

A Trauma-Informed Approach to Domestic Violence Advocacy/Services

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Defining Trauma

- Trauma is a disturbing, intense and/or distressing event that involves serious loss, threat or harm to a person's physical health and/or emotional well being
- Trauma can occur at any time, can be a single event or occur numerous times
- It often overwhelms the person's coping resources

Types of Trauma

- | | |
|-----------------------------------|--|
| ■ Death of a parent | ■ Natural disasters |
| ■ Drug addiction in the family | ■ Terrorism |
| ■ Witnessing abuse | ■ Community violence |
| ■ Parental incarceration | ■ Racism |
| ■ Divorce or parental separation | ■ Homophobia |
| ■ Rape | ■ Refugee |
| ■ Neglect or abandonment | ■ Environmental stressors |
| ■ Severe personal injury | ■ Substandard educational systems |
| ■ Childhood verbal/physical abuse | ■ and... <i>domestic violence or intimate partner violence</i> |

What does it mean to be trauma-informed?

- According to the Substance Abuse and Mental Health Services Administration SAMSHA – “A program, organization or system that is trauma-informed”:
 - A. Realizes the widespread impact of trauma and understands the potential path for recovery
 - B. Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system

What does it mean to be trauma-informed?

- C. Responds by fully integrating knowledge about trauma into policies, procedures and practices
- D. Seeks to actively resist re-traumatization

What does it mean to be trauma-informed?

- Maxine Harris and Roger Fallot in their book, *New Directions for Mental Health Services: Using Trauma Theory to Design Service Systems*, define trauma-informed service systems as “a human services or health care system whose primary mission is *altered by virtue of knowledge about trauma* and the impact it has on the lives of consumers receiving services.”

What does it mean to be trauma-informed?

- Implementing a trauma-informed style to advocacy/services when working with domestic violence survivors means moving past the notion that direct services - such as housing, legal protections and economic resources should be the main focus of outreach.

What does it mean to be trauma-informed?

- The National Center on Domestic Violence, Trauma & Mental Health advises that using a trauma-informed approach ensures that “we assist survivors in strengthening their own psychological capacities to deal with the multiple complex issues that they face in assessing safety, recovering from the traumatic effects of domestic violence and other lifetime abuse, and rebuilding their lives.”

Core Components

- It's important that advocacy services are grounded in environments that are:
 - Inclusive
 - Welcoming
 - Destigmatizing
 - Non-Retraumatizing

Core Components

- And follow these five core components:
 1. Provide information on the traumatic effects of abuse
 2. Adapt programs and services to meet survivors' trauma and mental health needs
 3. Create opportunities for survivors to discuss their responses to trauma

Core Components

1. Offering resources and referrals to survivors.
 2. Reflecting on our own and our program practices.
- So now... What does that look like in practice?!!

Destigmatizing Information

1. Providing survivors with information about the traumatic effects of abuse
 - Some survivors may not be familiar with the concept of trauma
 - Or they see enduring domestic violence and other adversity as a strength and staying silent as a way to exhibit religious or spiritual ideals

Destigmatizing Information

Key Points:

- Discuss the link between trauma, domestic violence and mental/physical health
- Discuss common emotional/mental health responses that can interfere with assessing safety, cognition & memory
- Discuss how trauma impacts the ability to trust, regulate emotions and see the world
- Discuss the things abusers do to gaslight or make a victim feel “crazy”

ACES

- ACES are *adverse childhood experiences* that harm children’s developing brains and lead to changing how they respond to stress and damaging their immune systems so profoundly that the effects show up decades later. “ACES” comes from the CDC-Kaiser Adverse Childhood Experiences Study, a groundbreaking public health study. There were over 70 research papers published from this data (1998) and hundreds related to the findings.

ACES

The 10 ACEs the researchers measured:

- Physical, sexual and verbal abuse.
- Physical and emotional neglect.
- A family member who is:
 - depressed or diagnosed with other mental illness
 - addicted to alcohol or another substance
 - in prison
- Witnessing a mother being abused.
- Losing a parent to separation, divorce or other reason.

<https://acestoohigh.com/>

ACES

- ACES are common: nearly two-thirds (64%) of adults have at least one.
- They are correlated to adult onset of chronic disease, such as cancer and heart disease, as well as mental illness, violence and being a victim of violence.
- ACES don’t occur alone: if you have one, there’s an 87% chance that you have two or more.

- People have an ACE score of 0 to 10. Each type of trauma counts as one, no matter how many times it occurs. *You can think of an ACE score as a cholesterol score for childhood trauma.* For example, people with an ACE score of 4 are twice as likely to be smokers and seven times more likely to be alcoholic. Having an ACE score of 4 increases the risk of emphysema or chronic bronchitis by nearly 400 percent, and attempted suicide by 1200 percent. People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, and more autoimmune diseases. People with an ACE score of 6 or higher are at risk of their lifespan being shortened by 20 years.

<https://acestoohigh.com/>

Programs & Services

2. Adapt programs and services to meet survivors’ trauma and mental health related needs.
 - Becoming sensitized to the effects of trauma and the need to provide inclusive services, programs can then work to create policies and settings meet survivors where they are and are careful not to retraumatize.

Programs & Services

Key Points:

- Don't screen out for mental health issues or previous psychiatric history
- Create a welcoming environment with a range of options
- Have support groups or house meetings on trauma and varying reactions
- Have a standardized medication policy
- Support survivors efforts to advocate on their own behalf

Trauma Reponses

3. Create opportunities for survivors to discuss their responses to trauma.
 - Once survivors realize there are often natural responses to extreme pressure and stress, they can then review the ways she/he and their children have been affected by stress, pressure and trauma and to also examine how they've managed and responded.

Trauma Reponses

Key Points:

- Ask how they've changed as a result of the abuse/trauma
- Asks about their feelings or any thoughts their concerned with
- Be mindful of culture, community and spirituality
- Talk about their emotional responses to abuse whether it impacted interactions with their children

Consequences of Trauma

- Suamhirs Piraino-Guzman, Sr., MPsy - *Program Coordinator, Washington Anti-Trafficking Response Network* and survivor of human sex trafficking outlines some behavioral responses/consequences to trauma:
 - ❖ Alarm system not working properly
 - ❖ Overreact to minor misunderstandings
 - ❖ Trouble calming down
 - ❖ Trouble concentrating

Consequences of Trauma

- ❖ Impulsive
- ❖ Numbing
- ❖ Problems with boundaries
- ❖ Guarded
- ❖ Disruptions in memory

Resources & Referrals

4. Offer resources and referrals to survivors
 - It's imperative survivors understand that resources and referrals are appropriate for anyone who has been highly stressed or traumatized.

Resources & Referrals

Key Points:

- Discuss the process of healing from abuse and other trauma
- Work to ensure culturally relevant and community based referrals
- Understand that each survivor's response is unique – make referrals when asked or make efforts to include survivors in decisions regarding their recovery

Checking Self

5. Reflect on our own and our programs' practice.
 - Trauma-informed advocacy requires an awareness of our own reactions to others and to trauma. It helps ensure that we are focused on supporting survivor's best interest and well-being.
 - As individuals operating from this framework, reflection also allows us to make more thoughtful and professional decisions

Checking Self

Key Points:

- Create an environment that allows for open communication between staff-to-staff and/or staff-to-survivor
- Reflect on how this work impacts your life. Are you experiencing vicarious or secondary trauma
- Work with colleagues to recognize the ways in which tensions arise in your programs

Emotional Safety

- Jeanne King PhD from her book, *Emotional Abuse: The Lack of Emotional Safety as an Internal Indicator in Abusive Relationships*, defines emotional safety as:

"a feeling that your inner most thoughts, feelings and experiences are, and will be, honored as one honors themselves. You need not prove, nor impress; *you simply are*. When it is present you feel open, even, at ease, and fluid with the spontaneity of a healthy child."

Emotional Safety

1. Emotional Safety
2. Help survivors manage symptoms
3. Provide a soothing place
4. Provide information about trauma
5. Provide clear information and avoid surprises
6. Help survivors feel comforted and in control
7. Support emotional safety for staff as well

Engaging & Applying

- Organizations can begin by acknowledging the effect of trauma on the populations they serve
- Provide opportunities for training on trauma and it's impact on the individual, family system, community and society
- Engage staff when developing the agency's now trauma-informed framework

Engaging & Applying

- The Tennessee Domestic Violence Best Practices Manual choose three aspects of their shelter operation to consider:
 - Changes to the physical operation
 - Customization of support services
 - Reduction of shelter rules and changes to policies and procedures

Barriers

1. Implementation is Inconsistent
 - A. Lack of staff training
 - B. No Buy-In from Key Staff
 - C. Again...Implementation is Inconsistent
2. Ideological Differences
3. Lack of Follow-Up and Evaluation

Final Thoughts

- Trauma-informed is really human-informed!
- For some of us – it's remembering why we chose a "helping" profession
- It's a reminder that the most important person in any moment – is the person sitting in front of you...

Final Thoughts

- Trauma-informed strategies support the idea that we are not the sum of our past experiences or the worst things that have happened to us – however, we need to acknowledge they happened and *then* we can create their place in our story
- Lastly, the golden rule is always golden – TREAT OTHERS AS YOU WISH TO BE TREATED!!!!

References

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