Goal

- Begin conversation on working with domestic violence survivors and the impact of trauma.
Talking points . . .

- What is trauma?
- Phases of trauma experience.
- Resiliency influencers.

What is trauma?
The experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disasters.

What is trauma?
- Person’s response involves intense fear, horror, or helplessness.
- Extreme stress that overwhelms the person’s capacity to cope.
Trauma Informed Care . . .

The 4 R’s of TIC

- Realizes the widespread prevalence of trauma.
- Recognize the signs and symptoms of trauma.
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices.
- Resist re-traumatization.

Trauma Informed Care

- Trauma-informed care views service provision through a lens of trauma.
What’s wrong with you?

What happened to you?

3 E’s of Trauma Outcome

- Event
- Experience
- Effects

Event

- Threat of physical or psychological harm
- Violence, natural disasters, pandemic, etc.
Experience

How the individual labels or interprets the event defines whether it is traumatic.

Effects

Effects may occur immediately or months or years later.

Approximately 7.7 million American adults age and older, or about 3.5% of people in this age group in a given year have PTSD.

98% of people served behavioral health have experienced trauma.

51% of the general population have experienced trauma in childhood.
Center for Disease Center and Kaiser Permanente collaboration.
10 year study of 17,000 people.
Effects of adverse childhood experience (trauma) over the lifespan.
Largest study of this kind ever done.

Adverse Childhood Experiences (ACE)

Physical Abuse
Sexual Abuse
Emotional Abuse

Physical Neglect
Emotional Neglect
Violence against parent (DV)
Adverse Childhood Experience

- Parental divorce
- Household member with substance abuse and/or mental health illness
- Incarcerated household member

What trauma can look, feel and sound like?

- Grief
- Shock/Disbelief
- Hopelessness
- Panic
- Apprehension

- Re-experiencing trauma
- Feeling isolated
- Mood swings
- Emotional Outbursts
Psychological and Cognitive Reactions

- Difficulty concentrating
- Disorientation
- Suspiciousness
- Memory difficulties
- Uncertainty
- Slowed thinking
- Blaming self or others
- Disorientation
- Nightmares
- Flashbacks

Behavioral Reactions

- Sleep disturbance
- Fatigue
- Rapid heartbeat
- Weakness
- Grinding teeth
- Nausea or upset stomach
- Aches and pains
- Inability to rest
- Fatigue
- Fatigue
A bump in the road . . .

- Individuals who experience a big “T” trauma in an otherwise healthy life tend to move recover more quickly.

Across the lifespan . . .

- Trauma that occurs earlier in our life may be more difficult to navigate versus when we are older.

Relationships matter . . .

- Having a support system of friends, family, teacher, faith-based community, etc. improves quality of recovery from trauma.
Community matters...
Access to community services creates systems to support transition to wholeness.

Mental health and DV
- Severe anxiety, stress, or fear.
- Abuse of alcohol or drugs.
- Depression.
- Eating disorders.
- Self-injury.
- Suicide.

Strategies to Work With Survivors
REAL Intervention

- Recognize
- Encourage
- Assist
- Lead

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Experiencing fear

- Remain with survivor.
- Give clear, concise explanations of what to expect.
- Allow extra time for expressing feelings.
- Share relevant information to help alleviate the overwhelming fear.

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Experiencing guilt and shame

- Be especially aware of your own judgments.
- Redirect anger from the survivor to the person causing the harm.
- Help them distinguish between their judgments and the person causing harm’s judgments and the person causing harm’s responsibility for the abuse.
- Dispel (educate) about myths that they might be embracing and why they are believing them.

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Anger and resentment

- Let them know that anger at the person who has harmed them is entirely appropriate.
- Encourage appropriate expressions of anger.
- Explore channels for that energy and support their efforts to release it in healthy ways.

Listen

Listen to hear what is unique in each survivor's experience and recognize each survivor's distinct experience.

Incorporate

As the advocate listens incorporate knowledge about the batterer (abuser) characteristics, trauma and trauma reactions in order to assist the survivor in normalizing their experience and providing support.

Advocate

Advocate actively listen to survivor's sharing of their experience as if it is the first times she has listened to a survivor describe their victimization.

Remember that each individual seeking services is an “individual”

A trauma informed advocate will understand the individual may not recall information about the services because of trauma reactions. Consider too that basic needs such as safety, food and shelter are more essential to the survivor’s functioning than remember many procedures.
Support for advocates

Secondary traumatic stress affects advocates and can result in a loss of sensitivity to the women and children. Advocates can lose perspective on individuals and their traumatic reactions within the context of domestic violence and crisis situations.

Implementation

<table>
<thead>
<tr>
<th>Peer</th>
<th>Peer support groups with staff members as co-leaders have provided support to staff. Objective is to meet outside the shelter or office space and spend time talking, debriefing and supporting one another.</th>
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<tbody>
<tr>
<td>Provide</td>
<td>Provide advocates a dedicated time to de-brief with one another after group/individual sessions, house meetings, court appointments or perhaps in case conference meetings.</td>
</tr>
<tr>
<td>Provision</td>
<td>Provision of individual supervision to maintain a fresh perspective and to support an advocate who is burned out or cynical.</td>
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Implementing...

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

Advocate will be sensitive to survivors and will inform the survivor that during times of traumatic experiences or stress it is a normal reaction.

Survivor will need information repeated and not hold the individual in judgment thinking they are manipulative or scheming.
Group discussion . . .

Community Resources

➢ National Domestic Violence Hotline
  1-800-799-SAFE
➢ AVDA
  713-224-9911
➢ United Way
  211

Final thoughts, comments and questions . . .
“No significant learning occurs without a relationship”

-- Ruby Payne, International Educator & Speaker

For additional information or to schedule a training/speaking for your organization, business, school or place of worship call (281) 400-3680 or e-mail theciapetkin@dcdvcc.org

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