shorter. If someone has been recently hurt in the head, accommodations may include facilitating rest, or encouraging naps, or providing sunglasses or earplugs for sensitivity to light and sound along with seeking medical assessments. It might involve identifying a resource to assist with a need related to their child, or scheduling appointments with them when their child is at school so it is easier for them to attend. Responding to the needs of survivors is the most important.

EVALUATE

Evaluating involves checking in frequently with survivors to see how and to what degree the support, resources, referrals, and services provided are meeting their needs. Sometimes situations change and different strategies, referrals, or approaches are necessary.

Effective, survivor-centered advocacy includes trying many different strategies and understanding that the feedback loop with the survivor is an important part of the process. This helps better support survivors and decreases frustration for all involved when things might not work out as originally planned.

More information on CARE and tools on head injuries including traumatic brain injury, strangulation and emotional wellness are available at www.odvn.org or contact Rachel Ramirez at rachelr@odvn.org.

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.

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."*

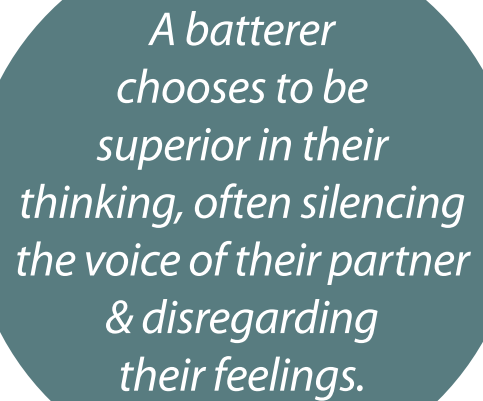
This type of statement demonstrates an understanding of possible feelings and gives the individual the option of agreeing, rejecting and/or feeling validated by the service provider's understanding of what is occurring.

Regulate Your Own Emotions

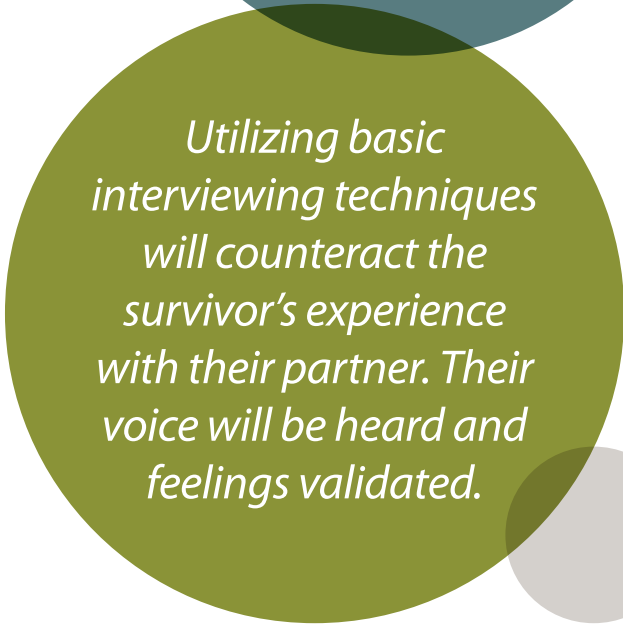
An advocate must be able to demonstrate the ability to stay grounded and regulate their own emotions internally as they listen to descriptions of the individual's experiences, which often include details of harm, terror, and fear.

Some tips include:

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



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



Utilizing basic interviewing techniques will counteract the survivor's experience with their partner. Their voice will be heard and feelings validated.

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 them 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 their life experience, been very judgmental, or have assumed they understand the survivor's situation without having fully listened to them.

Reflecting Meaning

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

- *"In other words, you feel..."*
- *"It seems you feel..."*
- *"I gather you are..."*
- *"In other words, I'm hearing that you feel..."*

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:

- *"Could you help me understand how you might be feeling?"*
- *"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?"*
- *"I wonder if you could share with me, 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,

- *"On 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..."*
- *"right..."*



Providing Trauma-Informed Service Protocols

The service protocols in this section 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. Included are sections on allying in parenting support, safety planning, and supporting LGBTQ survivors.

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 interactions 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

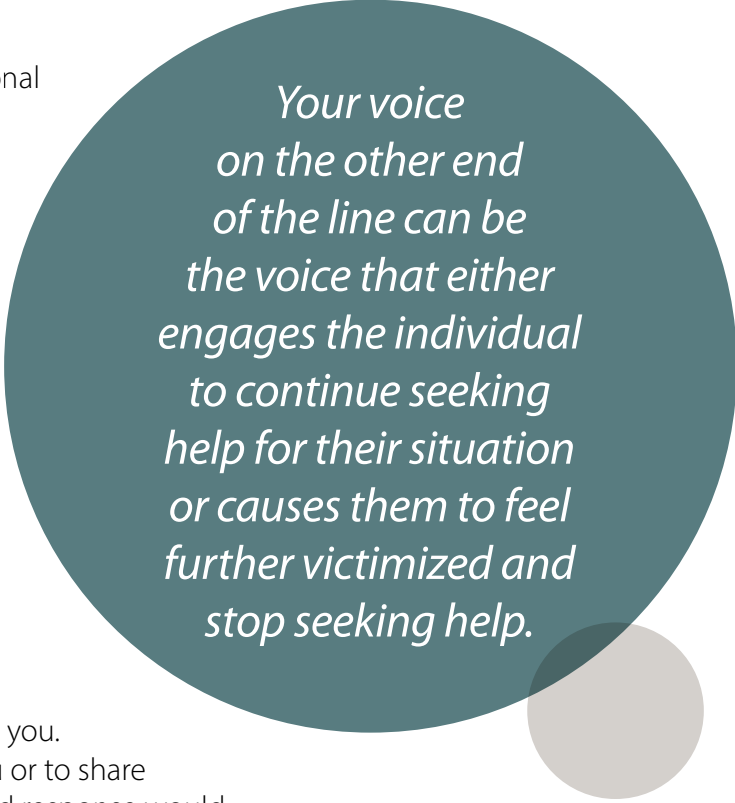
Domestic violence agencies use hotlines for many different purposes. Often, survivors are looking for safe shelter to escape a dangerous situation. However, people also call the hotline for information, referrals, validation of their thoughts and feelings, or because they need someone to listen to them. 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, the caller may have asked other helping professionals for assistance with their situation and didn't receive help or was not treated well. An advocate must remember that calling a hotline is a courageous act for 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 abuse the caller may have suffered might impact help-seeking behavior and responses to you. For example, the caller may hesitate to trust you or to share private information with you. A trauma-informed response would be to recognize this reaction as a protective response to their 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 experiencing 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 their situation
or causes them 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 their calling. The survivor and their 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 their 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 they are 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 their 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 they need 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 how the questions you ask may impact the survivor.**
 - Do not ask the question, "why". The question "why" makes a caller feel defensive by implying their 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.



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 screening 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.

- **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 their 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 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. Their partner may have told them that no one will help them if they tell anyone what is happening. If the survivor feels that you aren't helping them, this reinforces the partner's statements and control over them, 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 they have taken in calling as well as the potential feelings they may be experiencing if you can't help with their 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?"*

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 Taylor at the domestic violence helpline...how may I assist you today?"*
- Find out the caller's first name, if they are willing to share it with you. If they don'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 their experiences, needs, and concerns.
- Establish physical safety with the caller. This shows the caller that you understand possible risks to their 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 them for calling. Even though they may feel unsure and/or confused, it is important to acknowledge the strength they 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 they are sharing.
 - 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 wait quietly, you might try focusing on your breathing while awaiting the survivor's thoughts.

- Intimate partner violence disrupts both heterosexual and LGBTQ relationships. The terms you use and your agency's paperwork should reflect this.
- Always be mindful that teen, LGBTQ, and male survivors of domestic violence will call for shelter, support and resources.
- Be mindful that male victims of domestic violence may call in for assistance and support. All victims of abuse deserve our advocacy and compassion.

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.

- **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 their children need special accommodations while they reside in the shelter or attend other services. For example, they 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 there is 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.**
 - Ask if the person has any special needs or considerations that would help them feel more comfortable in services, and/or listen for the stated needs.
- **Remember the caller is in crisis while they are on the phone with you.**
 - You can rephrase and summarize what they have 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 they are welcome to call again and that the hotline is available around the clock. Explain 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 they choose to call the hotline again, they 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 them and the 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 their 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.
 - » Refer to section one on vicarious trauma and self-care.

Intakes in a Trauma-Informed Manner

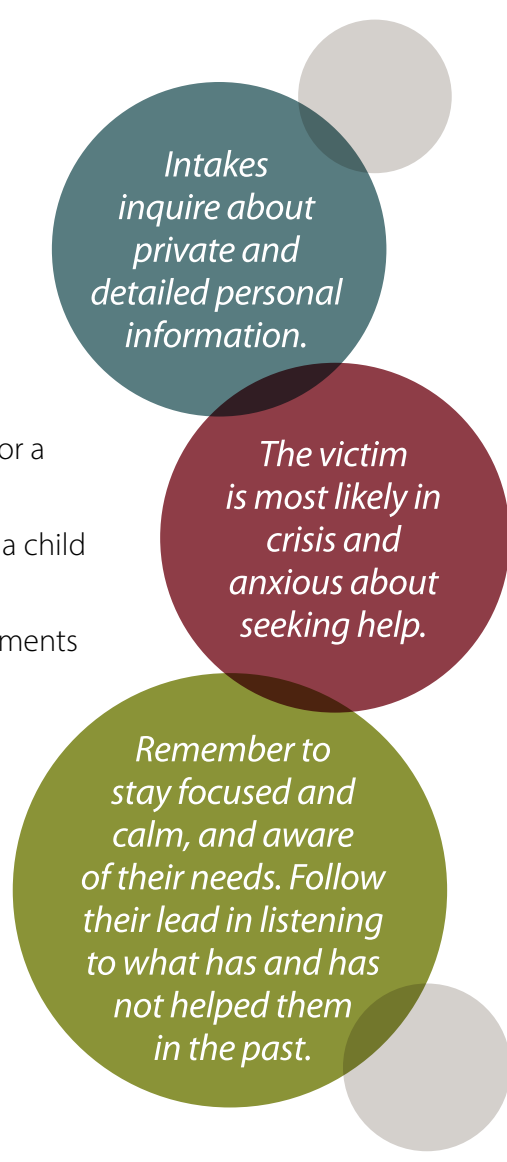
To receive services, most programs require that survivors complete an intake. Domestic violence programs have various intake forms, but all have a common thread. Intakes inquire about extensive, detailed, personal, information on a subject that is very sensitive for most individuals. Some survivors find 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.

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



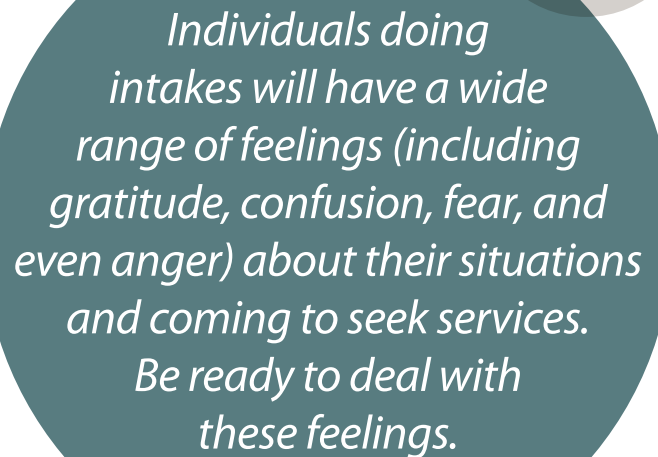
Intakes inquire about private and detailed personal information.

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

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

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 them to complete their intake.
- 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 their partner might have threatened them to remain silent, a survivor may feel scared or ashamed about revealing personal information.
 - Acknowledge the difficulty and risk involved with sharing.
- The adult and/or child may feel overwhelmed, anxious, and frightened as a result of the ways their partner has intimidated them 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 them. 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 of manipulation and harm has on their current functioning. With this support, they may then be able to explore how the twisting of love and abuse has affected their 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.

Important Steps in Intakes

1.

Ensure that the survivor and their children have settled in before moving forward with the process.

2.

Always offer the survivor choices regarding the time of the intake. Empower them 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.

6.

Explain the intake process with sensitivity and share that you will be asking questions about difficult topics.

7.

Show empathy during the process to build trust.

8.

Convey your understanding of trauma triggers and responses to build a sense of safety about difficult topics.

9.

At closing of the intake process, ensure that the person is not leaving feeling emotionally vulnerable.

- **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 parent in this strange, new setting.
 - » Have you talked to the parent and child about this? Can you help the child find their parent if they are with you?
 - » Show the child where their parent 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 them they have the right to “put on the brakes” by asking to stop the process. This communicates that they have the power to manage the situation if they become 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 they will remember everything from beginning to end. This is a common response to trauma.
 - Be careful not to judge the survivor or assume they are making things up if information changes or they can’t remember something.
 - Validate this trauma reaction and help the survivor 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 them understand their response and normalize it.
- **The survivor is seeking help and forming new connections while facing an increased risk to their safety by leaving the relationship.**
 - At the time of the intake procedure the survivor has many changes going on in their 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 them, while understanding the survivor might feel like they have more pressing issues at the moment.
 - If the victim and family arrived in the middle of the night, you may immediately only need names, ages and medical information for members of the family. Take a few minutes to gather the necessary information and talk with them more in the morning.
- **The intake is required paperwork, but it can also be a time to engage the survivor while they share their experience.**
 - This connection will build a trusting relationship and hopefully lead them to more positive experiences in the future.
 - Fully explain the release of information and any other documents you are asking them to sign.
 - Inform the survivor what you are writing down and why you are documenting what they are 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 they ask 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 their adult life and childhood. It should be determined what makes childhood history of sexual assault necessary at this point and question if it might do more harm than good at the time of an intake. If an inquiring about intimate partner sexual assault is done, do so sensitively. For example:
 - » *"Often, in intimate relationships, a person who takes power and control in the relationship also can be hurtful during intimacy. Some survivors 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, advocates are to discuss informed consent, releases of information, confidentiality and any limits to confidentiality as a result of licensure status of relevant staff*.**
 - Survivors have the right to know their information is kept confidential and any exceptions.
 - It is ethical for the advocate to explain the concept of informed consent. It is necessary for the advocate to seek clarity with the survivor of their understanding of confidentiality and informed consent.
 - Each time a survivor is offered a release of information and asked whether they consent to release information, the advocate should explain why they are asking for the information, what will be done with the information and the possible consequences of releasing the information.
 - » *It is important to emphasize that if the survivors can provide the information or obtain the written information themselves, then advocates do not need to release or disclose any protected information between agencies.*
- **Given the level of trauma responses that survivors are experiencing when they come to shelter or programming, advocates and survivors should discuss whether the survivor needs additional time, space or information to think through options about consent.**
 - Survivors should be offered time to think about their decisions, to ask questions and change their minds.
 - Advocates should pay close attention, confirm that a survivor understands what they are consenting to, and signing. Too many people, especially those who seek social services, are used to signing pieces of paper without asking questions.
 - This is especially true for those whom English is a second language or are Deaf/HOH. Acquiring a translator or interpreter who can safely translate to the survivor is necessary.
- **Releases of information cannot be a blank document. A survivor has the right to consent or not to consent to sign a release of information. They have the right to know they can revoke the release of information.**
 - Releases must account for each transaction of information gathering or contact. There cannot be "one release" for all communications.
 - Advocates should explain that the survivor can decide to revoke their consent if they change their mind, but once information is actually shared with another agency, it rarely can be undone.
 - It is best practice to see if the survivor can safely acquire the information necessary without involving the domestic violence program and a signed release form. This limits knowledge of the whereabouts of the survivor and their family.

***NOTE: Licensed staff/mandated reporters should inform all clients at initial contact that they are mandated reporters before interviewing survivors on hotlines, intakes, outreach, counseling or other contacts.**

- Survivors as individuals have the inherent right to know what can be kept confidential and what cannot and which staff have access to their information, so they can make decisions about what they want to share. This empowers the survivor to make decisions they feel are the best for them.
- **Supporting child safety and mandatory reporting: FVPSA, VOCA, VAWA carry strict confidentiality requirements. Programs receiving these sources of funding are under these confidentiality restrictions.**
 - Domestic violence programs are not mandated reporters.
 - Individual staff members may be mandated reporters (e.g., licensed counselors or social workers, nurses and/or teachers).
 - It is also important to note that not all instances and/or incidents of domestic violence constitute child abuse or neglect and thereby would not compel a report.

See Appendix G, Child Safety and Mandatory Reporting Flow Chart.

- **When concluding an intake process, ask the survivor how they are feeling in the present moment. Make sure you are not letting them leave feeling vulnerable.**
 - How are they feeling both physically and emotionally?
 - How are they feeling inside?
 - Do they have any questions they want to ask?
 - Offer future assistance if they need to talk more.
 - Close with a discussion about their strengths and hopes.
 - Practice breathing in and out three times, slowly with the survivor to help calm their nervous system.
 - Consider walking with the survivor to meet their children, spending time with the family as a whole.

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 expressive therapies such as EMDR, trauma-informed yoga or art therapy.

“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 may have been forced to use drugs or 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. Support groups can provide parents with valuable information on how living with a batterer impacts their role as a parent. Likewise, groups structured in how domestic violence causes toxic stress and trauma in children and teens is strongly recommended.

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.

Process-Oriented Group

This 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.

Psycho-Educational Group

This 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

These groups (or any type of mandated services) often cause participants to feel resentful or controlled. Domestic violence programs need to strongly consider prohibiting the use of mandating survivors to participate in support groups. When a victim of abuse does not have choices about their activities, this can interfere with healing and cause revictimization. As restoring choice and control are central principles of a trauma-informed approach, having choices taken away is very common in abusive relationships. This may mirror or trigger past survivors' experiences.

Key Trauma Knowledge to Remember When Conducting Support Groups

- Establishing emotional and physical safety is paramount in order for survivors of domestic violence and other 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 flood 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 a sense of 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 assault and harmful 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 their violence and harm. For some survivors, sharing about their relationship may 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 their life experience if they don’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.
- 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. Their relationship with their 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, their pets, 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 individuals 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 not trauma-informed and this policy should be changed, as this disempowers survivors and has the potential to place them in greater danger.
 - Programs that are open to discussing the 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 they currently are. They might not trust advocates or be open about their thoughts, feelings, and situations, thereby isolating them from advocates and others in the domestic violence program. An honest and open dialogue with advocates can be critical when helping them discover tactics of manipulation and increased risks to their safety.

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 incorporating 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 includes 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.

- **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 adults 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. They most likely may already have a system in place for 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. If you use aromatherapy or pure essentials be sure to ask the group participants about sensitivity or allergies before using.
 - 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 adults 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 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.

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 their connection and contribution.

2.

Acknowledge the many feelings they 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.

4.

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

5.

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.

6.

Convey your understanding of trauma, triggers, and responses and validate they might experience some anxiety when leaving.

7.

Create a list of ways to manage and cope with feeling for them and their children's.

8.

Find out if they need any other assistance from you, your agency, or if you can help connect them to other needed services.

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 their relationship with the abuser. The person's experiences were not bad all of the time and they may have happy memories.
- A survivor may be leaving a space where they may feel safer and more supported than anywhere else they have been.
 - Validate the range of feelings, from sadness to excitement, with regard to the 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 their feelings regarding their experiences.
- Leaving and/or moving (if the individual has resided in a shelter) is another stressor for adults and children, which may impact their ability to organize and focus.
 - Humans require a place to live as a basic need.
 - Advocates should acknowledge 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 their 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 their 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 have grown between shelter residents and survivors and staff.**
- **Validate strengths and accomplishments.**
- **Inquire about concerns and future anticipated needs for them and their family.**
- **Inform the survivor of services and programming in which they and their children may participate in after leaving shelter.**
- **Outline potential behaviors and feelings that they might experience after leaving the shelter or group.**
 - Ask how they are feeling physically and emotionally. Are they aware of any body sensations like stomach aches, jitteriness, or energy?
- **Talk with the survivor about what children may experience during this change.**
 - Inquire how they anticipate supporting their children's feelings about leaving along with their reactions to moving, their new home, school, and bedroom.
 - 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 goodbye with a child.
 - Some youth programs facilitate a youth exit as well, which involves safety planning.
- **Discuss safety-planning strategies if the individual is going home. Ask what has and hasn't worked in the past.**
 - Explore other possibilities if they are open to this.
 - Express that anyone may call the hotline for support anytime.
 - Inform them of services that they 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 them with a safety plan.

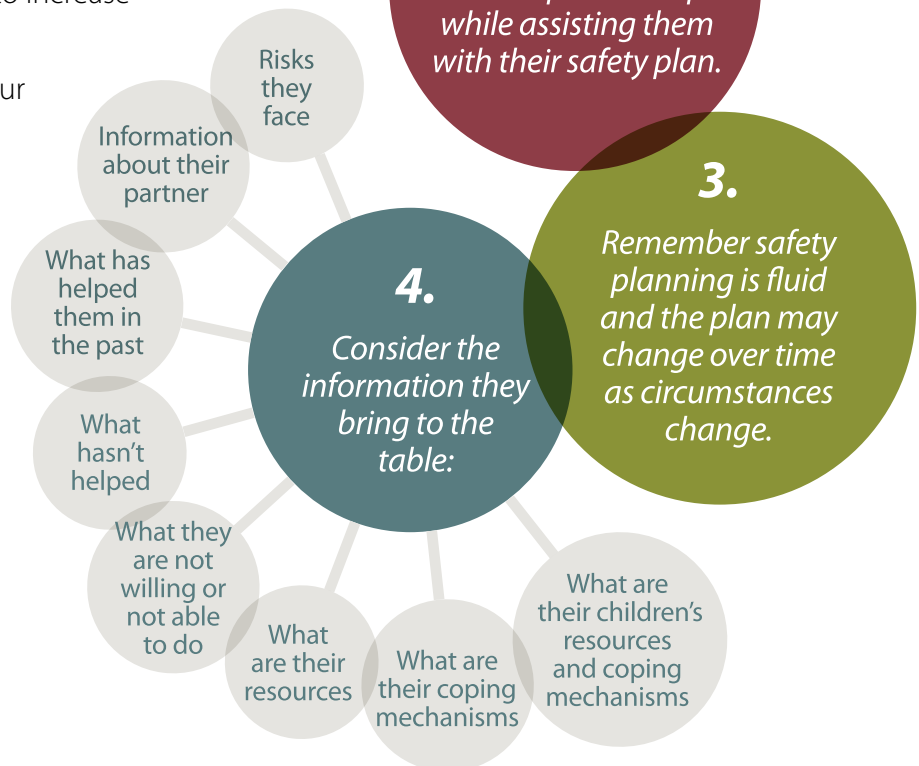
The goal is to understand the survivor's perspective and to integrate knowledge about domestic violence, trauma, and resources into the survivor's analysis and plans.

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

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

Venues to consider include, but are not limited to, home, school, work, church, car, children's schools, daycare, appointments, 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 as the victim tells you what the 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 the survivor has left. The level of risk may increase, which may heighten anxiety and fear.
 - Expecting a survivor to recall plans, rules and details about the safety plan may be too much for them to manage, as the focus is on safety, 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 not following through with services is not always an indication that the survivor is not interested in protection.

Tips for Trauma-Informed Safety Planning

- Actively listen to the survivor sitting next to you. People who are experiencing domestic violence have actively engaged in their own safety planning long before seeking services.
 - Advocates must listen to their strategic thinking and the processes they have 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, 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 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.

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 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 their 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.
- The survivor should be the lead in identifying what triggers are affecting their 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.
- Working with a survivor on developing an emotional safety plan may help the survivor feel supported and empowered when managing their reactions and feelings. This may help reduce the abusive partner's negative impact on their feelings.

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 the 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. This also can be utilized for the survivor with respect to children.

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*
- *Contact with family*

Identify Early Warning Signs

The next step in assisting a survivor with identifying triggers is to comprehend the bodily sensation and 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, they are more prepared to manage their reactions and behaviors. Some signals are not observable, but some are and are included on the list below.

IDENTIFYING EARLY WARNING SIGNS

- *Agitation*
- *Sensation of tightness in their chest*
- *Seating*
- *Clenching teeth*
- *Wringing hands*
- *Bouncing legs*
- *Shaking*
- *Crying*
- *Giggling or laughing*
- *Heart pounding*
- *Pacing*
- *Eating more or less*
- *Breathing hard or shallow*
- *Shortness of breath*
- *Clenching fists*
- *Loud voice*
- *Swearing*
- *Restlessness*
- *Others*

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, follow their lead. The survivor has been coming up with strategies on their own to deal with the stress they have faced and has an idea of what has and hasn't worked. Incorporate these strategies when planning for future emotional safety.

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 them to take the lead.*

Be sure to go to www.odvn.org and download a copy of *Just Breathe: A Workbook Guide to Emotional Well Being*. This tool offers survivors a booklet featuring different strategies for identifying trauma reactions, managing needs, and strategies for emotional regulation and self-care.

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.

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*

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:

- » _____
- » _____
- » _____
- » _____

Supporting Parents with their 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*** is available at <https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/sfv-avf/sources/fem/fem-2007-lele-pypo/pdf/fem-2007-lele-pypo-eng.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 parents who have experienced domestic violence. It is written for parents 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 parents 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.

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 parent and child.

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.

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 an adult victim/parent and children.
- **Adult/victims parents 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 their children.**
 - A trauma-informed advocate will be open to listening to the grief, anger, and terror that a parent holds for their child's experience.
- **Abusive partners use parenting as a means to sabotage and even terrorize the victim/parent. This affects their role as a parent and the parent-child bond.**
 - When talking with a survivor about parenting, be sensitive to the power dynamic at play and treat them with respect. 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 victim/parent, past traumatic experiences coupled with exposure to traumatic reminders and current stressors might result in overwhelming them. Perhaps, in some situations this reality may cause them difficulties in supporting their children who are also experiencing the affects of exposure to a battering parent/caregiver.**
 - The stress of parenting may also become very overwhelming as the parent tries to cope with the emotional and behavioral challenges presented by their children as a result of their exposure to domestic violence and their reactions to traumas, changes, grief, and loss.
 - 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 parent in their interactions with their children if they 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 parent, perhaps like the batterer did.**
 - This can occur with even very young toddlers. It is important that advocates help parents understand the nature of how children learn how to behave, and that children can learn appropriate ways for healthy and nonviolent behaviors.
 - It can also be critical to help parents understand their internal experiences when their children mimic or copy the batterer's behavior. This may be a traumatic reminder for the parent and make them feel like they are re-experiencing the abuse.
 - An advocate can help a family immensely if they share with the mother that this can be a normal reaction. It will support them in becoming more aware of this type of traumatic reaction and help them plan ways to cope and manage these situations successfully.

Note: Please note this portion denotes mother as adult victim parent highlighting how a battering partner/parent disrupts the bond between children and mother. Please demonstrate sensitivity and shift specific language to serve the parent you are working with respectfully.

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 parent/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 the parent's protective strategies, nurturance, and their bond with their 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 if a parent 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 parent/child relationship. Create times for laughter, playing games, and fun to further the connection.

Experiencing Trauma for Parents and Children and Teens



Be sure to go to www.odvn.org and print this visual handout to give parents. Likewise, this informational tool can be beneficial as a training tool for staff and allied helpers about children and domestic violence.

This resource provides not only how battering affects the whole family but also shares ways to support children in the midst of their feelings and experiences.

It's designed to share with the protective parent showing how living with a battering parent impacts the lives of babies, children and teens. It also offers parents and advocates practical, supportive approaches for creating healing spaces for children and teens.

Select from three graphics either Families of Color, Families who Speak Spanish, or Families who are Caucasian.

<http://www.odvn.org/survivor/experiencing-trauma-for-parents-and-children>

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 this can alienate the survivor.
 - Many parents are very sensitive to comments or criticism about their parenting. Acknowledge this at the very beginning of any discussion about parenting.
- Parents who are experiencing abuse face enormous challenges with being the best parent they can be, often due to the ways in which an abusive partner has interfered with their role as parent.
 - Domestic violence can create tremendous barriers to effective parenting, and acknowledging how the tactics of the batterer has impacted the ways in which the survivor can parent is important.
 - Avoid judging parenting decisions. Survivors often are doing the best job they can in an extremely overwhelming 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 this program has a ‘No Hitting Policy’ is so parents and advocates may partner together to show 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.”*

TRAUMA-INFORMED CARE IN MY ORGANIZATION

- *Be cognizant of the fact that parenting is a concept that is at times “taboo” to discuss.*
- *Supporting families holistically requires that domestic violence programs prioritize training for advocates on the impact of battering on the adult victim/parent.*
- *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.*
- *Supervisors and advocates need to incorporate trauma-informed protocols and interventions in order to support parents and children during their intakes, groups and residency at domestic violence programs.*

- Domestic violence programs need to provide healing play activities for parent 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 parents 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 individuals that I have talked with that many partners have sabotaged their role as parent. Would you share with me how you may have felt blocked or undermined by your partner?"*
 - 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 them in their role as parent. This will most likely be the opposite experience than the experience they have had with the abusive partner.**
 - Remember to actively listen to the parent, which will help to build rapport.
 - Pointing out parenting strengths and ways in which they are caring for their children can assist in building their confidence and their ability to parent.
- **Provide information for parents regarding how trauma impacts children. Helping parents to view their child's reaction as normal responses to overwhelming experiences serves to restore the family with information and care. Children also react in situations of change and crisis. This approach may foster support for the parent in restoring a sense of calm and consistency.**
 - Change is stressful for children and many children do act out when in new situations. Supporting parents in these difficult days and providing information on trauma will help teach about the ways in which domestic violence has impacted their children and can direct towards effective ways to address these issues.
- **Parenting is a delicate subject. Many individuals 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.**
 - Advocates have the opportunity to normalize and validate the survivor's experience of parenting within the context of domestic violence and acknowledge the many ways that they have protected their children in the midst of the harm and abuse.
 - Likewise, advocates have the chance to connect the value of respecting children as individuals and choosing not to harm them as an interaction.
 - 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 them to more positive experiences in their role as a parent.

- **Focus on the parent's strengths and their protective strategies. Validate the survivor's decision in seeking services, even though they might feel ambivalent about the future.**
 - Offering connection, empathy, and hope for a life free of mistreatment and harm is important to both the survivor and their 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. The batterer as parent often takes the freedom to play away from children and teens.
 - Laughing, singing, running, rocking and interactive play with parent and child can be healing and restorative to the parent-child relationship.
- **Offer parents trauma-informed care approaches in parenting.**
 - Inform parents that children can respond from reminders or triggers too. If someone raises their voice or shows frustrations children may be inadvertently triggered and respond in a way that others don't understand.
 - Give children choices that are reasonable to empower the child.

Resources:

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

Children and Domestic Violence: How Does Domestic Violence Affect Children? <https://www.nctsn.org/resources/children-and-domestic-violence-how-does-domestic-violence-affect-children>. Provides parents with information on how to talk to children about domestic violence. This fact sheet discusses how domestic violence can affect children. Published in 2015

Domestic Violence Fact Sheets Series. <https://www.nctsn.org/resources/children-and-domestic-violence-parents-fact-sheet-series>. Offers support to parents whose children have been affected by domestic violence. This fact sheet series provides education to support their resilience and recovery. Published in 2015

Advocacy Beyond Leaving: Helping Battered Women in Contact with Current or Former Partners by Jill Davies. [https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Advocates%20Guide\(1\).pdf](https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Advocates%20Guide(1).pdf)

Key Trauma-Informed Knowledge When Working With Lesbian, Gay, Bisexual and Transgender Survivors of Domestic Violence and Sexual Assault

Whether on the phone or in person do not assume that every victim/survivor you meet is heterosexual. Also, be aware that sexual orientation and gender identity are not the same. A transgender person may be in a relationship with someone of the same or opposite gender.

- **Show awareness in your selection of words during your initial interaction with each survivor.**
 - Be sensitive to word choice: the use of "lover" or "partner" or "roommate" as opposed to boyfriend or husband.
 - Be aware of your use of pronouns from the initial contact with any victim; do not assign a gender to their partner until the survivor does.
 - Practice using non-gender-specific language such as they and them.

- Do not pressure the survivor to file a report or follow up on legal action.
 - Know that it is a difficult and risky choice for the victim to be involved in the legal system, especially if they/their partner are not “out”.
 - If the victim does choose to take legal action, work with them on anticipating the reactions of family, friends, and employers.
- Take special care in finding out what support systems exist in the survivor’s life.
 - Acknowledge that some survivors may not have the support of their original family members.
 - Do not assume that a victim has an “LGBT community” to which they can turn for support, and acknowledge that many of their friends may align with the abuser and not want to get involved.
 - Provide the victim with information and referrals and let them know that they are not alone and that they are welcome in your program.
- Respect their individuality and do not expect them to conform to stereotypes or your ideas of what LGBT people are.
 - Do not assume because they are in a relationship with someone now that they have never been with other genders in the past.
 - Do not assume that they are childless or do not have any children.
 - Do not assume that they are politically active, a feminist, not a churchgoer, etc.
- Advocate for them in situations where others may be insensitive or unsupportive; police, doctors, property owners, etc.
- Know the counseling, medical, and legal resources available in the LGBT community in order to make appropriate referrals.
 - Do not assume that just because they are LGBT that they will want an LGBT attorney, therapist, or doctor.
- If an LGBT survivor asks to speak to an LGBT advocate, and none are available, do your best to convey your knowledge and sensitivity to their needs and concerns, but do not automatically pass a LGBT survivor off to an LGBT counselor.

Adapted Source: BRAVO – Buckeye Region Anti-Violence Buckeye Region Anti-Violence Organization, Columbus, Ohio www.bravo-ohio.org

Buckeye Region Anti-Violence Organization (BRAVO provides crisis intervention, advocacy, emergency shelter and referrals for lesbian, gay, bisexual and transgender survivors of domestic violence, sexual assault and hate crimes. Community education and professional training regarding issues of violence in LGBT communities. All services are free and confidential.

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



A close-up photograph of a dandelion seed head, showing the intricate structure of the brown, pointed seed pods and the delicate, white, feathery pappus. The background is a solid, vibrant green. A horizontal purple band is positioned across the middle of the image, containing the word "Appendixes" in white text.

Appendixes

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 adult and child survivors victimized by domestic violence.

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA & MENTAL HEALTH 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 the survivor.

____/____/____

- ☐ 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 them 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 they might find upsetting, what things are most helpful when they are 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 they are really “there” and what might help them 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 the survivor feels the abuse by their partner has affected their emotional well-being and/or mental health.

____/____/____

- ☐ 8. We discussed ways they have changed as a result of the abuse.

____/____/____

- ☐ 9. I asked if they are having any kinds of feelings that concern them.

____/____/____

- ☐ 10. We talked about how many of the things they are experiencing are common responses to abuse.

____/____/____

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

____/____/____

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

____/____/____

- ☐ 13. I assured the survivor that if their responses to any of the abuse or trauma they've experienced caused their suffering or get in the way of things they want to do then we can help the survivor access additional resources and services.

____/____/____

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

____/____/____

- ☐ 15. I asked if the survivor's 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 them to let us know if they have 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, or can't afford them/insurance or Medicaid won't cover them, etc.).

____/____/____

- ☐ 17. I provided links to information or resources to help the survivor advocate for theirself around medication issues.

____/____/____

- ☐ 18. We discussed the survivor's interest in mental health consultation and/or referral and their wishes and concerns about that.

____/____/____

- ☐ 19. While conducting support groups or house meetings at which the survivor 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 the survivor was uncomfortable with the mental health needs of other people in the program.

____/____/____

- ☐ 21. At the survivor's request (and with her written consent), I participated in conversations with them and their mental health provider/s about the issues they are facing and informed their 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 their partner in treatment; the role of advocacy and any additional needed resources and supports.

____/____/____

- ☐ 22. I advocated with mental health providers/systems on the survivor's behalf if/when they requested this (and with 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 the survivor.

____/____/____

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

____/____/____

- ☐ 26. I noticed instances when tensions among other individuals in the shelter/agency community and staff related to this individual and found supportive ways to discuss this with the survivor.

____/____/____

- ☐ 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 the survivor connect with peer support groups.

____/____/____

- ☐ 30. I feel that I have the supervision and support I need to reflect on and respond effectively and emphatically 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

16 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 their 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 discussion 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 responses 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, they and their 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 responses".
12. The manner in which a survivor experiences traumatic reactions will certainly be affected by the culture to which they belong.
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 or vicarious trauma can cause advocates to lose perspective and slip from understanding to blame.

APPENDIX C

SUGGESTED BEST PRACTICES FOR CHILD VICTIMS OF DOMESTIC VIOLENCE

Go to www.odvn.org and download printable informational sheets which provide both parents and helpers with handouts about trauma reactions in the context of domestic violence. This resource is available for families of Color, families who are Caucasian and for families who are Spanish speaking. Also included are ways to support children and teens.

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. Be sure to check out ODVN's on-learning courses for training regarding youth and parent focused program enhancement.

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 and/or must participate in mandated visitation.
- 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 caregivers. For example, a helper should never tell a child to not be mad at their mom, dad, parent or caregiver.

Below are some of the ways in which advocates can support children and teens 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 adult 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, child 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/sharing bedrooms with other families or residents
 - 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
 - Possibly changing schools

Parents and Children

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

- Provide anticipatory guidance for parents and volunteers in interacting with children 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 parent, staff, volunteer, or another resident becomes harmful in their tone, mannerism, or actions.

APPENDIX D

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

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, Llibbe 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: <https://www.homelesshub.ca/resource/hrcs-homelessness-and-traumatic-stress-training-package>

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 [https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Advocates%20Guide\(1\).pdf](https://www.futureswithoutviolence.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: <https://headington-institute.org/topic-areas/125/trauma-and-critical-incidents/246/vicarious-trauma>

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

Starr Commonwealth formerly The National Institute of Trauma and Loss in Children
@ www.starrtraining.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 police 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 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?

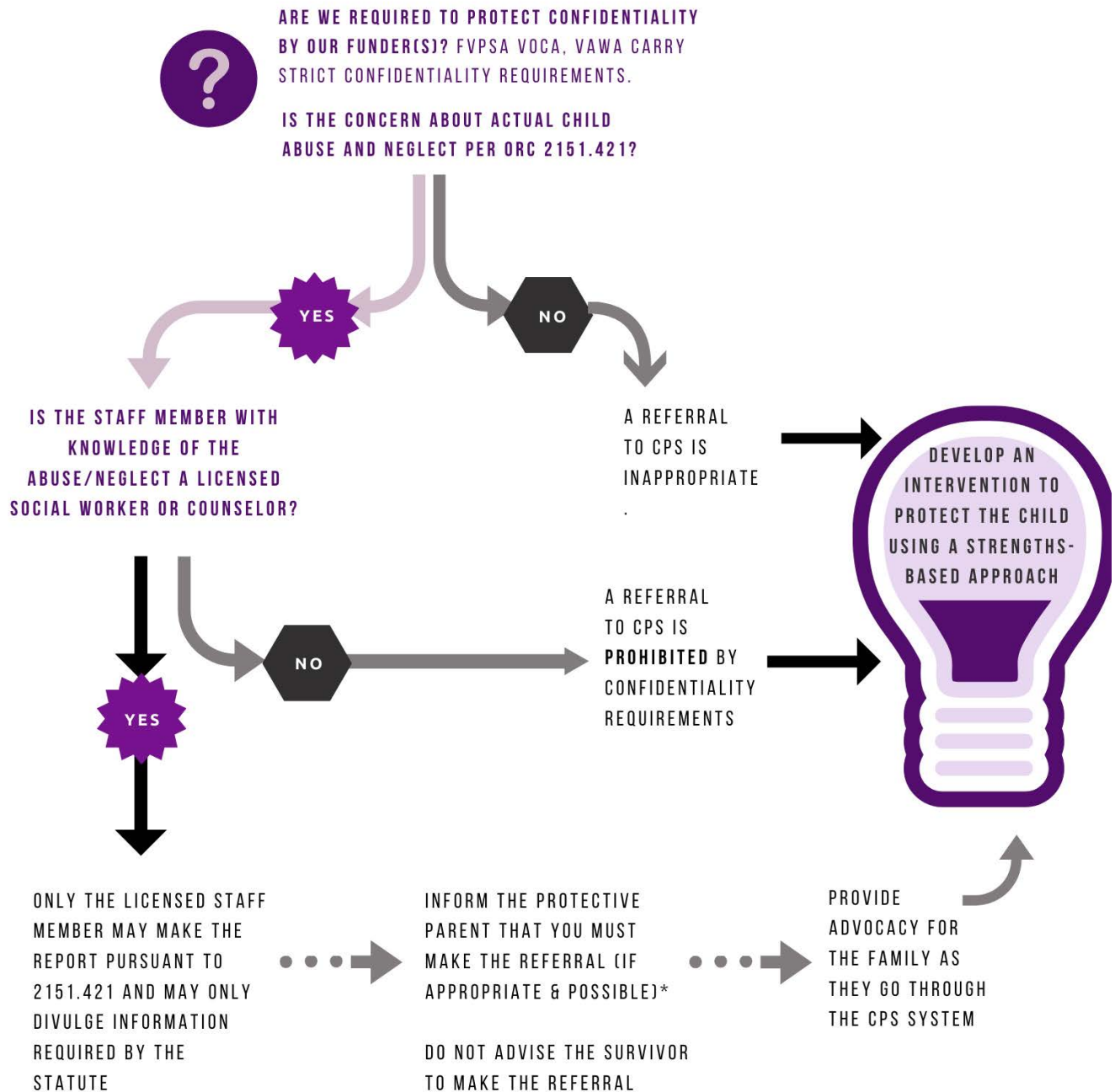
4. How can advocates be mindful of new residents' perspective?

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

SUPPORTING CHILD SAFETY AND MANDATORY REPORTING



*Licensed staff/mandated reporters should inform all *clients* at *initial contacts* that they are mandated reporters *before* interviewing clients on hotlines, intakes, outreach, counseling, or other contacts.

Are we required to protect confidentiality by our funder(s)? FVPSA VOCA, VAWA carry strict requirements for confidentiality.

If you receive Family Violence Prevention & Services Act (FVPSA), Victims of Crime Act (VOCA), or Violence Against Women Act (VAWA) funds, you are required to uphold the strictest confidentiality of all clients. This means you can never divulge information about clients without their written consent. There are a few exceptions to these requirements, which include orders from courts requiring you to divulge information, search warrants executed by law enforcement, and reports of child abuse and neglect mandated by state statute; however Ohio law does not mandate all program staff (or entire agencies) to make such reports. Only licensed staff are subject to this mandate and thus permitted the exception to confidentiality. Further, they are not permitted to broad releases of information, but may only divulge information specified in the statute.

Is the concern about actual child abuse and neglect per ORC 2151.421?

In domestic violence programs, we work with families where violence has broken bonds between the victim and children, has undermined their parenting authority, and where children often have behavioral issues related to trauma. This perfect storm of impacts increases the risk that we will observe families that are not working well, and where parenting deficits may be present.

**WHEN CONSIDERING WHETHER OR NOT WE NEED TO CONTACT
AUTHORITIES AND VIOLATE CONFIDENTIALITY, THE VERY FIRST
QUESTION WE MUST ANSWER IS: IS OUR CONCERN ABOUT
ACTUAL CHILD ABUSE AND NEGLECT, OR IS IT
A CONCERN ABOUT PARENTING CHALLENGES?**

Unfortunately, the statute that defines child abuse is vague. Generally, actions done in the context of corporal punishment, which may be of concern to us, even when they leave marks, are often not viewed by the CPS system as abuse. Making this first determination is critical, and can be very difficult.

Is the staff member with knowledge of the abuse/neglect a licensed social worker or counselor?

If we conclude that the concern we have about the family does rise to the level of abuse or neglect as defined in ORC 2151.421, we next have to determine if we are mandated to violate confidentiality and report it to authorities. Only licensed staff have this mandate, which permits the violation of confidentiality.

Non-licensed staff may not make CPS referrals. When we face concerns about serious child maltreatment, our duties to preserve confidentiality confront our concerns about children. When unlicensed staff have such concerns, we must creatively build support and interventions with the family to address the child's safety. We should remember that the CPS system may not even agree with us that the concern is child abuse and may not have effective tools to protect the child(ren).

Programs and advocates must know how to work with the parent in programs to build safety and support for the child(ren).

APPENDIX H

HOW TO ADVOCATE WITHOUT PRACTICING LAW: GUIDANCE FOR NON-ATTORNEY ADVOCATES

DO NOT apply the law or tailor your information to the specific facts or situation of the survivor.

DO NOT provide legal analysis or recommend a legal action (or no action) to the survivor.

DO give legal information, refer to code sections (without saying which fits their facts), and approved forms.

DO safety plan through the “what ifs” of possible outcomes from court involvement.

PENALTIES for practicing law without a license include: 180 days in jail and \$1,000 fine (the as a domestic violence charge!), \$10,000 per offense plus costs, and attorneys fees and damages.

Here are some examples of what you can and cannot do as a non-lawyer advocate for your client:

NON-ATTORNEYS CAN:		NON-ATTORNEYS CANNOT:
■ Help the client access the case file with the clerk's office	↔	■ Tell the client what needs to be filed
■ Provide information about the types of legal actions a victim can pursue	↔	■ Tell the client which action to take or not to take
■ Provide examples of approved court forms and explain where to write information	↔	■ Advise the client which forms to fill out or how to fill them out
■ Explain general case management (ex. number of hearings required for a protection order; continuances may or may not be granted)	↔	■ Tell a client how likely their case is to get continued or give an opinion on what the outcome will be
■ Provide legal and procedural definitions	↔	■ Apply information to the client's facts or situation
■ Encourage the client to seek legal advice and provide name(s) of attorneys who have received training in DV/SA issues	↔	■ Endorse an attorney for the case or specifically recommend an attorney
■ Tell a client what you have seen the court do or say in your experience	↔	■ Tell the client what the court is likely to do in this case
■ Provide general information to the public about legal remedies for survivors	↔	■ Stand up and speak for the client as an attorney would do
■ Accompany the client to court for support	↔	■ Draft or file any pleadings (including the CPO petition) or argue a legal matter on a client's case to the judge
■ Advocate for the rights of your client		

You cannot tell survivors what to do, but you can provide standard information about how to accomplish what they decide to do.

Adapted by the Ohio Domestic Violence Network (2017) from materials prepared by Michael Smalz, Senior Attorney with the Ohio Poverty Law Center



www.odvn.org

1855 E. Dublin-Granville Columbus, OH 43229

info@odvn.org

800-934-9840