

Beyond Trauma: A Healing Journey for Women

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KSAODS
August 19, 2015
Louisville, KY

Beyond Trauma: A Healing Journey for Women

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A Healing Journey for Women**

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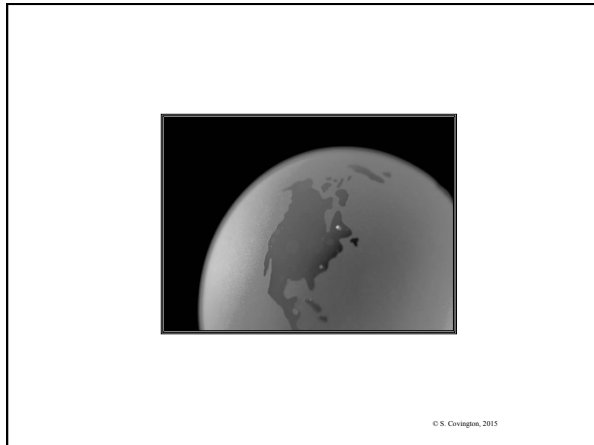
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Louisville, KY**

Written by:
Stephanie S. Covington, Ph.D., L.C.S.W.
Center for Gender and Justice
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Crisis=Danger & Opportunity



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Levels of Violence

- Childhood
- Adolescence
- Adult
- Street (workplace and community)
- Consumer Culture
- Media
- War
- Planet

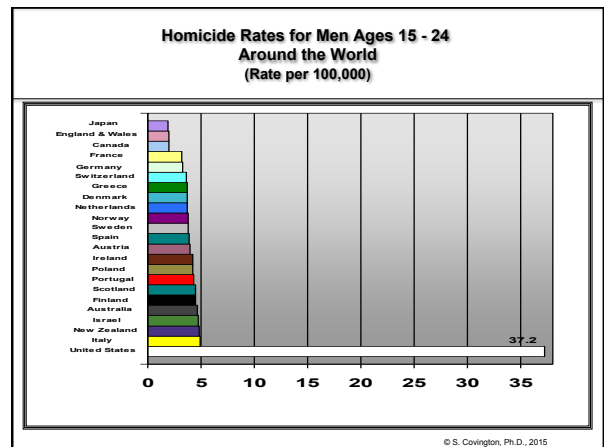
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Global Violence

- 1.6 million people worldwide die each year from violence. More than 51,000 are Americans.
- Suicide accounts for 54% of violent deaths globally, homicide for 35% and war and other armed conflict 11%.

Source: World Health Organization
Centers for Disease Control and Prevention

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Statistics

The following statistics illustrate how pervasive interpersonal violence is in the lives of women and girls.

- A woman is battered every 15-18 seconds (United Nations Commission on the Status of Women, 2000).
- Approximately 1.5 million women are raped or physically assaulted by an intimate partner each year in the US. Women under 24 years of age suffer the highest rates of rape (NOW, 2010).
- There is one sexual assault every about every two minutes. (FBI CIUS, 2008).

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Statistics

- 1 in 6 women will be sexually assaulted in her lifetime, with college age women 4 times more likely to be sexually assaulted (RAINN, 2007).
- More than half of rapes occur before age 18 and 22% occur before age 12 (CDC, 2009b).
- 1 in 5 girls and 1 in 10 boys are sexually victimized before adulthood (Nat'l Center for Missing and Exploited Children, 2008).
- In homes where DV occurs, children are seriously abused or neglected at a rate that is 1,500% higher than the national average for the general population (Children's Defense Fund Ohio, 2009).

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Statistics

- Children from violent homes have a higher tendency to commit suicide, abuse drugs and/or alcohol, and commit violence against their own partners and children (Whitfield, Anda, Dube, and Felitti, 2003).
- More than 30 million children in the U.S. live in low-income families, and 14 million children live in poverty (Wight, Chau, and Aratani, 2010).
- Children born into poverty risk exposure to violence that is so high they are guaranteed to be affected by trauma (Women's Law Project, 2002).

Statistics

- While both male and female children are at risk for abuse, females continue to be at risk for interpersonal violence in their adolescence and adult lives (Covington & Surrey).
- At least 50% of child abuse and neglect cases are associated with parental drug or alcohol abuse (ECMEF, 2008).
- One or more parents were responsible for 70% of child fatalities caused by abuse or neglect (HHS, 2008a).
- In 2005, 1,181 women were murdered by their intimate partner -- more than 3 women murdered per day (FVPF, 2009b).
- Every year there are 2 million injuries from domestic violence (CDCP, 2008).

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Statistics

- If a victim of domestic violence, a woman is 80% more likely to have a stroke, 70% more likely to drink heavily or to have a heart attack, 60% more likely to have asthma (FVPF, 2009d).
- While relationship violence happens to women of every race and ethnic background, African-American women are physically assaulted at a rate that is 35% higher than Caucasian women, and about 2-1/2 times the rate of women of other races. (National Coalition Against Domestic Violence, 2000).

Statistics

- 1/3 of women in state prison and 1/4 in jails said they had been raped (BJS, 1999).
- Women in prison reported childhood abuse at a rate almost twice that of men; abuse of women as adults was eight times higher than the rate for men (Messina et. al., 2001).
- Between 23-37% of female offenders reported that they had been physical or sexually abused before the age of 18 (BJS, 1999).

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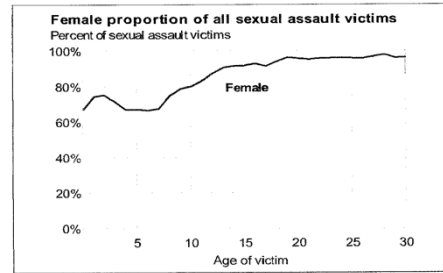
Violence Against Women

Violence against women is so pervasive that the United Nations has addressed and defined violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.”

(United Nations General Assembly, 1993).

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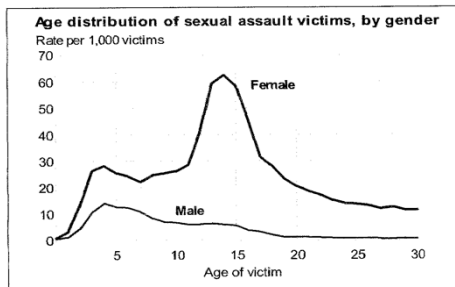
Sexual Assault Graph



Bureau of Justice Statistics

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Sexual Assault Graph



Bureau of Justice Statistics

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Moral Challenges

- 19th century - slavery
- 20th century - totalitarianism
- 21st century – brutality against women and girls

(NY Times 9/23/09)

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Two Kinds of Suffering

- Natural
- Created

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Definition of Trauma

The diagnostic manual used by mental health providers defines trauma as:

- a) exposure to actual or threatened death, serious injury or sexual violation.

•(American Psychiatric Assoc. [APA] DSM-5)

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Definition of Trauma (cont.)

- The exposure must result from one or more of the following scenarios in which the individual:
 - directly experiences the traumatic event;
 - witnesses the traumatic event in person;
 - learns that the traumatic event occurred
 - to a close family member or close friend;
 - experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related)

(American Psychiatric Assoc. [APA] DSM-5
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Definition of Trauma (cont.)

- The disturbance, regardless of its trigger, causes significant distress or impairment in the individual's social interactions, capacity to work, or other important areas of functioning.

(It is not the physiological result of another medical condition, medication, drugs or alcohol.)

(American Psychiatric Assoc. [APA] DSM-5)

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POSTTRAUMATIC STRESS DISORDER

Presence of one or more of the following:

- Recurrent, involuntary, intrusive symptoms, such as dreams, memories related to the traumatic event(s)
- Dissociative symptoms, including flashbacks, on a continuum including complete loss of time
- Intense or prolonged psychological stress at exposure to internal or external cues
- Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)

POSTTRAUMATIC STRESS DISORDER (con't.)

Persistent avoidance of stimuli after the event:

- avoidance or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)
- Avoidance of or efforts to avoid external reminders that arouse distressing memories, thoughts or feelings

Negative alterations in cognitions and mood associated with the traumatic event(s) as evidenced by two or more of the following:

Inability to remember an important aspect of the traumatic event(s) not due to use of drugs or alcohol, head injury

POSTTRAUMATIC STRESS DISORDER (con't.)

- Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world
e.g. "I am bad; No one can be trusted; the world is completely dangerous, My whole nervous system is completely ruined"

Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame him/herself or others

Persistent negative emotional state
e.g. fear, horror, anger, guilt, or shame

POSTTRAUMATIC STRESS DISORDER (con't.)

- Marked or diminished interest or participation in significant activities
- Feelings of detachment or estrangement from others
- Persistent inability to experience positive emotions
e.g. inability to experience happiness, satisfaction, or loving feelings

Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred as evidenced by two of the following:

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POSTTRAUMATIC STRESS DISORDER (con't.)

- Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance

(Present for more than one month)

POSTTRAUMATIC STRESS DISORDER (con't.)

- G) the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- H) the disturbance is not attributable to the physiological effects of a substance or another medical condition
- Specify "With dissociative symptoms" if depersonalization (feeling detached, or an impartial observer) or derealization (feeling unreality of surroundings such as dreamlike, unreal, distant or distorted) are present
- Specify "With delayed expression" if full criteria are not met until at least 6 months after the event

Historical Trauma

- Across generations
- Massive group trauma
- Examples include: Native Americans, African Americans, Holocaust survivors, Japanese internment survivors

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Trauma and Substance Abuse

The women with more experiences of trauma had more severe substance abuse issues.

Source: Johnson, Cottler, O'Leary, & Abdallah, 2010

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Abuse and Substance Use

Abuse within the first five years of life is significantly associated with substance use in girls as young as twelve, through the teen years, and in the early twenties.

Source: Lansford, Dodge, Pettit, & Bates, 2010

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Substance Use

Women who experience more than one sexual assault are 3.5 times more likely to either start or increase the frequency of their substance use than women with only one assault experience.

Source: McFarlane, Malecha, Gist, Watson, Batten, Hall, & Smith, 2005

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Sexual Abuse and Mental Health

Women who have histories of sexual assault commonly experience multiple factors:

- 65 percent experience PTSD
- 51 percent experience depression
- 82 percent develop anxiety
- 49 percent become dependent on alcohol
- 61 percent use illicit substances
- 44 percent experience thoughts of suicide
- 19 percent attempt suicide

Source: Campbell, Dworkin, & Cabral, 2009

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Post-traumatic Stress Disorder and Substance Abuse

Women's abuse of drugs and alcohol often is reported to start at the same time as symptoms of post-traumatic stress disorder begin, in contrast to men, who more often begin substance abuse prior to PTSD symptoms.

Source: Sonne, Back, Diaz, Randall, & Brady, 2003

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America Has an Incest Problem (January 2013)

Child sexual abuse impacts more Americans annually than cancer, AIDS, gun violence, LGBT inequality, and the mortgage crisis combined.

32 Fontaine, January 2013. "America Has an Incest Problem". *The Atlantic*.

© S. Covington, Ph.D., 2013

America Has an Incest Problem (January 2013)

95% of teen prostitutes and at least 35% of female prisoners were abused as kids.

33 Fontaine, January 2013. "America Has an Incest Problem". *The Atlantic*.

© S. Covington, Ph.D., 2013

America Has an Incest Problem (January 2013)

Sexually abused youth are:

- Twice as likely to be arrested for a violence offense as adults
- Twice the risk for lifelong mental health issues
- Twice as likely to attempt or commit teen suicide

34 Fontaine, January 2013. "America Has an Incest Problem". *The Atlantic*.

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America Has an Incest Problem (January 2013)

Incest is the single biggest commonality between drug and alcohol addiction, mental illness, teenage and adult prostitution, criminal activity, and eating disorders.

35 Fontaine, January 2013. "America Has an Incest Problem". *The Atlantic*.

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***The Longest War
is the One Against Women***

By Rebecca Solnit

<http://www.commondreams.org/view/2013/01/24-10>

Published on Thursday, January 24, 2013 by TomDispatch.com



Artists in San Francisco protesting violence against women.
(Photo: Marta Franco/SFGate)

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***The Longest War
is the One Against Women (cont.)***

Homicide 1976-2005

- 88.8% men
- 11.2% women

Homicide (guns)

- 91.3% men
- 8.7% women

Homicide (multiple victims)

- 93.5% men
- 6.5% women

R. Solnit, 2013

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***The Longest War
is the One Against Women (cont.)***

- Most perpetrators of violence are men
- Doesn't mean all men are violent
- Men also suffer violence, largely at the hands of other men

R. Solnit, 2013

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***The Longest War
is the One Against Women (cont.)***

Pandemic of violence by men
against women, both intimate and
stranger violence

R. Solnit, 2013

© S. Covington, 2015

“What I have concluded from decades of working with... every kind of violent criminal is that... the way to prove one's manhood... to gain respect... is to commit a violent act.”

- James Gilligan

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Men, Violence & Trauma

- 75 percent of student suspensions, expulsions, grade failures, special-education referrals, school-violence casualties, and all other assaults are for boys
- 75 percent of teenage suicides are boys
- 70 percent of all suicides are boys/men
- 80 percent of the homeless are boys/men

(Lyme et al., 2006)

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Men, Violence & Trauma (cont.)

- 80 percent of homicide victims are men
- 93 percent of prison inmates are men
- 99 percent of executed prisoners are men (in the last decade, 700 men and 10 women)

(Lyme et al., 2006)

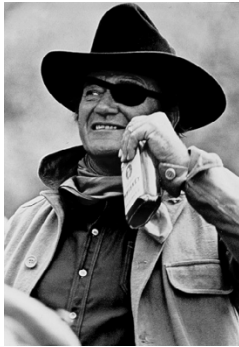
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How Men Respond to Trauma

- Men respond differently to similar events:
 - “No big deal”
 - “Just get over it”
 - “Suck it up”
 - “Don’t be a wimp”
 - “Never let them see you sweat”
 - “Pull yourself up by your bootstraps!”
 - “Suffer in Silence”
- But the real reason is.....

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“Real Men Can Handle Anything!”



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What does the prevalence data tell us?

- Many people with trauma histories have overlapping problems with mental health, substance abuse, physical health and are victims or perpetrators of crime.
- Victims of trauma are found across all systems of care.

Source: NASMHPD 2008

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Therefore...

We need to presume the people we serve have a history of traumatic stress and exercise “universal precautions.”*

- * Universal expectations
Universal design

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(Source: NASMHPD 2008)

Trauma Lens and Gender Lens

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Theoretical Foundation

The theories related to gender and substance abuse (and any other relevant treatment services) that create the framework of thought for program development. This is the knowledge base that creates the foundation upon which the program is developed.

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Treatment Strategies

The approaches used in the program that create the therapeutic process. These are the ways in which theory is operationalized (how theory is applied).

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Theoretical Foundations

- Relational Theory & Female Psychological Development
- Addiction Theory
- Trauma Theory

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Core Principles of Trauma Informed Care

- Safety (physical and emotional)
- Trustworthiness
- Choice
- Collaboration
- Empowerment

(Fallot & Harris, 2006)

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Trauma Specific Services



Services designed specifically to address violence, trauma, and related symptoms and reactions. The intent of the activities is to increase skills and strategies that allow survivors to manage their symptoms and reactions with minimal disruption to their daily obligations and to their quality of life; and eventually to reduce or eliminate debilitating symptoms and to prevent further traumatization and violence.

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TRAUMA SPECIFIC

- *Beyond Trauma:
A Healing Journey for Women*
- *Healing Trauma:
Strategies for Abused Women*
- *Beyond Violence:
A Prevention Program for Women*

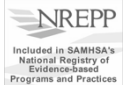
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<p>Beyond Trauma: <i>A Healing Journey for Women</i></p> <p>11 sessions</p> 	<p>Healing Trauma: <i>Strategies for Abused Women</i></p> <p>5 sessions</p> 
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Evidence-Based

- Researched in
 - Residential treatment
 - Women's prison
 - Drug court
- Listed on NREPP



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Definition of Evidence-based

Evidence-based practice (EBP) is defined as the integration of the best available research and clinical expertise within the context of patient characteristics, culture, values, and preferences.

(APA Presidential Task Force, 2005)

Trauma Materials for Women

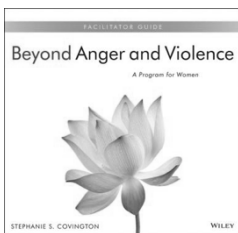
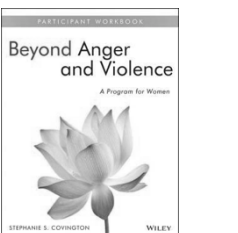
- ATRIUM (Dusty Miller)
- Beyond Trauma (Stephanie Covington)
- Healing Trauma (Stephanie Covington)
- Seeking Safety (Lisa Najavits)
- TREM (Maxine Harris)

Trauma Materials for Men

- M-TREM (Roger Fallot)

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Beyond Anger and Violence: A Program for Women

 <p>Facilitator Guide</p>	 <p>Participant Workbook</p>
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When is Someone Ready for Trauma Processing?

- She/he is able to use some safe coping skills
- She/he has no major current crises or instability (e.g., homelessness or domestic violence)
- She/he *is willing* to do this type of work
- She/he can reach out for help when in danger
- She/he is not using substances to such a severe degree that emotionally upsetting work may increase her/his use

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THERAPEUTIC APPROACHES

- Relational-Cultural
- Group Therapy
- Psychodynamic
- Cognitive-Behavioral
- Experiential
- Therapeutic Community
- Mutual Help

**A Culture Shift:
Changes in Understanding and Practice**

- Thinking differently as a prelude to acting differently
- Thinking differently initiates and sustains changes in practice and setting
- Acting differently reinforces and clarifies changes in understanding

Source: Roger Fallot, Ph.D.

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**A Culture Shift: Scope of Change
in a Distressed System**

- Involves all aspects of program activities, setting, relationships, and atmosphere (more than implementing new services)
- Involves all groups: administrators, supervisors, direct service staff, support staff, and consumers (more than service providers)
- Involves making trauma-informed change into a new routine, a new way of thinking and acting (more than new information)

Source: Roger Fallot, Ph.D.

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**Emerging Paradigm
Values-Based Services**

- Gender-responsive
- Trauma-informed
- Culturally competent
- Recovery-oriented

**Childhood Traumatic Events
Largest Effect-Mental Health**

- Psychotropic medication
- Mental health treatment
- Attempted suicide
- Traumatic stress

(Messina & Grella, 2005)

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**Three Critical and
Interrelated Issues**

Substance Abuse

Mental Health

Trauma

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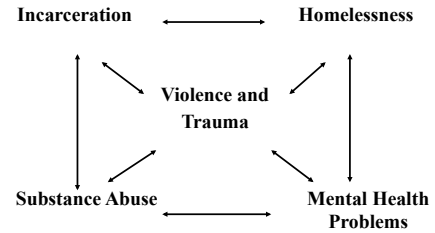
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Addiction – Trauma – Mental Health Issues

Areas of Separation

- Training
- Treatment
- Categorical Funding

A Repetitive Cycle of Risk



Roger Fallot, Ph.D.

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What does the prevalence data tell us?

- Many people with trauma histories have overlapping problems with mental health, substance abuse, physical health and are victims or perpetrators of crime.
- Victims of trauma are found across all systems of care.

(Source: NASMHPD 2008)

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Therefore...

We need to presume the women we serve have a history of traumatic stress and exercise “universal precautions.”

(Source: NASMHPD 2008)

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Three Modules:

- Violence, Abuse and Trauma
- The Impact of Trauma on Women’s Lives
- Healing from Trauma

Integrates cognitive-behavioral, expressive arts, guided imagery, and relational therapy.

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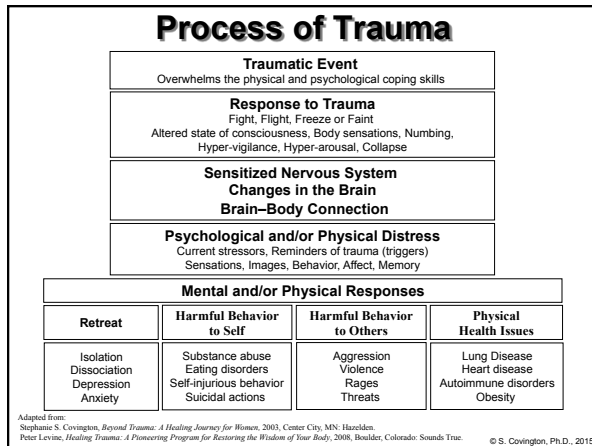
Key Elements (Staff and Clients)

- Learn what trauma/abuse is
- Understand typical responses
- Develop coping skills

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Disorders Related to Trauma and Substance Abuse in Women's Lives

Disorders Related to Trauma and Substance Abuse:

• Depressive Disorders NOS	22.9%
• Major Depressive Disorders	17.5%
• Post traumatic Stress Disorders	16.3%
• Neurotic Anxiety Disorders	13.8%
• Bipolar Disorders	13.7%
• Mood or Dysthymic Disorders	5.3%
• Psychotic Disorders	4.8%
• Personality and Misc. Disorders	5.8%

Source: Patterns of Comorbidity among Women with Childhood Interpersonal Trauma, Mental Health Disorders, and Substance Related Disorders. *Journal of Behavioral Health Services & Research* (in press) © S. Covington, Ph.D., 2015

- ### Post-traumatic Stress Disorder
- Re-experiencing the event through nightmares and flashbacks.
 - Avoidance of stimuli associated with the event (for example, if a woman was raped in a park, she may avoid parks, or if she was assaulted by a blonde man, she may avoid men with blonde hair).
 - Estrangement (the inability to be emotionally close to anyone)
- © S. Covington, Ph.D., 2015

- ### Post-traumatic Stress Disorder (cont.)
- Numbing of general responsiveness (feeling nothing most of the time)
 - Hyper-vigilance (constantly scanning one's environment for danger, whether physical or emotional)
 - Exaggerated startle response (a tendency to jump at loud noises or unexpected touch) (DSM – IV)
- © S. Covington, Ph.D., 2015

- ### Post-traumatic Stress Disorder (cont.)
- Three Symptom Clusters:
- Re-experiencing
 - Numbing and Avoidance
 - Hyperarousal
- © S. Covington, Ph.D., 2015

- ### Disorders Related to Post-traumatic Stress Disorder
- Depression
 - Anxiety
 - Panic disorder
 - Phobic disorder
 - Substance abuse
 - Physical disorders
- Source: Davidson, J. (1993) "Issues in the diagnosis of posttraumatic stress disorder." In *American Psychiatric Review of Psychiatry*, Vol. 12
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**DEVELOPMENTAL TRAUMA
DISORDER**

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Brookline, MA
www.traumacenter.org
Email: moreinfo@traumacenter.org

Dr. Peter Levine

- Waking the Tiger: Healing Trauma
- In An Unspoken Voice: How the Body Releases Trauma and Restores Goodness

• traumahealing.org

Trauma: Stages of Recovery

<u>Syndrome</u>	<u>Stage One</u>	<u>Stage Two</u>	<u>Stage Three</u>
Hysteria (Janet 1889)	Stabilization, Symptom- oriented treatment	Exploration of traumatic memories	Personality reintegration, rehabilitation
Combat trauma Scurfield (1985)	Trust, stress- management education	Re-experiencing trauma	Integration of trauma

Source: Herman, 1992, 1997

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**Trauma
Three Group Models**

<u>Group</u>	<u>Recovery Stage One</u>	<u>Recovery Stage Two</u>	<u>Recovery Stage Three</u>
Therapeutic task	Safety	Remembrance and mourning	Reconnection
Time orientation	Present	Past	Present, future
Focus	Self-care	Trauma	Interpersonal relationships

Source: Herman, 1992, 1997

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**Trauma
Three Group Models**

<u>Group</u>	<u>Recovery Stage One</u>	<u>Recovery Stage Two</u>	<u>Recovery Stage Three</u>
Membership	Homogeneous	Homogeneous	Heterogeneous
Boundaries	Flexible, inclusive	Closed	Stable, slow turnover
Cohesion	Moderate	Very high	High

Source: Herman, 1992, 1997

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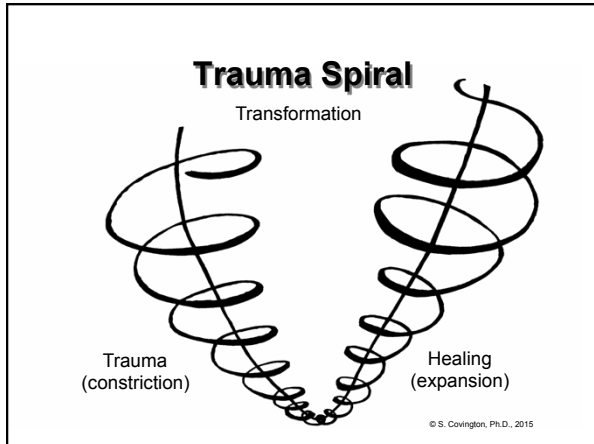
**Trauma
Three Group Models**

<u>Group</u>	<u>Recovery Stage One</u>	<u>Recovery Stage Two</u>	<u>Recovery Stage Three</u>
Conflict tolerance	Low	Low	High
Time limit	Open-ended or repeating	Fixed Limit	Open-ended
Structure	Didactic	Goal-directed	Unstructured
Example	Twelve-step programs	Survivor group	Interpersonal psychotherapy group

Source: Herman, 1992, 1997

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When is a Woman Ready for Trauma Processing?

- She is able to use some safe coping skills
- She has no major current crises or instability (e.g., homelessness or domestic violence)
- She *is willing* to do this type of work
- She can reach out for help when in danger
- She is not using substances to such a severe degree that emotionally upsetting work may increase her use

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When is a Woman Ready for Trauma Processing?

- Her suicidality has been evaluated and taken into account
- She is in an ongoing system of care that is stable and consistent, with no immediate planned changes (e.g., discharge from inpatient unit or residential program)

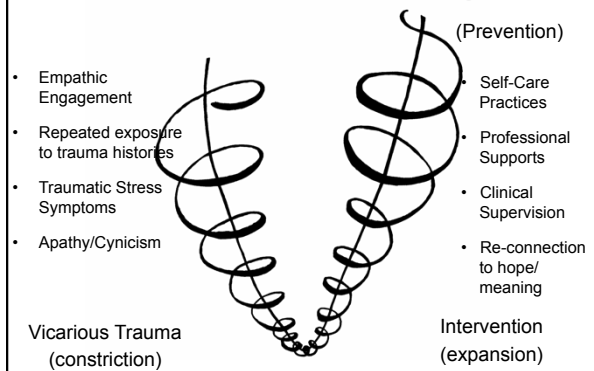
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Secondary Traumatic Stress (STS)

- Compassion fatigue
- Burnout
- Vicarious traumatization

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Vicarious Traumatization Spiral



Key Elements (Staff and Clients)

- Learn what trauma/abuse is
- Understand typical responses
- Develop coping skills

Beyond Trauma: A Healing Journey for Women

What Makes a Good Facilitator?

The following qualities in a facilitator will help to ensure a positive group experience:

- Trustworthy
- Credible
- Available
- Reliable, consistent
- Hopeful
- Warm, compassionate
- Emotionally mature

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What Makes a Good Facilitator? (cont.)

- Healthy boundaries, respects confidentiality
- Committed to and interested in women's issues
- Multi-cultural sensitivity and responsiveness
- Appropriate gender - a female should facilitate the all-female groups

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What Makes A Good Facilitator? (cont.)

- If a trauma survivor, she needs to feel confident that she is at a place in her own recovery that will allow for healthy and positive outcomes for herself and the women in the group.
- Content expertise, if possible
- Skills as a facilitator

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Role of the Facilitator

- Begin and end on time
- Maintain structure of the group
- Move the group through the content of each session
- Lead by example by having appropriate boundaries and containing your feelings
- Allow each woman to have her own experience of the group

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What Makes a Difference?

- Creating a safe environment
- Listening to her story
- Empathy

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“Therapeutic culture” has these elements

- *Attachment*: a culture of belonging
- *Containment*: a culture of safety
- *Communication*: a culture of openness
- *Involvement*: a culture of participation and citizenship
- *Agency*: a culture of empowerment

(Haigh)

Beyond Trauma: A Healing Journey for Women

Ten Principles of Trauma-Informed Services

1. Trauma-Informed Services Recognize the Impact of Violence and Victimization on Development and Coping Strategies
2. Trauma-Informed Services Identify Recovery from Trauma as a Primary Goal
3. Trauma-Informed Services Employ an Empowerment Model
4. Trauma-Informed Services Strive to Maximize Choices and Control Over One's Own Recovery

Ten Principles of Trauma-Informed Services (cont.)

5. Trauma-Informed Services Are Based in a Relational Collaboration
6. Trauma-Informed Services Create an Atmosphere That Is Respectful of Survivor's Need for Safety, Respect, and Acceptance
7. Trauma-Informed Services Emphasize Strengths, Highlighting Adaptation Over Symptoms and Resilience Over Pathology
8. The Goal of Trauma-Informed Services Is to Minimize the Possibilities of Retraumatization

Ten Principles of Trauma-Informed Services (cont.)

9. Trauma-Informed Services Strive to Be Culturally Competent and to Understand Each Person in the Context of Their Life Experiences and Cultural Background
10. Trauma-Informed Agencies Solicit Consumer Input and Involve Consumers in Designing and Evaluating Services

Elliot, D.E.; Bjelajac, P.; Falot, R.D.; Markoff, L.S.; Reed, B.G. Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women. Journal of Community Psychology, July, 2005, 33(4): 461-477.

What would be observed in a setting?

<p><u>Trauma Informed</u></p> <ul style="list-style-type: none"> • Recognition of high prevalence of trauma • Assess for traumatic histories & symptoms • Recognition of culture and practices that are re-traumatizing 	<p><u>Not Trauma Informed</u></p> <ul style="list-style-type: none"> • Lack of education on trauma prevalence & "universal precautions" • cursory or no trauma assessment • "Tradition of toughness" valued as best care approach
---	---

Source: NASMHPD 2008
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What would be observed in a setting?

<p><u>Trauma Informed</u></p> <ul style="list-style-type: none"> • Power/Control minimized – constant attention to culture • Caregivers/Supporters - Collaboration • Staff understand that violence and conflict arise, most often, due to situational factors 	<p><u>Not Trauma Informed</u></p> <ul style="list-style-type: none"> • Staff demeanor, tone of voice = Power!! • Rule Enforcers - Compliance • "Client-blaming" is norm
---	---

Source: NASMHPD 2008
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What would be observed in a setting?

<p><u>Trauma Informed</u></p> <ul style="list-style-type: none"> • Quietly moving and informing people of schedule • "Let's talk and find you something to do" • "May I help you?" 	<p><u>Not Trauma Informed</u></p> <ul style="list-style-type: none"> • Yelling "lunch" or "medications" • "If I have to tell you one more time...." • "Step away from the desk"
--	---

Source: NASMHPD 2008
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What would be observed in a setting?

<p><u>Trauma Informed</u></p> <ul style="list-style-type: none"> • Understand that all behavior has meaning • Objective, neutral language • Woman is center of her treatment • Transparent systems open to outside parties 	<p><u>Not Trauma Informed</u></p> <ul style="list-style-type: none"> • Behavior seen as intentionally provocative & volitional • Labeling language: “manipulative, needy, attention-seeking” • Lack of self-directed care & over-reliance on medication • Closed system – advocates discouraged/barred
---	---

Source: NASMHPD 2008 © S. Covington, Ph.D., 2015

What would be observed in a setting?

<p><u>Trauma Informed</u></p> <ul style="list-style-type: none"> • Routine ‘check-in’ with the person – eye contact • Saying hello and goodbye at beginning and end of day 	<p><u>Not Trauma Informed</u></p> <ul style="list-style-type: none"> • Checks to simply locate – focus on task, not person • Coming in and leaving without acknowledgement day
---	---


Source: NASMHPD 2008
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Creating the Environment

<p>If the society supports:</p> <ul style="list-style-type: none"> • Oppression • Silence • Denial • Blaming the victim 	<p>Therapeutic milieu must emphasize:</p> <ul style="list-style-type: none"> • Empowerment & mutuality • Open communication • Affirmation and validation • Accountability/relational model
--	---

Source: Risking Connection 1999
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Sanctuary





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What is Sanctuary?

- Sacred place
- Place of refuge/protection
- Shelter

This is promoted by setting, voice tone, engagement

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<p><i>Beyond Trauma:</i> A Healing Journey for Women</p> <p>11 sessions</p> 	<p><i>Healing Trauma:</i> Strategies for Abused Women</p> <p>5 sessions</p> 
--	---

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Beyond Trauma:
A Healing Journey for Women

**Beyond Trauma
Themes**

- Safety
- Empowerment
- Connection (Aloneness)
- Normal reactions (Shame)
- Mind-body connection
- Substance abuse
- Woman-centered

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***Beyond Trauma*
Module A
Session 1**

**Connections between Violence,
Abuse & Trauma**

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Module A: Violence, Abuse, and Trauma

- Session 1** *Connections between Violence,
Abuse & Trauma*
- Session 2** *Power and Abuse*

(10 activities)

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Inner Self & Outer Self

- Impacts Inner Self – It can impact our inner life... our thoughts, feelings, beliefs, values. For example, some women believe that “you can’t trust anyone”, and “the world is a very unsafe place.”

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Inner Self & Outer Self (cont.)

- Impacts Outer Self – It can impact our outer life... our outer life consists of our relationships and our behavior. Many women who have experienced trauma struggle with their relationships – families, friends, sexual relationships.

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Traumatic Events

Trauma can take many forms:

- Emotional, sexual or physical abuse,
- Extremely painful and frightening medical procedures
- Catastrophic injuries and illnesses
- Rape or assault
- Muggings
- Domestic violence
- Burglary

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Traumatic Events (cont.)

- Witnessing murder
- Automobile accidents
- Immigration
- Natural disasters (hurricanes, earthquakes, tornadoes, fires, floods, volcanoes)
- Abandonment (especially for small children)
- Terrorism such as September 11, 2001
- Witnessing violence such as a parent harming another parent

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Traumatic Events (cont.)

- Loss of a loved one and severe bereavements (even of a pet)
- Combat/war
- Torture
- Kidnapping
- Intergenerational (cultural) trauma

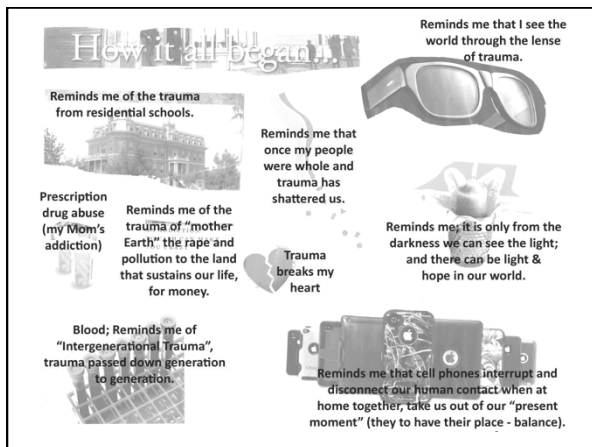
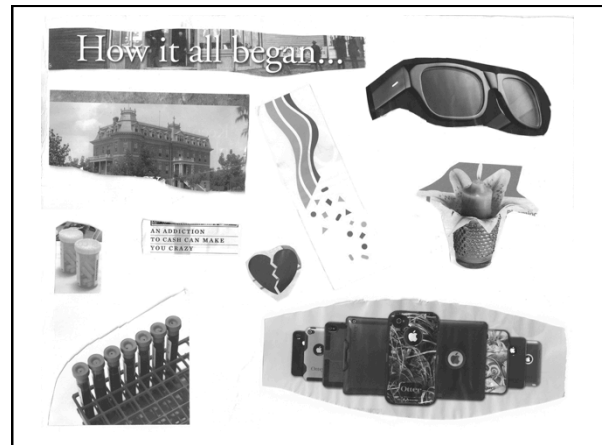
Of all these forms of trauma, women are at greater risk of interpersonal abuse than men.

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Trauma & Abuse

- Sexual abuse
- Physical abuse
- Emotional abuse
- Domestic violence
- Witnessing abuse/violence
- Stigmatization
 - Incarcerated women
 - Lesbian, transgendered
 - Women of color
 - Mental illness
 - Poor women
 - Physically challenged

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Safety

- External
External safety issues involve actions we take in our surroundings. We may lock our doors, choose not to go out alone at night, or un-list our telephone number. We do things to try and keep ourselves physically safe in our environment.

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Safety

- Internal
Internal safety is how we take care of our emotions and feelings. If we feel overwhelmed, sad, angry, lonely or frightened, we need to have ways to take care of ourselves when we are stressed.

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Beyond Trauma Module A Session 2

Power and Abuse

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Focus Questions

- How are boys and girls treated differently?
- What does it mean to “act like a woman”?
- What does it mean to “act like a man”?
- What would it be like if our roles and the messages were reversed?

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Characteristics of Batterers “Healing Trauma”

Behavior as Clues:

- Jealousy
- Controlling behavior
- Quick involvement
- Unrealistic expectations
- Isolation
- Blaming others for problems
- Blaming others for feelings
- Hypersensitivity

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A Healing Journey for Women

**Characteristics of Batterers
(cont.)**

- Cruelty to animals and/or children
- “Playful” use of force in sex
- Verbal abuse
- Rigid sex roles
- Dr. Jekyll and Mr. Hyde
- Past battering
- Threats of violence
- Hitting or breaking objects
- Use of force during an argument

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**Guided Imagery:
Safe Place**

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**Module B: The Impact of Trauma on
Women’s Lives**

- Session 3** *Reactions to Trauma*
Session 4 *How Trauma Impacts our Lives*

(7 activities)

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Beyond Trauma
Module B
Session 3

Reactions to Trauma

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**Biological Reactions to
Trauma**

- Fight
- Flight
- Freeze

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Symptoms of Trauma

- Hyper-arousal – this is the most common reaction. It includes difficulty breathing (panting, shallow, rapid), increased heart rate, cold sweats, muscular tension, tingling, racing thoughts, worry.
 - Constriction – this alters breathing, muscle tone and posture. It constricts blood vessels in the skin, arms, legs, and internal organs, and tenses muscles.
- Hyper-arousal and constriction describe a physical response.

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Symptoms of Trauma (cont.)

- Dissociation – your mind disconnects from the event or physical reality of what is happening. This is a mind-body split. This feels like “losing time” and can include loss of memory.
- Denial – this is like dissociation only not as severe. A woman ignores or fails to acknowledge a feeling or situation or acts as though it is unimportant.
Dissociation and denial are part of the psychological response.

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Trauma and the Brain

- Exposure to trauma can create a PTSD response in the limbic system
- The PTSD response can become complex and chronic.

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Trauma and the Brain

- Trauma disrupts the chemistry of the brain and can predispose a women to alcohol and drug use, eating disorders, self-injuring behavior and mental health problems.
- When trauma occurs in childhood, it can have lasting effects on brain development.

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Reactions

- Physical reactions are automatic and are not controlled by us.
- Brain reactions are also automatic.
- The body stores reactions. Then the body reacts as though it is back re-living the traumatic events of the past

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Trauma History

	Child	Adolescence	Adult
Event			
Life before the event			
Life after the event			

Overall impact of the event:

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Beyond Trauma **Module B** **Session 4**

How Trauma Impacts Our Lives

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A Healing Journey for Women

Trauma and its aftermath

Women report the following:

- “Losing control” of life
- Re-experiencing – can’t concentrate
- Self-image changes
- Depression
- Relationship problems
- Sexuality issues

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Relationship Problems might include:

- Idealizing or overvaluing relationships
- Fear of commitment
- Self-imposed isolation
- Triangulating with others
- Humiliating interactions

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Relationship Problems might include:

- Involvement in abusive or criticizing relationships
- Difficulty trusting self/others with intimacy
- Tolerating abusive or excessive neediness patterns
- Emotional and physical care-taking of others at expense of self

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Sexual Issues might include:

- Avoidance/fear of sex
- Approaching sex as obligation
- Negative feelings with touch
- Difficulty with arousal, sensation
- Vaginal pain
- Emotional distance during sex (spacing out)
- Disturbing sexual thoughts and images
- Compulsive or inappropriate sexual behavior
- Difficulty in intimate relationships

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Module C: Healing from Trauma

- Session 5** *The Addiction and Trauma Connection: Spirals of Recovery and Healing*
- Session 6** *Grounding and Self-Soothing*
- Session 7** *Abuse and the Family*
- Session 8** *Mind and Body Connection*
- Session 9** *The World of Feelings*
- Session 10** *Healthy Relationships: Wheel of Love*
- Session 11** *Endings and Beginnings*

(29 activities)

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**Beyond Trauma
Module C
Session 5**

Spirals of Recovery and Healing

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Women , Substance Abuse and Trauma

Often women believe that alcohol and other drugs help them in a variety of ways to:

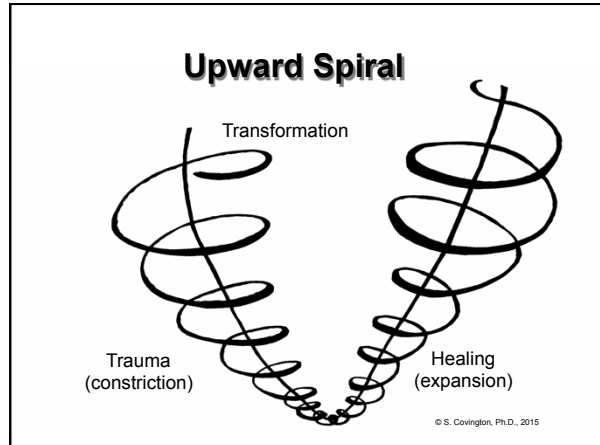
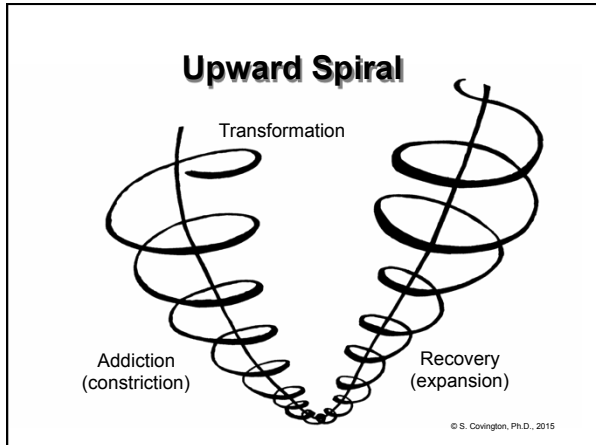
- Make connections with others
- Comfort themselves
- Manage or avoid feelings
- Escape physical pain
- Ease social withdrawal
- Feel comfortable with sexual intimacy
- Create distance

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Women , Substance Abuse and Trauma

- Build courage
- Increase hope, the world seems better
- Forget the past
- Increase a sense of vitality
- Deal with a violent partner
- Dissociate (altered state)
- Feel numb
- Rewire the brain
- Maintain the status quo

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Self-Care Scale

	Not at all	Just a little	Pretty much	Very much
I keep up my physical appearance (nails, hair, bathing, clean clothes)				
I exercise regularly				
I eat healthy meals				
I get restful sleep				
I go to work/school (or complete tasks)				
I can adapt to change				
I keep up my living space				

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Self-Care Scale

	Not at all	Just a little	Pretty much	Very much
I take constructive criticism well				
I can accept praise				
I laugh at funny things				
I acknowledge my needs and feelings				
I engage in new interests				
I can relax without drugs and alcohol				
I value myself				
I live a clean and sober life				

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Beyond Trauma:
A Healing Journey for Women

**Beyond Trauma
Module C
Session 6**

Grounding and Self-Soothing

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Grounding

Grounding techniques are strategies to help a person who is dissociating (“losing time”, emotionally absent) “come back” into current reality and feelings.

Grounding techniques help the person become aware of the here and now. Grounding techniques can help women realize that they are in the here and now and what they are experiencing is in the past and it is not happening now.

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Self - Soothing

	Alone	With Others
Daytime		
Night Time		

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**Beyond Trauma
Module C
Session 7**

Abuse in the Family

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Sexual Abuse in Families

—————→

<u>Psychological Abuse</u>	<u>Covert Abuse</u>	<u>Overt Abuse</u>
<ul style="list-style-type: none"> • Sexual Jokes • Verbal harassment • Violating boundaries • Telling child inappropriate sexual information 	<ul style="list-style-type: none"> • Inappropriate touching • Voyeurism • Ridicule of bodies • Sexual Hugs • Pornography 	<ul style="list-style-type: none"> • Exhibitionism • French kissing • Fondling • Oral Sex • Penetration

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Reparenting

The single most powerful and effective way to step safely out of rigid childhood roles and heal the wounds of the past is to reparent yourself. It is a critical part of self-healing that will allow you to know and love yourself and have healthy intimate relationships in the future.

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A Healing Journey for Women

Reparenting (cont.)

- To do this you must be attuned to your inner child's feelings and needs.
- Attunement to your inner child can be the first step toward love and healing.
- Be empathetic, understanding and gentle; validate the child's feelings and address them openly.

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Reparenting (cont.)

- You may feel comfortable reaching out to a close friend or partner, with whom you can be open and vulnerable, to allow this inner child to be held, loved and nurtured.
- Without meeting the needs of your inner child, it can be difficult to meet your adult needs and the needs of those around you.

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**Beyond Trauma
Module C
Session 8**

Mind and Body Connection

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Emotional Wellness

1. Sense having a feeling.
2. Locate feeling in the body.
3. Name the feeling.
4. Express feeling appropriately
5. Ability to contain feeling.

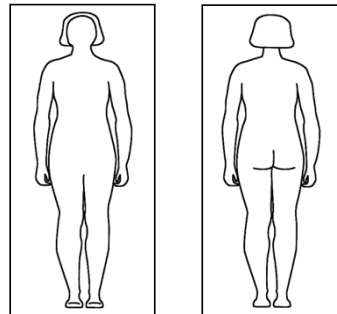
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Emotional Wellness

- Slow Down. Stop.
- What am I feeling?
- Does the intensity of the feeling match the situation?
- How old am I... as I have this feeling?

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Body-Mind Connection



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Feelings Inside and Outside



Feelings Outside

Feelings Inside

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Module C
Session 9

The World of Feelings

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Common Feelings

- Anger
- Loss
- Shame

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Beyond Anger and Violence
Session Six

Anger-Management Strategies
Anger Dos and Don'ts
Self-Reflection Tool
Visualization and Collage of My Personal Best

(4 Activities)

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Activity:
Anger Management Strategies

1. Accept anger as a normal emotion. Try not to feel guilty for feeling angry.
2. Learn to identify your triggers.
3. Learn to recognize old anger as opposed to current anger.
4. Try to identify the feelings underneath the anger.
5. Stop and think before reacting to your anger.

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Activity:
Anger Management Strategies
(cont.)

6. Give yourself a “cool down” period when you are feeling intense anger.
7. Use the “Creating a Container” technique or another form of “time out”.
8. Instead of “stuffing” angry feelings, talk to someone.
9. Take responsibility for your actions and choices. Do not blame others.

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**Activity:
Anger Management Strategies
(cont.)**

10. Share feelings in a direct, respectful way.
11. Accept that there are things you can't change or control.
12. Make a decision to manage your anger, rather than letting it manage you.

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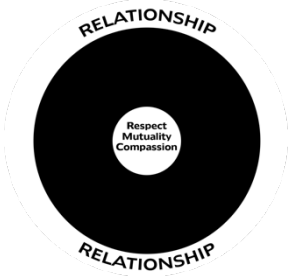
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**Beyond Trauma
Module C
Session 10**

**Healthy Relationships:
Wheel of Love**

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Relationship Wheel



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Respect, Mutuality, Compassion

Respect

Respect is the appreciation of someone's values and it begins to happen when we see their integrity. We often earn respect when we are willing to do the right thing or take the "right action," particularly when the choice is difficult.

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Respect, Mutuality, Compassion

Mutuality

Mutuality means there is an equal investment in the relationship. Each person has a willingness and desire to see the other, as well as being seen; to hear the other, as well as being heard; and to be vulnerable, as well as respecting the other's vulnerability. Mutuality also means that there is an awareness of the "we," not a sole focus on two "I"s.

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Respect, Mutuality, Compassion

Compassion

Compassion is similar to empathy but it occurs on a deeper level. Empathy is understanding another's feeling and being able to feel with them. Compassion means that we go a step further and join with them in their struggle or pain. When we are compassionate we lend our selves to another's process – we give of ourselves in order to be with them emotionally.

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Steps to a Healthy Relationship

- Similarities
- Ability to Deal with Change
- Compatible Values
- Effective, Open Communication
- Effective Conflict/Anger Resolution
- Effective Negotiation
- Firm Personal Boundaries
- Healthy Sexual Expression
- Shared Quality Time
- Friendship

(Covington & Beckett, 1998)

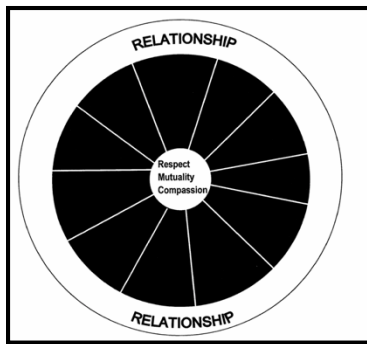
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Relationship Wheel



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Wheel of Love



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Beyond Trauma Module C Session 11

Endings and Beginnings

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Appreciation

- What I appreciate about the other women in the group.
- What I appreciate about the group.

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Spirituality

One definition of spirituality is oneness, wholeness, connection to the universe; belief in something greater than yourself, trust in a higher or deeper part of yourself.

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Spiritual Practices

- Quiet time
- Prayer
- Meditation
- Centering activities such as singing, music
- Being out in nature
- Keeping a journal

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Spiritual Practices (cont.)

- Attending church, synagogue, mosque, temple
- Helping others in need
- Creating personal altars..
- Learning from others.
- Celebrations!

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Beyond Trauma Themes

- Safety
- Empowerment
- Connection (Aloneness)
- Normal reactions (Shame)
- Mind-body connection
- Substance abuse
- Woman-centered

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Core Principles of Trauma-Informed Care

- **Safety:** Ensuring physical and emotional safety
- **Trustworthiness:** Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice:** Prioritizing consumer choice and control
- **Collaboration:** Maximizing collaboration and sharing of power with consumers
- **Empowerment:** Prioritizing consumer empowerment and skill-building

(Fallot & Harris, 2006)

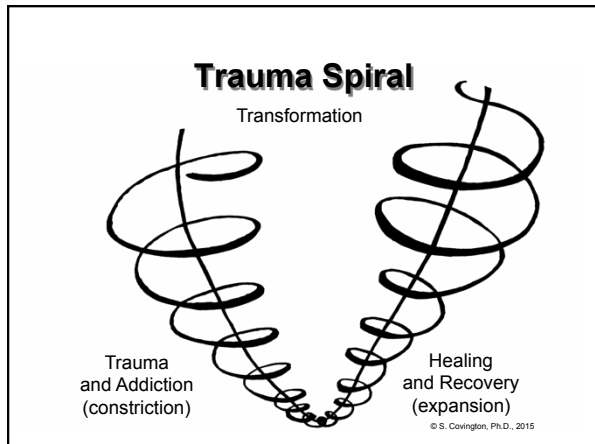
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What Makes a Difference?

- Creating a safe environment
- Listening to her/his story
- Empathy

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Beyond Trauma:
A Healing Journey for Women



Trauma-informed Environment

=

CREATING HEALING SPACE

Creating a protected space where survivors can speak their truth is an act of liberation; bearing witness is an act of solidarity. For many of us, there can be no greater honor.

— J. Herman (1997)
Trauma and Recovery. New York: Basic Books.

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For More Information

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